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House of Delegates Manual

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November 3-5, 2017
McCormick Place
Chicago, IL

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1 AGD Strategic Plan



STRATEGIC PLAN

2016–2018 Strategic Plan

- 1. Education: Become the most valued resource of quality dental continuing education for general dentists at all stages of their career.**
 - a. Create a Scientific Session that will annually attract at least 25 percent of AGD members by the end of 2018.
 - b. Facilitate education programs that promote members' success and advancement through all stages of their dental career using traditional as well as innovative, cutting-edge methods.
 - c. Partner with AGD constituents in the development and delivery of continuing education programs.
 - d. Protect PACE and increase the number of PACE providers.
- 2. Advocacy: Strengthen and protect the general dentistry profession and the oral health of the public.**
 - a. Represent the unique interests of general dentists in all advocacy arenas.
 - b. Advocate on behalf of the general dentistry profession as it relates to policymaking, insurance, licensing, education, and all levels of government.
 - c. Advocate on behalf of the public to ensure safe, best quality dentistry practices and appropriate access to care.
 - d. Develop strong working relationships where appropriate with the AGD constituents, the ADA, and dental specialty organizations in addressing issues of common interest.
 - e. Pursue instruments and resources to empower the AGD's advocacy agenda.
- 3. Membership: Achieve a 25 percent increase in full-dues-equivalent members and student members by the end of 2018.**
 - a. Utilize market and member research to determine which current and new member benefits will best serve the AGD in attracting and retaining members.
 - b. Provide and promote products and services that meet the current and future needs of members and prospective members in all stages of practice and career paths.
 - c. Achieve at least a 10 percent increase in members' assessments of AGD value by the end of 2018.
 - d. Actively recruit dental student members and retain them when they become practicing dentists.
 - e. Attract nonmember general dentists by promoting the value of a lifelong learning mindset.
- 4. Communications: Promote the AGD as an organization dedicated to advancing general dentistry through quality continuing education and advocacy.**
 - a. Position the AGD as the leading source of information on oral health issues for general dentistry.
 - b. Create and promote a consistent AGD brand that is applied to all marketing vehicles and collateral materials.
 - c. Increase public awareness of the value AGD general dentists bring as gatekeepers to oral health.
 - d. Focus communication efforts on engaging members to advocate on behalf of general dentistry.
 - e. Enhance AGD publications and digital-based communication vehicles to effectively communicate to all AGD stakeholders.
- 5. Organizational Excellence: Ensure that the AGD is financially viable, functions efficiently in a cost-effective manner, and has a mutually supportive relationship with its constituents.**
 - a. Ensure the fiscal soundness of the AGD.
 - b. Improve the effectiveness and efficiency of AGD Headquarters operations.
 - c. Streamline the AGD governance structure and operations.
 - d. Promote an organizational culture that best supports attainment of strategic goals and a healthy operating environment.
 - e. Ensure the success of constituents in meeting the needs of grassroots members.

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

1 **Guiding Documents**

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3 **A. Vision Statement**
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7 Policy 2015:102A-H-6

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9 Oral health and better lives through the Academy of General Dentistry
10

11 **B. Mission Statement**
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15 Policy 2015:102A-H-6

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17 Advancing general dentistry and oral health through quality continuing education and advocacy.
18

19 **C. Brand Statement**
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23 The Academy of General Dentistry (AGD) is committed to excellence in oral health care by promoting
24 life-long learning. As the voice of general dentistry, the AGD advocates for general dentists and the
25 patients they serve.
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27 **D. Core Purpose**
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31 Advance the value and excellence of general dentistry.
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33 **E. Core Values**
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37 Excellence in oral health care

38 Diversity

39 Universal acceptance of the general dentist as the gatekeeper of oral health care

40 Continuous life-long learning

41 Advocacy/representation

42 Teamwork; camaraderie; mentorship

43 Ethical, honest and credible behavior
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45 **F. Tag Line**
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49 Your voice for excellence through education and advocacy.
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Candidate for Vice President: Connie L. White, DDS, FAGD



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

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

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

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

Personal Statement

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

1 decided that the time has come for me to step forward and seek the vice presidency of the
2 Academy.

3
4 “Dentistry and AGD have been my life for many years. I am privileged to have served in many
5 capacities throughout the organization, and each of those roles has been so valuable in my
6 preparation for this opportunity. I have learned and have grown much as a dentist and a leader.
7 This position of great magnitude can only be accomplished by true commitment to the Academy,
8 excellent communication skills, deep passion for the organization and a great ability to bring
9 people together. These characteristics define who I am. I am a consensus builder with a servant’s
10 heart and will give everything to see our Academy grow in becoming the world leader,
11 representing the general dentist. My commitment to our organization, our profession and to each
12 of you is paramount in my decision to take this step.

13
14 “Our Academy remains strong, and our aspirations for the future of our organization are high.
15 We exist in a world of increasing competition, changing workforce models and changing
16 demographics of the population that we serve. We must examine our Academy and find creative
17 ways to expand our influence as an organization, while bringing increased value to you — our
18 members. We must join together in bringing strength to our organization both in words and
19 actions. Our voice through membership and Advocacy must be passionate and strong.

20
21 “I thank you for your commitment and dedication to our tremendous organization. I look forward
22 to visiting with you over the coming months and years as we work together to build our world-
23 class organization.”

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Candidate for Secretary: Michael W. Lew, DMD, MAGD



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

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

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

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

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

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

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

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Personal Statement

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

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

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

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Candidate for Speaker of the House: Bryan C. Edgar, DDS, MAGD



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

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

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

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

Edgar served in the U.S. Army for 32 years in both active duty and the Reserve, and retired in the rank of colonel. He completed two deployments, which required absences from his private

1 practice, and also graduated from the prestigious U.S. Army Command and General Staff
2 College.

3
4 *Personal Statement*

5
6 “I am so proud to be an AGD member and am especially grateful for the education opportunities
7 the Academy has provided to be able to care for patients at a much higher level over the years. In
8 addition, the Academy has provided the basis for lifelong learning and relationship building with
9 like-minded dental professionals. Without AGD, I could not have achieved the success I enjoy
10 today.

11
12 “As a result of my vast experience with constitution and bylaws construction and understanding
13 of parliamentary procedures, my AGD colleagues have encouraged me to continue in the role
14 and challenge of being the AGD Speaker of the House. I accept the challenge and ask for your
15 continued support.”
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Candidate for Editor: Roger D. Winland, DDS, MS, MAGD



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Roger D. Winland, DDS, MS, MAGD, has been the AGD editor for 21 years. Previously, he served as editor of the award-winning Ohio AGD newsletter, *The Family Dentist*, from 1986 to 1996.

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

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

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Under Winland’s leadership, AGD publications continue to win awards. In 2017, *General Dentistry* was named a finalist for an Association Media & Publishing Excel Award in the categories of “Journals: Redesign,” in recognition of the September/October 2015 and September/October 2016 issues, and “Journals: Feature Article,” recognition of the article, “What every dentist should know about coffee,” published in the July/August 2016 issue of *General Dentistry*.

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

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Personal Statement

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“It’s been an honor to serve as the AGD editor for the past 21 years and to represent the interest of the membership on the Executive Committee. Just in my last term, I’ve been able to work with the AGD Communications Department to accomplish a number of exciting initiatives on behalf of this organization, including the redesign of both of our publications and our website. Our new website and our publications are fantastic. Our organization’s rebrand, featuring our new logo, was launched during the AGD2017 scientific session in Las Vegas and further personalizes the AGD member experience.

1
2 “It’s been exciting to lead ongoing efforts in engaging with our members via digital
3 communication. Our social media accounts are growing at a consistent pace, and the
4 communications team continues to share members’ stories through *The Daily Grind*, AGD’s
5 blog that spotlights what really happens every day in our lives as dentists.
6

7 “In 2016, I selected Timothy F. Kosinski, DDS, MAGD, to be our new associate editor. Dr.
8 Kosinski is a renowned author and lecturer on implants and their related surgical aspects. His
9 most notable recently published articles include: ‘What’s on Your Technology Wish List?
10 Considering Return on Investment and Efficiency as Purchasing Factors (*AGD Impact*, May
11 2017)’ and ‘Alumni play a critical role in maintaining excellence in dental education (*General
12 Dentistry*, May-June 2017).’ He is a great addition to our publications team.
13

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

2
3 The following is an explanation of the different formatting found in the resolutions
4 as well as a sample resolution. This resolution is to be thought of as an example
5 only, and not to be considered for vote in the 2017 House of Delegates. Please
6 keep this example in mind as you review the documents to be voted on.

7 **Example 1:**


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

9
10 **Fellowship Requirements**

11
12 **4. Successful completion of the Fellowship Examination. ~~The exam may be~~**
13 **taken at any time after joining the AGD but Any dentist joining the AGD**
14 **after February 2010 be subject to a 90-day waiting period prior to applying**
15 **for or sitting for the Fellowship Exam in order to verify their membership**
16 **status. The application must be completed prior to December 31 deadline**
17 **for Fellowship applications.”**

18
19 Underlined text - This is verbiage that would be added to the resolution should it
20 be approved.

- 21 • ~~Strikethroughs~~- This is verbiage that has been proposed to be removed from
22 the resolution.
23 • Regular font- This is verbiage that is to be considered as it is presented with
24 no changes.



**ACADEMY
of GENERAL
DENTISTRY**
2017 AGD House of Delegates Agenda

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4 **I. First Session House of Delegates (8:00 a.m. – 10:30 a.m., Friday, November 3, 2017)**
5 **– McCormick Place, E354B-Lakeside Ballroom**

- 6 a. Call to order/presentation of the colors/playing of the anthems
7 b. Welcome
8 c. Invocation
9 d. Recognition of Dignitaries
10 e. Announcement of new business and assignment of such business to appropriate
11 Reference Committee
12 f. President’s Address
13 g. Candidates for Office Nominations/Speeches
14 i. A nomination will be made for each candidate
15 ii. Candidate speeches
16 h. Awards Ceremony
17 i. Awards will be presented to AGD Achievement Awardees, the constituent
18 award winners, emeritus members, and presidential awards.
19

20 **II. Second Session House of Delegates (8:00 a.m. – Noon; Sunday, November 5, 2017) –**
21 **McCormick Place, E354B-Lakeside Ballroom**

- 22 a. Awards will be presented to AGD leaders completing terms of service.
23 b. Approval of the minutes of the 2016 HOD meeting.
24 c. Reference Committee Reports (order of Reports of Reference Committees subject
25 to change)
26 1. Report of Reference Committee on Advocacy and Other Priorities
27 2. Report of Reference Committee on Continuing Education
28 3. Report of the Reference Committee on Administration, Image & Membership
29 d. Special items of business
30 i. Installation of Officers
31 ii. Presentation of the incoming President’s gavel
32 iii. Presentation of the Past President’s plaque
33 iv. President’s Address
34

35 **III. Lunch Break**
36

37 **IV. Third Session House of Delegates (1:00 p.m. – End; Sunday, November 5, 2017) –**
38 **McCormick Place, E354B-Lakeside Ballroom**

- 39 a. The House of Delegates will re-convene to complete unfinished business.
40

41 **V. Adjournment**
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43

1 **Welcome Message**

2
3 Dear Colleagues:

4
5 Welcome, and congratulations on your selection as Delegates to the 2017 AGD House of
6 Delegates (HOD)! Yours is a great responsibility; in fact, **you** are an important part of the
7 legislative governing body of the Academy of General Dentistry. We know you will take this
8 responsibility seriously because our organization is faced with many substantial and important
9 issues. Your deliberations and decisions at the 2017 HOD will impact our organization well
10 beyond the immediate future.

11
12 **AGD Delegates will be required to attend the following sessions in order to be eligible for**
13 **reimbursement; HOD First Session, Second Session and Third Session, at least one**
14 **Reference Committee meeting, and the Town Hall meeting. You also will need to partake in**
15 **all HOD voting.**

16
17 **Each delegate’s badge will be scanned prior to entering the governance events. If you do**
18 **not participate in all of the events above, you will not receive reimbursement for your**
19 **annual meeting expenses.**

20
21 **Please be sure to arrive on time for the scheduled events. Adequate seating will be provided**
22 **but late arrivals may disrupt the meeting. To avoid large crowds gathering in the back of**
23 **the meeting room — and to comply with the venue’s fire code regulations — we ask that**
24 **you fill all available seating.**

25
26 You are also encouraged to actively **participate** in the Reference Committee Hearings. *It is in*
27 *this forum that every single one of you can share your vision and experience on how to make the*
28 *AGD work better.* Your communication to the Reference Committees during these hearings will
29 allow us to move expeditiously through the HOD’s business on Sunday, November 5, 2017 and
30 avoid an extended session.

31
32 We look forward to meeting you at the hearings. Following is the Reference Committee Hearing
33 schedule:

34
35 **2017 Reference Committee Schedule**

36
37 Friday, November 3, 2017

Reference Committee	Time	Location
Advocacy & Other Priorities	1:30-3:00 p.m.	E350
Administration, Membership & Image	2:30-4:00 p.m.	E352
Continuing Education	3:30-5:00 p.m.	E351

38

1 *Delegate Checklist*

2
3 **1.** Bring a copy of this manual with you to Chicago. You may wish to save it to your
4 laptop/tablet or print it out. . If you wish to have a paper copy of the manual, it will be
5 the responsibility of your constituent to provide one at your request. Please contact your
6 Constituent officers accordingly to make your request. **AGD will not be providing**
7 **printed materials at the 2017 House of Delegates.**
8

9 **2.** Pick up your registration materials in McCormick Place, E354B – Lakeside
10 Ballroom on Thursday, November 2, 2017 from 3:00 p.m. to 7:00 p.m. or on
11 Friday, November 3, 2017 from 7:00 a.m. to 10:30 a.m.
12

13 **3.** Plan to attend on Friday, November 3, 2017:

14
15 a. The first session of the House of Delegates (HOD) in E354B – Lakeside
16 Ballroom 8:00 a.m. to 10:30 a.m.
17

18 b. The Reference Committee Hearings to which you have been assigned by your
19 Region.
20

21 1) Reference Committee on Advocacy and Other Priorities 1:30 to 3:00 p.m.
22 in Room E350.
23

24 2) Reference Committee on Administration, Image and Membership 2:30
25 p.m. – 4:00 p.m. in Room E352.
26

27 3) Reference Committee on Continuing Education 3:30 p.m. – 5:00 p.m. in
28 Room E351.
29

30 **4.** Plan to attend on Saturday, November 4, 2017:

31
32 a. The Oral Health Literacy Panel and Town Hall Meeting 8:00 a.m. to 10:00 a.m. in
33 Room E350.
34

35 b. Any caucus meeting called by your region prior to the annual meeting. Please
36 contact your Regional Director to confirm.
37

38 c. Your regional caucus at McCormick Place.
39

40 **5.** Plan to attend on Sunday, November 5, 2017:

41
42 a. The second and third HOD sessions from 8:00 a.m. until the HOD adjourns in
43 E354B – Lakeside Ballroom,
44

45 **6.** As a delegate, you will be voting on resolutions presented to the HOD. It is your
46 responsibility to read and understand each resolution with its appropriate background

1 information so that you will be able to cast an educated vote at the HOD session.
2 Your Regional Director and Trustee are available for any clarification you need about
3 the resolutions and to answer any additional questions which may arise from
4 discussion. Thorough knowledge and understanding of issues to be voted upon
5 before rising to speak on the floor of the HOD is a crucial part of your responsibilities
6 as a delegate.

7
8 7. Expense Reports:

- 9 a. **AGD Delegates will be required to attend the following sessions in order to**
10 **be eligible for reimbursement; HOD First Session, Second Session and**
11 **Third Session, at least one Reference Committee meeting, and the Town**
12 **Hall meeting. You also will need to partake in all HOD voting.**
13
14 b. **Each delegate's badge will be scanned prior to entering the governance**
15 **events. If you do not participate in all of the events above, you will not**
16 **receive reimbursement for your annual meeting expenses.**
17
18 c. **Please be sure to arrive on time for the scheduled events. Adequate seating**
19 **will be provided but late arrivals may disrupt the meeting. To avoid large**
20 **crowds gathering in the back of the meeting room — and to comply with the**
21 **venue's fire code regulations — we ask that you fill all available seating.**
22
23 d. Please review and use the appropriate Expense Reimbursement form. To print out an
24 Expense Form go to the [Leader Resource Center](#).
25
26 8. Attire: The attire for the meeting will be business dress. Jeans, shorts, sneakers, and
27 athletic wear are unacceptable.

1
2
3
4

Schedule of Events

Please see the full meeting schedule in your Onsite Program for all events and more detailed descriptions. All times and locations are subject to change.

	Start Time	End Time	Event																																																																																				
Thursday 11/2/17	8:00 a.m.	5:00 p.m.	Regional Directors Meeting (<i>By Invitation</i>) – E271A																																																																																				
	3:00 p.m.	7:00 p.m.	Attendee Registration Desk - E354B – Lakeside Ballroom																																																																																				
	8:00 p.m.	10:00 p.m.	Candidates’ Reception -																																																																																				
Friday 11/3/17	6:30 a.m.	7:00 a.m.	Credentials and Elections Committee Meeting (<i>By Invitation</i>) – E270																																																																																				
	7:00 a.m.	10:30 a.m.	Attendee Registration Desk - E354B – Lakeside Ballroom																																																																																				
	8:00 a.m.	10:30 a.m.	House of Delegates First Session & Awards Ceremony - E354B – Lakeside Ballroom																																																																																				
	12:00 p.m.	1:00 p.m.	Reference Committee Lunch (<i>By Invitation</i>) – Room E353B																																																																																				
	12:00 p.m.	1:00 p.m.	Past Presidents’ Forum Lunch (<i>By Invitation</i>) – Room 255																																																																																				
	1:30 p.m.	3:00 p.m.	Reference Committee on Advocacy & Other Priorities - Room E350																																																																																				
	2:30 p.m.	4:00 p.m.	Reference Committee on Administration, Image & Membership - Room E352																																																																																				
	3:30 p.m.	5:00 p.m.	Reference Committee on Continuing Education - Room E351																																																																																				
Saturday 11/4/17	8:00 a.m.	10:00 a.m.	Oral Health Literacy Panel and Town Hall Meeting - Room E350																																																																																				
			Regional Caucuses <table border="1"> <thead> <tr> <th>Start time</th> <th>End time</th> <th>Official Function Name</th> <th>Room</th> </tr> </thead> <tbody> <tr><td>10:30 a.m.</td><td>3:30 p.m.</td><td>Region 1 Caucus</td><td>E267</td></tr> <tr><td>10:15 a.m.</td><td>12:00 p.m.</td><td>Region 2 Caucus</td><td>E263</td></tr> <tr><td>10:15 a.m.</td><td>4:00 p.m.</td><td>Region 3 Caucus</td><td>E266</td></tr> <tr><td>10:15 a.m.</td><td>2:30 p.m.</td><td>Region 4 Caucus</td><td>E255</td></tr> <tr><td>10:15 a.m.</td><td>3:30 p.m.</td><td>Region 5 Caucus</td><td>E265</td></tr> <tr><td>10:15 a.m.</td><td>1:00 p.m.</td><td>Region 6 Caucus</td><td>E262</td></tr> <tr><td>10:15 a.m.</td><td>4:00 p.m.</td><td>Lionel French Region 7 Caucus</td><td>E264</td></tr> <tr><td>10:15 a.m.</td><td>4:00 p.m.</td><td>Region 8 Caucus</td><td>E253B</td></tr> <tr><td>10:15 a.m.</td><td>1:00 p.m.</td><td>Regional 09 Caucus</td><td>E261</td></tr> <tr><td>10:15 a.m.</td><td>3:00 p.m.</td><td>Region 10 Caucus</td><td>E251</td></tr> <tr><td>10:15 a.m.</td><td>4:00 p.m.</td><td>Region 11 Caucus</td><td>E258</td></tr> <tr><td>10:15 a.m.</td><td>2:00 p.m.</td><td>Region 12 Caucus</td><td>E257</td></tr> <tr><td>10:15 a.m.</td><td>4:00 p.m.</td><td>Region 13 Caucus</td><td>E253C</td></tr> <tr><td>10:15 a.m.</td><td>4:00 p.m.</td><td>Region 14 Caucus</td><td>E253D</td></tr> <tr><td>10:15 a.m.</td><td>12:15 p.m.</td><td>Region 15-16 Caucus</td><td>E260</td></tr> <tr><td>10:15 a.m.</td><td>4:00 p.m.</td><td>Region 17 Caucus</td><td>E256</td></tr> <tr><td>10:15 a.m.</td><td>12:00 p.m.</td><td>Region 18 Caucus</td><td>E259</td></tr> <tr><td>10:15 a.m.</td><td>4:00 p.m.</td><td>Region 19 Caucus</td><td>E252</td></tr> <tr><td>10:15 a.m.</td><td>4:00 p.m.</td><td>Region 20 Caucus</td><td>E253A</td></tr> <tr><td>10:15 a.m.</td><td>4:00 p.m.</td><td>Caucus Support</td><td>E270</td></tr> </tbody> </table>	Start time	End time	Official Function Name	Room	10:30 a.m.	3:30 p.m.	Region 1 Caucus	E267	10:15 a.m.	12:00 p.m.	Region 2 Caucus	E263	10:15 a.m.	4:00 p.m.	Region 3 Caucus	E266	10:15 a.m.	2:30 p.m.	Region 4 Caucus	E255	10:15 a.m.	3:30 p.m.	Region 5 Caucus	E265	10:15 a.m.	1:00 p.m.	Region 6 Caucus	E262	10:15 a.m.	4:00 p.m.	Lionel French Region 7 Caucus	E264	10:15 a.m.	4:00 p.m.	Region 8 Caucus	E253B	10:15 a.m.	1:00 p.m.	Regional 09 Caucus	E261	10:15 a.m.	3:00 p.m.	Region 10 Caucus	E251	10:15 a.m.	4:00 p.m.	Region 11 Caucus	E258	10:15 a.m.	2:00 p.m.	Region 12 Caucus	E257	10:15 a.m.	4:00 p.m.	Region 13 Caucus	E253C	10:15 a.m.	4:00 p.m.	Region 14 Caucus	E253D	10:15 a.m.	12:15 p.m.	Region 15-16 Caucus	E260	10:15 a.m.	4:00 p.m.	Region 17 Caucus	E256	10:15 a.m.	12:00 p.m.	Region 18 Caucus	E259	10:15 a.m.	4:00 p.m.	Region 19 Caucus	E252	10:15 a.m.	4:00 p.m.	Region 20 Caucus	E253A	10:15 a.m.	4:00 p.m.	Caucus Support	E270
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	12:00 p.m.	1:00 p.m.	Board Lunch – E271B																																																																																				
	1:00 p.m.	End	House of Delegates Third Session (<i>If necessary</i>) - E354B – Lakeside Ballroom																																																																																				
	45 minutes post HOD		Board Meeting – E271A																																																																																				

5

Resolution Index Summary

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

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



1
2
3 **Position Statements**
4 **(SAMPLE AGD TEMPLATE)**

5
6 *Created: February 2007*
7 *Approved: April 2007 (AGD Board)*
8

9 **How to Write a Position Statement for the House of Delegates (HOD)**

10
11 This document is being prepared to assist members and Delegates as they consider
12 and prepare Position Statements for submission to the House of Delegates (HOD)
13 of the Academy of General Dentistry (AGD). A carefully considered, well crafted
14 Position Statement has a much better chance of being adopted by the HOD and
15 will minimize confusion and debate on the floor of the HOD during its annual
16 meeting.

17
18 **What is a Position Statement of the HOD?**

19
20 The HOD is a representative body of the membership that approves AGD position
21 statements. A position statement is the AGD's position on professional or public
22 policy issues that relate to its mission and goals. An individual member or group of
23 members develops proposed Position Statements. However, they can only be
24 submitted by an AGD dentist member and only a delegate can submit a proposal
25 for a Position Statement to the HOD Operations Committee. Once proposed
26 position statements have gone through the review process, they are sent to
27 delegates and made available to the membership via the AGD Web site for
28 feedback. Using this feedback to help form an opinion on the Position Statement,
29 the delegate goes to the HOD meeting where the Position Statement is debated and
30 then voted on. If the Position Statement passes the HOD, it becomes an official
31 position of the AGD. Therefore, it is in the best interests of the maker of the
32 Position Statement to submit a proposal that is in keeping with AGD policy and
33 meets the criteria for a Position Statement.

34
35 **Is it needed? This is the first thing to consider when planning to propose a**
36 **Position Statement.**
37

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

5
6 **Is it consistent with the Position Statement Criteria?**

7
8 Position Statement Criteria:

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

19
20 Position Statements must deal with issues related directly to dentistry, or the
21 policies and practices of the AGD.

22
23 Once a proposed Position Statement is received, it will go through an evaluation
24 process. The proposed Position Statement will be evaluated by the AGD Board of
25 Trustees (Board), potentially other agencies of the AGD or legal counsel, and
26 ultimately by the AGD HOD. They will check for factual accuracy, legality and
27 adherence to existing AGD policy.

28
29 The HOD will not consider Position Statements that violate local, state, or federal
30 statutes. Position Statements that would alter our tax-exempt status, or result in
31 lengthy litigation would be unwise and probably be rejected.

32
33 The evaluation will also check against any impact on previously approved Position
34 Statements. Each proposed Position Statement will be evaluated on form, approach
35 and content.

36
37 **Is a Position Statement in the HOD the appropriate forum to discuss this**
38 **issue?**

1 There are many avenues to provide feedback to the Board. Any issue regarding the
2 actions and functioning of the organization or issues related to the profession are
3 permitted to be brought before the HOD. Position Statements of the HOD are not
4 appropriate forums for personal vendettas or criticism of the organization, its board
5 or individual officers or members.

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

8
9 Position Statements should have clear goals and address specific issues. Carefully
10 consider what your desired outcome will be, and be able to express that outcome
11 clearly. If you do not clearly present your intent and meaning, and why AGD
12 should hold this position then the debate will be difficult and frustrating and your
13 Position Statement will flounder. You only get one shot each year, make it count.

15 **Is your Position Statement well crafted?**

16
17 Sometimes English can be a frustrating language. However, words often have
18 specific legal meanings, and there are rules of grammar. The document that you
19 submit to the HOD becomes a part of our organization's public record. Individuals
20 outside of AGD will have access to those documents; they should be well written
21 and properly formatted. Beyond the potential for embarrassment, the tragedy of a
22 good idea being rejected because it is poorly presented is completely avoidable
23 with a little groundwork up front. Remember, the proposed Position Statement will
24 be presented to the HOD in the HOD manual, not by the person or agency who
25 thought of it. Use the spell check and grammar check on your computer. Before
26 you begin the process of submitting the Position Statement, have disinterested third
27 parties (not just your friends) read and comment on your draft. Position Statements
28 that include good ideas, but are written with hostility or negativity are usually
29 defeated on the basis of the way they are written, regardless of the intent of the
30 Position Statement. Remember that we are a professional association and present
31 your ideas in a clear way with supporting facts rather than emotions.

33 **How do you write a Position Statement?**

34
35 A Position Statement should be should be well written and properly formatted.
36 Present a brief summary of the background and rationale for the Position
37 Statement. Include any information that will explain the intent and meaning of the
38 Position Statement. The Position Statement, itself, should be limited to one
39 paragraph. Then include a list of verifiable references to support your proposal,
40 including research, statistics, AGD Board decisions, etc.

1
2 When submitting a resolution to the Board and/or HOD for adoption of a policy,
3 the format should roughly follow in this manner:
4

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

10
11 Ideally, a policy resolution should have only one resolved clause. If there are more
12 clauses, the HOD has a tendency to want to split the question. However, if, as part
13 of the policy, there is a directive for implementation, say, then the following
14 should occur:
15

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

21
22 **Example**
23

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

24
25 Resolved, that directing a dental laboratory to fabricate intraoral
26 appliances and devices (including bleaching trays) constitutes the
27 practice of dentistry, which requires an appropriate license in the
28 state or province where the individual is being treated, and be it
29 further

30
31 Resolved, that in order to protect the health of the public, the
32 AGD believes that the fabrication of intraoral appliances and
33 devices (including bleaching trays) by dental laboratories

1 requires a proper prescription by a dentist licensed in the state or
2 province where the individual is being treated.”
3

4 **Conclusion**

5
6 We hope this document helps you in preparing and submitting position statements
7 to the HOD. These statements are a vital form of member input into the
8 association. We look forward to receiving your input and suggestions on how to
9 improve this guide. If you have any suggestions, please contact
10 advocacy@agd.org.
11
12
13

1 **Amendment to Resolution Form**

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RESOLUTION # _____

REFERENCE COMMITTEE REPORT - PAGE # _____

2016 HOUSE OF DELEGATES (HOD) – Chicago, IL

FOR AMENDMENTS TO RESOLUTIONS

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

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

Submitted by: Delegate’s Name _____
State _____
Region _____

REQUIRED SIGNATURE _____

1 **Resolution #xxxx**

2

3 **Please enter your completed resolution (including**
4 **strikethroughs and underlines) in this space. It should be in**
5 **Arial 22 pt. font. We will use this document to project your**
6 **resolution in the HOD.**

7

8

1 The reference committee may recommend that a particular resolution be adopted,
2 rejected, amended, postponed definitely, or referred to the appropriate AGD
3 agency. A proposal to amend the resolution can take the form of a substitute
4 resolution.

5 Items of note:

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

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1 Anthems

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Star-Spangled Banner



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

O Canada



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

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

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

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

O Canada, we stand on guard for thee.

1 **Rules of Procedure for Conducting The Reference Committee Hearings and Business of the**
2 **Academy of General Dentistry's House of Delegates**
3

- 4 1. The House of Delegates (HOD) will consider business introduced only in one of the
5 following ways:
6
7 a. A resolution submitted on a petition signed by 25 or more active members at least
8 two weeks prior to the annual session of the HOD and directed to the Executive
9 Director;
10
11 b. An appropriate resolution emanating from a meeting of the Board of Trustees
12 (Board);
13
14 c. Resolutions emanating from any report of an officer, council or committee;
15
16 d. A resolution introduced by any Constituent AGD or any certified delegate
17 providing that the resolution has been received by the AGD's Executive Director
18 at least two weeks prior to the First Session of the HOD at the annual session of
19 the HOD;
20
21 e. A resolution submitted in writing and introduced on the floor of a session of the
22 HOD with the unanimous consent of the HOD. Such a resolution requires
23 approval by two-thirds of the delegates present and voting. Reference Committee
24 recommendations are not, however, deemed new business.
25
26 2. In keeping with the Constitution and Bylaws of the AGD, no amendment may be made to
27 either the Constitution or the Bylaws unless it has been published to the members at least
28 thirty (30) days in advance of the annual session of the HOD on the AGD Web site and
29 links to the proposed changes will be headlined thereon. If such is the case, the
30 Constitution may be amended by an affirmative vote of at least two-thirds of the certified
31 delegate members present and voting at the annual session of the HOD, and the Bylaws
32 may be amended by an affirmative vote of two-thirds (2/3) of the delegates present and
33 voting.
34
35 3. The Speaker of the House, in consultation with the Executive Director, shall make a
36 recommendation to the Board at the regular meeting held before the annual session of the
37 HOD of how the annual reports and resolutions are to be divided among three Reference
38 Committees. All delegates will be strongly encouraged to review all resolutions.
39
40 4. The President shall designate five delegates and two non-voting consultants who need not
41 be delegates to serve on each Reference Committee. Members serving on current
42 councils and committees of the organization may not serve on the Reference Committee
43 if that Reference Committee is going to review a report from a council or committee on
44 which the member is currently serving. The two non-voting consultants may, of course,
45 have served on councils or committees whose reports are being reviewed by that
46 Reference Committee.
47

- 1 5. Reference Committee hearings are open to all members of the AGD. At the appropriate
2 time each member may express his/her opinion on a given subject being heard by that
3 Reference Committee.
4
- 5 a. The Chairperson of the Reference Committee shall preside at the Reference
6 Committee hearing. He/she shall be seated with his/her four committee members,
7 a maximum of two consultants, and designated staff from the AGD's headquarters
8 office at a table in the front of the hearing room.
9
- 10 b. The Chairperson of the Reference Committee may limit the length of time each
11 member is allowed to speak, but may not prevent any member from speaking at
12 least once on a given subject. Once debate has been limited by the Chairperson, it
13 shall apply to all future speakers in that particular Reference Committee on that
14 topic.
15
- 16 c. No resolutions may be introduced in the Reference Committee hearing.
17
- 18 d. The purpose of the Reference Committee hearing is only to receive information
19 and opinions. No votes may be taken in the hearing on any resolution.
20
- 21 e. All Reference Committees must remain in session for a minimum of 90 minutes
22 or until all attendees have left the room so that delegates may present their views
23 before all of the Reference Committees.
24
- 25 6. Immediately after the hearing, the five members of the Reference Committee and the
26 Committee's consultants shall deliberate in executive session and make a
27 recommendation to the AGD on each item of business assigned to it. No item of business
28 may be omitted. The Reference Committee may recommend that a resolution be
29 adopted, rejected, amended, referred to committee, or postponed definitely. An
30 amendment may take the form of a substitute resolution. However, the substitute
31 resolution must be completely germane to the original resolution. After the executive
32 session, the report of the Reference Committee shall be prepared by the Chairperson with
33 the assistance of staff from the AGD's headquarters office.
34
- 35 7. At the appropriate time, the presiding officer shall request that each Reference
36 Committee Chairperson deliver his/her report to the HOD. The Chairperson shall move
37 for appropriate action on each recommendation or substitute resolution from the
38 Reference Committee and identify a member of the Reference Committee as the seconder
39 of the motion. At this time, an amendment to the resolution may be offered from the
40 floor. The amendment must receive a second before it can be discussed. A vote on the
41 main motion or resolution will occur after the membership has reached a decision on each
42 amendment which has been duly proposed. No motions to postpone indefinitely will be
43 permitted.
44
- 45 a. Only those sections of the Constitution and Bylaws which have been published to
46 the membership at least thirty (30) days prior to the annual session of the HOD

1 are subject to amendment. It will be the presiding officer's duty to determine
2 whether a proposed amendment to such a resolution is completely germane to the
3 question. If the proposed amendment is not germane to the particular section of
4 the Constitution and Bylaws under scrutiny, it will be his/her duty to rule the
5 amendment out of order and request that it be appropriately introduced at next
6 year's annual session of the HOD.
7

8 b. The President shall appoint a parliamentarian to assist and advise the Speaker of
9 the House in running an orderly meeting in keeping with these Rules of
10 Procedure. All questions not covered by the AGD's Constitution and Bylaws or
11 these Rules of Procedure shall be governed by the American Institute of
12 Parliamentarians Standard Code of Parliamentary Procedure. A copy of this code
13 shall be maintained by the parliamentarian for reference.
14

15 8. Only duly certified delegates or alternate delegates who have been elevated to delegate
16 status may vote or move resolutions on the floor of the HOD. However, any of the
17 following individuals may address the HOD after they are recognized by the presiding
18 officer:
19

20 a. All delegates;

21
22 b. All AGD officers who are members of the Executive Committee;

23
24 c. All Council or Committee chairpersons;

25
26 d. All AGD Past Presidents;

27
28 e. The Executive Staff of the AGD;

29
30 f. All members of the Board who have not otherwise been elected delegates (such
31 Board members may be seated with their Constituent AGD delegations on the
32 floor of the HOD).
33

34 h. All Regional Directors who have not otherwise been elected delegates (such
35 Regional Directors may be seated with their constituent academy delegation on
36 the floor of the HOD
37

38 i. The President of the AGD Foundation may have access to the floor, but may
39 address the HOD only if an issue concerns the Foundation.
40

41 j. Any AGD member may have access to the floor of the HOD in order to give a
42 nominating speech for a candidate in a contested election.
43

44 9. The procedure with regard to handling of nominations at the First Session of the HOD for
45 AGD offices shall be:
46

- 1 a. The AGD's Secretary shall announce any petitions received at least 60 days prior
2 to the First Session of the HOD on behalf of candidates running for AGD office at
3 the annual session of the HOD. No petition will be honored that is received more
4 than one year in advance of the annual session of the HOD in which the election
5 takes place.
6
- 7 10. Council and Committee Chairpersons shall sit in the front row of the HOD with the
8 appropriate staff when resolutions from their agencies of the AGD are being considered.
9 If a Council or Committee Chairperson is not in attendance at the annual session of the
10 HOD, the President may designate another member of the Council or Committee as a
11 substitute. The Speaker of the House shall recognize such individuals in proper sequence
12 when it is obvious that they need to provide input to the HOD on any proposed change
13 affecting their areas of jurisdiction.
14
- 15 11. Constituent Executives, officially listed in the Constituent Officers List, may sit with
16 their delegations on the floor of the HOD, but no constituent may seat more than one
17 officially-listed executive.
18
- 19 Adopted HOD 7/89
20 Revised HOD 7/91
21 Amended HOD 7/94
22 Amended HOD 7/95
23 Revised HOD 7/99
24 Revised HOD 8/2001
25 Revised HOD 7/2002
26 Revised HOD 6/2007
27 Revised HOD 7/2010
28
29



1
2
3
4
5 Congratulations on being appointed as a delegate or alternate delegate of the Academy of
6 General Dentistry (AGD) House of Delegates. The AGD invites you to use the provided news
7 release template to educate your patients and community about your work with the AGD. Here
8 are some tips to help you get your information published in local media outlets:
9

- 10 1. Use the Internet to research the newspapers that are published in your area.
- 11 2. Determine the newspapers to which you would like to send your news release. Call each
12 newspaper on your list and ask to speak with the news editor (if it's a community
13 publication) or the business editor (if it's a larger, daily publication). If that person is
14 unavailable, you also may be able to find his or her email address by searching the
15 newspaper's website.
- 16 3. Inform the editor that you are a local business owner who has just been appointed to a
17 national dental organization's House of Delegates. Tell him or her that you would like to
18 submit a news release with the details of your appointment.
19

20 Here's an example of a phone conversation with a media contact:
21

22 **You:** *Hi, my name is Dr. John Smith and I was just appointed to the Academy of General*
23 *Dentistry House of Delegates. I work/live in [insert city], and I thought that the paper may be*
24 *interested in running an article about my achievement. I have a news release with more details.*
25 *Would you like me to send it to you via email? [Media contact says, "Yes."] Great! What is your*
26 *email address?*
27

- 28 4. Email your news release to the media contact. If you have a headshot of yourself, you may
29 want to include it as an attachment. Newspapers may run your photo if space allows.
- 30 5. Follow up with your media contacts within one week. Make sure that they have received the
31 release and inquire whether they are interested in printing it. If they plan to publish your story,
32 ask when it is scheduled to run so you can watch for the media coverage.
33

34 The AGD recommends that you distribute your release as soon as possible after AGD Annual
35 Meeting 2017 to receive the most media placements. News outlets prefer to report on recent
36 events. Waiting too long after the annual meeting to send this release may limit your media
37 coverage potential.
38

39 If you have any questions or need more information, contact AGD Public Relations at
40 312.404.4346 or news@agd.org
41 .

42 Thank you again for your participation!
43

1
2 <Insert Constituent Logo>

3 **FOR IMMEDIATE RELEASE**

4
5
6
7 **For more information contact:**

8 <FIRST AND LAST NAME>, <Title/Credentials>

9 <OFFICE PHONE>

10 <EMAIL>

11
12 <CITY> Dentist Appointed to AGD 2017 House of Delegates

13
14 <CITY, ST> (<DATE>) — <FIRST AND LAST NAME>, <DDS/DMD>, <FAGD/MAGD>, of
15 <CITY>, <STATE>, was appointed to serve as <AN ALTERNATE DELEGATE/A
16 DELEGATE(identify one)> to the Academy of General Dentistry (AGD) 2017 House of
17 Delegates (HOD) during AGD’s annual meeting, held November 2 to 4 in Chicago.

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

21
22 Committed to providing quality care and patient education to the public, AGD members are
23 required to complete 75 hours of continuing dental education every three years.

24
25 Dr. <LAST NAME> graduated from <DENTAL SCHOOL> in <YEAR> and currently practices
26 dentistry in <CITY>. <HE/SHE> and <HIS/HER> <WIFE/HUSBAND>, <NAME>, have
27 <NUMBER> children, <NAMES>.

28
29 **About the Academy of General Dentistry**

30 The Academy of General Dentistry (AGD) is a professional association of more than 40,000 general
31 dentists, dedicated to providing quality dental care and oral health education to the public. Founded in
32 1952, AGD is the second largest dental association in the United State, and serves the needs and
33 represents the interests of general dentists. For more information about the AGD, visit, www.agd.org.

34 # # #



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2017 Delegates and Alternates

REGION 1

**Connecticut, Maine, Massachusetts,
New Hampshire, Rhode Island, Vermont**

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- Louis G. Bartimmo, DMD
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24 Solvay, NY 13209-1518
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56 **Pennsylvania**
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60 Hellertown, PA 18055-1320
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62 Richard D. Knowlton, DMD, MAGD
63 102 W. High Street
64 Elizabethtown, PA 17022-2019
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67 1073 Oak Street
68 Pittston, PA 18640-3716
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70 Thomas D. Kratzenberg, DMD, MAGD
71 546 Wendel Road
72 Irwin, PA 15642-7539
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74 Kurt J. Laemmer, DMD, MAGD
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76 Bradford, PA 16701-1013
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6 Eric N. Shelly, DMD, MAGD
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11 **New Jersey**
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31 Cedar Knolls, NJ 07927-2107
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33 Jeffrey J. Urban, DMD
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35 Brick, NJ 08724-3009
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39 Red Bank, NJ 07701-5914
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42 17 Summerfield Drive
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81 **Maryland, Virginia**
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77 **Virginia**
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42 South Charleston, WV 25309-9732
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45 **REGION 7**
46 **Indiana, Ohio**
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49 3415 S. Lafountain Street, Suite C
50 Kokomo, IN 46902-3826
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52 James M. Lindsey, DDS, FAGD
53 2516 Locust Lane
54 Kokomo, IN 46902-2954
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56 Barry W. Ray, DDS, MAGD
57 2038 Lincoln Avenue
58 Evansville, IN 47714-1561
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60 Robert A. Nelson, DDS
61 1425 Offnere Street
62 Portsmouth, OH 45662-3505
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68 Mehrdad Safavian, DDS
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79 Schererville, IN 46375-1100
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83 Circleville, OH 43113-1150
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2 **Illinois**
3 ***Delegates***
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8 Douglas J. Brown, DDS, MAGD
9 1453 W. Thomas Street
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13 101 S. Washington Avenue, Suite 124
14 Park Ridge, IL 60068-4258
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16 Susan Mayer, DDS, FAGD
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18 Chicago, IL 60602-3406
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20 Charles F. Martello, DDS, MAGD
21 106 W. Nebraska Street, #635
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43 Skokie, IL 60077-3538
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57 Aurora, IL 60502-9029
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76 **Michigan, Wisconsin**
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84 2638 Santa Maria Court
85 Chula Vista, CA 91914-4120
86
87 Anita Rathee, DDS
88 23101 Sherman Place, Suite 415
89 Calabasas, CA 91302
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1 Ricardo A. Suarez, DDS, FAGD
2 15732 Mar Vista Street
3 Whittier, CA 90605-1325
4
5 M. Paul Schafer, DDS, MAGD
6 896 Sutro Avenue
7 Novato, CA 94947-2040
8
9 James H. Thompson, DMD, FAGD
10 7424 Jackson Drive, Suite 3
11 San Diego, CA 92119-2324
12
13 Chirag Vaid, DDS
14 4130 Saint Andrews Drive
15 Stockton, CA 95219-1865
16
17 *Alternates*
18 Michael W. Lew, DMD, MAGD
19 15 Elderberry Court
20 Novato, CA 94945-2723
21
22 Stephen E. Lockwood, DMD, MAGD
23 4150 Regents Park Row, Suite 230
24 La Jolla, CA 92037-1414
25
26 Sireesha Penumetcha, DDS, MAGD
27 4720 Elk Grove Boulevard, Suite 170
28 Elk Grove, CA 95758-4185
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30 Harriet F. Seldin, DMD
31 3737 Moraga Avenue, Suite B113
32 San Diego, CA 92117-5356
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34 Eric Wong, DDS, MAGD
35 P.O. Box 22417
36 Sacramento, CA 95822-0417
37
38 **REGION 14**
39 **Arizona, Colorado, Hawaii, Nevada, New**
40 **Mexico, Utah, Wyoming**
41 *Delegates*
42 Mai-Ly Duong, DMD, FAGD
43 859 N. Harmony Avenue
44 Gilbert, AZ 85234-8020
45
46

47 Dana E. Onet, DDS
48 8868 W. Bell Road, #362
49 Peoria, AZ 85382-4931
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51 Onika R. Patel, DMD
52 11981 E. Becker Lane
53 Scottsdale, AZ 85259-4142
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55 Dennis L. Burgner, DDS, MAGD
56 P.O. Box 988
57 Parker, CO 80134-0988
58
59 Russell G. Posey, DDS, FAGD
60 904 Engleman Place
61 Loveland, CO 80538-1944
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63 William F. Thornell, DDS, MAGD
64 189 Talisman Drive, Suite E
65 Pagosa Springs, CO 81147-7917
66
67 Summer Kleidosty, DMD
68 P.O. Box 17893
69 Reno, NV 89511-1033
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71 Duane D. Callahan, DDS, MAGD
72 8706 S 700 E
73 Sandy, UT 84070-1807
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75 Brian J. Cotant, DDS, FAGD
76 212 N. Tisdale Avenue
77 Buffalo, WY 82834-2013
78
79 *Alternate*
80 Walter J. Rapacz, DDS, FAGD
81 3646 E. Ray Road, Suite 14
82 Phoenix, AZ 85044-7116
83
84 **REGION 15-16**
85 **Alberta, Atlantic Provinces, British**
86 **Columbia, Ontario, Quebec**
87 *Delegates*
88 Jennifer T. Nguyen, DDS
89 7846 - 170 A Avenue
90 Edmonton, AB T5Z 0C9
91
92

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2 2 Pinewood Drive
3 St. Stephen, NB E3L 1K5
4
5 Rudy Wassenaar, DMD, MAGD
6 249 Barnard Street
7 Williams Lake, BC V2G 1G1
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9 Joseph A. Belsito, DDS, FAGD
10 2095 Wyandotte Street W
11 Windsor, ON N9B 1J8
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13 Anca Bordeianu, DDS
14 226 Boake Trail
15 Richmond Hill, ON L4B 3Z6
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17 Frank C. Infusini, DDS, FAGD
18 3200 Dufferin Street, Unit 15B
19 Toronto, ON M6A 3B2
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21 Kirandip Johal, DDS
22 84 Nova Scotia Road
23 Brampton, ON L6Y 5K1
24
25 Gulam Walji, DDS
26 21 Heathmore Court
27 Markham, ON L3R 8J2
28
29 Charles B. Weingarten, DDS
30 14800 Yonge Street, Unit 140
31 Aurora, ON L4G 1N3
32
33 Bashar Shagoury, DDS, MAGD
34 1100 Beaumont Avenue, Suite 404
35 Mont-Royal, QC H3P 3H5
36
37 *Alternates*
38 Kulwant S. Turna, DDS
39 110 Pertosa Drive, Unit 1
40 Brampton, ON L6X 5E9
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42 Sanjay Uppal, DDS, FAGD
43 900 Jamieson Parkway, Unit 3
44 Cambridge, ON N3C 4N6
45
46

47 Faraj Hanna A., DMD
48 3535 Queen-Mary, #218
49 Montreal, QC H3V 1H8
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51 **REGION 17**
52 **Air Force, Army, Navy, Public Health,**
53 **Veterans Administration**
54 *Delegates*
55 David L. Mapes, DDS
56 155 Lilly Creek
57 Boerne, TX 78006-1972
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59 Demarcio L. Reed, DMD, FAGD
60 PSC 704 Box 3076
61 APO, AP 96338-0011
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63 Melissa Tucker, DDS, FAGD
64 1337 NW Still Water Trail
65 Lawton, OK 73507-5053
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67 Troy Brooks, DMD, FAGD, ABGD
68 695 Felino Way
69 Chula Vista, CA 91910-7917
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71 Jared A. Geller, DMD, FAGD
72 401 Grandin Avenue
73 Rockville, MD 20850-4142
74
75 Daniel Barcomb, DDS, FAGD
76 110 Sedgefield Drive
77 New Orleans, LA 70123-4721
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79 Maharukh E. Kravich, DDS, MAGD
80 4000 Roadside Court
81 El Paso, TX 79922-1912
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83 *Alternates*
84 Thu N. Luu, DMD, FAGD, ABGD
85 13513 Moonlight Trail Drive
86 Silver Spring, MD 20906-6701
87
88 Justin L. Rogers, DMD, FAGD
89 13513 Moonlight Trail Drive
90 Silver Spring, MD 20806-6701
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92

1 Li-Kuei G. Hung, DDS, FAGD
2 218 239th Way SE
3 Sammamish, WA 98074-3685
4
5 Juan A. Villafane-Hernandez, DMD
6 6002 Auburndale Avenue, Unit B
7 Dallas, TX 75205
8
9 **REGION 18**
10 **Texas**
11 ***Delegates***
12 Douglas W. Bogan, DDS, FAGD
13 791 Town and Country Boulevard
14 Suite 222
15 Houston, TX 77024-3978
16
17 Jennifer J. Bone, DDS, MAGD
18 710 Hill Country Drive, Suite 1
19 Kerrville, TX 78028-6168
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21 Ralph A. Cooley, DDS, FAGD
22 7500 Cambridge Street, Suite 5330
23 UT Health School of Dentistry
24 Houston, TX 77054-2032
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26 T. Bob Davis, DMD, MAGD
27 11925 Lock Ness Drive
28 Dallas, TX 75218-1325
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30 Brooke Elmore, DDS, FAGD
31 713 Chatham Road
32 Belton, TX 76513-6707
33
34 Jeffrey B. Geno, DDS, MAGD
35 6011 W. Main Street. Suite A101
36 League City, TX 77573-6953
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38 Melissa D. Lent, DDS, FAGD
39 5422 Judalon Lane
40 Houston, TX 77056-7223
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42 Hanna E. Lindskog, DDS, FAGD
43 1120 W. Temple Street
44 Houston, TX 77009-5240
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47 Dan P. McCauley, DDS, FAGD
48 1603 N. Jefferson Avenue
49 Mount Pleasant, TX 75455-2329
50
51 Christina Meiners, DDS
52 140 Merry Trail
53 San Antonio, TX 78232-1329
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55 Bryan T. Moore, DDS
56 800 Timberwood Lane
57 Fairview, TX 75069-9181
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59 Shane A. Ricci, DDS, FAGD
60 5132 Village Creek Drive
61 Plano, TX 75093-4497
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63 James D. Speer, DDS, FAGD
64 5945 McArdle Road, Suite 113
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67 Sarah Tovar, DDS, FAGD
68 7015 Scenic Sunset
69 San Antonio, TX 78249-3516
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72 11623 Angus Road, Suite 16
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75 ***Alternates***
76 David M. Tillman, DDS, MAGD
77 747 8th Avenue, Suite C
78 Ft. Worth, TX 76104-2503
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80 **REGION 19**
81 **Alabama, Georgia, North Carolina, South**
82 **Carolina**
83 ***Delegates***
84 William E. Chesser, DMD, MAGD
85 P.O. Box 1509
86 Ozark, AL 36361-1509
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89 146 County Road 80
90 Clanton, AL 35045
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2 1919 7th Avenue S - SDB 514
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5 Phillip H. Durden, DMD, MAGD
6 104 Moores Grove Road
7 Winterville, GA 30683-1506
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10 3380 Old Jefferson Road
11 Athens, GA 30607-1480
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13 Kenneth A. Gilbert, DDS, FAGD
14 1275 McConnell Drive, Suite G
15 Decatur, GA 30033-3505
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17 Ricky Lane, DDS, MAGD
18 1066 Bermuda Run
19 Statesboro, GA 30458-0858
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21 Amit P. Patel, DMD
22 1874 Chamdun Place
23 Atlanta, GA 30341
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25 Erin H. Pickwick, DMD
26 1320 Azalea Brook Drive
27 Lawrenceville, GA 30043-3210
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29 Woodson B. Bolinger, DDS, FAGD
30 101 N. Main Street
31 Weaverville, NC 28787-8444
32
33 Barbara B. Bowman-Hensley, DMD, FAGD
34 111 Taylor Street
35 Black Mountain, NC 28711-2530
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37 Cammie T. Morris, DDS
38 126 SE 3rd Street
39 Oak Island, NC 28465-6701
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43 Asheville, NC 28806-0122
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47 270 Saint Johns Wood
48 Fayetteville, NC 28303-4976
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52 Asheville, NC 28805-2059
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56 Irmo, SC 29063-7117
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58 Rocky L. Napier, DMD
59 143 Trafalgar Street SW
60 Aiken, SC 29801-3760
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62 Ronald S. Wilson, DMD
63 140 Mall Connector Road
64 Greenville, SC 29607-3582
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67 Gordon R. Isbell, IV
68 241 S. 4th Street
69 Gadsden, AL 35901
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71 Gary L. Myers, DMD, MAGD
72 531 Creekview Circle
73 Birmingham, AL 35226-3417
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75 Suvidha Sachdeva, DDS
76 470 Wembley Circle
77 Sandy Springs, GA 30328-7281
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79 Usman U. Sajid, DDS
80 3301 Vintage Circle SE
81 Smyrna, GA 30080-4596
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83 Jennifer S. Bell, DDS, FAGD
84 5245 Sunset Lake Road
85 Holly Springs, NC 27540-3793
86
87 Scott R. Cayouette, DMD, FAGD
88 1040 Savannah Highway
89 Charleston, SC 29407-7804
90
91

1 **REGION 20**
2 **Florida, Puerto Rico**
3 ***Delegates***
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5 P.O. Box 121187
6 Clermont, FL 34712-1187
7
8 Irving N. Carvajal, DDS, FAGD
9 10114 SW 107th Avenue
10 Miami, FL 33176-2760
11
12 John V. Gammichia, DMD, FAGD
13 450 Errol Parkway
14 Apopka, FL 32712-2627
15
16 Harvey P. Gordon, DDS, MAGD
17 4949 SW 33rd Way
18 Fort Lauderdale, FL 33312-7927
19
20 Laurence A. Grayhills, DMD, MAGD
21 250 Professional Way
22 Wellington, FL 33414-6391
23
24 Naresh A. Kalra, DDS
25 3306 W. Kennedy Boulevard
26 Tampa, FL 33609-2904
27
28 Andrew P. Martin, DMD, MAGD
29 11626 SW 6th Lane
30 Gainesville, FL 32607-1139
31
32 Merlin P. Ohmer, DDS, MAGD
33 72 Valencia Street
34 St. Augustine, FL 32084-3540
35
36 Bipin J. Sheth, DDS, MAGD
37 5239 Coconut Creek Parkway
38 Margate, FL 33063-3964
71
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39 Linda G. Trotter, DMD, FAGD
40 2522 Oak Street
41 Jacksonville, FL 32204-4504
42
43 Aldo L. Miranda-Collazo, DMD
44 Hyde Park
45 249 Calle Las Marias
46 San Juan, PR 00927-4224
47
48 ***Alternates***
49 Robert D. Gehrig, DMD, FAGD
50 2902 Serenity Circle S
51 Fort Pierce, FL 34981-5055
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53 Melvin L. Kessler, DDS, MAGD
54 8145 SW 128th Street
55 Miami, FL 33156-6150
56
57 Tony Menendez, DDS, MAGD
58 4120 Tamiami Trail, Suite A
59 Port Charlotte, FL 33952-9241
60
61 **ASDA**
62 ***Student Delegates***
63 Vanessa A. Kristensen
64 1424 S. Rosemont Street
65 Mesa, AZ 85206-3438
66
67 Milton E. Ramirez
68 3272 SW Corbeth Lane
69 Troutdale, OR 97060-3173
70



2017 Constituent Presidents and Executives

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REGION 1

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

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

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

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

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

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

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

REGION 2

New York

Ms. Paula Bostick
Executive Director – New York
Office: 718.747.3353
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Start Date: 10/6/2011
End Date: 2/1/2018

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

REGION 3

Pennsylvania

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

Andrew T. Stewart, DMD, MAGD, ABGD
President – Pennsylvania
Office: 717.865.3457
Email: astewart109@comcast.net
Start Date: 5/1/2017
End Date: 4/30/2018

1 **REGION 4**
2 **New Jersey**
3 Charles H. Perle, DMD, FAGD
4 Executive Director – New Jersey
5 Email: drperlenjagd@gmail.com
6 Start Date: 5/11/2016
7 End Date: 5/17/2018
8
9 Vaidya Selvan, DDS, MAGD
10 President – New Jersey
11 Office: 732.679.8300
12 Email: drrvselvan@gmail.com
13 Start Date: 5/11/2016
14 End Date: 5/17/2018
15
16 **REGION 5**
17 **Delaware, District of Columbia,**
18 **Maryland, Virginia**
19 Nicholas J. Russo, DMD
20 President – Delaware
21 Office: 302.652.3775
22 Email: baldialdi@aol.com
23 Start Date: 7/7/2015
24 End Date: 7/6/2018
25
26 Sheila M. Samaddar, DDS
27 President – District of Columbia
28 Email: drsamaddar@
29 southcapitolmilecenter.com
30 Start Date: 10/1/2017
31 End Date: 10/1/2018
32
33 Ms. Connie Lynch
34 Executive Secretary – Maryland
35 Office: 410.982.9195
36 Email: contact@maryland-agd.org
37 Start Date: 7/2/2015
38 End Date: 10/31/2019
39
40 Eric L. Morse, DDS
41 President – Maryland
42 Office: 410.642.9983
43 Email: Eric.L.Morse@gmail.com
44 Start Date: 2/15/2016
45 End Date: 10/31/2018

46 Ms. Karen Haddon
47 Executive Director – Virginia
48 Office: 804.320.8803
49 Email: VirginiaAGD@gmail.com
50 Start Date: 1/1/2014
51 End Date: 12/31/2018
52
53 Justin R. Norbo, DDS
54 President – Virginia
55 Office: 540.338.7325
56 Email: norbojr@gmail.com
57 Start Date: 11/5/2016
58 End Date: 11/5/2017
59
60 **REGION 6**
61 **Kentucky, Missouri, Tennessee,**
62 **West Virginia**
63 Ms. Maegan Bennett
64 Executive Secretary – Kentucky
65 Office: 270.401.3928
66 Email: agdkentucky@gmail.com
67 Start Date: 11/01/2013
68 End Date: 10/31/2018
69
70 Mark A. Moats, DMD, MAGD
71 President – Kentucky
72 Office: 270.826.2677
73 Email: drmoats@twc.com
74 Start Date: 11/1/2016
75 End Date: 10/31/2018
76
77 Ms. Lacy Dear
78 Executive Secretary – Missouri
79 Email: missouri.agd1@gmail.com
80 Start Date: 8/1/2015
81 End Date: 7/16/2018
82
83 Philip Batson, DDS
84 President – Missouri
85 Office: 573.875.7071
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87 Start Date: 7/17/2016
88 End Date: 7/16/2018

1 Jian Huang, DDS, BMS, MAGD
2 President – Tennessee
3 Office: 615.297.8470
4 Email: jjhuangdds@gmail.com
5 Start Date: 8/1/2017
6 End Date: 8/1/2020
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8 Ms. Tammy Cavender
9 Executive Secretary – West Virginia
10 Office: 304.755.3931
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12 Start Date: 3/1/2011
13 End Date: 2/28/2018
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15 Steven A. Ghareeb, DDS, FAGD
16 President – West Virginia
17 Office: 304.744.3333
18 Email: sstevenamos@aol.com
19 Start Date: 3/1/2011
20 End Date: 2/28/2018
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22 **REGION 7**
23 **Indiana, Ohio**
24 Ms. Shannon Gossett-Webb
25 Executive Secretary – Indiana
26 Office: 317.979.8636
27 Email: indianaaagd@yahoo.com
28 Start Date: 1/1/2007
29 End Date: 8/1/2020
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31 James M. Lindsey, DDS, FAGD
32 President – Indiana
33 Email: james.m.lindsey@comcast.net
34 Start Date: 7/18/2016
35 End Date: 5/5/2018
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37 Ms. Heidi Drollinger
38 Executive Secretary – Ohio
39 Email: ghroll@aol.com
40 Start Date: 1/1/2003
41 End Date: 9/30/2019
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43 Aparna Sadineni, DDS, MAGD
44 President – Ohio
45 Office: 614.766.5600
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47 Start Date: 10/1/2016
48 End Date: 9/30/2019
49
50 **REGION 8**
51 **Illinois**
52 Ms. Jamie Petras
53 Executive Secretary – Illinois
54 Office: 815.541.3795
55 Email: agd4illinois@gmail.com
56 Start Date: 9/1/2015
57 End Date: 8/31/2018
58
59 Stephen F. Petras, DMD, MAGD
60 President – Illinois
61 Email: stephenpetras@gmail.com
62 Start Date: 1/1/2017
63 End Date: 12/31/2017
64
65 **REGION 9**
66 **Michigan, Wisconsin**
67 Colleen B. DeLacy, DDS, FAGD
68 President – Michigan
69 Office: 810.359.7321
70 Email: kcdelacy@gmail.com
71 Start Date: 3/11/2017
72 End Date: 3/10/2020
73
74 Louis C. Boryc, DDS, FAGD
75 President – Wisconsin
76 Office: 262.781.9585
77 Email: louis.boryc@marquette.edu
78 Start Date: 1/20/2017
79 End Date: 1/20/2019
80
81

1 **REGION 10**
2 **Iowa, Minnesota, Nebraska,**
3 **North Dakota, South Dakota**
4 Ms. Julie Berger
5 Regional Executive Director
6 Executive Director – Nebraska
7 Email: julieberger50@gmail.com
8 Start Date: 1/1/2003
9 End Date: 6/2/2018
10
11 Chadwick A. Johnson, DDS, FAGD
12 President – Iowa
13 Office: 515.266.3700
14 Email: chaddds@gmail.com
15 Start Date: 3/17/2017
16 End Date: 3/2/2018
17
18 Ms. Toni Nelson
19 Executive Secretary – Minnesota
20 Office: 612.412.4366
21 Email: minnesotaagd@gmail.com
22 Start Date: 3/11/2013
23 End Date: 12/31/2017
24
25 John J. Keller, DDS, MAGD
26 President – Minnesota
27 Office: 763.421.4550
28 Email: johnkeller07@peoplepc.com
29 Start Date: 1/1/2017
30 End Date: 12/31/2017
31
32 Thomas St. Germain, DDS, FAGD
33 President – Nebraska
34 Email: dr.tom.stgermain@gmail.com
35 Start Date: 6/2/2016
36 End Date: 6/2/2018
37
38 Colleen J. Hofer, DDS, MAGD
39 President – North Dakota
40 Office: 701.338.2061
41 Email: dentgirl@gmail.com
42 Start Date: 7/1/2009
43 End Date: 12/31/2017

44 Ms. Brenda Goeden
45 Executive Secretary – South Dakota
46 Office: 605.224.9133
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48 Start Date: 10/1/2005
49 End Date: 11/15/2017
50
51 Mark R. Bain, DDS
52 President – South Dakota
53 Email: bain.mark@yahoo.com
54 Start Date: 2/1/2017
55 End Date: 2/1/2018
56
57 **REGION 11**
58 **Alaska, Idaho, Montana, Oregon,**
59 **Washington**
60 Mrs. Valerie Bartoli, CDA
61 Regional Executive Director
62 Executive Director – Washington
63 Office: 253.306.0730
64 Email: washingtonagd1@yahoo.com
65 Start Date: 1/1/2003
66 End Date: 9/30/2018
67
68 Ghazal A. Ringler, DMD
69 President – Alaska
70 Office: 907.743.7346
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72 Start Date: 11/30/2015
73 End Date: 12/31/2017
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75 Ms. Alessa Bieker
76 Executive Director – Idaho AGD
77 Office: 208.340.4207
78 Email: idahoagdcoordinator@gmail.com
79 Start Date: 4/10/2015
80 End Date: 12/31/2017
81
82 Eric Ballou, DDS
83 President – Idaho
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87 End Date: 12/31/2017

1 Leslie A. Hayes, DDS, MAGD
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6 End Date: 11/25/2017

7
8 Ms. Laura Seuryneck
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13 End Date: 10/11/2019

14
15 Larry R. Franz, DMD, FAGD
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19 Start Date: 10/1/2016
20 End Date: 1/18/2018

21
22 Teresa K. Kang, DDS
23 President – Washington
24 Email: tkangdds@comcast.net
25 Start Date: 10/1/2017
26 End Date: 9/30/2019

27
28 **REGION 12**
29 **Arkansas, Kansas, Louisiana,**
30 **Mississippi, Oklahoma**

31 Carl S. Plyler, DDS, FAGD
32 President – Arkansas
33 Office: 870.356.3920
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36 End Date: 4/30/2018

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38 Cynthia M. Peticolas, DMD, FAGD
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43 Ms. Brenda Descant
44 Executive Director – Louisiana
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48 End Date: 12/31/2017

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50 Kristopher P. Rappold, DDS, FAGD
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55 End Date: 12/31/2017

56
57 Frank L. Conaway, DMD, MAGD
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62 End Date: 7/30/2019

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64 Ms. Robin Jones
65 Executive Director – Oklahoma
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69 End Date: 1/12/2018

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71 Erin M. Sexson, DDS
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74 Email: erinmccallds@gmail.com
75 Start Date: 4/24/2017
76 End Date: 1/12/2018

77
78 **REGION 13**
79 **California**

80 Ms. Gretel MacLeod
81 Executive Secretary – California
82 Office: 916.932.1936
83 Email: GretelM@4arc.com
84 Start Date: 3/30/2015
85 End Date: 1/29/2018

1 Mrs. Terri Iwamoto-Wong
2 Executive Director – California
3 Office: 877.408.0738
4 Email: terri@cagd.com
5 Start Date: 8/26/2015
6 End Date: 12/31/2018
7
8 Chethan Chetty, DDS, FAGD
9 President – California
10 Office: 323.258.2885
11 Email: dr.chethan@eaglerockdentistry.com
12 chethanchetty@gmail.com
13 Start Date: 2/4/2017
14 End Date: 1/27/2018
15
16 **REGION 14**
17 **Arizona, Colorado, Hawaii,**
18 **Nevada, New Mexico, Utah,**
19 **Wyoming**
20 Ronald D. Giordan, DDS, MAGD
21 Regional Executive Director
22 Executive Director – Arizona
23 Office: 623.815.4206
24 Email: ronaldgiordandds@msn.com
25 Start Date: 1/1/2007
26 End Date: 4/30/2019
27
28 Dana E. Onet, DDS
29 President – Arizona
30 Office: 818.445.8937
31 Email: danaonet@msn.com
32 Start Date: 4/1/2017
33 End Date: 4/30/2019
34
35 Dennis L. Burgner, DDS, MAGD
36 President – Colorado
37 Email: zoomdoc@yahoo.com
38 Start Date: 8/2/2015
39 End Date: 8/1/2018
40
41 Hawaii - TBD

42 Anthony Guillen, DMD
43 President – Nevada
44 Email: guillentony@hotmail.com
45 Start Date: 10/1/2016
46 End Date: 5/1/2018
47
48 Stephen E. Hubbert, DDS, MAGD
49 President – New Mexico
50 Email: sehubbertse@gmail.com
51 Start Date: 8/1/2007
52 End Date: 11/1/2017
53
54 Scott Stucki, DDS
55 President – Utah
56 Office: 435.628.5001
57 Email: drstuckioffice@gmail.com
58 Start Date: 9/18/2015
59 End Date: 9/30/2018
60
61 Britton Marsh, DDS
62 President – Wyoming
63 Office: 307.532.4448
64 Email: marsh.britt@gmail.com
65 Start Date: 7/1/2017
66 End Date: 7/1/2018
67
68 **REGION 15-16**
69 **Alberta, Atlantic Provinces,**
70 **British Columbia, Ontario, Quebec**
71 Allberta – TBD
72
73 Kenneth V. MacDonald, DDS
74 President – Atlantic Provinces
75 Office: 506.466.3208
76 Email: kvmacd@nbnet.nb.ca
77 Start Date: 11/29/2004
78 End Date: 11/26/2017
79
80 Rudy Wassenaar, DMD, MAGD
81 President – British Columbia
82 Office: 250.398.8411
83 Email: rudywa@shaw.ca
84 Start Date: 6/5/2017
85 End Date: 6/30/2018

1 Joseph A. Belsito, DDS, FAGD
2 President – Ontario
3 Email: jbelsito@cogeco.net
4 Start Date: 12/7/2015
5 End Date: 12/7/2017
6
7 Bashar Shagoury, DDS, MAGD
8 President – Quebec
9 Office: 514.733.8160
10 Email: bshagoury@videotron.ca
11 Start Date: 1/1/2011
12 End Date: 8/31/2018
13
14 **REGION 17**
15 **Air Force, Army, Navy,**
16 **Public Health,**
17 **Veterans Administration**
18 John W. Klish, DDS, FAGD, ABGD
19 Regional Executive Director – Federal
20 Services
21 Email: klishdds@comcast.net
22 Start Date: 1/1/2003
23 End Date: 7/1/2020
24
25 David L. Mapes, DDS
26 President – Air Force
27 Office: 803.380.8084
28 Email: dlmtooth@gmail.com
29 Start Date: 7/1/2015
30 End Date: 11/30/2017
31
32 Eric Danko, DMD, MAGD, ABGD
33 President – Army
34 Email: ericthedmd@yahoo.com
35 Start Date: 6/21/2015
36 End Date: 11/5/2017
37
38 Troy Brooks, DMD, FAGD, ABGD
39 President – Navy
40 Office: 850.505.6024
41 Email: troy_w_brooks@hotmail.com
42 Start Date: 8/24/2016
43 End Date: 8/31/2018

44 Daniel Barcomb, DDS, FAGD
45 President – Public Health
46 Office: 504.253.4673
47 Email: daniel.t.barcomb@uscg.mil
48 Start Date: 7/18/2016
49 End Date: 7/31/2018
50
51 Maharukh E. Kravich, DDS, MAGD
52 President – Veterans Administration
53 Office: 915.564.7941
54 Email: kravichdds@att.net
55 Start Date: 6/26/2015
56 End Date: 7/16/2018
57
58 **REGION 18**
59 **Texas**
60 Ms. Francine Johannesen
61 Executive Director – Texas
62 Office: 512.371.7144
63 Email: francine@tagd.org
64 Start Date: 11/4/2014
65 End Date: 9/30/2018
66
67 Jeffrey B. Geno, DDS, MAGD
68 President – Texas
69 Office: 281.338.6559
70 Email: jbgeno1@sbcglobal.net
71 Start Date: 10/1/2017
72 End Date: 9/30/2018
73
74 **REGION 19**
75 **Alabama, Georgia, North Carolina,**
76 **South Carolina**
77 Gary L. Myers, DMD, MAGD
78 Executive Director – Alabama
79 Email: gmyers7472@gmail.com
80 Start Date: 12/18/2015
81 End Date: 12/17/2018
82
83 Rachel G. Osborne, DMD
84 President – Alabama
85 Email: leifandrachel@att.net
86 Start Date: 6/2/2016
87 End Date: 2/5/2018

1 Mrs. Arianna Afshari
2 Executive Director – Georgia
3 Office: 404.299.7987
4 Email: arianna@gagd.org
5 Start Date: 6/22/2016
6 End Date: 6/21/2019
7
8 Kenneth A. Gilbert, DDS, FAGD
9 President – Georgia
10 Office: 404.325.7664
11 Email: drkagilbert@gmail.com
12 Start Date: 7/17/2016
13 End Date: 11/30/2017
14
15 Jennifer S. Bell, DDS, FAGD
16 Executive Director – North Carolina
17 Office: 919.355.1170
18 Email: jsbelldds@gmail.com
19 Start Date: 2/1/2017
20 End Date: 12/31/2018
21
22 Cammie T. Morris, DDS
23 President – North Carolina
24 Office: 910.755.7645
25 Email: cammiemorrisdds@gmail.com
26 Start Date: 2/4/2017
27 End Date: 2/3/2018
28
29 Ms. Evelyn Horne
30 Executive Director – South Carolina
31 Office: 803.667.3958
32 Email: evelyn@ehorneandassociates.com
33 Start Date: 1/21/2014
34 End Date: 9/30/2018

65

66

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

41

42 **REGION 20**

43 **Florida, Puerto Rico, Virgin Islands**

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

50

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

57

58 Aldo L. Miranda-Collazo, DMD
59 President – Puerto Rico
60 Office: 787.751.5090
61 Email: gala@coqui.net
62 Start Date: 2/29/2008
63 End Date: 2/28/2018

64

American Institute of Parliamentarians Standard Code of Parliamentary Procedure

Order of precedence ¹	BASIC RULES				GOVERNING MOTIONS			
	Can interrupt?	Requires a second?	Debatable?	Amendable?	Vote Required	Applies to what other motions?	Can have what other motions applied to it?	Renewable?
PRIVILEGED MOTIONS								
1. Adjourn	No	Yes	Yes ²	Yes ²	Majority	None	Amend, close debate, limit debate	Yes
2. Recess	No	Yes	Yes ²	Yes ²	Majority	None	Amend, close debate, limit debate	Yes ⁶
3. Question of privilege	Yes	No	No	No	None	None	None	Yes
SUBSIDIARY MOTIONS								
4. Table	No	Yes	No	No	2/3	Main motion	None	No
5. Close debate	No	Yes	No	No	2/3	Debatable motions	None	Yes
6. Limit or Extend debate	No	Yes	Yes ²	Yes ²	2/3	Debatable motions	Amend, close debate	Yes ⁶
7. Postpone to a certain time	No	Yes	Yes ²	Yes ²	Majority	Main motion	Amend, close debate, limit debate	Yes ⁶
8. Refer to a committee	No	Yes	Yes ²	Yes ²	Majority	Main motion	Amend, close debate, limit debate	Yes ⁶
9. Amend	No	Yes	Yes ²	Yes	Majority	Rewordable motions	Amend, close debate, limit debate	No ⁶
MAIN MOTIONS								
10.a. The main motion	No	Yes	Yes	Yes	Majority	None	Subsidiary	No
b. Specific main motions								
Adopt in-lieu-of	No	Yes	Yes	Yes	Majority	None	Subsidiary	No
Amend a previous action	No	Yes	Yes	Yes	Same Vote	Adopted main motion	Subsidiary	No
Ratify	No	Yes	Yes	Yes	Same Vote	Adopted main motion	Subsidiary	No
Recall from committee	No	Yes	Yes ²	No	Majority	Referred main motion	Close debate, limit debate	No
Reconsider	Yes ⁴	Yes	Yes ²	No	Majority	Vote on main motion	Close debate, limit debate	No
Rescind	No	Yes	Yes	No	Same Vote	Adopted main motion	Subsidiary, except amend	No
INCIDENTAL MOTIONS								
No order of precedence	Can interrupt?	Requires a second?	Debatable?	Amendable?	Vote Required	Applies to what other motions?	Can have what other motions applied to it?	Renewable?
MOTIONS								
Appeal	Yes	Yes	Yes	No	Majority ⁷	Ruling of chair	Close debate, limit debate	No
Suspend the rules	No	Yes	No	No	2/3	Procedural rules	None	Yes
Consider informally	No	Yes	No	No	Majority	Main motion or subject	None	Yes
REQUESTS								
Point of order	Yes	No	No	No	None	Procedural error	None	No
Inquiries	Yes	No	No	No	None	All motions	None	No
Withdraw a motion	Yes	No	No	No	None ⁸	All motions	None	No
Division of question	No	No	No	No	None ⁸	Main motion	None	No
Division of assembly	Yes	No	No	No	None ⁸	Indecisive vote	None	No

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.

²Restricted.

³Is not debatable when applied to an undebatable motion.

⁴A member may interrupt the proceedings but not a speaker.

⁵Withdraw may be applied to all motions

⁶Renewable at the discretion of the presiding officer.

⁷A tie or majority vote sustains the ruling of the presiding officer; a majority vote in the negative reverses the ruling.

⁸If decided by the assembly, by motion, requires a majority vote to adopt.



ACADEMY OF GENERAL DENTISTRY CODE OF CONDUCT FORM

The Code of Conduct is a statement of the Academy of General Dentistry's (AGD) values and professional standards. The AGD requires its employees, volunteers and Board members to adhere to the Code of Conduct.

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

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

Employees, volunteers and Board members must apply the principles of the Code of Conduct in all of their dealings and in every aspect of their employment by or trusteeship of the AGD. They must consider their actions in light of how they might be interpreted by others and whether they are behaving appropriately and performing in the best overall interests of the AGD. Compliance with the spirit as well as the letter of the Code of Conduct is vitally important.

1
2 The key rules to ensure effectiveness of the Code of Conduct are set forth below. More extensive
3 direction to employees on how to interpret and apply the principles of the Code of Conduct is provided
4 throughout the AGD's Employee Handbook, which is required reading for all employees.
5

Avoiding Conflicts of Interest

Initials

8 As an Academy of General Dentistry (AGD) employee, volunteer, Board member, or any other person
9 working with the AGD in any capacity, you are expected to avoid conflicts of interest. This means
10 you must avoid any situation *where a conflict could exist or appear to exist* between your personal
11 financial or otherwise interests and those of the AGD. You must avoid any outside financial interest that
12 might influence your decisions or actions on behalf of the AGD. While it is impractical to describe all
13 situations that may create a conflict of interest, examples include personal or family interests in
14 enterprises that do business with the AGD, except for minimal holdings of stock or other securities in
15 publicly traded companies, including mutual funds. The AGD may purchase goods or services from an
16 employee or from a business in which an employee, volunteer, Board member or close relative, friend, or
17 neighbor of an employee, volunteer or Board member has any interest only when full disclosure is
18 provided by the AGD employee, volunteer or Board member. A written waiver must first be granted by
19 the Executive Director before said goods or services may be purchased. The Executive Director must
20 obtain a waiver from the President of the AGD. When there are two or more vendors bidding for AGD
21 business, and one or more of them have a potential conflict interest relating to an Academy employee
22 volunteer or Board member, and in the case where bids are substantially equal, the bidder without the
23 potential conflict of interest should receive the business.
24

25 Conducting business with vendors can pose ethical problems. Purchase of goods and services must not
26 benefit you or your family in the form of kickbacks or rebates. These can take many forms and are not
27 limited to direct cash payments or credits. A business courtesy is a gift or favor for which you pay
28 nothing or less than fair market value. It may be a tangible or intangible benefit, including, but not limited
29 to, such items as non-monetary gifts, meals, drinks, entertainment, hospitality, recreation, door prizes,
30 transportation, discounts, tickets, passes, promotional items or use of a giver's name, time, materials or
31 equipment.
32

33 Under no circumstances may you accept gifts of money including, but not limited to salary, or other
34 payments for services, i.e., consulting fees, honoraria, equity interest, property rights, including patents,
35 copyrights and royalties from such rights. You may not solicit non-monetary gifts, gratuities or any other
36 personal benefit or favor of any kind from vendors. You and members of your immediate family may
37 accept unsolicited, non-monetary, infrequent business courtesies from someone doing or seeking to do
38 business with the AGD *only if it is of nominal value, i.e., a face value of less than \$200 (cumulative for*
39 *the year).*
40

41 AGD employees, volunteers or Board member may not encourage or solicit entertainment from any
42 company or individual with whom the AGD does business. From time to time, AGD employees,
43 volunteers or Board members may accept entertainment, but only if it is reasonable, occurs infrequently
44 and does not involve lavish expenditures. Accepting entertainment intended to gain favor or influence
45 must be avoided. AGD employees, volunteers or Board member should also not be influenced by the
46 special interests of individual members.
47

48 Agreements with agents or consultants must be in writing on AGD letterhead. Such agreements must
49 clearly set forth the services to be performed, the basis for earning the commission or fee involved, and
50 the rate or fee. All such agreements must be reviewed by the proper authority (the Executive Director)

1 prior to execution. Any payments must be reasonable in amount, not excessive in light of the practice in
2 the trade, and commensurate with the value of the services rendered.

3
4 AGD employees, volunteers and Board member will acknowledge receipt and understanding of this
5 policy. At the same time they will disclose any existing or potential conflict of interests which would
6 include any gifts or entertainment that exceeds \$200 (*cumulative for the year*). Annually, they must renew
7 this understanding and disclosure. Any conflicts will be reviewed by the Audit Committee.

8
9 All employees, volunteers and Board member must report any actual or suspected exceptions to the
10 Executive Director. If you encounter a situation in which a possible conflict of interest may be involved,
11 talk to the Executive Director before you take any action.

12
13 No AGD officer, Board member, Regional Director, Council or Committee member or any other leader
14 may refer to his or her AGD title or leadership status in conjunction with any advertising, promotion,
15 solicitation or marketing for any other for-profit or non-profit entity(s) or its product or services unless
16 specifically authorized to do so in writing by the Board. Affected leaders may refer to their AGD
17 leadership position in the context of a resume or biographical statement without violation of this policy.

18
19 In answering the following questions, please include all relevant information occurring during the year.

20
21 In the past year, have you or any family member received any business courtesies (excluding business
22 courtesies up to \$200 value (*cumulative for the year*)) or monetary gifts of any amount from people or
23 companies doing business or seeking to do business with the AGD?

24
25 _____ **Yes** _____ **No**

26
27 If yes, specify the approximate date of receipt, person or company from which received, what was
28 received, and the recipient.

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Date	Person or Company	Item Received	Recipient
------	-------------------	---------------	-----------

I, _____, declare that I have no proprietary, financial or other personal or professional interest of any nature or kind in any product, service and/or company that will, or might, be considered a conflict of interest during my term as an elected or appointed official of the AGD except the following:

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

Organization	Leadership Role (if any)
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

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

Proper Use and Care of Confidential Information and Proper Record Keeping

Initials

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

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

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

Anti-Harassment and Anti-Discrimination

Initials

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

Definition of Sexual Harassment:

Initials

17 “Sexual harassment” consists of unwelcome sexual advances, requests for sexual favors, and other verbal
18 or physical conduct of a sexual nature when made by any employee, volunteer or Board member to
19 another employee, volunteer or Board member where:
20 1. Submission to such conduct is made either explicitly or implicitly a term or condition of a
21 person’s employment;
22 2. Submission to or rejection of such conduct is used as the basis for any employment decisions
23 affecting such individual; or
24 3. Such conduct has the purpose or effect of substantially interfering with an individual’s work
25 performance or creating an intimidating, hostile or offensive working environment.

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

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

Other Harassment

Initials

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

47 The conduct forbidden by this policy specifically includes, but is not limited to: (a) epithets, slurs,
48 negative, stereotyping, or intimidating acts that are based on a person’s protected status; and (b) written or
49 graphic material circulated within or posted within the workplace that shows hostility toward a person or
50 persons because of their protected status.

1
2 Harassment of any employee, volunteer, Board member, applicant, or third party is strictly prohibited and
3 will not be tolerated. All employees, volunteers and Board members are strictly prohibited from engaging
4 in such harassment. No supervisor or manager has the authority to request or demand compliance with
5 unwelcome or offensive conduct in return for any job assignment, continued employment, compensation,
6 promotion, or other term or condition of employment, and supervisors and managers have no authority to
7 retaliate against any individual for failure or refusal to comply with such demands or requests. Any such
8 demand or request, and any such retaliation or attempted retaliation, constitutes a serious violation of this
9 policy.

10
11 Keep in mind that an employee, volunteer or Board member may complain about harassment if the
12 employee, volunteer or Board member is subjected to consensual behavior between two or more other
13 employees, volunteers or Board members.

14

Complaint Procedure

Initials

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

21
22 Every employee, volunteer and Board member is responsible for ensuring compliance with this policy.
23 Any supervisor who has been approached by an employee with a harassment complaint must immediately
24 contact the head of Human Resources, and the AGD President when an AGD volunteer is involved, or the
25 Executive Director to report the complaint.

26
27 Upon learning of an allegation of harassment, the head of Human Resources, and the AGD President
28 when an AGD volunteer is involved, shall promptly initiate an investigation. The investigations should
29 include, but not necessarily be limited to: 1) interviewing the alleged victim, 2) interviewing the alleged
30 harasser, and 3) interviewing all other witnesses, as feasible. Confidentiality will be respected to the
31 extent consistent with the need to conduct a fair, complete, and responsive investigation.

32

Action After Investigation

Initials

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

39
40 If a violation of this policy is found, discipline may be imposed ranging from a notation in the
41 individual's personnel file up to and including termination, depending on the circumstances. AGD
42 considers violations of this policy to be extremely serious. Violations undermine the AGD's basic
43 concept of fairness and can lead to legal and financial liability for the violator and AGD.

44
45 The appropriate parties, as determined by the Executive Director and Audit Committee Chair, will be
46 informed of the results of the investigation. Legal obligations and constraints will guide the determination
47 of the appropriate parties.

48

No Retaliation

Initials

1 As noted already, any individual making a complaint or providing information relative to a complaint will
2 not be retaliated against, even if a complaint made in good faith is determined to be unfounded.
3 Retaliation will result in disciplinary action.

4
5 Our goal is to maintain a workplace free from any form of harassment, and AGD is committed to doing
6 everything reasonably possible to achieve this goal. Any employee who feels that he or she has been the
7 subject of retaliation or adverse or different treatment as a result of having complained about prohibited
8 discrimination or harassment, or having participated in an investigation, should immediately bring the
9 matter to AGD's attention through the same complaint procedure identified above.
10

Compliance with the Law

Initials

11 Employees, volunteers and Board members of the AGD must not participate in illegal or criminal activity.
12
13 Any employee who is being investigated or has been convicted of or pleaded guilty to a felony must
14 immediately report such information in writing to the head of Human Resources who will then report to
15 the Audit Committee.
16

17
18 Employees, volunteers and Board members must also respond to specific inquiries of the AGD's
19 independent accounting firm. Employees, volunteers and Board members must protect the AGD's assets
20 in whatever ways are appropriate to maintain their value to the AGD. Employees, volunteers and Board
21 members must take care to use facilities, furnishings, and equipment properly and to avoid abusive,
22 careless, and inappropriate behavior that may destroy, waste, or cause the deterioration of AGD property.
23

Antitrust Compliance

Initials

24 AGD Board members, staff and meeting attendees must have a basic understanding of antitrust laws and
25 how they apply to their activities. If they don't, the possibility of subjecting themselves, their employers, and
26 the AGD to an antitrust investigation and prosecution is increased. The following is a list of subjects which
27 shall not be discussed or be the subject of any type of agreement, whether formal or informal, express or
28 implied, among competitors or potential competitors:
29

- 30
31
- 32 • Prices to be charged to patients or customers or by suppliers.
 - 33 • Methods by which prices are determined.
 - 34 • Division or allocation of markets or patients or customers.
 - 35 • Coordination of bids or requests for bids.
 - 36 • Terms and conditions of sale, including, for example, credit or discount terms, etc.
 - 37 • Profit levels.
 - 38 • Levels or schedules of production.
 - 39 • Hindering the ability of non-members to compete.

40
41 Legally inappropriate informal meetings regarding official topics that take place in a social setting, are
42 also prohibited.
43

Due Diligence

Initials

44 All employees, volunteers and Board members must exercise due diligence consistent with a duty of care
45 that requires an individual to act:
46

- 47
48
- 49 • In good faith;

- 1 • With the care an ordinarily prudent person in a like position would exercise under similar
- 2 circumstances;
- 3 • In a manner the individual reasonably believes to be in the organization’s best interests.

4
5 Employees, volunteers and Board members should see to it that policies and procedures are in place to
6 help them meet their duty of care. Such policies and procedures should ensure that each individual:

- 7
- 8 • Is familiar with the organization’s activities and knows whether those activities promote the
- 9 organization’s mission and achieve its goals;
- 10 • Is fully informed about the organization’s financial status;
- 11 • Has full and accurate information to make informed decisions; and
- 12 • Complies with the policies set forth by the AGD.

Initials **Fraud**

13
14
15
16 All employees, volunteers and Board members are responsible for recognizing and reporting fraud,
17 falsification of records, or other irregularities. Fraud applies to any irregularity or suspected irregularity
18 related to AGD’s business and involving employees, volunteers, Board members, vendors, or persons
19 providing service or materials to the AGD.

20
21 Irregularities include, but are not limited to:

- 22
- 23 • Forgery or alteration of any document
- 24 • Impropriety in the handling or reporting of financial transactions
- 25 • False, fictitious, or misleading entries or reports
- 26 • False or misleading statements to those conducting investigation of irregularities
- 27

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

34
35 Employees, volunteers and Board members must cooperate with any investigation and provide accurate
36 and truthful information. Employees, volunteers and Board members must not disclose or discuss the fact
37 that an investigation is being conducted or has been conducted, and must not disclose the results of any
38 investigation to anyone except those persons in the AGD or law enforcement who need to know in order
39 to perform their duties, or except as otherwise required by law.

40
41 **Code of Conduct**

42
43 Every possible situation cannot be anticipated in the Code of Conduct. If you are uncertain about any
44 aspect of the Code of Conduct and how it should be applied or interpreted, you are encouraged to discuss
45 it with your Associate Executive Director, the CFO, the Executive Director, or the head of Human
46 Resources. An employee, volunteer or Board member who compromises or violates that law and any
47 employee, volunteer or Board member who violates AGD policies relating to the conduct of its business
48 or the high ethical standards contained in the Code of Conduct is subject to corrective action, up to and
49 including dismissal from employment or trusteeship in accordance with the AGD bylaws, and, in some
50 cases, may also be subject to criminal or civil proceedings under applicable laws.

1
2 All employees, volunteers and Board members are strongly encouraged to assist management in its efforts
3 to ensure that the Code of Conduct is being followed by all employees – colleagues, staff members and
4 superiors – volunteers and Board members. If you observe or suspect a breach of the Code of Conduct or
5 any law, regulation, or other AGD policy by another employee, volunteer or Board member while he or
6 she is conducting business for the AGD, then you should report such observations or suspicions to the
7 head of Human Resources, the Executive Director, or the Audit Committee Chair. Retaliation of any kind
8 against any employee, volunteer or Board member who makes a good faith report of an observed or
9 suspected violation of the Code of Conduct or any law, regulation or AGD policy is prohibited.
10

Volunteer Copyright and Confidentiality

Initials
11 The undersigned, in consideration of the opportunity to participate on an AGD Council/Committee,
12 accept the following terms.
13

14 I understand that I may create or contribute to original work for the AGD.
15

16 I hereby assign to AGD copyright in any and all work created by me as part of my participation with the
17 AGD Council/Committee (“Work”).
18

19 I further represent and warrant that I am the sole author of any and all Work that I create.
20

21 Further, I understand and acknowledge that any and all information disclosed to me or which I create as
22 part of my participation with the AGD Council/Committee that is indicated as confidential during the
23 Council/Committee’s meeting or in the minutes of the Council/Committee’s meeting shall be considered
24 Confidential Information of the AGD. I understand and acknowledge that I shall not disclose or cause to
25 be disclosed any Confidential Information without the express written permission of the AGD. I further
26 understand and acknowledge that disclosure of Confidential Information may cause irreparable harm to
27 the AGD, and that, therefore, the AGD reserves the right to pursue all remedies available to it in law and
28 equity.
29
30
31

Failure to Submit Signed Form

Initials
32 In order to ensure all forms are completed and signed, the following process will be utilized to follow-up
33 with volunteers.
34

- 35 1. Forms will be distributed annually to all volunteers once the appointments are approved (council and
36 committee members after the Spring Board meeting and RDs and Board members at the Annual
37 Meeting).
38
- 39 2. A follow-up request will be posted to the respective LCC immediately following the initial
40 distribution.
41
- 42 3. Two weeks after the initial distribution, an e-mail remainder will be sent to those who have not
43 responded.
44
- 45 4. After one month, staff will call volunteers who have not responded.
46
- 47 5. Travel reimbursement will be withheld until a completed code of conduct form is received at AGD
48 Headquarters.
49
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I hereby acknowledge receipt of the Code of Conduct and understand that I am responsible for reading, understanding, and complying with it.

Signature: _____ **Date:** _____

Printed Name: _____

PLEASE RETURN THIS SIGNED FORM

Please return this form via fax to 312.335.3438.



2017 House of Delegates Seating Diagram

Dr. W. Mark Donald, Immediate Past President Dr. Roger Winland, Editor Dr. Mohamed Harunani, Treasurer Dr. Neil Gajjar, Vice President Dr. Manuel Cordero, President-Elect Dr. Maria Smith, President			Dr. Robert Roesch, Parliamentarian Dr. Bryan Edgar, Speaker of the House Ms. Jennifer Goler, Associate Director, Governance Dr. Connie White, Secretary	
Dignitaries	10 Chairs	Row 1	Dignitaries	10 Chairs
Past Presidents	10 Chairs	Row 2	Dignitaries	10 Chairs
Executive Committee	10 Chairs	Row 3	Council/Committees	10 Chairs
Region 1	10 Chairs	Row 4	Region 12	9 Chairs
Region 1	3 Chairs	Row 5	Region 13	10 Chairs
Region 2	7 Chairs			
Region 2	8 Chairs	Row 6	Region 13	5 Chairs
Region 3	2 Chairs		Region 14	5 Chairs
Region 3	9 Chairs	Row 7	Region 14	8 Chairs
Region 4	1 Chair		Region 15-16	2 Chairs
Region 4	10 Chairs	Row 8	Region 15-16	10 Chairs
Region 5	10 Chairs	Row 9	Region 15-16	2 Chairs
			Region 17	8 Chairs
Region 5	7 Chairs	Row 10	Region 17	2 Chairs
Region 6	3 Chairs		Region 18	8 Chairs
Region 6	8 Chairs	Row 11	Region 18	10 Chairs
Region 7	2 Chairs			
Region 7	8 Chairs	Row 12	Region 19	10 Chairs
Region 8	2 Chairs			
Region 8	10 Chairs	Row 13	Region 19	10 Chairs
Region 9	10 Chairs	Row 14	Region 19	2 Chairs
			Region 20	8 Chairs
Region 9	2 Chairs	Row 15	Region 20	6 Chairs
Region 10	8 Chairs		Region 11	4 Chairs
Region 10	2 Chairs	Row 16	Region 11	10 Chairs
		Row 17	Region 11	4 Chairs

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

1 HOD Expense Report



560 W. Lake St. 312.440.4300
 Sixth Floor Fax: 312.440.0559
 Chicago, IL USA Toll-free: 888.243.3368
 60661-6600 agd.org

EXPENSE REIMBURSEMENT REPORT 2017 HOUSE OF DELEGATES

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

Name	E-mail Address	AGD ID Number (6 digits)	Date
Address	City	State	Zip
Title/Purpose of Funded AGD Meeting		Beginning Date of Travel	End Date of Travel

Account	Description	Requested Amount	Approved Amount	Remarks (For office use only)
5726	Per Diem: \$75 per day you attend the HOD up to a maximum of two (2) days			
5724	Hotel: Up to Two (2) night's stay will be reimbursed based on the standard room rate at AGD contracted hotels (up to \$280.56 per night at the Hyatt Regency McCormick Place)			
5721	Airfare (Over \$600, prior approval necessary)			
5721	Baggage (all receipts necessary, even under \$50)			
5722	Mileage @ IRS rate 2017 = \$0.535			
5722	Tolls			
5722	Taxi/Shuttle			
5722	Parking - Up to a maximum of \$25 per day for (3) days @ local airport			
	Other			
Total				

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

Signature _____ Date _____

For Finance Use Only

5726 (tax): \$ _____
 5726 (non-tax): \$ _____
 5723 \$ _____
 5724 \$ _____
 5721 \$ _____
 5722 \$ _____
 Other \$ _____
 Other \$ _____

Total amount to be reimbursed: \$ _____
 Account Number/s to be charged: 510 841
Department Code Function Code
 Approved by: _____
 _____ACH _____Check
 Voucher # _____
 Vendor # _____

Instructions for AGD Travel Expense Voucher

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

1. Time Frame in Submitting Reimbursement

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

2. Per Diem

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

3. Hotel

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

4. Air fare

Travelers on AGD business are free to search the internet for the lowest round trip coach airfare not exceeding \$600. If your airfare is over \$600, you must receive approval from Finance at ext. 4316 prior to booking. Other transportation expenses from your home to the meeting location, must not exceed the cost of coach round trip airfare.

5. Baggage

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

6. Mileage

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

7. Tolls

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

8. Taxi/Shuttle/Rental Car

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

9. Parking - Maximum \$25 per day

Members driving to a meeting site or to an airport may be reimbursed for parking expenses.

10. Other

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

Non reimbursable items due to coverage through Per Diem:

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

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

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

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

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Reports to be reviewed by the

Reference Committee on
Advocacy & Other Priorities

Friday, November 3, 2017

1:30 p.m.

Room E350 – McCormick Place Lakeside Building

1
2
3 **Resolution 301**

4 **“Resolved, that AGD HOD policy 2006:23R-H-7 be rescinded as follows:**
5 **~~‘Resolved, that AGD seeks to educate the public about the potential financial & health~~**
6 **~~risks, due to lack of legal and contractual insurance recourse when medical & dental care is~~**
7 **~~sought outside of the United States and Canada.’~~**
8
9 **And be it further,**
10
11 **Resolved, that the AGD educate the public that there are potential risks, including but not**
12 **limited to financial, health, and contractual insurance, which may offer limited recourse**
13 **when dental services are sought outside their countries of residence”**

14
15 **AIRBV2017#07 - Rescind and Replace HOD Policy 2006:23R-H-7**

17 **Prepared by:** Srinivasan Varadarajan, Director, Dental Practice & Policy
18
19 **Date of Report:** August 2, 2017
20
21 **Staff Resources:** \$50 (Approx. 1 hour of staff time to draft the AIR)
22
23 **Total Financial Cost:** \$50 in staff resources (no direct costs)
24
25 **Budget Ramifications:** None
26
27 **Action/Timeline:** Record vote at 2016-2017 Board Meeting V. Forward to the 2017 HOD.

28
29 **BOARD RECOMMENDS ADOPTION**
30
31 *Y – Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Guter, Hanson,*
32 *Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland,*
33 *Wooden, Worm*
34
35 *A – Bishop, Gehrig, Gorman*
36
37 *N/A – Smith*

38
39 **How It Fits into the Strategic Plan (2016-18):**
40
41 **Goal 2 – Advocacy:** Strengthen and protect the general dentistry profession and the oral health of
42 **the public.**
43 **Strategy 1:** Represent the unique interests of general dentists in all advocacy arenas.
44 **Strategy 2:** Advocate on behalf of the general dentistry profession as it relates to policy
45 **making, insurance, licensing, education, and all levels of government.**
46

1 Goal 3 – Membership: *(Broadly, enables support of international membership)*
2

3 **How It Fits into the Corporate Objectives:**

4 Corporate Objective #10 (Advocacy B): Ensuring that AGD HOD policies are current and
5 appropriate is a prerequisite to enable representing policies of the AGD before CODA, the ADA,
6 and state and federal regulatory bodies.
7

8 **Introduction:**

9 During the course of annual review of AGD HOD policies pertaining to dental practice, the
10 Dental Practice Council noticed that the current 2006:23R-H-7 **warns against seeking dental
11 care from practitioners outside the United States and Canada.**
12

13 Given the AGD’s establishment of international membership, this policy stands in conflict with
14 our desire to grow AGD membership beyond the U.S. and Canada. In a nutshell, our current
15 policy would warn patients against seeking care from international AGD members outside the
16 U.S. and Canada.
17

18 Thus, the DP Council took it upon itself to recommend a revision to this policy.
19

20 **Necessary Information:**

- 21 • Dr. Steven Ghareeb, Chair, Dental Practice Council, has provided input into this report.
- 22 • The current policy was adopted to address the exhaustion and unavailability of dental
23 benefits when patients engaged in ‘dental tourism’ to obtain cheap dental care in other
24 countries.
- 25 • The recommended replacement to the policy seeks to retain the spirit of addressing
26 ‘dental tourism’ without disparaging international dentists who may one day become
27 AGD members.
28

29 **What We Don’t Know:**

- 30 • We do not know the financial, health, and contractual insurance risks that
31 citizens/residents of other countries face when they seek care outside their own countries.
32

33 **Pros and Cons:**

34
35 **Pros:**

- 36 • The rescission and replacement brings us consistent with our desire to expand into
37 international membership, while still addressing the dental tourism concern of the
38 original policy.
39

40 **Cons:**

- 41 • If one day, we wished to encourage patients from other countries to travel to the U.S. to
42 seek care, then this policy would have to be revisited.
43

44 **Executive Director/CEO Recommendations:**

45 **From:** Daniel Buksa

46 **Sent:** Friday, August 04, 2017 2:28 PM

1 **To:** Srinivasan Varadarajan <Srinivasan.Varadarajan@AGD.org>; Christa Ojeda
2 <Christa.Ojeda@AGD.org>
3 **Cc:** Jeanie Kennedy <Jeanie.Kennedy@AGD.org>
4 **Subject:** RE: More AIRs for your ED and CFO comments

5
6 I approve this AIR being transmitted to the Board for further deliberations.
7

8
9 **How It Fits into the Market Research:**

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

16
17 **Does this conflict with the Constitution and Bylaws, an AGD HOD Policy or Board Policy?**
18 **If yes, please provide the conflict and how you propose to resolve it:**

- 19 • Yes, as it revises the current HOD Policy
20

21 **Responsible Staff Liaison & AGD member:**

22 Srinivasan Varadarajan, JD
23 Director, Dental Practice & Policy
24 312.440.4973 - p
25 srini.varadarajan@agd.org
26

27 Steven A. Ghareeb, DDS, FAGD
28 Chair, Dental Practice Council
29 304.744.3333 - p
30 sstevenamos@aol.com
31

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

33 HOD for adoption of revisions, rescissions, and additions to HOD policy, and, at the staff level,
34 the OED department for updating the HOD Policy Manual.
35

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

37 HOD for adoption of revisions, rescissions, and additions to HOD policy, and, at the staff level,
38 the OED department for updating the HOD Policy Manual.
39

40 **Chair Approval Email:**

41 **From:** Steven Ghareeb [mailto:sstevenamos@aol.com]

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

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

44 **Cc:** Bromberg, Mike, DDS <drmikebromberg@gmail.com>; Gehrig, Robert D., DMD, FAGD
45 <rdgehrig@comcast.net>;

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

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I approve.
Steven

Division Coordinator Review Email:

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

Reviewed all
Mike Bromberg

Board Liaison Review Email:

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

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

CFO Review Email:

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

Given no budgetary ramifications, I approve these AIRs be forwarded to the Board for further deliberation.

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AIR Addendum – HOD Policy Change Request

Action: Add _____ Revise _____ Delete ___X___

Existing Policy to Revise/Delete:

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

Resolution Presented for Approval:

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

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

and be it further,

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

Related Existing HOD Policies:

Just the one that would be rescinded (2006-23R-H-7)

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

2006-23R-H-7 is no longer appropriate because it disparages prospective international AGD members.

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

5 years

Any documentation or literature considered in developing this submission?

No

Other Comments?

1 **Resolution 302**

2
3 **“Resolved, that *Off Label Use of Dental Products* be adopted as AGD HOD policy.”**

4
5 **AIRBV2017#08 - Adopt Off-Label Use of Dental Products Statement**

6
7 **Prepared by:** Jeanie Kennedy, Manager, Dental Practice & Policy

8
9 **Date of Report:** July 28, 2017

10
11 **Staff Resources:** \$50 (Approx. 1 hour of staff time to draft the AIR)

12
13 **Total Financial Cost:** \$50 in staff resources (no direct costs)

14
15 **Budget Ramifications:** None

16
17 **Action/Timeline:** Record vote at 2016-2017 Board Meeting V. Forward to the 2017 HOD.

18
19 **PASSED**

20
21 *Y – Cheney, Cordero, Donald, Dubowsky, Dyzenhaus, Gajjar, Guter, Harunani, Lew, Malterud,*
22 *Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Wooden, Worm*

23
24 *a - Dear, Edgar, Hanson, Winland*

25
26 *A – Bishop, Gehrig, Gorman*

27
28 *N/A – Smith*

29
30 **How It Fits into the Strategic Plan (2016-18):**

31
32 Goal 2 – Advocacy: Strengthen and protect the general dentistry profession and the oral health of
33 the public.

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

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

37
38 Goal 4 – Communications: Promote AGD as an organization dedicated to advancing general
39 dentistry through quality continuing education and advocacy.

40
41 **How It Fits into the Corporate Objectives:**

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

45
46 **Introduction:**

1 The Dental Practice Council considered drafting a policy on the use of silver diamine fluoride
2 (SDF). After discussion, the Council decided to broaden the scope of the statement to encompass
3 the off-label use of dental products generally, and then cite SDF as a specific example.
4

5 Under the direction of the council, and in collaboration with its appropriate subcommittee, the
6 Manager, Dental Practice & Policy developed the policy statement, which the Dental Practice
7 Council discussed at their May 2017 meeting without controversy. As significant users of
8 medical devices, the Council believe that it is appropriate to hold a position on off-label use. The
9 Council approved the statement unanimously.
10

11
12 **Necessary Information:**

- 13 • Dr. Steven Ghareeb, Chair, Dental Practice Council, has provided input into this report.
14

15 **What We Don't Know:**

- 16 • We don't know how the Food and Drug Administration (FDA) will change their policies
17 on the allowance of off-label disseminated communications in the future. We also don't
18 know the impact of future or current court cases that may affect the outcome of FDA
19 policy making in years to come.
20

21 **Pros and Cons:**
22

23 **Pros:**

- 24 • Adoption of the content of the Statement as AGD HOD policy would cement its
25 principles as the formal position of the AGD for use in legislative, regulatory, and public
26 relations efforts.
27

28 **Cons:**

- 29 • None.
30

31 **Executive Director/CEO Recommendations:**
32

33 **From:** Daniel Buksa

34 **Sent:** Friday, August 04, 2017 10:22 AM

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

36 **Cc:** Srinivasan Varadarajan <Srinivasan.Varadarajan@AGD.org>

37 **Subject:** RE: Request for approval of AIR (Action Item Reports)
38

39 I approved of this AIR being transmitted to the Board for further deliberations.
40
41

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

43 The Custom Study of Academy of General Dentistry (AGD) Members: Membership Benefits
44 Survey (September 2012) (i.e., the Market Research) focused on member-facing programs.
45 While the present request does not fit neatly into the measurement targets of the Market
46 Research, the present request is ultimately expected to strengthen our advocacy efforts. State

1 Advocacy and Federal Advocacy were generally rated as high value, moderate satisfaction in the
2 Market Research.

3
4 **Does this conflict with the Constitution and Bylaws, an AGD HOD Policy or Board Policy?**

5 **If yes, please provide the conflict and how you propose to resolve it:**

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

7
8 **Responsible Staff Liaison & AGD member:**

9 Jeanie Kennedy

10 Manager, Dental Practice & Policy

11 312.440.4347 - phone

12 jeanie.kennedy@agd.org

13

14 Steven A. Ghareeb, DDS, FAGD

15 Chair, Dental Practice Council

16 304.744.3333 - phone

17 sstevenamos@aol.com

18

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

20 HOD for adoption of revisions, rescissions, and additions to HOD policy, and, at the staff level,
21 the OED department for updating the HOD Policy Manual.

22

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

24 HOD for adoption of revisions, rescissions, and additions to HOD policy, and, at the staff level,
25 the OED department for updating the HOD Policy Manual.

26

27 **Chair Approval Email:**

28 **From:** Steven Ghareeb [mailto:sstevenamos@aol.com]

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

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

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

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

34

35 I approve.

36 Steven

37

38 **Division Coordinator Review Email:**

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

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

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

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

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

45

46 Reviewed all.

1 Mike Bromberg
2
3

4 **Board Liaison Review Email:**

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

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

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

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

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

11

12 Srini & Jeanie;

13 I have reviewed all seven AIR's. They are in good order.
14
15

16 **CFO Review Email:**

17 **From:** Christa Ojeda

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

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

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

21 **Subject:** FW: Request for approval of AIR (Action Item Reports)
22

23

24 I recommend these AIRs be forwarded to the Board for further deliberation – no budgetary
25 impact.
26

1
2 **AIR Addendum – HOD Policy Change Request**
3

4
5 **Action:** Add X Revise _____ Delete _____
6

7
8 **Existing Policy to Revise/Delete:**
9

10 **Resolution Presented for Approval:**

11 Resolved that *Off Label Use of Dental Products* be adopted as AGD HOD policy.
12

13 **Related Existing HOD Policies:**

14 While we have existing policy supporting the use of safe and effective dental products, we do not
15 have any existing policies addressing off-label use, including of SDF.
16

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

18 Existing policies do not address off-label use or SDF.
19

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

21 3 years. Given the evolving science and the growing interest in off-label use of SDF to address
22 childhood caries, a slightly more aggressive review cycle than every 5 years may be warranted.
23

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

25 *Please see the resources references within the paper.*
26

27 **Other Comments?**
28
29

Off-Label Use of Dental Products

Terminology

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

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

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

Background- Regulatory Authority

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

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

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

Generally Accepted Practices/ Standard of Care

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

While the FDA recognizes the Practice of Medicine Exception, tensions remain in efforts to protect the public’s health and safety. Health care practitioners may prescribe any legally marketed product to a patient within a legitimate health care practitioner-patient relationship.¹ Dental professionals may use medical/dental products in the manner they deem appropriate for their patients. Dentists should be aware of product safety concerns and use a sound scientific

¹ Buckman Co. v. Plaintiffs’ Legal Committee, 531 U.S. 341, 121 Supreme Court. (2001).

1 basis, along with professional judgment, for off-label indications. Adverse patient reactions can
2 be voluntarily reported to the FDA's MedWatch² program.

3
4 Standard of care is a medical-legal term that changes over time due to experience and the
5 accumulation of data with a medical product. In some instances, the off-label use of a product is
6 considered standard of care.

7 8 **Legal Developments**

9
10 Decisions in several recent court cases have changed the landscape for findings in off-label
11 issues. Truthful off-label promotional speech³, the FDA's pursuit of misbranding provisions (for
12 statements that were truthful and not misleading)⁴, and speech that is solely truthful and not
13 misleading⁵ cannot be the basis for a misbranding charge for a manufacturer. Additionally, a
14 problematic decision from the Ninth Circuit⁶ appears to confuse the use of adulterated devices
15 caused by unsanitary practices with the use of legally marketed off-label products. Cases may be
16 appealed to the Supreme Court or the FDA may elect to alter their policies.

17 18 **First Amendment Issues**

19
20 The FDA recognizes that recent First Amendment jurisprudence creates tension with agency
21 policies intending to protect the public's health. In 2016, the agency convened a Part 15⁷ meeting
22 to solicit input from stakeholders. For some patients, approved or cleared products are not
23 available or have failed. The off-label use of medical products by health care professionals
24 provides a necessary treatment for some patients without options.

25
26 U.S. health agencies seek to promote robust research and development for medical therapies.
27 Conducting rigorous research studies for some products is difficult, particularly for those
28 therapies intending to treat rare disease indications. The FDA supports medical decision-making
29 for patients in the absence of better options while maintaining a structure meant to incentivize
30 the development of medical products, and encourage the use of labeled indications.

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

3 <http://www.hpm.com/pdf/blog/Caronia%20d%20Circuit%20Slip%20Opinion.pdf>

4 <http://cases.justia.com/federal/district-courts/new-york/nysdce/1:2015cv03588/441887/73/0.pdf?ts=1439043366>

5 http://www.kslaw.com/imageserver/KSPublic/library/publication/2016articles/4-29-16_Washington_Legal_Foundation.pdf

6 U.S. Court of Appeals for the Ninth Circuit: USA v. Michael Stanley Kaplan, MD.
<https://cdn.ca9.uscourts.gov/datastore/opinions/2016/09/09/15-10241.pdf>

7 U.S. Code of Federal Regulations, Title 21, Chapter 1, Subchapter A, Part 15: https://www.ecfr.gov/cgi-bin/text-idx?SID=449e8b175b9888f5ec4848f1b7da903e&mc=true&tpl=/ecfrbrowse/Title21/21cfr15_main_02.tpl

1 The FDA produced a memorandum⁸ in January 2017 summarizing recent court challenges on
2 speech restrictions regarding evidence of intended use, commercial free speech, content and
3 speaker-based restrictions. The document is intended to solicit public feedback on free speech
4 issues while maintaining government interests in protecting the public’s health.

6 **Restricted Use of Medical Products**

8 In 2007, a law⁹ was passed granting the FDA new authority to require Risk, Evaluation, and
9 Mitigation Strategies (REMS) to ensure that the benefits outweigh the risks for a particular drug
10 or biological product. A REMS designation may require additional safety procedures prior to
11 prescribing, shipping, or dispensing the drug or biologic. Post-approval studies may also be
12 ordered if serious risk is associated with the use of the product.

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

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

8 U.S. Food and Drug Administration. January 2017. Memorandum: Public Health Interests and First Amendment Considerations Related to Manufacturer Communications Regarding Unapproved Uses of Approved or Cleared Medical Products. <https://www.regulations.gov/document?D=FDA-2016-N-1149-0040>

9 U.S. Food and Drug Administration Amendments Act of 2007; Public Law 110-85. <https://www.fda.gov/RegulatoryInformation/LawsEnforcedbyFDA/SignificantAmendmentstotheFDCAAct/FoodandDrugAdministrationAmendmentsActof2007/FullTextofFDAAALaw/default.htm>

1 **FDA Guidance**

2
3 In 2017, the FDA released two guidance documents^{10, 11} meant to clarify the agency’s current
4 thinking on communications about medical and dental product labeling. The guidance documents
5 are non-binding and do not carry the force of law. Alternative approaches may be used if the
6 requirements satisfy applicable statutes and regulations.
7

8 **Enforcement Trends**

9
10 Health care practitioners are not immune from prosecution if they engage in off-label sales and
11 marketing activities on behalf or in conjunction with manufacturers of medical products. It
12 should be noted that off-label promotion is strictly scrutinized by federal authorities.
13 Traditionally, rather than risk potential criminal or civil enforcement actions as a result of an
14 unfavorable verdict at trial, manufacturers have settled high profile suits alleging off-label
15 promotion. Manufacturers of medical products are reticent to risk exclusion of participation in
16 federal health programs administrated by the Department of Health and Human Services
17 (DHHS). With recent legal verdicts favorable to manufacturers, they may be unwilling to settle
18 future disputes with federal authorities as readily.
19

20 **Dental Product Example**

21
22 Silver diamine fluoride is one example of a dental product that is used off-label. While silver
23 diamine fluoride is FDA-cleared as a Class II medical device to reduce sensitivity in teeth, it is
24 often used to delay tooth decay.
25

26 **Policy Statement**

27
28 The Academy of General Dentistry believes that dentists may prescribe or administer legally
29 marketed medical and dental products for an off-label use within the Practice of Medicine
30 Exception. Health care practitioners may prescribe legally marketed medical and dental products
31 in an off-label manner if they believe that such an application is in the best interest of their
32 patient. The practice of dentistry is regulated by state laws and regulations. Dentists should
33 comply with all relevant federal, state, and local laws and regulations. Dentists should be aware
34 of product safety concerns and use a sound scientific basis, along with professional judgment, for
35 off-label indications. Adverse patient reactions can be voluntarily reported to the FDA’s
36 MedWatch program.
37

10 U.S. Food and Drug Administration. “Drug and Device Manufacturer Communications with Payors, Formulary Committees, and Similar Entities- Questions and Answers,” Guidance for Industry and Review Staff, January 2017. <https://www.fda.gov/downloads/drugs/guidancecomplianceregulatoryinformation/guidances/ucm537347.pdf> Accessed March 31, 2017.

11 U.S. Food and Drug Administration. “Medical Product Communications That Are Consistent With the FDA- Required Labeling- Questions and Answers,” Guidance for Industry, January 2017. <https://www.fda.gov/downloads/drugs/guidancecomplianceregulatoryinformation/guidances/ucm537130.pdf> Accessed March 31, 2017.

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Resolution 303

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

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

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

Date of Report: August 2, 2017

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

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

Budget Ramifications: None

Action/Timeline: Record vote at 2016-2017 Board Meeting V. Forward to the 2017 HOD.

PASSED

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

a - Edgar, Tillman, Winland

A – Bishop, Gehrig, Gorman

N/A – Smith

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

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

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

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

How It Fits into the Corporate Objectives:

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

Introduction:

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

4
5 General dentists may be participating with numerous PPOs without knowing it.

6
7 In some cases, the dentist who has signed a contract with one PPO will discover that he or she is
8 actually in-network with a different PPO only when he or she submits a claim for services and
9 receives an explanation of benefits (EOB) indicating reduction to a contracted fee and restriction
10 against balance-billing the patient.

11
12 In today's market, not only do PPOs lease their own networks to other PPOs, but separate
13 network organizations now exist that lease networks for a living. Some network organizations
14 own the networks, but do not offer any PPO plans of their own. Network organizations, such as
15 network leasing companies, then lease their networks to multiple PPOs. A dentist that signs a
16 contract with one PPO may inadvertently agree to participate with hundreds of PPO plans from
17 across the nation.

18
19 The AGD Dental Practice Council examined this issue, and proposed AGD HOD policy
20 language to address this matter. The language was shared with the Legislative & Governmental
21 Affairs (LGA) Council, which also provided support for the language, with slight amendment.

22
23 The resolution presented with this AIR is the language supported unanimously by both LGA and
24 Dental Practice Councils.

25
26 **Necessary Information:**

- 27 • Dr. Steven Ghareeb, Chair, Dental Practice Council, has provided input into this report.

28
29 **What We Don't Know:**

- 30 • N/A

31
32 **Pros and Cons:**

33
34 **Pros:**

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

37
38 **Cons:**

- 39 • None.

40
41 **Executive Director/CEO Recommendations:**

42 **From:** Daniel Buksa

43 **Sent:** Friday, August 04, 2017 2:28 PM

44 **To:** Srinivasan Varadarajan <Srinivasan.Varadarajan@AGD.org>; Christa Ojeda
45 <Christa.Ojeda@AGD.org>

1 **Cc:** Jeanie Kennedy <Jeanie.Kennedy@AGD.org>
2 **Subject:** RE: More AIRs for your ED and CFO comments

3
4 I approve this AIR being transmitted to the Board for further deliberations.
5

6
7 **How It Fits into the Market Research:**

8 The Custom Study of Academy of General Dentistry (AGD) Members: Membership Benefits
9 Survey (September 2012) (i.e., the Market Research) focused on member-facing programs.
10 While the present request does not fit neatly into the measurement targets of the Market
11 Research, the present request is ultimately expected to strengthen our advocacy efforts. State
12 Advocacy and Federal Advocacy were generally rated as high value, moderate satisfaction in the
13 Market Research.
14

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

- 17 • No, as we do not have any current policies addressing leased networks.
18

19 **Responsible Staff Liaison & AGD member:**

20 Srinivasan Varadarajan, JD
21 Director, Dental Practice & Policy
22 312.440.4973 - p
23 srini.varadarajan@agd.org
24

25 Steven A. Ghareeb, DDS, FAGD
26 Chair, Dental Practice Council
27 304.744.3333 - p
28 sstevenamos@aol.com
29

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

31 HOD for adoption of revisions, rescissions, and additions to HOD policy, and, at the staff level,
32 the OED department for updating the HOD Policy Manual.
33

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

35 HOD for adoption of revisions, rescissions, and additions to HOD policy, and, at the staff level,
36 the OED department for updating the HOD Policy Manual.
37

38 **Chair Approval Email:**

39 **From:** Steven Ghareeb [mailto:sstevenamos@aol.com]
40 **Sent:** Saturday, August 05, 2017 10:00 AM
41 **To:** Srinivasan Varadarajan <Srinivasan.Varadarajan@AGD.org>
42 **Cc:** Bromberg, Mike, DDS <drmikebromberg@gmail.com>; Gehrig, Robert D., DMD, FAGD
43 <rdgehrig@comcast.net>;
44 **Subject:** Re: Request for Approval/Acknowledgment of AIR- Today 8/4/17
45

46 I approve.

1 Steven

2

3

4 **Division Coordinator Review Email:**

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

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

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

8 **Cc:** Ghareeb, Steven A., DDS, FAGD <sstevenamos@aol.com>; Gehrig, Robert D., DMD,

9 FAGD <rdgehrig@comcast.net>; Jeanie Kennedy <Jeanie.Kennedy@AGD.org>

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

11

12 Reviewed all

13 Mike Bromberg

14

15

16

17 **Board Liaison Review Email:**

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

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

20 **To:** Srinivasan Varadarajan <Srinivasan.Varadarajan@AGD.org>; 'Ghareeb, Steven A., DDS,

21 FAGD' <sstevenamos@aol.com>; 'Bromberg, Mike, DDS' <drmikebromberg@gmail.com>

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

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

24

25 Srini & Jeanie;

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

27

28

29 **CFO Review Email:**

30 **From:** Christa Ojeda

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

32 **To:** Srinivasan Varadarajan <Srinivasan.Varadarajan@AGD.org>; Daniel Buksa

33 <daniel.buksa@agd.org>

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

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

36

37 Given no budgetary ramifications, I approve these AIRs be forwarded to the Board for further
38 deliberation.

39

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AIR Addendum – HOD Policy Change Request

Action: Add X Revise _____ Delete _____

Existing Policy to Revise/Delete:

N/A

Resolution Presented for Approval:

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

Related Existing HOD Policies:

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

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

Inadequate. None exist on leased networks.

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

Every 5 years

Any documentation or literature considered in developing this submission?

No

Other Comments?

1 **Resolution 304**

2
3 **“Resolved, that the AGD supports flossing as an integral part of oral hygiene care.”**

4
5 **AIRBV2017#10 - Adopt an AGD HOD Policy on Flossing**

6
7 **Prepared by:** Srinivasan Varadarajan, Director, Dental Practice & Policy

8
9 **Date of Report:** August 2, 2017

10
11 **Staff Resources:** \$50 (Approx. 1 hour of staff time to draft the AIR)

12
13 **Total Financial Cost:** \$50 in staff resources (no direct costs)

14
15 **Budget Ramifications:** None

16
17 **Action/Timeline:** Record vote at 2016-2017 Board Meeting V. Forward to the 2017 HOD.

18
19 **BOARD RECOMMENDS ADOPTION**

20
21 *Y – Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Gajjar, Guter, Hanson, Harunani,*
22 *Lew, Malterud, Shamoan, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Wooden, Worm*

23
24 *a - Edgar, Winland*

25
26 *A – Bishop, Gehrig, Gorman*

27
28 *N/A – Smith*

29
30 **How It Fits into the Strategic Plan (2016-18):**

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

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

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

36
37 **How It Fits into the Corporate Objectives:**

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

41
42 **Introduction:**

43 Per the request of the AGD Editor, and in light of recent press regarding questioning the efficacy
44 of flossing, the Dental Practice Council affirmed flossing as an integral part of oral hygiene care,
45 by presenting this policy for approval.

1 **Necessary Information:**

- 2 • Dr. Steven Ghareeb, Chair, Dental Practice Council, has provided input into this report.
3 • The council's vote indicated all in favor except with one abstention. The vote in
4 abstention was provided not in any objection to the policy, but to reflect the voter's
5 opinion that such an obvious statement did not necessarily need to be encapsulated in
6 policy.
7

8 **What We Don't Know:**

- 9 • N/A
10

11 **Pros and Cons:**

12
13 **Pros:**

- 14 • Having an HOD policy on this issue enables legislative and public relations areas to
15 convey our position before state legislatures/dental boards and the media, respectively.
16

17 **Cons:**

- 18 • None.
19

20 **Executive Director/CEO Recommendations:**

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22 **Sent:** Friday, August 04, 2017 2:28 PM

23 **To:** Srinivasan Varadarajan <Srinivasan.Varadarajan@AGD.org>; Christa Ojeda
24 <Christa.Ojeda@AGD.org>

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

26 **Subject:** RE: More AIRs for your ED and CFO comments
27

28 [I approve this AIR being transmitted to the Board for further deliberations.](#)
29
30

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

32 The Custom Study of Academy of General Dentistry (AGD) Members: Membership Benefits
33 Survey (September 2012) (i.e., the Market Research) focused on member-facing programs.
34 While the present request does not fit neatly into the measurement targets of the Market
35 Research, the present request is ultimately expected to strengthen our advocacy efforts. State
36 Advocacy and Federal Advocacy were generally rated as high value, moderate satisfaction in the
37 Market Research.
38

39 **Does this conflict with the Constitution and Bylaws, an AGD HOD Policy or Board Policy?**

40 **If yes, please provide the conflict and how you propose to resolve it:**

- 41 • No, as we do not currently have any policy on flossing.
42

43 **Responsible Staff Liaison & AGD member:**

44 Srinivasan Varadarajan, JD

45 Director, Dental Practice & Policy

46 312.440.4973 - p

1 srini.varadarajan@agd.org

2
3 Steven A. Ghareeb, DDS, FAGD
4 Chair, Dental Practice Council
5 304.744.3333 - p
6 sstevenamos@aol.com

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

9 HOD for adoption of revisions, rescissions, and additions to HOD policy, and, at the staff level,
10 the OED department for updating the HOD Policy Manual.

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

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16 **Chair Approval Email:**

17 **From:** Steven Ghareeb [mailto:sstevenamos@aol.com]
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21 <rdgehrig@comcast.net>;
22 **Subject:** Re: Request for Approval/Acknowledgment of AIR- Today 8/4/17

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24 I approve.
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30 **Sent:** Friday, August 04, 2017 7:52 PM
31 **To:** Srinivasan Varadarajan <Srinivasan.Varadarajan@AGD.org>
32 **Cc:** Ghareeb, Steven A., DDS, FAGD <sstevenamos@aol.com>; Gehrig, Robert D., DMD,
33 FAGD <rdgehrig@comcast.net>; Jeanie Kennedy <Jeanie.Kennedy@AGD.org>
34 **Subject:** Re: Request for Approval/Acknowledgment of AIR- Today 8/4/17

35
36 Reviewed all
37 Mike Bromberg

38
39
40 **Board Liaison Review Email:**

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

1
2 Srimi & Jeanie;
3 I have reviewed all seven AIR's. They are in good order.
4

5
6 **CFO Review Email:**

7 **From:** Christa Ojeda

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

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

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

12 **Subject:** RE: More AIRs for your ED and CFO comments
13

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

Action: Add X Revise _____ Delete _____

Existing Policy to Revise/Delete:

N/A

Resolution Presented for Approval:

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

Related Existing HOD Policies:

No existing HOD policies on flossing.

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

None exist on flossing.

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

Every 5 years.

Any documentation or literature considered in developing this submission?

No

Other Comments?

1 **Resolution 305**

2
3 **“Resolved, that the AGD Policy Statement on the Consumption of Sugar and its Health Care**
4 **Consequences be adopted as AGD HOD Policy.”**

5
6 **AIRBV2017#11 - Adopt AGD Policy Statement on the Consumption of Sugar and Its**
7 **Health Care Consequences as AGD HOD Policy**
8

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

10
11 **Date of Report:** August 3, 2017

12
13 **Staff Resources:** \$50 (Approx. 1 hour of staff time to draft the AIR)

14
15 **Total Financial Cost:** \$50 in staff resources (no direct costs)

16
17 **Budget Ramifications:** None

18
19 **Action/Timeline:** Record vote at 2016-2017 Board Meeting V. Forward to the 2017 HOD.
20

21 **PASSED**

22
23 *Y – Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Gajjar, Guter, Hanson, Harunani, Lew, Malterud,*
24 *Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Wooden*

25
26 *N – Worm*

27
28 *a - Edgar, Winland*

29
30 *A – Bishop, Gehrig, Gorman*

31
32 *N/A – Smith*
33

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

35
36 Goal 2 – Advocacy: Strengthen and protect the general dentistry profession and the oral health of
37 the public.

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

39 Strategy 2: Advocate on behalf of the general dentistry profession as it relates to policy
40 making, insurance, licensing, education, and all levels of government.
41

42 **How It Fits into the Corporate Objectives:**

43 Corporate Objective #10 (Advocacy B): Ensuring that AGD HOD policies are current and
44 appropriate is a prerequisite to enable representing policies of the AGD before CODA, the ADA,
45 and state and federal regulatory bodies.
46

47 **Introduction:**

1
2 On Nov. 3-4, 2016, Dr. John Drumm participated in the *Engaging the Oral Health Community in*
3 *Childhood Obesity Prevention Conference*. Dr. Drumm provided a report to the Board and
4 proposed that that AGD:

- 5
- 6 1. Establish AGD Policy on the daily recommended amount of sugar for children.
- 7 2. Establish AGD Policy on Childhood Obesity and its relationship (connection) to diet
8 and dental decay.
- 9 3. Promote CE courses on awareness of childhood obesity and the connections of
10 childhood obesity, sugar consumption and dental decay.
- 11 4. Promote CE courses on the importance of training our dental teams to be advocates
12 for nutrition
- 13 5. Recommend that our AGD members screen children for obesity – recording height
14 and weight (BMI scores).
- 15 6. Continue AGD advocacy on the elimination of soda and sugar-sweetened beverages
16 in schools.
- 17 7. Reinforce to our AGD members that they have a very important “role” in sugar-
18 sweetened beverage consumption and childhood obesity prevention.
- 19 8. On April 19, 2017, the AGD Board voted to adopt Dr. Drumm’s report, inclusive of
20 all recommendations.
- 21

22 With approval of Dr. Drumm’s report by the Board, the AGD Dental Practice Council reviewed,
23 discussed, and provided direction for the implementation of Dr. Drumm’s recommendations.

24
25 Based upon its review and discussion, the Dental Practice Council provided direction as follows:

26
27 “Resolved, that the Dental Practice Council request its Workforce, Access, and Public Health
28 (WAPH) Subcommittee return to the Council by July 14, 2017, with policies on:

- 29
- 30 1) Daily recommended amount of sugar for children; and
- 31 2) Childhood obesity and its relationship to diet and dental decay; and be it further,
- 32

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

37
38 Accordingly, the present resolution is presented to the Board with the council’s approval of the
39 policy statement, as appended.

1 **Necessary Information:**

- 2 • Dr. Steven Ghareeb, Chair, Dental Practice Council, has provided input into this report.
3

4 **What We Don't Know:**

- 5 • We don't know how the science on the health effects incurred from the consumption of
6 sugar will evolve. In light of that, it is particularly important to review policies every five
7 years to assess if AGD statements are in need of updating.
8

9 **Pros and Cons:**

10
11 **Pros:**

- 12 • Adoption of the content of the Statement as AGD HOD policy would cement its
13 principles as the formal position of the AGD for use in legislative, regulatory, and public
14 relations efforts.
15

16 **Cons:**

- 17 • None.
18

19 **Executive Director/CEO Recommendations:**

20
21 **From:** Daniel Buksa

22 **Sent:** Friday, August 04, 2017 10:22 AM

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

24 **Cc:** Srinivasan Varadarajan <Srinivasan.Varadarajan@AGD.org>

25 **Subject:** RE: Request for approval of AIR (Action Item Reports)
26

27 I approved of this AIR being transmitted to the Board for further deliberations.
28
29

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

31 The Custom Study of Academy of General Dentistry (AGD) Members: Membership Benefits
32 Survey (September 2012) (i.e., the Market Research) focused on member-facing programs.
33 While the present request does not fit neatly into the measurement targets of the Market
34 Research, the present request is ultimately expected to strengthen our advocacy efforts. State
35 Advocacy and Federal Advocacy were generally rated as high value, moderate satisfaction in the
36 Market Research.
37

38 **Does this conflict with the Constitution and Bylaws, an AGD HOD Policy or Board Policy?**

39 **If yes, please provide the conflict and how you propose to resolve it:**

- 40 • No, it does not conflict with any AGD policies.
41

42 **Responsible Staff Liaison & AGD member:**

43 Jeanie Kennedy

44 Manager, Dental Practice & Policy

45 312.440.4347 – phone

46 jeanie.kennedy@agd.org

1
2 Steven A. Ghareeb, DDS, FAGD
3 Chair, Dental Practice Council
4 304.744.3333 - p
5 sstevenamos@aol.com
6

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

8 HOD for adoption of revisions, rescissions, and additions to HOD policy, and, at the staff level,
9 the OED department for updating the HOD Policy Manual.

10
11 **Suggested Councils or Agencies to be Involved in Collaboration**

12 HOD for adoption of revisions, rescissions, and additions to HOD policy, and, at the staff level,
13 the OED department for updating the HOD Policy Manual.

14
15 **Chair Approval Email:**

16 **From:** Steven Ghareeb [mailto:sstevenamos@aol.com]

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

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

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

21 **Subject:** Re: Request for Approval/Acknowledgment of AIR- Today 8/4/17
22

23 I approve.

24 Steven
25
26

27 **Division Coordinator Review Email:**

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

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

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

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

33 **Subject:** Re: Request for Approval/Acknowledgment of AIR- Today 8/4/17
34

35 Reviewed all.

36 Mike Bromberg
37
38

39 **Board Liaison Review Email:**

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

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

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

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

45 **Subject:** RE: Request for Approval/Acknowledgment of AIR- Today 8/4/17
46

1 Srimi & Jeanie;
2 I have reviewed all seven AIR's. They are in good order.

3
4

5 **CFO Review Email:**

6 **From:** Christa Ojeda

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

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

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

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

11

12 I recommend these AIRs be forwarded to the Board for further deliberation – no budgetary
13 impact.

14

15

1
2 **AIR Addendum – HOD Policy Change Request**
3

4
5 **Action:** Add **X** **Revise** _____ **Delete** _____
6

7
8 **Existing Policy to Revise/Delete:**
9

10 **Resolution Presented for Approval:**

11 Resolved, that the *AGD Policy Statement on the Consumption of Sugar and its Health Care*
12 *Consequences* be adopted as AGD HOD Policy.
13

14 **Related Existing HOD Policies:**
15

- 16 • *Soft drink consumption/pouring rights contracts*
17

2004:13-H-7

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

18 Resolved, that the Academy of General Dentistry encourages its constituents to work with
19 education officials, pediatric and family practice physicians, dietetic professionals, parent
20 groups, and other interested parties, to increase the awareness of the importance of maintaining
21 healthy vending choices in schools, and to encourage the promotion of fluoridated water and
22 beverages of high nutritional value, and be it further
23

24 Resolved, that the Academy of General Dentistry opposes contractual arrangements, including
25 pouring rights contracts that influence the consumption patterns that promote increased access to
26 ‘soft drinks’ for children.”
27

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

29 Existing policies are inadequate as our sole policy on sugar (pouring rights) does not fully
30 address the role of general dentistry in address sugar consumption and its effects.
31

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

33 5 years
34

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

36 *See footnotes within the below policy statement presented for adoption*
37

38 **Other Comments?**

1 AGD Policy Statement on the Consumption of Sugar and its Health Care Consequences

2
3 In 2016, the American Heart Association published a scientific statement on the “*Added Sugars*
4 *and Cardiovascular Disease Risk in Children.*”¹² Evidence supports the correlation that the
5 consumption of added sugars leads to a myriad of human health problems.

6
7 The term “sugar” refers to any number of carbohydrates with the general chemical formula of C_n
8 (H₂O)_n. Sugars are categorized into monosaccharides (simple sugars) and disaccharides (a
9 sugar formed by two monosaccharides or simple sugars). Scientific research indicates a
10 preference for a sweet taste is evident in infants and childhood.¹³ Furthermore, sugar functions as
11 a pain reliever in children¹⁴ and elicits an endogenous opioid release.¹⁵ Carbohydrates provide a
12 ready source of energy for children and assist in their growth. From an evolutionary standpoint,
13 there is a rationale for humans, particularly children’s affinity for sweet tasting substances.
14 Notwithstanding, many communities world-wide find that the consumption of sugar has evolved
15 into the over-consumption of sugar.

16
17 Knowledge and data acquired about the health consequences from sugar consumption continue
18 to accumulate. The over ingestion of sugar has adverse effects on local and systemic anatomical
19 structures in the human body.

20
21 The Academy of General Dentistry (AGD) has a vested interest in the health and well-being of
22 children and adults. Sugar consumption is the most important contributing factor of caries,^{16,17, 18}
23 which is the most prevalent of worldwide diseases.^{19, 20, 21}

24 **Physiological Issues Resulting from Sugar Consumption**

25 *Caries*

26
27 Sugars in beverages and foods including breads and other carbohydrates act with bacteria in the
28 mouth to form acid reactions. Over time, a lowered pH in the mouth creates an environment
29

12 Vos, MB, et. al. Added Sugars and Cardiovascular Disease Risk in Children: A Scientific Statement from the American Heart Association. *Circulation*. 2017 May 9; 135(19):e1017-e1034.

13 Ventura AK, Mennella JA. *Curr Opin Clin Nutr Metab Care*. 2011 Jul; 14(4):379-84.

14 Pepino, MY, Mennella, JA. Sucrose-Induced Analgesia is related to Sweet Preferences in Children but not Adults. *Pain*. 2005 December 15; 119(1-3): 210–218.

15 Erlanson-Albertsson C. *Lakartidningen*. 2005 May 23-29; 102(21):1620-2, 1625, 1627.

16 Gupta, P, Gupta, N, Pawar, AP, Birajdar, SS, Natt, AS, Singh, HP. Role of Sugar and Sugar Substitutes in Dental Caries: A Review. *ISRN Dentistry* Volume 2013, Article ID 519421.

17 World Health Organization. Sugars intake for adults and children. Geneva: WHO; 2015.

18 Moynihan PJ, Kelly SA. Effect on caries of restricting sugars intake: systematic review to inform WHO guidelines. *J Dent Res* 2014;93:8–18.

19 National Institute of Dental and Craniofacial Research.

<https://www.nidcr.nih.gov/DataStatistics/FindDataByTopic/DentalCaries/> Accessed July 14, 2017.

20 World Health Organization. Dental Diseases and Oral Health.

http://www.who.int/oral_health/publications/en/orh_fact_sheet.pdf Accessed July 14, 2017.

21 Kassebaum, NJ, Bernabe, E, Dahiya, M, Bhandari, B, Murray, CJ, Marcenes, W. Global Burden of Untreated Caries: A Systematic Review and Meta-regression. *J Dent Res*. 2015 May;94(5):650-8

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

4 *Obesity*

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

9
10 Consumption of too many sugary foods and beverages contribute to excess calories and may lead
11 to an increase in weight. Furthermore, studies have confirmed a relationship between childhood
12 and adult obesity²² and dental caries.²³ Obesity is associated with heart disease, stroke, high
13 blood pressure, diabetes, osteoarthritis, gout, select cancers, and sleep apnea.²⁴

15 *Diabetes*

16 A diet high in sugar can increase the likelihood of a diabetes diagnosis. Type 2 diabetes is linked
17 to high levels of sugar in the blood; however, consuming sugar is only one risk factor in
18 acquiring diabetes. Adding one serving of a sweetened beverage to a diet per day increases the
19 risk of diabetes by 15 percent.²⁵

21 *Increased Cholesterol*

22 A high sugar diet is linked to unhealthy cholesterol and triglyceride levels. In one study, the
23 cohort that ate the most sugar were more than three times likely to have low high density
24 lipoprotein levels.²⁶

26 *Heart Disease*

27 A diet high in sugar may increase the risk of dying from heart disease²⁷ absent an indication of
28 being overweight. High insulin levels cause abnormal cell growth around artery walls resulting
29 in blood vessel restriction, high blood pressure, heart attack, or stroke.

31 **Beverages and Food**

33 *Beverages*

22 Alswat, et. al. The Association between Body Mass Index and Dental Caries: Cross-Sectional Study. *J Clin Med Res.* 2016 Feb; 8(2):147-152.

23 Hayden C, Bowler JO, Chambers S, Freeman R, Humphris G, Richards D, Cecil JE. Obesity and dental caries in children: A systematic review and meta-analysis. *Community Dent Oral Epidemiol.* 2013; 41(4):289-308.

24 U.S. Centers for Disease Control and Prevention. Adult Obesity & Consequences.
<https://www.cdc.gov/obesity/adult/causes.html> Accessed July 12, 2017.

25 Malik, VS, Popin, BM, Bra, GA, Despres, JP, Willett, WC, Hu, FB. Sugar-Sweetened Beverages and Risk of Metabolic Syndrome and Type 2 Diabetes. *Diabetes Care* 2010 Oct. 27, vol. 33, no. 11.

26 Welsh, JA, Sharma A, Abramson, JL, Vaccarino, V, Vos, MB. Caloric Sweetener Consumption and Dyslipidemia among US Adults. *Journal of the American Medical Association*, April 21, 2010; vol 303: pp 1490-1497.

27 Yang, Q, Zang, Z, Gregg, EW, Flanders, WD, Merritt, R, Hu, FB. Added Sugar Intake and Cardiovascular Diseases Mortality among US Adults. *JAMA Intern Med.* 2014;174(4):516-524.

1 Sugar sweetened beverages (SSB), or drinks with added sugars, are associated with weight gain,
2 obesity, heart disease, type 2 diabetes, and tooth decay.²⁸ High fructose corn syrup (HFCS) is
3 one type of sugar in SSBs and consists of both glucose and fructose. It allows for rapid
4 absorption of the blood stream, which leads to increased metabolic disturbances. Moreover,
5 HFCS triggers an immune reaction leading to inflammation. HFCS consumption is associated
6 with adult chronic bronchitis,²⁹ childhood asthma,³⁰ and other diseases. Public health officials
7 recommend limiting the intake of SSBs, particularly for children. Limitations should be extended
8 to the consumption of 100% fruit juice, as well.

9 10 *Foods*

11 While much public health focus is relegated to SSB consumption, the intake of sugary foods is
12 equally problematic. Starchy foods in bread, beans, fruit, potatoes, and many others, act with
13 bacteria in the mouth to form acids that can eat away at teeth enamel and lead to caries.^{31, 32}
14 Consumption of sugary foods should not be substituted for adherence to sugar-free beverage
15 ingestion. A diet of nutrient rich foods is recommended with minimal intake of added sugars.

16 17 *Alternate sweeteners*

18 Consumers seeking to replace sugar in food and beverages may pursue sugar substitutes.
19 Alternative sweetener options include sugar alcohols and high-intensity sweeteners.
20 Sugar alcohols, not considered high intensity sweeteners, include sorbitol, xylitol, mannitol, and
21 others, do not promote tooth decay or cause a precipitous increase in blood glucose. Primarily,
22 this class of sweeteners are added to chewing gum, sugar-free candies, and other foods. Sugar
23 alcohols are between 25%-100% as sweet as sugar.^{33, 34}

24
25 High-intensity sweeteners are many times sweeter than sucrose (table sugar) therefore a smaller
26 amount is needed to achieve the same level of sweetness as sugar. Stevia, monk fruit, saccharine,
27 aspartame, and sucralose are some of the high-intensity sweeteners permitted for use in food and
28 beverages by the U.S. Food and Drug Administration.

29 30 *Water*

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

28 Bernabe E, Vehkalahti MM, Sheiham A, Aromaa A, Suominen AL. Sugar-sweetened beverages and dental caries in adults: A 4-year prospective study. *J Dent.* 2014; 2014;42(8):952-958.

29 DeChristopher LR, Uribarri J, Tucker KL. Intake of High Fructose Corn Syrup Sweetened Soft Drinks is Associated with Prevalent Chronic Bronchitis in U.S. Adults, Ages 20-55 y. *Nutr J.* Oct 16, 2015; 14:107.

30 DeChristopher LR, Uribarri J, Tucker KL. Intakes of Apple Juice, Fruit Drinks and Soda are Associated with Prevalent Asthma in US Children aged 2-9 years. *Public Health Nutr.* 2016 Jan;19 (1):123-130.

31 Doichinova L, Bakardjiev P, Peneva M. Assessment of Food Habits in Children aged 6-12 years and Risk of Caries. *Biotechnol Biotechnol Equip.* Jan 2; 29(1):200-204.

32 Bradshaw, DJ, Lynch RJ. Diet and the Microbial Aetiology of Dental Caries: New Paradigms. *Int Dent J.* 2013 Dec; 63 suppl 2:64-72.

33 Sugar Alcohols Fact Sheet. Foodinsight.org. <http://www.foodinsight.org/articles/sugar-alcohols-fact-sheet> Accessed July 14, 2017.

34 Ibrahim, OO. Sugar Alcohols: Chemical Structures, Manufacturing, Properties and Applications. *EC Nutrition* 4.2 (2016): 817-824.

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

3 4 **Taxes**

5
6 Public health advocates are nearly unanimous in support of the adoption of taxes on SSB.^{35,36,37,}
7 ³⁸Taxes are proposed to effect changes in policies at local, state, and national levels. Further,
8 taxes are advocated to decrease consumption of sugar sweetened beverages and to fund public
9 health education efforts aimed at a change to healthy nutritional behaviors and choices.

10
11 Free market advocates contend that citizens in the U.S. are taxed sufficiently already. SSB taxes
12 may disproportionately affect the poor and tax exemptions apply differently in each locale. For
13 instance, the proposed Cook County, Illinois tax exempts individuals using federal food
14 assistance programs such as the supplemental nutrition assistance program (SNAP).

15
16 Lawmakers and citizens should consider what is being attempted by imposing taxes on SSB.
17 Potential reasons cited to adopt a SSB tax are to raise revenue, to change beverage consumption
18 from unhealthy beverages to healthy beverages, decrease incidence of disease, to fund pre-
19 kindergarten, or other rationales. Public policy should be well thought out and aim to address
20 solutions that benefit citizens. Moreover, policy makers should discuss the effects of federal
21 subsidies that have artificially inflated the price of sugars over the last 80 years.

22 23 **Role of media in promoting poor nutrition**

24
25 Marketing to children is one factor in the childhood obesity epidemic.³⁹ Several national and
26 international organizations have advocated for restrictions on marketing to children due to
27 concerns about food and beverages and resulting adverse health consequences.⁴⁰ Prior television
28 exposure predicts unhealthy food preferences and diet, as well as parenting factors.⁴¹ Parents
29 may want to set limits on childhood exposure to media in order to establish healthy eating habits
30 for children.

31
35 Brownell, KD, Farley, T, Willett, WC, Popkin, BM, Chaloupka, FJ, Thompson, JW, Ludwig, DS. The Public Health and Economic Benefits of Taxing Sugar-Sweetened Beverages. *N Engl J Med* 2009; 361:1599-1605, Oct. 15.

36 Brownell, KD, Frieden, TR. Ounces of Prevention-The Public Policy Case for Taxes on Sugared Beverages. *N Engl J Med* 2009; 360:1805-1808, April 30.

37 Jacobson M and Brownell K. Small Taxes on Soft Drinks and Snack Foods to Promote Health. *American Journal of Public Health*, 90(6): 854–857, June 2000.

38 National Academies of Medicine. A Workshop on Strategies to Limit Sugar-Sweetened Beverage Consumption in Young Children: Evaluation of Federal, State, and Local Policies and Programs. June 21-22, 2017.

<http://nationalacademies.org/hmd/activities/nutrition/stategiesticlimitsconsumptioninyoungchildren/2017-jun-21.aspx> (Accessed July 13, 2017).

39 Food Marketing to Children and Youth (2006). Institute of Medicine. Washington: The National Academies Press, p. 8.

40 WHO Forum. (2006, May 5). Marketing of Food and Non-alcoholic beverages to children, Report of a WHO forum and technical meeting. Oslo, Norway.

41 Harris, JL, Bargh, JA. The Relationship between Television Viewing and Unhealthy Eating: Implications for Children and Media Interventions. *Health Commun.* 2009 Oct; 24(7): 660–673.

1 **School/Educational Issues**

2
3 Food and beverage choices available to children should be of high nutritional value. Contractual
4 arrangements, such as beverage pouring rights, that influence increased access to soft drinks for
5 children should be kept out of schools. Parental and caretaker education is needed on what and
6 how to feed children to optimize health and development.

7
8 Science evolves over time as more data is known. Health professionals are discovering that food
9 and beverage nutritional content is necessary in order to make informed choices. Federal
10 regulations have assisted in efforts of transparency on ingredient labels.

11
12 *Education*

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

19
20 **Screening for Obesity**

21
22 Screening for obesity is unlike screening for other systemic diseases and can be accomplished
23 easily by calculating a body mass index (BMI). While a BMI measurement has limitations, it
24 provides an assessment of a standardized height/weight metric. If the patient's BMI
25 measurement is in the overweight or obese categories, dentists may choose to seek a referral to
26 an appropriate health professional to assist in providing relevant nutritional information and
27 advice.

1
2
3 **Academy of General Dentistry Policy Statements and Recommendations**
4

- 5 1. *Prevalence of and Connection between Sugar Consumption and Caries:* The Academy of
6 General Dentistry (AGD) has a vested interest in the health and well-being of children
7 and adults. Sugar consumption is the most important contributing factor of caries, which
8 is the most prevalent of worldwide diseases.
9
- 10 2. *Levels of Sugar Consumption:* AGD supports recommendations of sugar consumption for
11 children not to exceed 6 teaspoons per day. However, consumption of less than 3
12 teaspoons of sugar per day is more optimal. Consumption of sugary foods should not be
13 substituted for adherence to sugar-free beverage ingestion.
14
- 15 3. *Diabetes Identification and Management:* General dentists, as primary health care
16 professionals, have an important role in the identification and management of diabetes.
17 General dentists should be provided the ability, training, and resources to screen for
18 diabetes, and to collaborate with the patient’s primary care physicians, as deemed
19 appropriate, to identify and manage diabetes.
20
- 21 4. *Screening for Obesity:* General dentists, as primary health care professionals, have an
22 important role in the prevention of childhood obesity. General dentists should be
23 provided the ability, training, and resources to screen children for obesity using a BMI
24 score and to refer children to pediatric primary care physicians or qualified nutritionists,
25 where deemed appropriate by the dentist. While not a perfect measurement, BMI scores
26 can be helpful in establishing a general assessment of a child’s propensity toward obesity.
27
- 28 5. *Taxation and Subsidies:* Lawmakers and citizens should consider all the objectives of
29 taxation when considering imposing taxes on SSB. Potential reasons to adopt an SSB tax
30 may include, but not necessarily be limited to, to raise revenue, change beverage
31 consumption from unhealthy beverages to healthy beverages, decrease incidence of
32 disease, or fund pre-kindergarten. Public policy should be well thought out and aim to
33 address solutions that benefit the health of the U.S. population. Moreover, policy makers
34 should discuss the effects of federal subsidies that have artificially inflated the price of
35 sugars since the 1930s.
36
- 37 6. *Nutrition Education and Training:* Public health professionals should design a campaign
38 for parents and caretakers to target what and how to feed children to optimize health and
39 development. Given that proper nutrition is an essential component to prevent many
40 diseases, resources should be directed to providing dentists and physicians with
41 additional education and/or training on nutrition.
42
43
44

1 **Resolution 306**

2
3 **“Resolved, that the *White Paper on the Role of Dentistry in Addressing Opioid Crisis* be**
4 **adopted as AGD HOD policy.”**

5
6 **AIRBV2017#12 - Adopt Role of Dentistry in Addressing Opioid Crisis as AGD HOD Policy**

7
8 **Prepared by:** Jeanie Kennedy, Manager, Dental Practice & Policy

9
10 **Date of Report:** July 28, 2017

11
12 **Staff Resources:** \$50 (Approx. 1 hour of staff time to draft the AIR)

13
14 **Total Financial Cost:** \$50 in staff resources (no direct costs)

15
16 **Budget Ramifications:** None

17
18 **Action/Timeline:** Record vote at 2016-2017 Board Meeting V. Forward to the 2017 HOD.

19
20 **BOARD RECOMMENDS ADOPTION**

21
22 *Y – Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Gajjar, Guter, Hanson, Harunani,*
23 *Lew, Malterud, Shamoan, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Wooden, Worm*

24
25 *a - Edgar, Winland*

26
27 *A – Bishop, Gehrig, Gorman*

28
29 *N/A – Smith*

30
31 **How It Fits into the Strategic Plan (2016-18):**

32
33 Goal 2 – Advocacy: Strengthen and protect the general dentistry profession and the oral health of
34 the public.

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

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

38
39 **How It Fits into the Corporate Objectives:**

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

43
44 **Introduction:**

45 The U.S. opioid crisis has become the most significant drug epidemic the country has ever
46 experienced. Before conducting research, it was theorized that dentists were major contributors

1 to the opioid epidemic as some public health officials had previously conjectured. After
2 substantial research, the findings are such that dentists are minor contributors to the opioid
3 epidemic. Nonetheless, dentists must be vigilant in their use of opioids as the potential for
4 addiction is quite high for some patients.

5
6 National, state, and international resources were used to assess policy recommendations.
7

8 Opioid abuse is an ongoing epidemic in the United States. The number of opioid prescriptions
9 written by dentists rank among the highest of health care professionals. However, dentists rank
10 among the lowest in prescribing multiple or refill opioid prescriptions to the same patient, and
11 also in the dosage of each opioid prescription. Studies suggest that these latter factors are of far
12 greater significance in assessing the likelihood of opioid dependence or death from opioid abuse.
13

14 On the other hand, despite lower dosages and shorter durations of prescription, surveyed dentists
15 believed that their patients have “leftover” opioids. Studies suggest that a majority of opioid
16 abusers obtain their drugs from friends or family with these “leftover” prescriptions. Therefore,
17 although assessments based solely upon the number of prescriptions exaggerate the effect of
18 dentistry on opioid abuse, it is nonetheless incumbent upon dentistry and dental associations to
19 support and further the education of dentists, dental teams, and the public on opioid addiction,
20 and to understand, consider, and utilize alternative pain management strategies, including non-
21 opioid analgesics, when appropriate and effective.
22

23 The Dental Practice Council was pleased to have the opportunity to review this matter, and,
24 under the direction of the council, Dental Practice & Policy staff has developed this policy paper
25 for adoption.
26

27 **Necessary Information:**

- 28 • The entire Dental Practice Council, inclusive of Dr. Steven Ghareeb, Chair, has provided
29 input into the contents of this paper. The paper provides a fulsome explanation as to the
30 role of dentists in the use and abuse of the opioid crisis in the U.S. Dentists played a
31 small part in the creation of the opioid epidemic nonetheless, AGD can provide solutions
32 to ending this crisis.
33

34 **What We Don’t Know:**

- 35 • We do not know how the national opioid crisis will be mitigated or how soon. However,
36 we do know that many federal agencies list the opioid overdose and addiction as one of
37 their priorities. Many national and state resources are being brought forward to combat
38 this epidemic.
39

40 **Pros and Cons:**

41 **Pros:**

- 42 • Adoption of the content of the Statement as AGD HOD policy would cement its
43 principles as the formal position of the AGD for use in legislative, regulatory, and public
44 relations efforts.
45
46

1 **Cons:**

- 2 • None.

3
4 **Executive Director/CEO Recommendations:**

5
6 **From:** Daniel Buksa

7 **Sent:** Friday, August 04, 2017 10:22 AM

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

9 **Cc:** Srinivasan Varadarajan <Srinivasan.Varadarajan@AGD.org>

10 **Subject:** RE: Request for approval of AIR (Action Item Reports)

11
12 I approved of this AIR being transmitted to the Board for further deliberations.

13
14
15 **How It Fits into the Market Research:**

16 The Custom Study of Academy of General Dentistry (AGD) Members: Membership Benefits
17 Survey (September 2012) (i.e., the Market Research) focused on member-facing programs.

18 While the present request does not fit neatly into the measurement targets of the Market
19 Research, the present request is ultimately expected to strengthen our advocacy efforts. State
20 Advocacy and Federal Advocacy were generally rated as high value, moderate satisfaction in the
21 Market Research.

22
23 **Does this conflict with the Constitution and Bylaws, an AGD HOD Policy or Board Policy?**

24 **If yes, please provide the conflict and how you propose to resolve it:**

- 25 • No, it does not conflict with current HOD Policy.

26
27 **Responsible Staff Liaison & AGD member:**

28 Jeanie Kennedy

29 Manager, Dental Practice & Policy

30 312.440.4347 – phone

31 jeanie.kennedy@agd.org

32
33 Steven A. Ghareeb, DDS, FAGD

34 Chair, Dental Practice Council

35 304.744.3333 - phone

36 sstevenamos@aol.com

37
38 **Suggested Council or Agencies to Complete Action**

39 HOD for adoption of revisions, rescissions, and additions to HOD policy, and, at the staff level,
40 the OED department for updating the HOD Policy Manual.

41
42 **Suggested Councils or Agencies to be Involved in Collaboration**

43 HOD for adoption of revisions, rescissions, and additions to HOD policy, and, at the staff level,
44 the OED department for updating the HOD Policy Manual.

45
46 **Chair Approval Email:**

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

7
8 I approve.
9 Steven

10
11 **Division Coordinator Review Email:**

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

18
19 Reviewed all.
20 Mike Bromberg

21
22
23 **Board Liaison Review Email:**

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

30
31 Srini & Jeanie;
32 I have reviewed all seven AIR's. They are in good order.

33
34
35 **CFO Review Email:**

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

41
42 I recommend these AIRs be forwarded to the Board for further deliberation – no budgetary
43 impact.

44

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AIR Addendum – HOD Policy Change Request

Action: Add X Revise _____ Delete _____

Existing Policy to Revise/Delete:

Resolution Presented for Approval:

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

Related Existing HOD Policies:

We do not currently have any policies addressing the opioid crisis.

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

There are no existing AGD policies on this subject matter.

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

2 years. Given the national limelight on this issue, a more aggressive review schedule would be warranted to ensure that our policy remains current and consistent with available data.

Any documentation or literature considered in developing this submission?

See footnotes and resources listed within the policy paper.

Other Comments?

1 *Academy of General Dentistry (AGD) White Paper:*
2 *The Role of Dentistry in Addressing Opioid Abuse*

3
4 Introduction

5
6 Opioid and non-opioid analgesics are utilized in dentistry for the management of post-operative
7 pain. Non-opioids, including acetaminophen and nonsteroidal anti-inflammatory drugs
8 (NSAIDs), are effective in the management of mild to moderate pain, including the initial
9 management of pain.⁴²

10
11 The Institute of Medicine (IOM) has noted opioids “can be safe and effective for acute
12 postoperative pain, procedural pain, and patients nearing the end of life who desire more pain
13 relief,” when “used as prescribed.” However, the IOM has also “acknowledge[d] a serious crisis
14 in the diversion and abuse of opioids and a lack of evidence for the long-term usefulness of
15 opioids in treating chronic pain.”⁴³

16
17 Sales of opioids have quadrupled between 1999 and 2010, and dosage calculated in morphine
18 milligram equivalents (MME) per person has increased over seven-fold from 96 MME per
19 person in 1997 to 710 MME in 2010.⁴⁴ Fatalities solely from opioid abuse exceed the combined
20 fatalities from suicide, motor vehicle crashes, and cocaine and heroin use.⁴⁵

21
22 Opioid abuse has risen to epidemic levels in the United States. This issue is being addressed by
23 federal and state governments, private industry, health practitioners, and other stakeholders. In
24 recent years, some publications have purported the dental profession to be a significant
25 contributors to the opioid crisis. The purpose of this white paper is to examine the veracity of
26 these claims by a review of the contemporary literature on the role of dentistry on the opioid
27 abuse epidemic. The development of organizational policy based upon this review is also
28 presented.

29
30 Background of Prescription Opioid Issues of Abuse and Misuse

31
32 The United States has experienced an epidemic of abuse and misuse of opioid medications. Over
33 the past two decades, knowledge of factors leading to addiction were not widely identified or
34 disseminated. Nonetheless, it is incumbent on the health care community to ensure appropriate
35 use of opioid medications.

36
37 One of the Food and Drug Administration’s (FDA) charges is to assess the safety and
38 effectiveness of pharmaceuticals. In an effort to facilitate transparency, the agency compiled a

42 Becker, D.E., and Phero, J.C. Drug Therapy in Dental Practice: Non-opioid and Opioid Analgesics. *Anesth Prog* 52:140-149. 2005.

43 Manchikanti L, Helm S, 2nd, Fellows B, et al. Opioid epidemic in the United States. *Pain Physician*, 2012:15 (3 suppl): ES9-ES38.

44 Manchikanti et al., at ES22.

45 *Id.*

1 timeline⁴⁶ of their activities relating to the misuse and abuse of opioid medications. From 1911 to
2 the 1990's, opioid medications were predominantly used for the management of acute pain and
3 chronic cancer pain.

4
5 OxyContin® was approved by the FDA on December 12, 1995. Abuse of the formulation was
6 occurring by 2001 as the formulation could be broken, chewed, or crushed for rapid release
7 delivery. Reports of overdose and death from prescription drug products, particularly opioids,
8 increased dramatically. In January 2003, the FDA sent the manufacturer of OxyContin, Purdue
9 Pharma L.P., an extensive warning letter about minimizing serious safety risks and promoting
10 the drug for uses beyond proven safety and effectiveness claims.

11
12 In 2007, the FDA Amendments Act granted the FDA authority to require certain post-market
13 measures be implemented to further drug safety, i.e., the Risk Evaluation and Mitigation
14 Strategies (REMS). Other federal agencies, including the Drug Enforcement Agency (DEA) and
15 the Substance Abuse and Mental Health Services Administration (SAMHSA), launched various
16 programs to educate the public and assist in efforts to forestall opioid abuse.

17
18 In addition to labeling changes and post-marketing surveillance requirements, abuse deterrent
19 formulations were slowly introduced. After more than a decade of problems with opioid
20 formulations, the FDA in 2016 developed a comprehensive action plan to reassess the agency's
21 approach to opioid medications.

22 23 *Pharmacies*

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

31
32 Pain clinics– the so-called “pill mills”– located in Michigan, Florida, and other states, serve no
33 legitimate medical purpose. These clinics charge customers cash payments in return for
34 narcotics. In many ensuing court cases, most prescriptions in this environment were found to be
35 medically unnecessary.

36 *State Lobbying*

37 A 2016 investigation by the Center for Public Integrity and the Associated Press⁴⁷ revealed that
38 state lobbyists funded by a coalition of pharmaceutical companies and allied groups were
39 instrumental in deterring state legislatures from enacting limitations on prescriptions of opioids.

46 U.S. Food and Drug Administration. Timeline of Selected FDA Activities & Significant Events Addressing Opioid Misuse & Abuse, <https://www.fda.gov/downloads/Drugs/DrugSafety/InformationbyDrugClass/UCM332288.pdf>, accessed March 29, 2017.

47 “Politics of pain: Drugmakers fought state opioid limits amid crisis,” last modified December 15, 2016, <https://www.publicintegrity.org/2016/09/18/20200/politics-pain-drugmakers-fought-state-opioid-limits-amid-crisis>, accessed March 29, 2017.

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

3
4 The use and abuse of opioid medications in the U.S. is due to multiple factors. Congressional
5 investigations⁴⁸ have been initiated to determine how marketing practices affected sales,
6 prescribing patterns, continuing medical education (CME) accreditation agencies, and state
7 medical board policies.

8 9 Review Methods

10
11 Databases including PubMed and Medline, as well as resources provided by the United States
12 Centers for Disease Control and Prevention (CDC), and a broader Google search, were employed
13 to retrieve contemporary manuscripts addressing the opioid epidemic. Given the recent boom in
14 opioid distribution, only manuscripts dated within the last twelve years and that specifically
15 addressed dentistry were included as primary resources. However, additional manuscripts were
16 retained as general references for clinical background information on opioid and non-opioid
17 analgesics, and dosage conversion metrics between varying opioids. Given that the intent of this
18 paper was to survey current literature in an effort to assess the role of dentistry to the extent
19 necessary to derive an organizational policy, rather than to produce a clinical study, a formal
20 systematic review process was not followed.

21 22 Findings

23 24 *Number of Prescriptions:*

25 Recent studies attribute 8%⁴⁹ to 12% of all opioid prescriptions are written by dentists.⁵⁰
26 Dentists are the leading prescribers when the metric is the percentage of number of prescriptions
27 to persons aged 10 to 19 years, accounting for over 30% of the number of these prescriptions.⁵¹

28 29 *Prolonged/multiple prescriptions:*

30
31 The literature suggests opioid addiction and abuse may be more likely affiliated with prolonged
32 or repeated prescriptions than with one-time prescriptions. “Patients consuming opioids regularly
33 for more than a week may develop some degree of dependence.”⁵²

48 U.S. Senate, March 28, 2017. <https://www.hsgac.senate.gov/media/minority-media/breaking-opioid-manufacturers-are-subject-of-new-mccaskill-led-wide-ranging-investigation>, accessed April 4, 2017.

49 Volkow ND, McLellan TA. Characteristics of Opioid Prescriptions in 2009. JAMA. 2011 April 6; 305(13): 1299–1301. doi:10.1001/jama.2011.401. (“Overall, the main prescribers were primary care physicians (general practitioner/family medicine/osteopathic physicians) with 28.8% (22.9 million) of total prescriptions, followed by internists (14.6%, 11.6 million), dentists (8.0%, 6.4 million), and orthopedic surgeons (7.7%, 6.1 million).”)

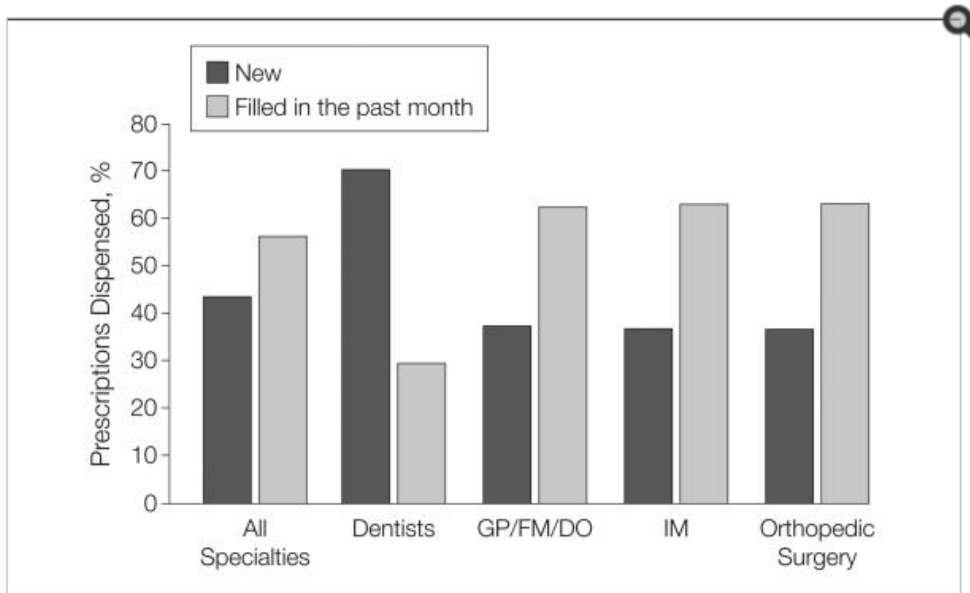
50 Denisco et. al. Prevention of prescription opioid abuse: The role of the dentist. JADA 2011;142(7):800-810. (citing Rigoni GC. Drug Utilization for Immediate- and Modified Release Opioids in the US. Silver Spring, Md.: Division of Surveillance, Research & Communication Support, Office of Drug Safety, Food and Drug Administration; 2003).

51 Volkow et al. (“For patients aged 10 to 19 years, dentists were the main prescribers (30.8%, 0.7 million), followed by primary care (13.1%, 0.3 million) and emergency medicine physicians (12.3%, 0.3 million).”)

52 Becker et al.

1 According to Volkow et. al. (JAMA, 2011), “On average, across all physician specialties
2 included in this analysis, 56.4% (44.8 million) of opioid prescriptions were dispensed to patients
3 who had already filled another opioid prescription within the past month (FIGURE 2).”
4 However, as illustrated by FIGURE 2 below, this number is in stark contrast to prescription
5 patterns of dentists, with repeated prescriptions accounting for less than 30% for prescriptions
6 provided by dentists.⁵³
7

Figure 2



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

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

8
9

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

12

13 *Dosage and duration:*

14

15 Higher dosages may be more likely to result in addiction and abuse than lower dosages, although
16 both carry risk.⁵⁴ Most general dentists that prescribe opioids provide only single-fill
17 prescriptions of 10-20 doses to be taken over the course of 2 to 5 days.⁵⁵
18

19

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

53 Volkow et al.

54 CDC, “Calculating Total Daily Dose of Opioid for Safer Dosage”

55 Denisco et. al., at p. 803

1 between dosage of hydrocodone and MME, this would correlate to at most 20 to 30 MME/day,
2 over the course of up to 5 days, with no refills. In contrast, a study of the Veterans Health
3 Administration (VHA) patients found that patients that died of opioid abuse were prescribed an
4 average of 98 MME/day, with a duration of 90 days of continuous prescription with an
5 allowance for up to a 30 day gap for obtaining a refill.⁵⁶

6
7 The Centers for Disease Control and Prevention (CDC) states 20-50 MME/day as relatively low
8 dosages. While the CDC has identified higher dosages of opioids as primarily associated with
9 higher risk of overdose and death, it also cautions such relatively low dosages should not be
10 ignored.⁵⁷

11
12 *Where prescriptions are obtained:*

13
14 “Most abusers report they obtained prescriptions on their own or medications from friends and
15 relatives that had been prescribed opioids.”⁵⁸

16
17 Among persons aged 12 or older in 2009-2010 who used pain relievers non-medically in
18 the past 12 months, 55% obtained pain relievers from a friend or relative for free⁵⁹
19 Among the remaining 45%, 11.4% bought them from a friend or relative (which was
20 significantly higher than the 8.9% from 2007-2008), and 4.8% essentially stole them
21 from a friend or relative. However, only one in 6 or 17.3% indicated that they received
22 the drugs through a prescription from one doctor, while only 4.4% received pain relievers
23 from a drug dealer or other stranger, and 0.4% bought them on the Internet, with no
24 significant changes from 2007 to 2008.⁶⁰

25
26 However, “among those who reported getting the pain reliever from a friend or family member
27 for free, 80 percent reported that the friend or family member had obtained the drugs from one
28 prescriber.”⁶¹ Based upon the results of a 2010 survey of dentists in West Virginia, “When asked
29 about doses of IR [immediate release] opioids that dentists suspect patients have left after a third-
30 molar extraction, 41 percent of dentists expected patients to have leftover drugs. It is unknown,
31 however, whether dentists informed patients about how to secure medication so that it was not
32 diverted or how to dispose of unused medication.”⁶²

33
34 AGD Policy Statement

56 Bohnert AS, Logan JE, Ganoczy D, Dowell D. A detailed exploration into the association of prescribed opioid dosage and overdose deaths among patients with chronic pain [published online January 22, 2016]. *Med Care*. doi:10.1097/MLR.0000000000000505.

57 *Id.*

58 Volkow et al., at p. 1.

59 Substance Abuse and Mental Health Services Administration. *Results from the 2010 National Survey on Drug Use and Health: Summary of National Findings*.

<http://www.samhsa.gov/data/NSDUH/2k10NSDUH/2k10Results.pdf>, page 25.

60 Manchikanti et al., at ES22

61 Denisco et al., at p. 802

62 Denisco et al., at p. 803

1 In light of the above findings, the Academy of General Dentistry (AGD) adopts the following as
2 the policy of the AGD on the role of dentistry in opioid abuse:

3
4 *...The dosage and duration of each prescription, and the number of multiple or refill*
5 *prescriptions to the same patient, must be considered in any assessment of the effect of dentistry*
6 *upon the epidemic of opioid addiction in the United States;*

7
8 *...Assessments of the causation of opioid addiction based solely upon the number of*
9 *prescriptions written results in an overestimation of the dental profession's effect on opioid*
10 *addiction;*

11
12 *...It is nonetheless incumbent upon the profession of dentistry and all dental associations to*
13 *support and further the education of dentists, dental staff members, and the public to recognize*
14 *the indicators of propensity and likelihood of opioid addiction, and to understand, consider, and*
15 *utilize alternative pain management strategies.*

16 17 Conclusion

18
19 Opioid abuse is an ongoing epidemic in the United States. The number of opioid prescriptions
20 written by dentists rank among the highest of health care professionals. However, dentists rank
21 among the lowest in prescribing multiple or refill opioid prescriptions to the same patient, and
22 also in the dosage of each opioid prescription. Studies suggest that these latter factors are of far
23 greater significance in assessing the likelihood of opioid dependence or death from opioid abuse.

24
25 On the other hand, despite lower dosages and shorter durations of prescription, surveyed dentists
26 believed that their patients have “leftover” opioids. Studies suggest that a majority of opioid
27 abusers obtain their drugs from friends or family with these “leftover” prescriptions. Therefore,
28 although assessments based solely upon the number of prescriptions exaggerate the effect of
29 dentistry on opioid abuse, it is nonetheless incumbent upon dentistry and dental associations to
30 support and further the education of dentists, dental teams, and the public on opioid addiction,
31 and to understand, consider, and utilize alternative pain management strategies, including non-
32 opioid analgesics, when appropriate and effective.

33 34 Resources

35
36 U.S. Surgeon General's Call to End the Opioid Crisis
37 FDA Fact Sheet- FDA Opioids Action Plan
38 CDC Guideline for Prescribing Opioids for Chronic Pain- U.S., 2016
39 Prescription Drug Monitoring Programs
40 Royal College of Dental Surgeons of Ontario: The Role of Opioids in the Management of Acute
41 and Chronic Pain in Dental Practice
42 Pennsylvania Guidelines on the Use of Opioids in Dental Practice
43 New Jersey Law Limits Opioid Prescriptions
44 National Alliance for Model State Drug Laws
45 Pain Management: Alternative Therapy
46

1 **Resolution 307**

2
3 **“Resolved, that HOD Policy 2016:301-H-7, *Policy Statement on the Cost-Efficiency of***
4 ***Primary Oral Health Care Delivery System* be amended as follows:**

5
6 ***‘Whereas, the primary oral health care delivery system uses prevention to divert***
7 ***unnecessary reduce treatment costs;***

8
9 ***Whereas, the primary oral health care delivery system enables incorporation of bundles or***
10 ***waives administrative, ancillary, and incidental costs;”***

11
12 **AIRBV2017#13 - Revise Policy Statement on Cost-Efficiency of Primary Oral Health Care**

13
14 **Prepared by:** Srinivasan Varadarajan, Director, Dental Practice & Policy

15
16 **Date of Report:** August 2, 2017

17
18 **Staff Resources:** \$50 (Approx. 1 hour of staff time to draft the AIR)

19
20 **Total Financial Cost:** \$50 in staff resources (no direct costs)

21
22 **Budget Ramifications:** None

23
24 **Action/Timeline:** Record vote at 2016-2017 Board Meeting V. Forward to the 2017 HOD.

25
26 **BOARD RECOMMENDS ADOPTION**

27
28 *Y – Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Gajjar, Guter, Hanson, Harunani,*
29 *Lew, Malterud, Shamoan, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Wooden, Worm*

30
31 *a - Edgar, Winland*

32
33 *A – Bishop, Gehrig, Gorman*

34
35 *N/A – Smith*

36
37 **How It Fits into the Strategic Plan (2016-18):**

38
39 Goal 2 – Advocacy: Strengthen and protect the general dentistry profession and the oral health of
40 the public.

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

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

44
45 **How It Fits into the Corporate Objectives:**

1 Corporate Objective #10 (Advocacy B): Ensuring that AGD HOD policies are current and
2 appropriate is a prerequisite to enable representing policies of the AGD before CODA, the ADA,
3 and state and federal regulatory bodies.
4

5 **Introduction:**

6 In 2016, the AGD HOD adopted the *Policy Statement on the Cost-Efficiency of Primary Oral*
7 *Health Care Delivery System*. Some AGD delegates noted however that the 2nd and 3rd
8 “Whereas” clauses in the Policy Statement section of document may be inaccurately phrased,
9 and should be revised for presentation to the 2017 AGD HOD.

10 Specifically, delegates noted that the word “unnecessary” was inaccurate in that “unnecessary”
11 treatment should not be considered regardless of the use of prevention.
12

13 Additionally, with regard to the reference to bundling and waiving costs, the delegates noted that
14 administrative, ancillary, and incidental costs are often bundled, but not waived.
15

16 The Dental Practice Council reviewed the concerns of the delegates, and now present this AIR to
17 amend those parts of the Policy Statement to ensure clarity of intent and meaning.
18

19 **Necessary Information:**

- 20 • Dr. Steven Ghareeb, Chair, Dental Practice Council, has provided input into this report.
- 21 • The adoption of the Policy Statement as AGD HOD policy, by the 2016 AGD HOD, is
22 encapsulated as 2016:301-H-7.
- 23 • The full Policy Statement, with the requested changes shown, is appended at the end of
24 this AIR. However, the Dental Practice Council respectfully requests that the AGD HOD
25 refrain from amending any section of the Policy Statement, other than those two
26 “Whereas” statements presented now for revision.
27

28 **What We Don’t Know:**

- 29 • N/A.
30

31 **Pros and Cons:**

32
33 **Pros:**

- 34 • The revision to the Policy Statement provides clarity.
35

36 **Cons:**

- 37 • None.
38

39 **Executive Director/CEO Recommendations:**

40 **From:** Daniel Buksa

41 **Sent:** Friday, August 04, 2017 2:28 PM

42 **To:** Srinivasan Varadarajan <Srinivasan.Varadarajan@AGD.org>; Christa Ojeda
43 <Christa.Ojeda@AGD.org>

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

45 **Subject:** RE: More AIRs for your ED and CFO comments
46

1 I approve this AIR being transmitted to the Board for further deliberations.
2
3

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

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

11
12 **Does this conflict with the Constitution and Bylaws, an AGD HOD Policy or Board Policy?**
13 **If yes, please provide the conflict and how you propose to resolve it:**

- 14 • Yes, in that it revises the current HOD Policy
15

16 **Responsible Staff Liaison & AGD member:**

17 Srinivasan Varadarajan, JD
18 Director, Dental Practice & Policy
19 312.440.4973 - p
20 srini.varadarajan@agd.org
21

22 Steven A. Ghareeb, DDS, FAGD
23 Chair, Dental Practice Council
24 304.744.3333 - p
25 sstevenamos@aol.com
26

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

28 HOD for adoption of revisions, rescissions, and additions to HOD policy, and, at the staff level,
29 the OED department for updating the HOD Policy Manual.
30

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

32 HOD for adoption of revisions, rescissions, and additions to HOD policy, and, at the staff level,
33 the OED department for updating the HOD Policy Manual.
34

35 **Chair Approval Email:**

36 **From:** Steven Ghareeb [mailto:sstevenamos@aol.com]

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

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

39 **Cc:** Bromberg, Mike, DDS <drmikebromberg@gmail.com>; Gehrig, Robert D., DMD, FAGD
40 <rdgehrig@comcast.net>;

41 **Subject:** Re: Request for Approval/Acknowledgment of AIR- Today 8/4/17
42

43 I approve.
44 Steven
45
46

1 **Division Coordinator Review Email:**

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

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

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

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

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

8

9 Reviewed all

10 Mike Bromberg

11

12

13 **Board Liaison Review Email:**

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

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

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17 FAGD' <sstevenamos@aol.com>; 'Bromberg, Mike, DDS' <drmikebromberg@gmail.com>

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

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

20

21 Srini & Jeanie;

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

23

24

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

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29 <daniel.buksa@agd.org>

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33 Given no budgetary ramifications, I approve these AIRs be forwarded to the Board for further
34 deliberation.

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AIR Addendum – HOD Policy Change Request

Action: Add _____ Revise _____ Delete X _____

Existing Policy to Revise/Delete:

Policy Statement on the Cost-Efficiency of Primary Oral Health Care Delivery System, adopted as 2016:301-H-7.

Resolution Presented for Approval:

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

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

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

Related Existing HOD Policies:

N/A

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

Simply provides clarity to the intent of the existing policy.

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

5 years

Any documentation or literature considered in developing this submission?

No

Other Comments?

1 *Policy Statement on the Cost-Efficiency of Primary Oral Health Care Delivery System*

2
3 Academy of General Dentistry (AGD)

4
5
6 Introduction

7 Healthcare expenditures in the United States have risen to nearly \$3 trillion, accounting for over
8 17% of the nation’s Gross Domestic Product.⁶³ Hospital care (32.1%) and physician and clinical
9 services (20.1%) account for over 50% of these expenses.⁶⁴ Hospital care includes care delivered
10 through emergency departments (ED) which saw 330,000 preventable visits related to dental
11 decay in 2006, costing \$110 million dollars.⁶⁵

12
13 Over the course of 2009 through 2013, total health expenditures, as well as physician and clinical
14 services expenditures, increased by 16.5%.⁶⁶ These increases were eclipsed by hospital care costs
15 which increased by 20.6%.⁶⁷ In this same time period, expenditures for dental services delivered
16 outside the hospital setting increased by only 8.3%.⁶⁸ In fact, when adjusted for inflation (8.7%
17 from 2009 through 2013), expenditures for dental services decreased.⁶⁹ Moreover, expenditures
18 for dental services that once represented over 7% of total healthcare expenditures, now stand at
19 less than 4% of the national total.⁷⁰

20
21 This policy statement begins to explore this cost efficiency of dentistry in comparison to
22 medicine and hospital/ED care.

23
24 Executive Summary

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

28
29 In medicine, the diversification of the workforce away from primary care and toward a
30 proliferation of nurse practitioners and specialists has burdened the consumer with increased cost
31 of care and has adversely affected patient health.⁷¹ While only 20% of physicians are generalists,

63 National health expenditures, average annual percent change, and percent distribution, by type of expenditure: United States, selected years 1960–2013. Table 103 (page 1 of 2). Centers for Medicare & Medicaid Services.

64 *Ibid.*

65 A Costly Dental Destination: Hospital Care Means States Pay Dearly, The Pew Center on the States (February 2012)

66 National health expenditures. *Op. Cit.*

67 *Ibid.*

68 *Ibid.*

69 Historic Inflation Rates: 1914-2015. Retrieved from <http://www.usinflationcalculator.com/inflation/historical-inflation-rates/>. July 16, 2015.

70 National health expenditures. *Op. Cit.*

71 In the United States, an increase of just one primary care physician is associated with 1.44 fewer deaths per 10,000 persons; adults with a primary care physician rather than a specialist had 33% lower costs of care after adjusting for demographic and health characteristics (Starfield, 2006). Patients with a regular primary care physician have lower overall health care costs than those without one (Weiss & Blustein, 1996; De Maeseneer, De Prins, Gosset, & Heyerick, 2003). Higher ratios of primary care physicians to population are associated with

1 80% of dentists are primary care practitioners - general and pediatric dentists. Additionally,
2 while the practice of nurse practitioners in clinics without the presence of a physician produce
3 multiple visits and cost incidents for the patient, primary care dentistry presently utilizes a dental
4 team model in which dental assistants, hygienists and expanded function auxiliaries operate
5 under the direct or indirect supervision of a dentist, producing a single bundled cost incident.
6

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

11
12 Additionally, dentists generally charge solely for dental procedures. Anesthesia and laboratory
13 charges are often required to be bundled with the primary procedure by the *Code on Dental*
14 *Procedures and Nomenclature*. General dentistry does not bill for incidental services, including
15 for the sterilization and upkeep of dental instruments, or for numerous laboratory costs. On the
16 other hand, a physician may charge for the physician's time, the physician assistant's time, the
17 nurse practitioner's time, incidental charges, laboratory costs, and diagnostic interpretation costs.
18 In a hospital setting, these charges may be compounded with ambulance costs, inpatient room
19 charges, operating room charges, pharmacy costs, nursing care, and meals.
20

21 These hospital charges are also apparent in visits to EDs that are related to dental caries.
22 Medicaid data shows that the average cost of an enrollee's "inpatient hospital treatment for
23 dental problems is almost 10 times more expensive than preventative care delivered in a dentist's
24 office."⁷² Further, "a routine teeth cleaning that could prevent future dental problems can cost up
25 to \$100, as compared to \$1,000 for ER treatment for untreated cavities and infections."⁷³
26

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

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

72 A Costly Dental Destination. *Op. Cit.*

73 Azmat Khan, *More Americans Visiting ER for Dental Care*, PBS (February 28, 2012)

(<http://www.pbs.org/wgbh/pages/frontline/health-science-technology/more-americans-visiting-er-for-dental-care/>)

74 American Dental Association, *The Issue: Reduce health care costs and improve patient care by treating dental disease in the dental practice instead of the ER* (August 2013)

(http://www.ada.org/~media/ADA/Public%20Programs/Files/ER_Utilization_Issues_Flyer.ashx)

75 Bonnie Miller Rubin, *More patients with routine dental problems turn to hospital emergency rooms*, Chicago Tribune (March 30, 2012). Retrieved from http://articles.chicagotribune.com/2012-03-30/news/ct-met-emergency-room-dentistry-20120330_1_dental-hygienists-pew-children-s-dental-campaign-dental-care.

1
2 Primary care dentistry’s focus on prevention by establishment of the dental home, use of the
3 dental team concept to produce single incidents of cost for the patient, minimized specialization
4 to mitigate care fragmentation, and bundling of incidental and ancillary charges, begins to create
5 an understanding of the comparative cost efficiency of the primary oral health care delivery
6 system.

7
8 Policy Statement

9
10 *Whereas*, the primary oral health care delivery system encompasses the delivery of oral health
11 care services via the general or pediatric dentist (primary oral health care practitioners);

12
13 *Whereas*, the primary oral health care delivery system uses prevention to ~~divert unnecessary~~
14 reduce treatment costs;

15
16 *Whereas*, the primary oral health care delivery system enables incorporation of bundles or
17 ~~waives~~ administrative, ancillary, and incidental costs;

18
19 *Whereas*, primary oral health care practitioners are educated and authorized by state laws to
20 provide all dental services, allowing minimal fragmentation through specialty care;

21
22 *Whereas*, the primary oral health care delivery system utilizes a dental team that functions within
23 the direct or indirect supervision of the general or pediatric dentist to enable single unified cost
24 incidents;

25
26 *Now therefor*, the Academy of General Dentistry resolves as follows:

27
28 “Resolved that the primary oral health care delivery system, provided under the direct or indirect
29 supervision of a general or pediatric dentist, is a cost-efficient model of care in comparison to
30 medicine, hospital care, and emergency department care.”

31
32

1 **Resolution 307**

2
3 **“Resolved, that HOD Policy 2016:301-H-7, *Policy Statement on the Cost-Efficiency of***
4 ***Primary Oral Health Care Delivery System* be amended as follows:**

5
6 ***‘Whereas, the primary oral health care delivery system uses prevention to divert***
7 ***unnecessary reduce treatment costs***;

8
9 ***Whereas, the primary oral health care delivery system enables incorporation of bundles or***
10 ***waives administrative, ancillary, and incidental costs;*”**

11
12 **AIRBV2017#13 - Revise Policy Statement on Cost-Efficiency of Primary Oral Health Care**

13
14 **Prepared by:** Srinivasan Varadarajan, Director, Dental Practice & Policy

15
16 **Date of Report:** August 2, 2017

17
18 **Staff Resources:** \$50 (Approx. 1 hour of staff time to draft the AIR)

19
20 **Total Financial Cost:** \$50 in staff resources (no direct costs)

21
22 **Budget Ramifications:** None

23
24 **Action/Timeline:** Record vote at 2016-2017 Board Meeting V. Forward to the 2017 HOD.

25
26 **PASSED**

27
28 *Y – Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Gajjar, Guter, Hanson, Harunani,*
29 *Lew, Malterud, Shamoan, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Wooden, Worm*

30
31 *a - Edgar, Winland*

32
33 *A – Bishop, Gehrig, Gorman*

34
35 *N/A – Smith*

36
37 **How It Fits into the Strategic Plan (2016-18):**

38
39 **Goal 2 – Advocacy:** Strengthen and protect the general dentistry profession and the oral health of
40 the public.

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

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

44
45 **How It Fits into the Corporate Objectives:**

1 Corporate Objective #10 (Advocacy B): Ensuring that AGD HOD policies are current and
2 appropriate is a prerequisite to enable representing policies of the AGD before CODA, the ADA,
3 and state and federal regulatory bodies.
4

5 **Introduction:**

6 In 2016, the AGD HOD adopted the *Policy Statement on the Cost-Efficiency of Primary Oral*
7 *Health Care Delivery System*. Some AGD delegates noted however that the 2nd and 3rd
8 “Whereas” clauses in the Policy Statement section of document may be inaccurately phrased,
9 and should be revised for presentation to the 2017 AGD HOD.

10 Specifically, delegates noted that the word “unnecessary” was inaccurate in that “unnecessary”
11 treatment should not be considered regardless of the use of prevention.
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13 Additionally, with regard to the reference to bundling and waiving costs, the delegates noted that
14 administrative, ancillary, and incidental costs are often bundled, but not waived.
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16 The Dental Practice Council reviewed the concerns of the delegates, and now present this AIR to
17 amend those parts of the Policy Statement to ensure clarity of intent and meaning.
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19 **Necessary Information:**

- 20 • Dr. Steven Ghareeb, Chair, Dental Practice Council, has provided input into this report.
- 21 • The adoption of the Policy Statement as AGD HOD policy, by the 2016 AGD HOD, is
22 encapsulated as 2016:301-H-7.
- 23 • The full Policy Statement, with the requested changes shown, is appended at the end of
24 this AIR. However, the Dental Practice Council respectfully requests that the AGD HOD
25 refrain from amending any section of the Policy Statement, other than those two
26 “Whereas” statements presented now for revision.
27

28 **What We Don’t Know:**

- 29 • N/A.
30

31 **Pros and Cons:**

32
33 **Pros:**

- 34 • The revision to the Policy Statement provides clarity.
35

36 **Cons:**

- 37 • None.
38

39 **Executive Director/CEO Recommendations:**

40 **From:** Daniel Buksa

41 **Sent:** Friday, August 04, 2017 2:28 PM

42 **To:** Srinivasan Varadarajan <Srinivasan.Varadarajan@AGD.org>; Christa Ojeda
43 <Christa.Ojeda@AGD.org>

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

45 **Subject:** RE: More AIRs for your ED and CFO comments
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1 I approve this AIR being transmitted to the Board for further deliberations.
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5 The Custom Study of Academy of General Dentistry (AGD) Members: Membership Benefits
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7 While the present request does not fit neatly into the measurement targets of the Market
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9 Advocacy and Federal Advocacy were generally rated as high value, moderate satisfaction in the
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12 **Does this conflict with the Constitution and Bylaws, an AGD HOD Policy or Board Policy?**
13 **If yes, please provide the conflict and how you propose to resolve it:**

- 14 • Yes, in that it revises the current HOD Policy
15

16 **Responsible Staff Liaison & AGD member:**

17 Srinivasan Varadarajan, JD
18 Director, Dental Practice & Policy
19 312.440.4973 - p
20 srini.varadarajan@agd.org
21

22 Steven A. Ghareeb, DDS, FAGD
23 Chair, Dental Practice Council
24 304.744.3333 - p
25 sstevenamos@aol.com
26

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

28 HOD for adoption of revisions, rescissions, and additions to HOD policy, and, at the staff level,
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9 Reviewed all

10 Mike Bromberg

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AIR Addendum – HOD Policy Change Request

Action: Add _____ Revise _____ Delete ___X___

Existing Policy to Revise/Delete:

Policy Statement on the Cost-Efficiency of Primary Oral Health Care Delivery System, adopted as 2016:301-H-7.

Resolution Presented for Approval:

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

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

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

Related Existing HOD Policies:

N/A

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

Simply provides clarity to the intent of the existing policy.

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

5 years

Any documentation or literature considered in developing this submission?

No

Other Comments?

1 *Policy Statement on the Cost-Efficiency of Primary Oral Health Care Delivery System*

2
3 Academy of General Dentistry (AGD)

4
5
6 Introduction

7 Healthcare expenditures in the United States have risen to nearly \$3 trillion, accounting for over
8 17% of the nation’s Gross Domestic Product.⁷⁶ Hospital care (32.1%) and physician and clinical
9 services (20.1%) account for over 50% of these expenses.⁷⁷ Hospital care includes care delivered
10 through emergency departments (ED) which saw 330,000 preventable visits related to dental
11 decay in 2006, costing \$110 million dollars.⁷⁸

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13 Over the course of 2009 through 2013, total health expenditures, as well as physician and clinical
14 services expenditures, increased by 16.5%.⁷⁹ These increases were eclipsed by hospital care costs
15 which increased by 20.6%.⁸⁰ In this same time period, expenditures for dental services delivered
16 outside the hospital setting increased by only 8.3%.⁸¹ In fact, when adjusted for inflation (8.7%
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21 This policy statement begins to explore this cost efficiency of dentistry in comparison to
22 medicine and hospital/ED care.

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27 care delivery model.

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29 In medicine, the diversification of the workforce away from primary care and toward a
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23 dental problems is almost 10 times more expensive than preventative care delivered in a dentist's
24 office."⁸⁵ Further, "a routine teeth cleaning that could prevent future dental problems can cost up
25 to \$100, as compared to \$1,000 for ER treatment for untreated cavities and infections."⁸⁶
26

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

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

85 A Costly Dental Destination. *Op. Cit.*

86 Azmat Khan, *More Americans Visiting ER for Dental Care*, PBS (February 28, 2012)

(<http://www.pbs.org/wgbh/pages/frontline/health-science-technology/more-americans-visiting-er-for-dental-care/>)

87 American Dental Association, *The Issue: Reduce health care costs and improve patient care by treating dental disease in the dental practice instead of the ER* (August 2013)

(http://www.ada.org/~media/ADA/Public%20Programs/Files/ER_Utilization_Issues_Flyer.ashx)

88 Bonnie Miller Rubin, *More patients with routine dental problems turn to hospital emergency rooms*, Chicago Tribune (March 30, 2012). Retrieved from http://articles.chicagotribune.com/2012-03-30/news/ct-met-emergency-room-dentistry-20120330_1_dental-hygienists-pew-children-s-dental-campaign-dental-care.

1
2 Primary care dentistry’s focus on prevention by establishment of the dental home, use of the
3 dental team concept to produce single incidents of cost for the patient, minimized specialization
4 to mitigate care fragmentation, and bundling of incidental and ancillary charges, begins to create
5 an understanding of the comparative cost efficiency of the primary oral health care delivery
6 system.

7
8 Policy Statement

9
10 *Whereas*, the primary oral health care delivery system encompasses the delivery of oral health
11 care services via the general or pediatric dentist (primary oral health care practitioners);

12
13 *Whereas*, the primary oral health care delivery system uses prevention to ~~divert unnecessary~~
14 reduce treatment costs;

15
16 *Whereas*, the primary oral health care delivery system enables incorporation of bundles or
17 ~~waives~~ administrative, ancillary, and incidental costs;

18
19 *Whereas*, primary oral health care practitioners are educated and authorized by state laws to
20 provide all dental services, allowing minimal fragmentation through specialty care;

21
22 *Whereas*, the primary oral health care delivery system utilizes a dental team that functions within
23 the direct or indirect supervision of the general or pediatric dentist to enable single unified cost
24 incidents;

25
26 *Now therefor*, the Academy of General Dentistry resolves as follows:

27
28 “Resolved that the primary oral health care delivery system, provided under the direct or indirect
29 supervision of a general or pediatric dentist, is a cost-efficient model of care in comparison to
30 medicine, hospital care, and emergency department care.”

31
32
33
34

1 **Resolution 308**

2
3 **“Resolved, that the Academy of General Dentistry (AGD) supports educating the dental**
4 **profession and the public as to the value of dental screenings and HPV vaccination to help**
5 **prevent Oral Cancer.”**

6
7 **AIRBV2017#18 – HPV Vaccination Policy Approval**

8
9 **Prepared by: W. Mark Donald, DMD, MAGD, Vice President AGDF**

10
11 **Date of Report:** September 1, 2017

12
13 **Staff Resources:** Minimal [Up to 20 hrs of staff time]

14
15 **Total Financial Cost:** N/A [Up to \$1,000 for 20 hrs of staff time]

16
17 **Budget Ramifications:** None [No direct costs]

18
19 **Action/Timeline:** Recorded vote at 16-17 Board Meeting V

20
21 **BOARD RECOMMENDS ADOPTION**

22
23 *Y – Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Gajjar, Gorman, Guter, Hanson, Harunani, Lew,*
24 *Malterud, Shamoon, Shelly, Stillwell, Tillman, Uppal, White, Winland, Wooden*

25
26 *a – Edgar*

27
28 *A – Bishop, Gehrig, Shepley, Worm*

29
30 *N/A – Smith*

31
32 **How It Fits into the Strategic Plan:**

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

35
36 **How it Fits into the Corporate Objectives:**

- 37
 - N/A

38
39 **Introduction:**

40 The Academy of General Dentistry Foundation (AGDF) is the philanthropic arm of the Academy
41 of General Dentistry. This is the 45th year anniversary of the AGDF. Established in 1972, the
42 AGD Foundation aims to improve the oral health of the public and support the efforts of the
43 general dentist and AGD. Our primary focus is oral cancer awareness, risk factor prevention and
44 diagnostic training for general dentists that uses the best technology. General dentists are the first
45 line of defense against oral cancer.

46 Presently, the AGDF is in conversation and collaboration with the Washington AGD and the
47 American Cancer Society help fulfill the AGDF mission. The American Cancer Society is

1 interested in partnering with the AGDF in educating dentist across the country about oral cancer,
2 oral cancer screenings, and the role of the current vaccines have in preventing oral cancer caused
3 by the Human Papilloma Virus (HPV). This partnership could bring substantial financial support
4 to the AGDF. Before the AGDF moves forward in partnership it would be extremely helpful if
5 the AGD had a policy statement or a position statement on the value of dental screening and
6 HPV vaccinations. Presently, the AGD does not have any policy statements on either oral cancer
7 screening or HPV vaccinations.
8

9 The AGDF Board is asking the AGD Board's position and also requesting the **AGD Dental**
10 **Practice Council** to consider crafting a **White Paper** on "The value of Dental Screenings and
11 Promoting the HPV Vaccine to help preventing Oral Cancer in the Future –the Chance to SAVE
12 a Person's Life."
13

14 The AGDF Board voted unanimously on the August 29, 2017 conference call to continue
15 investigating the partnership with the American Cancer Society and the promotion of dental
16 screenings, oral cancer education and the education of the dentists and public about the value of
17 the HPV vaccine in preventing oral cancer.
18

19 **Necessary Information:**

- 20 • The AGD has three webinars on oral cancer and HPV that is free to our membership.
21 They are archived in the on-demand directory on the AGD website. These webinars
22 could be used in this effort and drive member dentists and non-member dentist to the
23 AGD website.
 - 24 1.) HPV: The Underestimated Cause of Oral Cancer – Gerald Botko
 - 25 2.) Oral Cancer: The Told of the Dental Professional - G. E. Ghali, DDS
 - 26 3.) Human Papillomavirus (HPV) and Head and Neck Cancer – AAOMS/AGD
27 Collaborative – Eric Carlson, DMD, MD, FACS
- 28 • The AGD already has Dental Education coding for Fellowship and Mastership credits in
29 oral cancer/oral medicine.
- 30 • The AGD has offered Dental Education seminars on oral cancer screening and detection
31 during the AGD2016 and AGD2017 Scientific Meetings.
- 32 • The AGDF has offered oral cancer screenings during the AGD2016 and AGD2017
33 Scientific Meeting. The AGDF Board is planning on an oral cancer screening outreach
34 for AGD2018 in New Orleans.
- 35 • The AGDF has asked that the DE Council consider using the webinars and the AGD2018
36 oral cancer screening outreach as a blending learning experience with participation credit.
- 37 • The AGDF board has begun strategically working with the Regional Directors and
38 Constituents to be more proactive in encouraging their members to be educated on this
39 important issue and to educate their patients of the importance of screenings and the HPV
40 vaccine.
41

42 **What We Don't Know:**

43 **Pros and Cons:**

44 **Pros:**

45
46

- 1 • The AGDF has a chance to partner with the ACS and help educate patients and dentists
2 across the country about the need for dental screenings and the value of getting the HPV
3 vaccine to help prevent Oral Cancer.
- 4 • This partnership will bring others in the medical community and other organizations on
5 board and aware of the value of AGD's part in educating the dental communities across
6 the country.
- 7 • The ACS Sponsorship money will allow dentists to have free materials to distribute in
8 their office with the AGD/ACS logo on it and help constituents with programs.
- 9 • The involvement in this partnership and education to dentists and the public will help
10 build our AGD Public perception.
- 11 • The AGD already has a code for oral cancer education and the DE council has been asked
12 to collaborate and discuss the value of awarding DE participation credits for screenings at
13 the Scientific Meeting or in Constituent meetings.
- 14 • We already have webinars developed. (See above)

15
16 **Cons:**

- 17 • Some dentist and parents may be opposed to another vaccine.
- 18

19 **Executive Director/CEO Recommendations:**

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

22
23

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

25

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

- 28 • No
- 29

30 **Responsible Staff Liaison & AGD member:**

31 W. Mark Donald, DMD, MAGD

32 **AGDF Vice President**

33 **662-773-8304 – p**

34 mdonald@dixie-net.com

35

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

37 AGDF

38 Dental Practice Council

39

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

41 AGDF

42 Dental Practice Council

43

44 **Chair Approval Email:**

45
46

1 **Division Coordinator Review Email:**

- 2 • N/A

3

4 **Board Liaison Review Email:**

- 5 • N/A

6

7 **CFO Review Email:**

8

9

AIR Addendum – HOD Policy Change Request

Action: Add X Revise _____ Delete _____

Existing Policy to Revise/Delete:

N/A

Resolution Presented for Approval:

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

And be it further,

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

Related Existing HOD Policies:

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

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

Inadequate. None exist on HPV, while policy reference to oral cancer is minimal.

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

Every 5 years

Any documentation or literature considered in developing this submission?

No

Other Comments?

1 **Constitution, Bylaws and Judicial Affairs Council Annual Report**

2
3 Constitution, Bylaws and Judicial Affairs Council

- 4
5 1. The Constitution, Bylaws and Judicial Affairs Council shall be composed of six (6)
6 members including the chairperson.
7
8 2. It shall be the duty of this council:
9 a. To study and make recommendations to both the Board and the HOD on any
10 proposed change in the Constitution and Bylaws;
11
12 b. To recommend amendments or interpretations of the Constitution and Bylaws of the
13 AGD;
14
15 c. To maintain a file in the AGD office of copies of constituent and component AGD’s
16 constitutions and bylaws;
17
18 d. To hear appeals on censure, suspension of membership, or expulsion from a
19 constituent AGD;
20
21 e. To act on the appeals from dentists who have been denied access to AGD
22 membership by a constituent Board;
23
24 f. To keep minutes of any disciplinary proceedings.
25
26 g. Monitoring any necessary Bylaws changes in the regional governance structure of
27 Regions 15 and 16.
28
29 h. To annually review Article IX, Principles of Ethics, of the AGD Constitution and to report to
30 the Spring Board annually any recommended changes...."
31
32 3. To adhere to the Sunset Review Process and Schedule outlined in Policy Type V.:
33 Board Policy Statements.
34 4. Evaluate the pricing of all programs and services annually during the fall (at the Joint
35 Council Meetings I if meeting) to be included as part of the budget process and provide
36 a complete pricing analysis to the Board at the Board Meeting III at least every three
37 years.
38 5. Annually review Article IX, Principle of Ethics of the AGD Constitution and Bylaws,
39 and an AIR be sent to the Board.”
40 6. AGD staff will send out to each council, committee, or other agency member along
41 with any member collaborating on any AGD business the Code of Conduct form to be
42 completed by said individual at the beginning of each governance year. Each covered
43 individual will submit to their staff liaison an accurately completed form, including
44 particular attention paid to any companies that may have remunerated said covered
45 individual and subsequently reported such remuneration to the federal government’s
46 reporting structure under the Sunshine Act. The staff liaison will compile all of their

1 individual's forms, and share them with their chairperson and also the executive
2 office staff, who will in turn, forward them to the Audit Committee for further
3 review.
4

5 **Highlights of the year**

6 *The council met electronically to discuss several items that were referred from the Board,*
7 *constituents and/or staff. The council deliberated on and reported the following:*
8

- 9 • The council, on referral from the Executive Committee, endorsed a recommendation to
10 amend the Bylaws by providing for term limits for the offices of Speaker of the House
11 and Editor.
12
- 13 • The council, at the request of the OR AGD, provided an advisory opinion to that
14 constituent regarding the constituent's compliance with model constituent bylaws.
15
- 16 • The council endorsed a recommendation for creating a derivative work amendment to
17 Article IX of the AGD Constitution (Principles of Ethics).
18

19 **CONCLUSION**

20 The council is honored to offer its expertise and assistance in the administration, interpretation
21 and implementation of the AGD's Constitution & Bylaws.
22

23 Respectfully submitted,
24

25 Dr. Robert L. Ramus, Chairperson
26 Dr. Guy Acheson
27 Dr. Kenneth D. Garrett
28 Dr. Colleen J. Hofer
29 Dr. Dawn Rickert
30 Dr. Berry Stahl
31

32 **CONTACT INFORMATION**

33 Dr. Robert L. Ramus, DDS, MAGD
34 Chairperson
35 rramus@bright.net
36

37 **From:** Robert Ramus [mailto:rramus@bright.net]
38 **Sent:** Wednesday, July 26, 2017 6:10 AM
39 **To:** Daniel Buksa <daniel.buksa@agd.org>
40 **Subject:** RE: AGD - Bylaws council annual report - please reply
41 **Good morning Dan,**
42

43 **Looks perfect! Thanks for your diligence and kind assistance.**
44 **Gratefully,**
45

46 **Bob**

1 **AGD Program Evaluation**



2
3
4 Program Name: Constitution, Bylaws and Judicial Affairs Council

5
6 Charge:

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

9
10 b. To recommend amendments or interpretations of the Constitution and Bylaws of the
11 AGD;

12
13 c. To maintain a file in the AGD office of copies of constituent and component AGD's
14 constitutions and bylaws;

15
16 d. To hear appeals on censure, suspension of membership, or expulsion from a
17 constituent AGD;

18
19 e. To act on the appeals from dentists who have been denied access to AGD
20 membership by a constituent Board;

21
22 f. To keep minutes of any disciplinary proceedings.

23
24 g. Monitoring any necessary Bylaws changes in the regional governance structure of
25 Regions 15 and 16.

26
27 Years Conducted: 2013, 2014, 2015

28
29 Description: The council does not meet in person, unless requested. There has only been one in-
30 person meeting in the last 12 years. The council conducts all of its work electronically.

31
32 Goal(s): Undertake review of Bylaws matters from the Board, Councils & Committees and other
33 workgroups, and constituents, and other tasks as assigned.

34	35 Financial Impact:		Budgeted expenses	Actual expenses
36		2010	\$ 0	\$0
37		2011	\$ 0	\$0
38		2012	\$ 0	\$0

39				
40	Participation/Relevance:	2013	6 actions	
41		2014	7 actions	
42		2015	5 actions	

1 Qualitative Review: The council has submitted AIRs and reviews to both the Board and HOD,
2 with apparent approval. The council has also submitted opinions to
3 various constituents.
4

5 Addl. Information: Staff with legal background as well as outside counsel assist the council.
6
7

8 Recommendation: Many not-for-profits organizations have an entity which is responsible for
9 review and opining on organizational Bylaws. AGD's agency is budget-
10 neutral.
11
12

13 **From:** Robert Ramus [mailto:rramus@bright.net]

14 **Sent:** Wednesday, July 26, 2017 6:17 AM

15 **To:** Daniel Buksa <daniel.buksa@agd.org>

16 **Subject:** RE: AGD - Bylaws sunset review - please reply
17

18 **Good morning again Dan,**

19
20 **This one looks good as well; good to go,**

21
22 **Thanks Dan. You are a gentleman and a scholar!**

23
24 **Gratefully,**

25
26 **Bob**
27

1 **Dental Practice Council Annual Report**

2
3 **Charge of the Dental Practice Council**

- 4 1. The Dental Practice Council shall consist of ten (10) members, including the chairperson.
5 2. It shall be the duty of the council:
6 a. To advocate for the general dentist as well as the public on all factors that affect
7 the practice of general dentistry;
8 b. To evaluate, study, and disseminate information on the planning, administration,
9 and financing of various dental care programs which might place limitations on
10 the general practitioner and make recommendations where appropriate;
11 c. To investigate and study prepayment and post payment plans for dental care and
12 make recommendations where appropriate;
13 d. To evaluate, study, and disseminate information on all matters pertaining to the
14 dental health of the public and make recommendations where appropriate;
15 e. To evaluate, study, and disseminate information involving dental informatics,
16 materials, and devices and make recommendations as appropriate.
17 f. To evaluate, study and disseminate information on the planning, management,
18 administration, economics and finances of the practice of dentistry.
19 3. The chairperson of the Legislative and Governmental Affairs Council may serve as a
20 consultant to this council without the right to vote.
21 4. To adhere to the Sunset Review Process and Schedule outlined in Policy Type V.: Board
22 Policy Statements.
23 5. Evaluate the pricing of all programs and services annually during the fall (at the Joint
24 Council Meetings I if meeting) to be included as part of the budget process and provide a
25 complete pricing analysis to the Board at the Board Meeting III at least every three years.
26 6. AGD staff will send out to each council, committee, or other agency member along with
27 any member collaborating on any AGD business the Code of Conduct form to be
28 completed by said individual at the beginning of each governance year. Each covered
29 individual will submit to their staff liaison an accurately completed form, including
30 particular attention paid to any companies that may have remunerated said covered
31 individual and subsequently reported such remuneration to the federal government's
32 reporting structure under the Sunshine Act. The staff liaison will compile all of their
33 individual's forms, and share them with their chairperson and also the executive office
34 staff, who will in turn, forward them to the Audit Committee for further review.
35

36 **Highlights of the Council's 2016-2017 Activities**

- 37 • **Making AGD Policies More Meaningful:** The council and staff have addressed needs in
38 the AGD HOD policy manual by developing policies or policy papers on flossing,
39 moderate sedation, opioids, sugar / obesity / diabetes, off-label use / silver diamine
40 fluoride, leased benefit networks, and more. Concurrently, the council and staff have
41 ramped up development of articles for AGD Impact on these and other issues, including
42 the future of general dentistry, user fee acts, nitrous oxide shortages, and more, thanks in
43 significant part to growth of the Dental Practice & Policy department.
44
45 • **Sedation:** In Fall 2016, the Dental Practice Council provided significant input to the AGD
46 Professional Relations Committee to assist in its advocacy before the 2016 ADA House

1 of Delegates, with regard to patient safety on the matter of proposed revisions to the
2 ADA sedation guidelines. In 2017, the LGA and Dental Practice Councils worked
3 together to advocate on the same matter before individual state boards; specifically, the
4 councils approved dissemination of talking points, consistent with the AGD's 2016
5 positions on the ADA sedation guidelines, for state constituents to use before state dental
6 boards. Sedation continues to be a hot issue for numerous organizations across dentistry.
7

- 8 • Diabetes: With the AGD President's support, the council reviewed and moved forward a
9 resolution to establish a task force for cross-organizational (and cross-departmental)
10 collaborative to help general dentists and family physicians identify and manage patients
11 with diabetes. The collaborative, inclusive of the American Academy of Family
12 Physicians (AAFP) and the American Association of Diabetes Educators (AADE) was
13 approved by the AGD Board and is currently underway.
14
- 15 • Advancing Oral Health Literacy (OHL): The Dental Practice and Legislative &
16 Governmental Affairs (LGA) Councils and their respective staff have continued to
17 collaborate to advance oral health literacy, including by supporting draft legislation for
18 which a sponsor is being sought, and hosting a panel presentation at the 2017 AGD
19 Scientific Session, with another panel presentation, inclusive of governmental
20 representatives, scheduled for the 2017 AGD House of Delegates (HOD) town hall
21 session.
22
- 23 • Advocating for General Dentistry in Coding Decisions: The AGD exercised its vote on
24 84 CDT code change requests to the Code Maintenance Committee (CMC), with
25 concurrence from CMC vote with council's recommendations on 95% of these
26 submissions. Additionally, the council has continued to advance the AGD's relationship
27 with Dr. Charles Blair and Associates to bring discounted coding and insurance guides to
28 AGD members, with AGD members being provided free shipping on all products and
29 AGD realizing a 34.5% share on sales to AGD members. Further, for the second year in a
30 row, Education, Marketing, and Dental Practice are collaborating with Dr. Charles Blair
31 and his colleagues to bring a 5-part coding webinar series to AGD members to prepare
32 AGD members for coding and insurance challenges in the year ahead.
33

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

35 Oral Health Literacy

36 The councils approved moving forward with seeking a sponsor for oral health literacy and
37 awareness legislation developed by AGD's federal lobbyist; efforts were made to find a sponsor
38 during AGD's 2017 Hill Day, and are ongoing. The councils and staff also developed a
39 continuing education (CE) panel presentation on oral health literacy at AGD's 2017 Scientific
40 Session. The presentation, coupled with governmental panelists, will be held again before the
41 2017 AGD House of Delegates (HOD).
42

43 Opioid epidemic

44 The councils directed development of a policy paper addressing the role of dentistry in
45 addressing the opioid epidemic, which was executed by Dental Practice Council and staff.
46 Notably, research revealed that much of the media claims, apportioning a large percentage of the

1 blame upon dentistry, relies solely upon *number* of prescriptions, although dosage and refill
2 prescriptions, including use of leftover refills of abusers' friends and family, play more
3 significant roles in the opioid crisis; nonetheless, as practitioners that ideally see patients twice a
4 year, general dentists have the opportunity to a play key role as part of the solution.

5 6 Sedation

7 In Fall 2016, the Dental Practice Council provided significant input to the AGD Professional
8 Relations Committee to assist in its advocacy before the 2016 ADA House of Delegates, with
9 regard to patient safety on the matter of proposed revisions to the ADA sedation guidelines. In
10 2017, the LGA and Dental Practice Councils worked together to advocate on the same matter
11 before individual state boards; specifically, the councils approved dissemination of talking
12 points, consistent with the AGD's 2016 positions on the ADA sedation guidelines, for state
13 constituents to use before state dental boards. Sedation continues to be a hot issue for numerous
14 organizations across dentistry.

15 16 Sleep apnea

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

19 20 Leased benefit networks and, broadly, dental benefits issues

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

24
25 For a broader strategy to assist AGD members with dental benefits matters, the councils
26 requested the Board to create a strategic task force to recommend programmatic strategies, such
27 as establishment of a dental benefits ombudsman. The Board has requested the councils
28 themselves to take on the role proposed of the task force, rather than creating a new task force.

29 30 Revisions to the ADA Principles of Ethics and Code of Professional Conduct & the Future of 31 General Dentistry

32 The councils reviewed the implications of 2016 ADA HOD Resolution 65, which amended the
33 *ADA Principles of Ethics and Code of Professional Conduct* with regard to specialty
34 recognition, advertising, and scope.

35
36 The Dental Practice Council continued this discussion at its own meeting, and recommended a
37 dedicated long-standing Future of General Dentistry Committee to continually address these and
38 other issues affecting the future of the profession; this request, minus funding to meet in-person,
39 was approved by the Board.

40 41 Perinatal and Infant Oral Health Quality Improvement (PIOHQP) Project

42 The councils entertained a presentation by the Maternal and Child Health Bureau (MCHB)
43 soliciting AGD's involvement with the PIOHQP project. Notably, the councils remained
44 concerned about the possible implication of appearing to support alternative workforce models.

45 46 National Commission on Correctional Health Care (NCCHC)

1 The Dental Practice Council supported the LGA Council’s recommendation of Dr. Michael Lew
2 to fill an opening on the NCCHC Board of Directors.

3
4 Other Matters

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

9
10 **Review, Revision, and Continual Development of AGD HOD Policy**

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

18
19 Further, per the request of the AGD Moderate Sedation Task Force, Dental Practice & Policy
20 staff developed a policy paper addressing monitoring and training requirements for moderate
21 sedation.

22
23 All policies and policy papers will be presented to the 2017 AGD HOD for adoption.

24
25 **Collaborative Efforts to Advance the Identification and Management of Patients with**
26 **Diabetes**

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

36
37 Additionally, the council was pleased to welcome Dr. Amy Martin, Associate Professor and
38 Director, Division of Population Oral Health, James B. Edwards College of Dental Medicine,
39 Medical University of South Carolina (MUSC), to answer inquiries of the council regarding an
40 opportunity brought to the council through former AGD President Dr. W. Carter Brown, to work
41 with MUSC on the development and dissemination of a white paper on the collaborative
42 management of diabetes in the rural setting. The council voted to explore this collaboration, and
43 is now awaiting MUSC to provide next steps, expected in early 2018.

44
45 **Code and Dental Informatics**

46 Code on Dental Procedures & Nomenclature / Current Dental Terminology (CDT)

1 The AGD exercised its vote on all 84 CDT code change requests to the Code Maintenance
2 Committee (CMC) through its representative Dr. Ralph Cooley. Overall, the council is pleased
3 that the decisions of the CMC at its Spring 2017 meeting aligned with the votes of the council on
4 95% of submissions.

5
6 Of note, the CMC adopted CDT 2018 codes for case management, including oral health literacy.
7 Additionally, the CMC adopted teledentistry codes. These teledentistry codes, which will go into
8 effect in CDT 2018, are intended to be submitted on the claim form *in addition to* the procedure
9 codes to indicate how service was provided, and are *not* stand-alone dental procedure codes.
10 While the CMC representatives voted overwhelmingly to support adoption of these codes, the
11 AGD abstained from vote on the teledentistry submissions.

12 13 Dental Informatics and Standards

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

20 21 Online Practice Institute

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

25
26 In concert with launch of the new AGD website, the Dental Practice Council and staff are in
27 process of developing a 3-year (2018-2020) business plan to enhance and maximize delivery of
28 practice management resources and programming for AGD members through the AGD website,
29 and, prospectively, smart phone application. The business plan is in development and will be
30 presented to the November 2017 Board meeting.

31 32 Conclusion

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

38
39 Respectfully submitted,

40
41 Dr. Dr. Steven Ghareeb, Chair

42 Dr. Pedro Castro

43 Dr. Ralph Cooley

44 Dr. Joseph Hagenbruch

45 Dr. Daniel Hickey

46 Dr. Mark Jurkovich

1 Dr. Rocky Napier
2 Dr. Janice Pliszcak
3 Dr. Tyler Scott
4 Dr. David Williams

5

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

7

8 Steven A. Ghareeb, DDS, FAGD
9 Chair, Dental Practice Council
10 304.744.3333 - p
11 sstevenamos@aol.com

12

13 Srinivasan Varadarajan, JD
14 Director, Dental Practice & Policy
15 312.440.4973 - p
16 srini.varadarajan@agd.org

17

18 **Chair Approval Email:**

19

20 **From:** Steven Ghareeb [mailto:sstevenamos@aol.com]

21 **Sent:** Friday, August 11, 2017 8:15 AM

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

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

24 **Subject:** Re: ASAP Approval Requested (by end of Friday if possible) - Annual Report of the
25 Council to the HOD

26

27 Excellent work
28 Approved
29 Steven Ghareeb

30

31

1 **Legislative and Governmental Affairs Council Annual Report**

- 2
- 3 1. The Legislative and Governmental Affairs Council shall be composed of nine (9)
- 4 members, including the chairperson.
- 5
- 6 2. It shall be the duty of this council:
- 7
- 8 a. To advocate for the general dentist as well as the public on all regulatory and
- 9 legislative matters that affect the practice of general dentistry.
- 10
- 11 b. To study legislation that affects the dental profession and the public which it serves;
- 12
- 13 c. To convey its recommendations to the Board for implementation.
- 14
- 15 3. The chairperson of the Dental Practice Council may serve as a consultant to the
- 16 Legislative and Governmental Affairs Council without the right to vote.
- 17
- 18 4. To adhere to the Sunset Review Process and Schedule outlined in Policy Type V.: Board
- 19 Policy Statements.
- 20
- 21 5. Evaluate the pricing of all programs and services annually during the fall (at the Joint Council
- 22 Meetings I if meeting) to be included as part of the budget process and provide a complete
- 23 pricing analysis to the Board at the Board Meeting III at least every three years.
- 24
- 25 6. AGD staff will send out to each council, committee, or other agency member along with
- 26 any member collaborating on any AGD business the Code of Conduct form to be
- 27 completed by said individual at the beginning of each governance year. Each covered
- 28 individual will submit to their staff liaison an accurately completed form, including
- 29 particular attention paid to any companies that may have remunerated said covered
- 30 individual and subsequently reported such remuneration to the federal government's
- 31 reporting structure under the Sunshine Act. The staff liaison will compile all of their
- 32 individual's forms, and share them with their chairperson and also the executive office
- 33 staff, who will in turn, forward them to the Audit Committee for further review.
- 34

35 **Highlights of the Year**

36 The Legislative and Governmental Affairs (LGA) Council met three times during the 2016 –

37 2017 year: October 7 – 8, 2016, January 13 – 14, 2017, and May 5 – 6, 2017.

38

39 At the January 13 -14, 2017, Divisional Council Meeting, the Council determined that the

40 following would its priority issues for 2017: oral health literacy and awareness, continued

41 collaboration with Centers for Medicare and Medicaid Services (CMS) and Health Resources

42 and Services Administration (HRSA), supporting the repeal of *McCarran-Ferguson*, monitoring

43 and acting as needed on any possible repeal or replacement of the *Affordable Care Act*, and

44 monitoring the midlevel provider issues and acting on related legislation as needed.

45

1 Throughout 2016 – 2017, the Legislative and Governmental Affairs Council has focused its
2 efforts on increased communication between the AGD and federal agencies.

3 4 **Health Resources and Services Administration (HRSA)**

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

11
12 The LGA has continued to support the installation of a Chief Dental Officer at HRSA. At the
13 October, 2016 JCM I, the Council moved to urge Congress to direct HRSA to restore the
14 position of Chief Dental Officer in the Final Appropriations Language. As of July 19, 2017, the
15 House Appropriations Committee approved the Fiscal Year 2018 Labor/HHS Appropriations
16 bill, in which the Chief Dental Officer position was restored at HRSA.

17 18 **Centers for Medicare and Medicaid Services (CMS)**

19 Beginning in the latter half of 2016 and continuing through 2017, the Legislative and
20 Governmental Affairs Council was invited to participate in quarterly conference between leaders
21 at CMS and AGD leaders, including AGD President Dr. Maria Smith. Dr. Lynn Mouden, DDS,
22 MPH, Chief Dental Officer, has helped lead these discussions.

23
24 A frequent topic of discussion during these calls has been the importance of dental homes, and
25 possible areas of collaboration between the AGD and CMS.

26 27 **Advocacy Engagement Tools**

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

32
33 VoterVoice was purchased by FiscalNote, the AGD’s legislative and regulatory tracking service,
34 in the summer of 2017. The combination of these two high-performing tools is an exciting
35 prospect for the future of the AGD’s advocacy efforts.

36 37 **American Dental Education Association (ADEA)**

38 The AGD did not meet with the ADEA in 2017 as of the time of this report. Additionally, the
39 LGA Council had no legislative or advocacy interaction with the ADEA.

40 41 **Highlights from the 2016 – 2017 Fall Joint Council Meeting include:**

- 42 - A resolution urging Congress to that Final Appropriations Language direct HRSA to
43 restore the position of Chief Dental Officer.
- 44
45 - A resolution recommending that the AGD pursue the option of advocating for
46 congressional appropriations funding for elements targeting oral health literacy of the

1 Centers for Disease Control and Prevention’s (CDC) Oral Healthcare Education
2 Prevention Campaign, as authorized in the *Affordable Care Act*.

- 3
- 4 - A resolution recommending that the AGD investigate the appropriateness and feasibility
5 in creating a white paper on use, abuse, and remedy of opioids.
- 6
- 7 - A resolution recommending that the AGD develop a free online Continuing Education
8 course on best practices in the prescription of opioids.
- 9
- 10 - A resolution recommending that the AGD develop a fact sheet and talking points on
11 opioids.
- 12

13 **Highlights from the 2017 January Divisional Council Meeting include:**

- 14 - A resolution requesting that the AGD proceed to hold the scheduled panel discussion on
15 the topic of Oral Health Literacy at the 2017 Scientific Session in Las Vegas, Nevada.
- 16
- 17 - A resolution recommending that the AGD’s comprehensive set of talking points against
18 state adoption of the revisions to the American Dental Association’s (ADA) *Guidelines*
19 *for the Use of Sedation and General Anesthesia by Dentists* and the *Guidelines for*
20 *Teaching Pain Control and Sedation to Dentists and Dental Students* be disseminated to
21 state dental boards.
- 22
- 23 - A resolution recommending that the AGD supports federal and state legislative efforts to
24 require that third party payer participation contracts include the requirement that
25 providers shall be provided notice of 1) participation on leased networks, and 2) the
26 identity of payers to which the networks are leased, and that the reimbursement
27 mechanisms used by the lessor shall continue to apply with regard to participation with
28 the lessee.
- 29
- 30 - The LGA Council requested that the Maternal Child Health Bureau (MCHB) provide a
31 presentation to it and the Dental Practice Council at the May 2017 Divisional Council
32 Meeting regarding its Perinatal and Infant Oral Health Quality Improvement (PIOHQI)
33 program.
- 34

35 **Highlights from the 2017 May Divisional Council Meeting include:**

- 36 - A presentation was provided by Ms. Risa Nakajima, Project Manager, Children’s Dental
37 Health Project, to solicit collaboration with the AGD on the MCHB’s PIOHQI program.
38 The presentation was followed by a question and answer session.
- 39
- 40 - A resolution recommending that the Oral Health Literacy Panel at the 2017 Scientific
41 Session be considered a “dry run” and that there be a follow-up panel at the 2017 AGD
42 House of Delegates meeting.
- 43

- 1 - A resolution requesting that that a letter be crafted, addressed to US Dept. of Health and
2 Human Services Secretary Tom Price and copying Centers for Medicare & Medicaid
3 Services Administrator Seema Verna, regarding the issue of opting out of Medicare Part
4 C. This was completed.
5

6 **Federal Advocacy Efforts**

7 AGD President Maria A. Smith, DMD, MAGD, traveled to Washington D.C. to advocate on
8 behalf of the AGD's advocacy agenda in November of 2016, February of 2017, and June of
9 2017. Dr. Smith and Dr. Joseph Battaglia met with Captain Renee Joskow, DDS, MPH, FAGD,
10 Senior Service Dental Advisor at HRSA in March of 2017.
11

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

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

36 Each of these alerts included a message to members detailing the issue and a pre-written message
37 for the members to send to their members of Congress.
38

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

- 42 - The Chairman and ranking members of the Senate Committee on Finance and Senate
43 Committee on Health, Education, Labor, and Pensions, urging them to make pediatric
44 oral health care a priority in an legislation to replace the *Affordable Care Act*.

- 1 - The Chairman and ranking member of the Senate Committee on Finance, urging them to
- 2 reject reductions and restructuring of the Medicaid program in order to ensure that
- 3 working families can benefit from oral health care and access to dental coverage.
- 4 - The Chairman and ranking members of the Senate and House Committees on
- 5 Appropriations, urging that they oppose President Donald Trump’s FY 2018 budget
- 6 request which recommended a 20% decrease to the National Institutes of Health.
- 7 - Chairwoman Virginia Fox of the House Committee on Education and the Workforce and
- 8 Ranking Member Bobby Scott, of the same Committee, requesting that they favorably
- 9 report H.R. 1614, the *Student Loan Refinancing Act*.
- 10 - Chairman Bob Goodlatte and Ranking Member John Conyers of the House Committee
- 11 on the Judiciary, expressing the ODC’s support of H.R. 372, the *Competitive Health*
- 12 *Insurance Reform Act*.
- 13

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

- 15 - Thanking Rep. Earl L. “Buddy” Carter and Rep. Dave Loebsack for sponsoring H.R.
- 16 1606, the *Dental and Optometric Care (DOC) Access Act*, legislation that would provide
- 17 fairness in contracts between doctors and insurers, increase quality of care for patients,
- 18 and protect consumers from anti-competitive practices.
- 19 - Requesting that Chairman Bob Goodlatte of the House Judiciary Committee and Ranking
- 20 Member John Conyers, of the same committee, swiftly approve H.R. 372, the
- 21 *Competitive Health Insurance Reform Act of 2017*.
- 22 - An FY 2018 Appropriations Request to Rep. Mike Simpson, in which the AGD requested
- 23 the implantation and funding of a Chief Dental Officer position at HRSA, and funding for
- 24 oral health literacy programs.
- 25 - Urging Chairman Greg Walden of the House Energy and Commerce Committee to
- 26 consider amending the *Public Health Service Act* to improve oral health care for
- 27 individuals by promoting oral health literacy and awareness.
- 28 - Urging Chairman Lamar Alexander of the Committee on Health, Education, Labor, and
- 29 Pensions to consider amending the *Public Health Service Act* to improve oral health care
- 30 for individuals by promoting oral health literacy and awareness.
- 31

32 **State Advocacy Efforts**

33 *Connecticut*

34 In response to the introduction of midlevel provider legislation, the Connecticut AGD hired a

35 lobbyist using the Advocacy Fund to assist in defeating the bill. During a February 22, 2017

36 public hearing held by the Senate Public Health Committee, AGD President Maria Smith, DMD,

37 MAGD and Connecticut AGD President Eric Levine, DMD, FAGD submitted written testimony

38 stating the AGD’s opposition to the bill.

39

40 In December, 2016, AGD staff identified a Minnesota general dentist who had participated in the

41 state’s midlevel provider program by hiring a dental therapist. The dentist expressed

42 disappointment with his experience working with a dental therapist, citing the burden associated

43 with supervising the dental therapist as a result of their lack of experience and training. After

1 speaking with AGD staff, this dentist agreed to submit testimony about his experience to the
2 Connecticut Senate Public Health Committee, and obtain membership in the AGD.

3
4 *Florida*

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

9
10 *Michigan*

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

16
17 The Committee on Health Policy scheduled a hearing on SB 1013 for Tuesday, September 20,
18 2016. In response, the Michigan AGD asked AGD staff to send a targeted message again
19 promoting the letter-writing campaign to Michigan AGD members whose senator serves on the
20 Committee. As of Monday, September 19 2016, nine letters were sent to Committee members.

21
22 *Ohio*

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

26
27 *Texas*

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

33
34 Following the hearing, the City Council voted to allow Buda voters to decide the issue in the
35 next election, taking place November, 2017.

36
37 **State Legislative Chair Survey**

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

40
41 Created with input from the Legislative and Governmental Affairs (LGA) Council, the survey
42 sought to gauge which legislative and regulatory issues constituents were most concerned about,
43 each constituents approximate level of involvement in advocacy, and ways in which AGD
44 Government Relations staff could assist in constituent's advocacy activities. In addition to
45 answering multiple choice questions, respondents were given the opportunity to provide
46 comments.

1
2 The results for the survey helped the AGD strategize and prioritize its advocacy agenda. By
3 knowing what issues are the most important, and with more information on each constituent's
4 advocacy involvement, the AGD can develop advocacy plans that are tailored for an issue or for
5 an individual state. The AGD received 57 responses to the survey from legislative chairpersons
6 and presidents from 30 states and Air Force, Army, and District of Columbia constituents in
7 2016, and 55 responses in 2017.

8
9 In responses to the survey in both 2016 and 2017, independent midlevel provider, State
10 Children's Health Insurance Program reimbursement levels, dental student debt, and non-
11 covered services ranked the highest in terms of importance to respondents.

12
13 This information served as a guide for Government Relations staff in determining which bills to
14 highlight in bi-weekly Capitol Connections newsletters, constituent outreach, and legislative
15 research.

16
17 **State Advocacy Training**
18 In 2016, one of the AGD Board of Trustees' corporate objectives sought to have AGD staff train
19 12 constituent leaders throughout the year at AGD headquarters in Chicago on best advocacy
20 practices at the state level. The leaders were to come from states with pending legislative,
21 regulatory, political, or administrative issues important to the AGD.

22
23 Staff scheduled constituent leaders for half-day sessions at the AGD headquarters, which took
24 place on either Monday or Friday mornings throughout June, August, and September 2016.

25
26 AGD staff were successful in securing 12 constituent leaders to attend the training. However,
27 two were unable to attend as a result of unanticipated obligations. The following constituents
28 sent individuals for training:

- 29 • Colorado
- 30 • Maine
- 31 • Michigan
- 32 • Missouri
- 33 • New York
- 34 • Oklahoma
- 35 • Pennsylvania
- 36 • Virginia
- 37 • Washington
- 38 • Wisconsin

1 In 2017, AGD staff was directed to train 15 constituent leaders in best advocacy practices at the
2 state level. As of August 10, 2017, AGD staff has 15 constituent leaders scheduled to attend,
3 with nine scheduled for August 11, 2017, and six for September 15, 2017.

4
5 Similar to 2016, invitations were extended to states that had seen legislative or regulatory
6 developments pertinent to AGD issues in the past year.

7
8 **American Legislative Exchange Council (ALEC) & National Conference of State
9 Legislators (NCSL)**

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

15
16 In addition to the AGD presence at the ALEC Annual Meeting, the AGD maintains
17 organizational membership in ALEC, and has a seat on the ALEC Health and Human Services
18 (HHS) Task Force. This membership provides the AGD with the opportunity to attend HHS
19 meetings and provide input on proposed model policies related to AGD issues.

20
21 At the 2016 ALEC Annual Meeting in Indianapolis, AGD staff and leadership made contact with
22 over 100 legislators at the AGD booth. At the 2017 Annual Meeting in Denver, AGD staff made
23 contact with over 70 legislators.

24
25 AGD staff and leadership made contact with over 200 legislators at both the 2016 NCSL
26 Legislative Summit held in Chicago, and the 2017 Summit in Boston.

27
28 **Hill Day**

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

31
32 On Monday, June 12, attendees heard from the following speakers and panelists:

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

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

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

3
4 Following Hill Day, as noted above, all AGD members were encouraged to participate in three
5 Action Alert campaigns that further promulgated the three priority issues Hill Day focused on.

6
7 **Conclusion**

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

13
14 Respectfully Submitted,

15
16 Dr. Joseph Battaglia, Chair
17 Dr. Brad Anderson
18 Dr. Jose Cazares
19 Dr. Garry Feldman
20 Dr. Darren Greenwell
21 Dr. Michael Kaner
22 Dr. Melvin L. Kessler
23 Dr. Gigi Meinecke
24 Dr. Eric Shelly, Board Liaison
25 Dr. Myron J. Bromberg, Division Coordinator
26 Dr. Steven Ghareeb, Consultant

27
28 **From:** battagja@prodigy.net [mailto:battagja@prodigy.net]
29 **Sent:** Monday, August 14, 2017 10:50 AM
30 **To:** Shea Felde <Shea.Felde@AGD.org>
31 **Cc:** Daniel Buksa <daniel.buksa@agd.org>; battagja@prodigy.net
32 **Subject:** RE: 2017 HOD LGA Report

33
34 Hi Shea,

35
36 Approved. Thank you for all your efforts on behalf of the LGA Council and the AGD.

37
38 JB
39

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Reports to be reviewed by the

Reference Committee on
Continuing Education

Friday, November 3, 2017

3:30 p.m.

Room E351 – McCormick Place Lakeside Building

1 **Dental Education Council Annual Report**

2
3 Dental Education Council

- 4
- 5 1. The Dental Education Council shall consist of nine (9) members, including the
6 chairperson.
 - 7
 - 8 2. It shall be the duty of the council:
 - 9
 - 10 a. To guide, approve, initiate, research and develop programs of continuing education in
11 accordance with policies established by the HOD;
 - 12
 - 13 b. To evaluate and recommend candidates for Fellowship, Mastership, and the Lifelong
14 Learning and Service Recognition programs, and the Thaddeus V. Weclaw award and
15 to inform each candidate of his or her acceptance in writing.
 - 16
 - 17 c. To coordinate and recommend policy concerning the registration of members’
18 postdoctoral hours for the membership's Fellowship and Mastership and Lifelong
19 Learning & Service Recognition (LLSR) requirements;
 - 20
 - 21 d. To initiate, review, coordinate, and recommend programs and policies that would
22 enhance and/or measure the quality of continuing education available to AGD
23 members;
 - 24
 - 25 e. To initiate and respond to communications with the American Dental Education
26 Association and the Commission on Dental Accreditation or any other agency as
27 appropriate to ensure that the undergraduate and postgraduate training of dental
28 professionals is responsive to the needs of practicing general dentists.
 - 29
 - 30 3. To adhere to the Sunset Review Process and Schedule outlined in Policy Type V.: Board
31 Policy Statements.
 - 32
 - 33 4. Evaluate the pricing of all programs and services annually during the fall (at the Joint
34 Council Meetings I if meeting) to be included as part of the budget process and provide a
35 complete pricing analysis to the Board at the Board Meeting III at least every three years.
 - 36
 - 37 5. AGD staff will send out to each council, committee, or other agency member along with
38 any member collaborating on any AGD business the Code of Conduct form to be
39 completed by said individual at the beginning of each governance year. Each covered
40 individual will submit to their staff liaison an accurately completed form, including
41 particular attention paid to any companies that may have remunerated said covered
42 individual and subsequently reported such remuneration to the federal government’s
43 reporting structure under the Sunshine Act. The staff liaison will compile all of their
44 individual’s forms, and share them with their chairperson and also the executive office
45 staff, who will in turn, forward them to the Audit Committee for further review.
 - 46

1
2 **Highlights of the year**

3 The Dental Education (DE) Council met three times during the 2016-2017 year; first from
4 October 7-8, 2016, second January 27-28, 2017, and again from May 19-20, 2017. The Council
5 also met monthly using the ZOOM Conferencing system.

- 6 • The council has worked on developing an overarching educational strategy to ensure that
7 membership in the AGD is valued by the general dentists. This overarching strategy was
8 approved by the Council and sent to the Board for appropriate implementation. It was
9 tentatively approved at the Board’s June Meeting. As part of the plan the council conducted
10 an environmental scan of the continuing dental education landscape to identify areas of
11 growth for the AGD. The council is working on a plan to develop a CE Tracking Database
12 for rating both the quality of CE taken and that of the speaker’s delivery.
- 13 • In 2016, 257 members were awarded the AGD Fellowship Award and 133 members were
14 awarded the AGD Mastership Award. Additionally, 33 members earned the Lifelong
15 Learning & Service Recognition.
- 16 • In 2017, 297 members were awarded the AGD Fellowship Award and 97 members were
17 awarded the AGD Mastership Award. Additionally, 21 members earned the Lifelong
18 Learning & Service Recognition.
- 19 • In 2016 the DE Council planned and offered four three-part webinar series, four collaborative
20 webinars with other dental organizations and four “blended” opportunities where a webinar
21 was a pre-requisite for a course offered at AGD 2016. In all there were 1,491 webinar
22 participants in 2016.
- 23 • In 2017 the DE Council planned four three-part webinar series, and two “blended”
24 opportunities where the webinar was a pre-requisite for a course offered at AGD 2017. As of
25 July 31, eight of the 15 scheduled webinars have taken place with a total of 634 participants.
- 26 • The AGD’s on-demand webinar library, first launched in 2015, continues to serve members.
27 In 2016 1,037 members chose from 57 titles and completed a total of 2,688 on-demand
28 courses, an average of about 2.6 programs per participant. As of July 31, 2017 989 members
29 have completed 2,435 on-demand courses for an average of about 2.5 programs per
30 participant.

31
32 **Scientific Meeting Collaboration**

33 The DE Council continued to liaison with the Scientific Meeting Council in 2016 and 2017.
34 Initiatives between the councils include the collaboration of blended learning webinars to tie into
35 AGD 2017 in Las Vegas, NV. Collaborations are also in progress for the 2018 Annual Meeting
36 in New Orleans

37
38 **New and Ongoing Projects**

39 The DE Council continues to work on projects that include selection of the Weclaw Award
40 recipient; review of guidelines governing the AGD awards and LLSR; and review of fees related
41 to education activities. The council looks forward to identifying and providing high-quality
42 webinars and online course, developing educational partnerships with other like-minded
43 organizations and enhance the CE recording system to provide information that will help
44 members identify upcoming quality events and include a speaker rating system.

45
46 **Conclusion**

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

6
7 Respectfully submitted:

8
9 Dr. Richard D. Knowlton, *Chair*

10 Dr. Douglas J. Brown

11 Dr. Jeffrey Horowitz

12 Dr. Filippo Marchello

13 Dr. Robert Margolin

14 Dr. Marcus K. Randall

15 Dr. George J. Schmidt

16 Dr. James J. Seitz

17 Dr. Kimberly R. Wright

18
19 **Responsible Council Chair & Staff Liaison:**

20 Richard D. Knowlton, DMD, MAGD

21 Chair, Dental Education Council

22 rdknowlton@aol.com

23 717-367-1560

24
25 **Dale Gibbons, CAE**

26 **Director, Education**

27 Dale.Gibbons@agd.org

28 312-440-4309

29
30 **Chair Approval Email:**

31 **From:** Rick Knowlton

32 **Sent:** Wednesday, August 09, 2017 10:19 PM

33 **To:** Lynda Lipske <lynda.lipske@agd.org>

34 **Cc:** dgcharnesky@ameritech.net

35
36 I approve this Annual Report

37 Rick Knowlton DMD, MAGD

38 Chair of Dental Education

39
40 **Division Coordinator Review Email:**

41 **From:** Dennis Charnesky [<mailto:dgcharnesky@ameritech.net>]

42 **Sent:** Wednesday, August 09, 2017 12:06 PM

43 **To:** Lynda Lipske <lynda.lipske@agd.org>

44 **Subject:** Re: Dental Education Council Annual Report for HOD: RESPONSE NEEDED BY FRI Aug.

45 11

46 **I have reviewed this document, made several additions and approve its publication**

47 **Dennis G Charnesky, DDS, MAGD**

1 **Division Coordinator – Education Division**

2

3

4 **Board Liaison Review Email:**

5 **From:** Sanjay Uppal [mailto:sanjayuppal@yahoo.com]

6 **Sent:** Thursday, August 10, 2017 9:22 AM

7 **To:** Lynda Lipske <lynda.lipske@agd.org>

8 **Subject:** Re: Dental Education Council Annual Report for HOD: RESPONSE NEEDED BY FRI Aug.

9 11

10 I have received the report.

11 Sanjay

12

Examinations Council Annual Report

Examinations Council

1. The Examinations Council shall consist of six (6) members, including the chairperson, the chairs of the Fellowship Exam Committees (A, B, and C), chair of the Self Instruction Committee, and one (1) other members who have served at least one (1) term on the Exam or Self Instruction Committee and each of whom have achieved Fellowship or Mastership status within the organization.
2. It shall be the duty of the council:
 - a. To be responsible for overseeing the construction, administration, scoring, and security of the Fellowship examination;
 - b. To help develop and administer, in conjunction with the Examination Committees, any other examination, quizzes, or instruments of measurement when so directed by the HOD, or Board;
 - c. To audit the Fellowship Review Course annually to ensure the quality of the course materials is consistent with the overall premise of the Fellowship Exam;
 - d. To recommend and enforce policies pertaining to examinations for which it is responsible.
 - e. To evaluate the quality and effectiveness of *General Dentistry's* Self-Instruction program once a year.
3. To adhere to the Sunset Review Process and Schedule outlined in Policy Type V.: Board Policy Statements.
4. Evaluate the pricing of all programs and services annually during the fall (at the Joint Council Meetings I if meeting) to be included as part of the budget process and provide a complete pricing analysis to the Board at the Board Meeting III at least every three years.
5. AGD staff will send out to each council, committee, or other agency member along with any member collaborating on any AGD business the Code of Conduct form to be completed by said individual at the beginning of each governance year. Each covered individual will submit to their staff liaison an accurately completed form, including particular attention paid to any companies that may have remunerated said covered individual and subsequently reported such remuneration to the federal government's reporting structure under the Sunshine Act. The staff liaison will compile all of their individual's forms, and share them with their chairperson and also the executive office staff, who will in turn, forward them to the Audit Committee for further review.

Highlights of the year

- 1 • 394 members took either the paper/pencil or computerized version of the Fellowship
2 Exam between January and December 2016. Of those, 285 (72%) passed the exam.
- 3 • The AGD offered the Fall Fellowship Review Course on October 7-8, 2016, in St Louis,
4 MO. A total of 76 members attended the course, which was well received by the
5 attendees. The AGD will offer a similar course on October 13-14, 2017 in Pittsburgh.
- 6 • Examinations Council is currently working on creating an online review course. The
7 overall concept of the course will be more than viewing a previous conducted course. The
8 overall format of the course will be based on member feedback provided by either a
9 survey or a focus group.
- 10 • The Examinations Council discussed moving the Self-Instruction program to a learning
11 management system in order to automate the day-to-day processes.

12
13 *The Examinations Council met during the 2016-2017 year on August 28, 2016 in a*
14 *teleconference.*

15 16 **2016 Fellowship Examination**

17 The 2016 Fellowship Examination was given to 88 dentists in Boston at the AGD Scientific
18 Session. Of the 88, 63 (72%) candidates passed the examination. The number of annual
19 registrants for the paper and pencil version of the Fellowship Examination at the annual meeting
20 was higher to the previous two years' totals (2015 = 64, 2014 = 60); however this overall number
21 is still slightly lower than previous years (2013 = 112; 2012=112; 2011=110; 2010=99,
22 2009=114).

23
24 A paper and pencil version of the 2016 Fellowship Exam was offered at the conclusion of the
25 Fellowship Review Course in October in St Louis, MO. A total of 57 members sat for the exam
26 with 48 (84%) candidates passing the exam.

27
28 The Fellowship Exam was also offered at a constituent review course in Virginia where a total of
29 36 members took the exam with 22 (62%) candidates passing the exam.

30
31 The 2017 computerized version of the Fellowship Examination will become available to the
32 candidates in October 2017 via Schroeder Measurement Technologies (SMT), Inc.

33
34 From January 1, 2016 to December 31, 2016, 212 candidates sat for the computerized version of
35 the Fellowship Examination with 152 (72%) candidates passing the examination.

36 37 **Online Fellowship Review Course**

38 In response to member requests as well as inquiries from leadership, the Examinations Council
39 began discussions for the development of an online Fellowship review course. Representatives
40 from the council held a teleconference with representatives from Region 17 to discuss utilizing
41 speakers from the region who had previously presented at the annual face-to-face course held at
42 the AGD Scientific Session and fall review course. Ultimately, it was determined that online
43 course would need to be something more than just viewing a previously recorded course. It was
44 determined that member feedback should be used in the development of the course. As such, the
45 council is considering conducting a survey or a focus group in order to obtain member feedback.

46

1 **Self-Instruction Automation**

2 The Examinations Council discussed the automation of the Self-Instruction program once the
3 AGD has chosen a learning management system (LMS) for the education programs. Currently
4 the Self-Instruction program day-to-day maintenance is strictly a hands-on process. With the
5 acquisition of an LMS, the Self-Instruction program would become automated. Participants in
6 the program would be provided new instructions on how to complete the exercises as well as the
7 payments online.
8
9

10
11 **Conclusion**

12 The council is honored to have had the opportunity to deliberate and determine solutions for the
13 many issues that are of great importance to the dental profession, organized dentistry, and the
14 AGD. We look forward to continuing this significant and substantial work for the benefit of our
15 patients and our profession. We will endeavor to meet all upcoming challenges in the spirit of
16 wisdom and service.
17

18 Respectfully submitted,
19

20 Dwight D. Duckworth, DDS, MAGD - Chairperson
21 Dan Boston, DDS, MAGD
22 Anthony Carroccia, DDS, MAGD, ABGD
23 Jeffrey Casey, DDS, FAGD, ABGD
24 Leslie Hayes, DDS, FAGD
25 Robert K. Manga, DMD, MAGD, ABGD
26

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

28
29 Dwight D. Duckworth, DDS, MAGD, Chair, Examinations Council
30 479.750.0333 – p
31 479.751.7769 – f
32 drduckdds@gmail.com
33

34 Kristine Abed-Canchola, Manager, Examinations & Self-Instruction
35 312.440.4336 – p
36 312.335.3428 – f
37 kris.abed-canchola@agd.org
38

39 Dale Gibbons, Director, Education
40 312.440.4309 – p
41 312.335-3428 – f
42 dale.gibbons@agd.org
43

44 **From:** drduckdds@gmail.com [mailto:drduckdds@gmail.com] **On Behalf Of** Dwight
45 Duckworth
46 **Sent:** Thursday, August 10, 2017 2:10 PM

1 **To:** Kris Abed-Canchola
2 **Subject:** Re: Exam Council Annual Report

3
4 I have reviewed the Examinations Council Annual Report and it is approved.

5
6 Nice work, Kris!

7
8 Respectfully,

9
10 Dwight D Duckworth, DDS, MAGD
11 Chair, Examinations Council

12
13 **From:** Dennis Charnesky [mailto:dgcharnesky@ameritech.net]

14 **Sent:** Thursday, August 10, 2017 8:50 PM

15 **To:** Kris Abed-Canchola

16 **Subject:** Re: Exam Council Annual Report

17
18 Hi Kris,

19 I have read and approve the Examinations Council Annual Report.

20 Dennis G Charnesky, DDS, MAGD

21 Division Coordinator- Education Division

22
23 **From:** Carol Wooden, DDS, MAGD

24 **Sent:** Sunday, August 13, 2017 6:37 AM

25 **To:** Kris Abed-Canchola

26 **Subject:** RE: Exam Council Annual Report

27
28 Thank you, Kris. It looks good to me for submission.

29 Carol Wooden

30

31

PACE Council Annual Report

- 1
2
3 1. The Program Approval for Continuing Education (PACE) Council shall consist of fifteen
4 (15) members, including the chairperson, and up to three (3) consultants. No member of
5 the council shall serve more than two (2) consecutive three (3) year terms. Consultants of
6 the council shall serve no more than two (2) consecutive three (3) year terms. Consultants
7 would not be budgeted to attend council meetings, nor would they participate in any
8 decisions/recommendations made by the council.
9
- 10 2. It shall be the duty of this council:
 - 11 a. To administer the Program Approval for Continuing Education;
 - 12 b. To evaluate all applications for program provider approval, and grant or deny approval
13 for each;
 - 14 c. To provide counsel to AGD continuing dental education program providers regarding
15 the procedures and requirements necessary for obtaining program provider approval;
16
 - 17 d. To assist constituent academies in understanding and applying PACE Standards and
18 Criteria.
19
 - 20 e. To develop and promote tools to assist constituent academies in promoting local
21 PACE approval.
22
 - 23 f. To assist constituent academies in establishing rules and procedures for approval of
24 local and state level continuing education program providers;
25
 - 26 a. To coordinate and recommend policies concerning approval of AGD continuing
27 dental education program providers.
28
- 29 3. To adhere to the Sunset Review Process and Schedule outlined in Policy Type V.: Board
30 Policy Statements.
31
- 32 4. Evaluate the pricing of all programs and services annually during the fall (at the Joint
33 Council Meetings I if meeting) to be included as part of the budget process and provide a
34 complete pricing analysis to the Board at the Board Meeting III at least every three years.
35
- 36 5. AGD staff will send out to each council, committee, or other agency member along with
37 any member collaborating on any AGD business the Code of Conduct form to be
38 completed by said individual at the beginning of each governance year. Each covered
39 individual will submit to their staff liaison an accurately completed form, including
40 particular attention paid to any companies that may have remunerated said covered
41 individual and subsequently reported such remuneration to the federal government's
42 reporting structure under the Sunshine Act. The staff liaison will compile all of their
43
44
45

1 individual's forms, and share them with their chairperson and also the executive office
2 staff, who will in turn, forward them to the Audit Committee for further review.
3

4 **Highlights of the year**

5 The council met three times during the 2016-2017 year; first from October 7-8, 2016, next
6 January 27-28, 2017, and again from May 19-20, 2017.
7

- 8 • The number of nationally approved PACE providers continues to grow. The total number
9 increased in 2016 8%. At the end of 2016, there were 741 nationally approved PACE
10 providers as compared with 686 at the end of 2015. As of July 31, 2017 there are 780
11 nationally approved providers, a 5% increase since the start of the year.
12
- 13 • At the end of 2016, there were 867 locally approved PACE providers as compared with 885
14 at the end of 2015. As of July 31, 2017 there are 880 locally approved providers. The
15 council plans to continue its efforts to help constituent offices promote local PACE approval
16 in their areas.
17
- 18 • To help keep up with the increasing number of applications presented to the council for
19 review each year, the Board approved a recommendation by the council to increase the
20 number of PACE Council members from 12 to 15. Up to three consultants can also be
21 appointed to help in the review of local applications from constituent areas who do not have
22 the resources allocated to review of local applications.
23
- 24 • The Board approved a recommendation by the PACE Council to amend the eligibility
25 requirements so that organizations located outside the U.S. and Canada are eligible for PACE
26 approval, provided that they meet additional, specified requirements.
27
- 28 • The council reviewed and compared the standards by which other healthcare organizations
29 approve continuing education organizations in their professions to ensure PACE Standards
30 remain current and relevant. The council also compared AGD PACE Standards to
31 ANSI/IACET 1-2013: Standard for Continuing Education and Training and found that PACE
32 Standards continue to be in line with the accepted principles for the development of
33 continuing education events.
34
- 35 • The council is working with the AGD's Information Technology area to launch an interactive
36 national PACE application by Dec. 31, 2017.
37

38 **Online CE Directory and CE Submission**

39 PACE continues to train and remind providers to post courses on the CE Directory and submit
40 rosters of AGD members electronically.
41

- 42 • Nearly 1,800 courses were posted to the CE Directory by approved providers in 2016 an
43 increase of more than 13% over 2015. As of July 31, 2017 960 events were added to the
44 CE Directory. Staff continues to educate providers to ensure all know how to enter
45 course information on the AGD website. As part of the new website design the access to

1 the CE directory is more prominent and the search screen for members has been revised
2 so that it is easier to search for courses.

- 3
- 4 • Nearly 21,000 CE rosters were submitted electronically by providers to the AGD in 2016,
5 an increase of more than 9% compared to the number of rosters submitted electronically
6 by providers in 2015. As of July 31, 2017 more than 13,600 rosters were submitted by
7 CE organizations to the AGD.

8

9 **Review of the 2017 Budget**

10 The council reviewed the proposed 2018 budget and noted that revenues will again increase due
11 to a projected increase in number of providers and a scheduled application and maintenance fee
12 price increase.

13

14 **Communication with Providers and Members**

15 The council continues to strive for improved communications to PACE Providers to better
16 ensure an understanding and adherence to PACE Standards. Since July 2007, the council has
17 published a bi-monthly e-newsletter that is e-mailed to all PACE providers.

18

19 **Review of Providers**

20 At the close of 2016, the AGD listed 741 nationally-approved and 867 locally-approved PACE
21 providers. The PACE Council approved 291 applications for national approval in 2016. Of the
22 applications, 103 were from new providers and 188 were re-applying.

23

24 **Conclusion**

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

30

31 Respectfully submitted:

32

33 Eric Wong, DDS, MAGD, Chairperson
34 Dr. Tomas J. Ballesteros
35 Dr. Navin Boggavarapu
36 Dr. Howard Chi
37 Dr. Russell Cyphers
38 Dr. Daniel Geare
39 Dr. Ronald Giordan
40 Dr. Jian Huang
41 Dr. Nahid Kashani
42 Dr. Ashley Lamay
43 Dr. Jane Martone
44 Dr. Grant Quayle
45 Dr. Ronald Sawyer
46 Dr. Steven Skurow

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Responsible Council/Council Chair & Staff Liaison

Dr. Eric Wong, Chairperson
916-428-2764
ericterriwong@comcast.net

Ms. Lynda Lipske-Truback, Manager, PACE
888.243.3368, ext.4335
Lynda.lipske@agd.org

Chair Approval Email:
From: Wong, Eric@CDCR [mailto:Eric.Wong@cdcr.ca.gov]
Sent: Wednesday, August 09, 2017 4:29 PM
To: Lynda Lipske <lynda.lipske@agd.org>
Subject: RE: PACE Annual Report

All good thanks
Eric Wong D.D.S. 黄
Correctional Health Care Services
California State Prison-Solano
2100 Peabody Road
Vacaville, CA 95696
707-451-0182 x 4511 or 5400
Hours:Mon-Thurs 6-4pm

Division Coordinator Review Email:
From: Dennis Charnesky [mailto:dgcharnesky@ameritech.net]
Sent: Wednesday, August 09, 2017 8:10 PM
To: Lynda Lipske <lynda.lipske@agd.org>
Subject: Re: PACE Annual Report
Importance: High

Lynda,
I have read and approve this report.

Denis G Charnesky, DDS, MAGD
Division Coordinator- Education Division

Board Liaison Review Email:
From: Hans P. Guter, DDS
Sent: Saturday, August 12, 2017 6:04 AM
To: Lynda Lipske <lynda.lipske@agd.org>
Subject: Re: Please Confirm you have received PACE Annual Report

1 Lynda, sorry yes I have reviewed it and it looks good to go.

2

3 Sent from my iPhone

4

5

6

1 **AGD Program Evaluation**



2
3
4 **Program Name:** Professional Relations Committee

- 5
6 1. The Professional Relations Committee (PRC) shall consist of nine (9) members plus the
7 President, President-Elect, Vice President and Immediate Past Presidents as consultants.
8
9 2. Criteria for appointment to this committee shall be demonstrated adherence and
10 commitment to the policies adopted by the AGD.
11
12 3. Further criteria include the willingness and ability to advocate AGD's positions in public,
13 inclusive of the American Dental Association (HOD) floor, ADA caucuses, and
14 throughout organized dentistry.
15
16 4. It shall be the duty of the Professional Relations Committee to set up a network of AGD
17 members who can be called upon to:
18 a) Meet electronically throughout the year to consider matters important to AGD advocacy
19 specifically those coming before the ADA HOD.
20
21 b) Seek ways to share concerns with the ADA leadership throughout the year specifically
22 prior to the ADA meeting.
23
24 c) Seek to align with other dental organizations or associations throughout the year
25 specifically prior to the ADA meeting and recommend strategies and alliances for action
26 on issues and concerns that are of common interest among any of these as long as the
27 policies of the AGD are not compromised by doing so.
28
29 d) Establish a network of AGD members and friends for any particular task.
30
31 e) Represent the concerns of the AGD to the ADA caucuses. This might be a delegate or
32 alternate within the ADA district or a close contact with a delegate or alternate in the
33 district.
34
35 f) Speak to the AGD position in reference committees, caucuses, and especially on the
36 ADA HOD floor using talking points and material provided by the PRC.
37
38 g) Deliver support materials to selected key representatives throughout the year and
39 specifically at the ADA HOD.
40
41 5. To adhere to the Sunset Review Process and Schedule outlined in Policy Type V.:
42 Board Policy Statements.
43

1 6. Evaluate the pricing of all programs and services annually during the fall (at the Joint
2 Council Meetings I if meeting) to be included as part of the budget process and provide a
3 complete pricing analysis to the Board at the Board Meeting III at least every three years.
4

5 Years Conducted: 2013-2015
6

7 Description: The PRC is the voice of AGD and general dentists within organized dentistry. The
8 PRC works to effectuate AGD and GP positive outcomes at the ADA HOD. It does
9 this by lobbying ADA Delegates and communicating its positions during an annual
10 Breakfast meeting.
11

12 Goal(s):

13 The AGD will maintain and strengthen its inter-organizational advocacy efforts by continuing to
14 engage its members who serve in leadership capacities in other organizations in order to have a
15 national voice and message that is transferable to the ADA and those other organizations.
16

17 The PRC promotes AGD positions in meetings and communications with allied organizations.
18 This skill is used most at the ADA Annual Session, where the AGD hosts a breakfast to advocate
19 on behalf of the general dentist by issuing and promoting various stances on the ADA HOD's
20 resolutions. The PRC is also used to facilitate relations with major dental organizations such as
21 the ADA. These relationships are cultivated annually at the AGD breakfast
22

23 Financial Impact:	Budgeted expenses		Actual expenses
24	2013	\$ 51,185	\$38,372
25	2014	\$ 51,185	\$54,706
26	2015	\$ 51,185	\$57,894

27

28 Participation/Relevance:

29	Breakfast attendees		Resolutions outcome
30	2013	132	100%
31	2014	127	90%
32	2015	135	100%

33
34

35 Qualitative Review:

36	Presentation content		Breakfast favorability %
37	2013	3.59 avg. (of 5)	87%
38	2014	49% (4 out of 5)	95%
39		19% (3 out of 5)	
40	2015	74% (4 out of 5)	88%
41		23% (3 out of 5)	

42

43 Addl. Information: In order to minimize budget impact, the PRC is composed of both AGD
44 members who are Delegates or Alternates to the ADA HOD (these
45 individuals are reimbursed by the ADA or state dental society) and non-
46 ADA HOD members. The cost of food and beverage varies depending

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upon the city where the ADA is holding its meeting: for instance, Las Vegas and San Francisco were more expensive than New Orleans and Denver.

Recommendation: It is critical that AGD continue its advocacy efforts within organized dentistry. While AGD's officers do yeoman's work in meeting with allied organizations, a broader effort is needed with the ADA, and the Professional Relations Committee has demonstrated continued success in influencing the outcome of policy development at the ADA. The PRC should continue.

1 **Scientific Meeting Council Annual Report**

2
3 Scientific Meeting Council (SMC) Charge:

- 4
- 5 1. The Scientific Meeting Council shall consist of seven (7) members, including the
6 Chairperson, the LAC Chairpersons for the next three (3) scientific sessions and three (3)
7 at-large members.
8
 - 9 2. It shall be the duty of the council to:
10
 - 11 a. Plan all programs and events for the scientific session for the AGD, with
12 consultation of the President of that year’s meeting on all social events.
13
 - 14 b. Develop an educational curriculum that will draw local, national and international
15 attendance to the scientific session. Work in consultation with the Dental
16 Education Council and the Board.
17
 - 18 c. Establish the goals and objectives of the annual meeting scientific session and
19 conduct an annual review of the goals and objectives.
20
 - 21 d. Review the scientific session meeting budget and recommend changes for future
22 relevant budgets (i.e. honorariums, registration fees, social activities, keynote
23 speakers, food and beverage, exhibit fees, etc.)
24
 - 25 e. Approve future site selection criteria. Upon review of the staff
26 recommendation—which weigh the results received from various cities against
27 these criteria—make recommendations to the Board concerning future meeting
28 dates and sites.
29
 - 30 f. Recommend to the Board alternate ways to supplement the budget if necessary to
31 support the scientific session expenses and increase profitability.
32
 - 33 3. The president, president-elect, and vice president shall be consultants to the council with
34 the responsibility for attending all council meetings.
35
 - 36 4. The council shall be assisted in its endeavor to plan and implement future scientific
37 sessions with the following:
38
 - 39 a. A Local Advisory Committee (LAC) which shall consist of four (4) members
40 from the region in which the scientific session is to be held, except as otherwise
41 designated herein. The chairperson of this committee shall be a member
42 designated by the vice president within thirty (30) days of the time he or she is
43 elected to office. The chairperson may be from another region if he or she has
44 experience in administering, managing or otherwise supervising a state or
45 national meeting that exceeds the scope of AGD’s scientific session. The LAC
46 chairperson shall serve as one of the seven (7) voting members on the Scientific

1 Meeting Council. The remaining members of the committee are to be selected in
2 consultation with the president-elect. The purpose of this committee will be to
3 recommend to SMC local area speakers that will draw local attendance, provide
4 input regarding specific state or provincial continuing education
5 needs/requirements, suggest local tours and social event ideas, and recruit local
6 course manager volunteers.
7

- 8 5. To adhere to the Sunset Review Process and Schedule outlined in Policy Type V.: Board
9 Policy Statements.
- 10
- 11 6. Evaluate the pricing of all programs and services annually during the fall (at the Joint
12 Council Meetings I if meeting) to be included as part of the budget process and provide a
13 complete pricing analysis to the Board at the Board Meeting III at least every three years.
14
- 15 7. AGD staff will send out to each council, committee, or other agency member along with
16 any member collaborating on any AGD business the Code of Conduct form to be
17 completed by said individual at the beginning of each governance year. Each covered
18 individual will submit to their staff liaison an accurately completed form, including
19 particular attention paid to any companies that may have remunerated said covered
20 individual and subsequently reported such remuneration to the federal government's
21 reporting structure under the Sunshine Act. The staff liaison will compile all of their
22 individual's forms, and share them with their chairperson and also the executive office
23 staff, who will in turn, forward them to the Audit Committee for further review.
24

25 **Highlights of the Year**

26 *The Council held regular monthly calls to perpetuate the planning of AGD2017 starting in*
27 *August of 2016 and subsequently carried that same schedule forward to facilitate the planning of*
28 *AGD2018. Per the direction of the SMC, members of the LAC continue to have weekly calls as*
29 *well. Included in their meetings were in-person meetings in October of 2016 in Chicago,*
30 *January 2017 in Las Vegas and May 2017 in Chicago to facilitate the planning of the*
31 *conference. The council wishes to report to the leadership on the following activities for*
32 *informational purposes.*
33

- 34 • The council continues to develop relationships with outside organizations to co-sponsor
35 continuing education courses at the annual meeting.
36
- 37 • There will continue to be no meeting registration fee for students and residents to
38 encourage their participation in the annual meeting and contribute to the future growth of
39 the AGD.
40
- 41 • AGD students continued to receive complimentary access to full and half-day lectures,
42 provided that they register for the meeting, beginning with AGD 2016 in Boston.
43
- 44 • The Scientific Meeting Planning Task Force, in order to fulfill the AIR that was approved
45 in 2016, to create a task force that would create a business plan for a new profitable
46 scientific session by using mechanisms such as in-house surveys and/or focus groups

1 engaged the services of GES MarketWorks in the fall of 2016 after reviewing other
 2 potential proposals generated by an RFP. Upon engagement the team developed a survey
 3 that was sent prior to the end of 2016 to a sample of 1,056 members based on criteria the
 4 group deemed crucial to obtain the appropriate feedback. From the results obtained by the
 5 survey, the Task Force reviewed the key points that needed to be investigated further and
 6 developed a script for 4 focus groups, three of which were hosted in the Chicago area and
 7 one hosted onsite at AGD2017 in Las Vegas. The Task Force is currently waiting on the
 8 final report from GES MarketWorks regarding the conclusions and the actionable ideas
 9 that can be put into a business plan that can be implemented to move the profitability and
 10 satisfaction of the Scientific Sessions forward.

- 11
- 12 • Council provided significant input on our annual meeting (AGD 2017) marketing efforts. Beginning with AGD 2016 in Boston, council members are now collaborating with AGD’s marketing team and act as social media leaders to help start comments threads and to encourage sharing on our social media channels. A collaboration which continued for the planning of AGD2017 and as well for AGD2018. A marketing representative is on each SMC call and present at each in-person meeting.
- 13
- 14
- 15
- 16
- 17
- 18
- 19 • Increased our marketing efforts for the AGD 2017 included:
 - 20 ○ AGD 2017 blog
 - 21 ○ Launched the AGD 2017 capsule at AGD 2016
 - 22 ○ Promoted launch of registration for AGD 2017 at AGD 2016
 - 23 ○
- 24 • Mohegan Sun in Uncasville, CT was selected as the location for AGD2019.
- 25
- 26

27 **AGD 2016 Wrap Up**

- 28 • AGD2016 was held July 14-16, 2016 in Boston, MA. The total attendance for AGD
 29 2016 was 3,120 with 1,503 dentists compared to 3,178 with 1,501 dentists in 2015.
- 30

31 The breakdown of attendees is as follows:

	*2017	2016	2015	2014	2013	2012	2011
Total overall attendees with guest, youth and exhibitors	2,975 <small>(exhibitors 425 over 200 fewer than 2016)</small>	3,120	3,178	2,344	3,313	4,935	3,928
Total number of dentists	1,541	1,503	1501	1,002	1,318	1,294	1,620
Total number of dental team attendees	272	307	327	160	329	409	196

Total number of students registered	385	304	201	119	n/a	136	143
Number of new members that joined on-site	n/a	n/a	n/a	n/a	n/a	47	7
Number of sold out hands-on participation courses	6	15	4	2	13	5	3
Number of Saturday Night Tickets	582	695	490	527	1,337	757	969
Sponsorship Total	Currently not available	\$157,750	\$309,500	\$173,500	\$195,000	\$167,800	\$234,002

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Participation Course Numbers:

	*2017	2016	2015	2014	2013	2012	2011
Total Registrants	*n/a	423	208	366	437	491	404

*Currently not available

Exhibitor Numbers:

	*2017	2016	2015	2014	2013	2012	2011
Total Booths Sold	155	162	150	174	186	210	228
Companies	143	142	145	150	166	181	215

*preliminary numbers – not final

2017 Housing Analysis

Total # of contracted room nights 3,100
 Total # of room nights picked up 3,599
 Percentage of rooms picked up 116%
 There were no attrition fees for the AGD 2017.

AGD2016 Financial Report

- The revenue generated from registration was \$300, 628, which was 8.41% below the budgeted \$327,635
- The revenue generated from the educational sessions was \$523,622, which was 14.43% below the budgeted \$611,960.

- 1 • The exhibit hall generated \$452,900 in revenue, which was 29.75% below the budgeted
2 \$644,700.
3
- 4 • Total Annual Meeting revenues were \$1,462,574 and total expenses were \$1,376,419.
5 Net revenues before overhead and staff costs were \$86,155.
6
- 7 • Overhead costs include the cost of operating the AGD headquarter office and support
8 areas: Marketing, Sales and Sponsorship, Human Resources, Office Services, Finance,
9 Information Technology, Production and Design, and Meeting Services. Overhead is
10 allocated to programs based on a specific cost driver that was the most practical and cost
11 efficient. Please note that overhead costs are not under the control of the Scientific
12 Meeting Council.
13

14 **AGD2017 Financial Report**

- 15 • Final numbers have not yet been tallied for AGD2017 as we are currently in the
16 reconciliation cycle.
17
18

19 **Update on AGD 2018 Annual Meeting & Exhibits**

20 The Hyatt Regency New Orleans, New Orleans, LA, is the site for the AGD 2018, scheduled for
21 June 7-9, 2018.
22

- 23 • AGD2018 includes several events for networking and learning. Wine Downs will be
24 expanded from 2 in 2017 to 4 and 5 on Thursday and Friday nights respectively.
25
- 26 • Keynote speaker will be Dennis Tarnow on Thursday June 7. Dr. Tarnow will also be
27 doing additional breakouts as well a Wine Down that evening.
28
- 29 • AGD2018 member dentist registration format and fees will remain as budgeted for Fiscal
30 Year 2017 at \$199 for advance registration; \$279 for regular; \$450 for on-site registration
31 and \$45 for Constituent Executives.
32
- 33 • Course fees will remain \$60 for a half-day session and \$120 for a full-day session.
34
- 35 • The one hour course format will be brought back after it's successful debut at AGD2017.
36
- 37 • The Welcome Reception on Thursday, June 7 in the evening encourages attendees to visit
38 the exhibit hall and take advantage of the opportunity to network with peers and vendors.
39
- 40 • With input from the DE Council Saturday's Celebration of Fellows and Masters will
41 continue to be refined following the change from the dinner of previous years to the
42 reception presented in 2017.
43

44 **2018 Exhibit Hall**

45 Highlights/changes include:

- 46 • Networking events each day the exhibit floor is open, including:

- 1 ○ The President’s Welcome Reception on Thursday, June 7 in the evening.
- 2 encourages attendees to visit the exhibit hall and take advantage of the
- 3 opportunity to network with peers.
- 4 ○ Two beverage breaks, one each on Friday and Saturday.
- 5
- 6 ● Entertainment in the exhibit hall promoting AGD2019 at Mohegan Sun.
- 7
- 8 ● The traffic builder whereby if attendees spend at least \$2,500 on the exhibit hall floor,
- 9 they will receive complimentary registration to AGD2019 at Mohegan Sun will be
- 10 retained.
- 11
- 12 ● Continue to offer educational opportunities in the exhibit hall include Learning Labs, e-
- 13 poster sessions and presentations in the New Dentist Lounge.
- 14
- 15 ● AGD Resource Pavilion to help members get the most from their membership
- 16 experience, network with other attendees and learn of applicable news and updates
- 17 regarding AGD initiatives.
- 18

19 **2018 Education Program Report**

20 The following contains highlights of the education program:

- 21
- 22 ● 1-hour symposium-style lectures with leaders in the industry on special patient care and
- 23 implants coupled with emerging speakers to showcase the industry’s best and brightest up
- 24 and coming presenters
- 25
- 26 ● Top courses to date are:
- 27 ○ Live Patient presentations at Louisiana State University (LSU)
- 28 ○ Botox with Cadaver Review Meinecke
- 29 ○ Special Needs Patients with Dent
- 30 ○ Periodontics track with Grisdale
- 31 ○ Pediatric track with Townsend
- 32 ○ Restorative track Esquivel
- 33 ○ Ethics presentation in collaboration with ACD
- 34 ○ Dentsply 360 Experience
- 35
- 36 ● Select courses available as recordings after the meeting
- 37

38 **Summary of Future Annual Meetings**

39 2019: Mohegan Sun Casino and Resort, located in Uncasville, CT will serve as the location of

40 the AGD2019. The meeting will be held on July 17 – 20.

41

42 2020: AGD is contracted to return to Las Vegas (Caesars Palace) as the location of the

43 AGD2020 on July 16-19.

44

45 **Conclusion**

1 The council hopes you enjoy the new programs and initiatives that will take place in New
2 Orleans for AGD2018 and is looking forward to involving more dental team members and
3 students at future meetings, as well as the membership of the AGD. Our goal of providing high-
4 quality continuing education and increasing the success of the exhibit hall is a continued priority
5 to make the AGD Scientific Sessions the premier dental meeting for general dentists. The SMC
6 is committed to working with the Dental Education Council and the Membership Council to
7 make our annual meeting a valuable aspect of membership and educational opportunities.
8

9 The council welcomes your input and encourages you to contact us directly with any concerns or
10 feedback.

11
12 Respectfully submitted:

13 Dr. Joseph A. Picone, Chair

14 Dr. Michael Blicher

15 Dr. James Feldman

16 Dr. William S. Nantz

17 Dr. Kay Jordan

18 Dr. George Shepley

19
20 **Responsible Council/Committee Chair & Staff Liaisons**

21 Dr. Joseph Picone

22 Chair, Scientific Meeting Council

23 (860) 628-4761 - p

24 japdmd@cox.net; japdmd@gmail.com

25
26 Dale Gibbons

27 Director, Education

28 312.440.3368, ext. 4309 - p

29 dale.gibbons@agd.org

30
31 **Chair Approval Email:**

32 From: Dr. Joseph Picone <japdmd@gmail.com>

33 Sent: Friday, August 25, 2017 1:24 PM

34 To: Dale Gibbons

35 Subject: Re: Annual Report - 2016 - 2017 Scientific Meeting Council 8-25-17

36
37 I approve as written.

38 Joseph A Picone, DMD,MAGD

39 AGD SMC chair

40
41 **Division Coordinator Review Email:**

42 From: Dennis Charnesky <dgcharnesky@ameritech.net>

43 Sent: Saturday, August 26, 2017 7:34 AM

44 To: Dale Gibbons

45 Cc: George R. Shepley, DDS

46 Subject: Re: Annual Report - 2016 - 2017 Scientific Meeting Council 8-25-17

1
2 Dale, I approve this report of the SMC

3

4 **Board Liaison Review Email**

5 From: George R. Shepley, DDS

6 Sent: Sunday, August 27, 2017 10:18 PM

7 To: Dale Gibbons

8 Subject: Re: Annual Report - 2016 - 2017 Scientific Meeting Council 8-25-17

9

10 I approve

11

1 **Self-Instruction Committee Annual Report**

2
3 Self-Instruction Committee

- 4
5 1. This committee shall consist of seven (7) members, plus the AGD’s editor who shall
6 serve as a consultant.

7
8 No member of the committee shall serve more than two (2) consecutive three (3) year
9 terms.

- 10
11 2. It shall be the duty of:

12
13 a. This committee to construct exercises and learning objectives for articles assigned by
14 the chairperson that may be published in the AGD’s *General Dentistry* journal and
15 returned by readers for credit;

16
17 b. The chairperson of the committee to assign articles in concert with the AGD editor
18 and in accordance with the identified educational needs of AGD members and
19 objectives established for the *General Dentistry* Self Instruction program;

- 20
21 3. The Examinations Council shall evaluate the quality and effectiveness of *General*
22 *Dentistry’s* Self Instruction program once each year based on:

23
24 a. Program objectives;

25
26 b. Number of registrants;

27
28 c. Analysis of evaluations returned by registrants at the end of each subscription year;

29
30 d. An annual report from the Self Instruction Committee.

- 31
32 4. To adhere to the Sunset Review Process and Schedule outlined in Policy Type V.: Board
33 Policy Statements.

- 34
35 5. Evaluate the pricing of all programs and services annually during the fall (at the Joint
36 Council Meetings I if meeting) to be included as part of the budget process and provide a
37 complete pricing analysis to the Board at the Board Meeting III at least every three years.

- 38
39 6. AGD staff will send out to each council, committee, or other agency member along with
40 any member collaborating on any AGD business the Code of Conduct form to be
41 completed by said individual at the beginning of each governance year. Each covered
42 individual will submit to their staff liaison an accurately completed form, including
43 particular attention paid to any companies that may have remunerated said covered
44 individual and subsequently reported such remuneration to the federal government’s
45 reporting structure under the Sunshine Act. The staff liaison will compile all of their

1 individual's forms, and share them with their chairperson and also the executive office
2 staff, who will in turn, forward them to the Audit Committee for further review.
3

4 **Revenue and Enrollment Update**

5 **2016**

6 In 2016, the Self-Instruction program generated \$68, 720 in revenue, approximately \$30,000 less
7 than the previous year (\$99,930). Budgeted revenue for 2016 was projected to be \$103,380. New
8 efforts have been put in place to help further promote the program to members and non-
9 members.
10

11 **2017**

12 As of July 31, 2017, 448 enrollments and renewals have been processed, generating \$42,110 in
13 revenue. Budgeted revenue through the first six months of the year is \$48,878.
14

15 **Bonus Exercise**

16 A special Self-Instruction exercise was developed for the 2017 AGD Scientific Session to help
17 promote the program to members and to introduce the program to nonmembers. The exercise
18 was offered free of charge and was offered online to all meeting registrants. The focus of the
19 article/exercise was associated with *temporomandibular pain caused by sleep disorders, listed*
20 *under subject code 200.*
21

22 **Marketing of the S-I Program**

23 Each issue of *General Dentistry* features a tip-on cover to help promote Self-Instruction. These
24 covers offer members two complimentary exercises if they purchase six exercises for \$100. This
25 promotion remains the program's largest revenue generator.
26

27 Several ads promoting the program will run in *General Dentistry*, AGD in Action and Briefings
28 in 2017.
29

30 The Marketing department has developed a campaign to raise enrollments and revenue in 2017
31 by using social media interaction, and the continued retooling of current promotional vehicles.
32

33 **Conclusion**

34 The committee looks forward to continuing this significant and substantial work for the benefit
35 of our members. We will endeavor to meet all upcoming challenges in the spirit of wisdom and
36 service.
37

38 Respectfully submitted:
39

40
41 Anthony Carroccia, DDS, MAGD, ABGD – Chair
42 Thomas Boyle, DMD, MAGD, ABGD
43 Robert A. Busto, DMD, FAGD
44 Jean J. Carlson, DDS, MAGD
45 Kim L. Capehart, DDS
46 Riki Gottlieb, DMD, FAGD

1 Charles F. Martello, DDS, FAGD

2

3 **Responsible Council/Committee Chair and Staff Liaisons**

4 Anthony Carroccia, DDS, MAGD, ABGD – Chair, Committee on Self-Instruction

5 (931) 648-3233– p

6 (931) 648-3266– f

7 drtonycarroccia@yahoo.com

8

9 Kristine Abed-Canchola, Manager, Examinations & Self-Instruction

10 312.440.4336 – p

11 312.335.3428 – f

12 kris.abed-canchola@agd.org

13

14 Dale Gibbons, Director, Education

15 312.440.4309 – p

16 312.335.3428 – f

17 dale.gibbons@agd.org

18 **From:** Anthony Carroccia [drtonycarroccia@yahoo.com]

19 **Sent:** Thursday, August 10, 2017 5:24 PM

20 **To:** Kris Abed-Canchola

21 **Subject:** Annual report

22 I have reviewed the prepared document and it is accurate and acceptable.

23

24 Anthony Carroccia, DDS, MAGD, ABGD

25 Chair

26

27 **From:** Roger Winland [mailto:rwinland@compuserve.com]

28 **Sent:** Sunday, August 13, 2017 7:50 AM

29 **To:** Kris Abed-Canchola

30 **Subject:** Re: Self-Instruction Annual Report

31

32 I approve. Thanks Roger Winland

33

34 Sent from my iPad

35

36 **From:** Dennis Charnesky [mailto:dgcharnesky@ameritech.net]

37 **Sent:** Thursday, August 10, 2017 8:43 PM

38 **To:** Kris Abed-Canchola

39 **Subject:** Re: Self-Instruction Annual Report

40

41 I have read the report and approve

42

43 Dennis G Charnesky, DDS,MAGD

44 Division Coordinator- Education Division

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Reports to be reviewed by the

Reference Committee on
Administration, Image & Membership

Friday, November 3, 2017

2:30 p.m.

Room E352 – McCormick Place Lakeside Building

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Resolution 101

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

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

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1. The incoming President will send a letter in ~~November~~April to all Constituent Presidents, Regional Directors, and Trustees asking for council and committee appointment recommendations. The letter will be accompanied by a suggested geographical distribution based on the number of members in each region to help make the appointments as geographically balanced as possible. This geographical distribution list will be based on the present council and committee structure, not including the Local Advisory Committees, the Professional Relations Committee, and all Board Committees. Members of the Examination Council shall not be counted a second time if also serving on Exam Committee A, Exam Committee B, or Exam Committee C. The deadline for responding to this communication will be ~~February 28~~June 30 of each year.

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2. The incoming President will make the appointments in consultation with the Vice President, giving consideration to merit and experience.

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3. The incoming President will see that contact is made with each newly appointed member to see that there is a willingness to serve.

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4. The Trustees will be given the reconstituted geographical distribution list with the ~~spring Board Meeting IV~~ book (in the 2016-2017 governance year this will be Board Meeting V).

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5. Individual Trustees will give input at the time the Board approves the appointments, and the appointments will not be publicly announced until such time as the Board has taken action on the list of appointments.

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6. When the Board has approved the appointments, the councils and committees will be advised of them.

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AIRBI2016#06 - Revise HOD Policy 2002:8-H-7

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Prepared by: Morgan Bishop, Governance Administrator

Date of Report: June 15, 2016

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

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

Budget Ramifications: None

1
2 **Action/Timeline:** Record vote at 2016-2017 BM I. Forward to the 2017 HOD.
3

4 **BOARD RECOMMENDS ADOPTION**

5
6 *Y – Bishop, Cheney, Cordero, Donald, Dyzenhaus, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew,*
7 *Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm*

8
9 *a – Edgar*

10
11 *A – Dear, Dubowsky, Malterud*

12
13 *N/A – Smith*
14

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

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

19
20 **How It Fits into the Corporate Objectives:**

- 21
 - N/A22

23 **Introduction:**

24 During review of HOD policies, it was recognized that since the change in governance year from
25 beginning in June/July to beginning in November, the structure of appointments should be
26 updated to accommodate the new format.
27

28 **Necessary Information:**

- 29
 - The AGD no longer utilizes the Publications Review Council.
 - This revision does not change the intent of the policy, only updates it to current verbiage.30
31

32 **What We Don't Know:**

- 33
 - N/A34

35 **Pros and Cons:**

36
37 **Pros:**

- 38
 - The revision keeps the policy up-to-date and relevant.39

40 **Cons:**

- 41
 - None.42

43 **Executive Director/CEO Recommendations:**

44 **From:** Daniel Buksa

45 **Sent:** Wednesday, June 15, 2016 6:52 PM

46 **To:** Morgan Bishop <Morgan.Bishop@AGD.org>; Steven Wiseman

1 <steven.wiseman@agd.org>
2 **Subject:** RE: AIR - Revise HOD Policy 2002-8-H-7 mb 6-15-16

3
4 I approve transmitting this housekeeping matter to the Board for further deliberations.

5
6 **How It Fits into the Market Research:**

- 7 • N/A

8
9 **Does this conflict with the Constitution and Bylaws, an AGD HOD Policy or Board Policy?**
10 **If yes, please provide the conflict and how you propose to resolve it:**

- 11 • Yes, as it revises the current HOD Policy

12
13 **Responsible Staff Liaison & AGD member:**

14 Morgan Bishop, MMVP
15 Governance Administrator
16 312.440.4109 - p
17 morgan.bishop@agd.org

18
19 **Suggested Council or Agencies to Complete Action**

20 HOD for adoption of revisions, rescissions, and additions to HOD policy, and, at the staff level,
21 the OED department for updating the HOD Policy Manual.

22
23 **Suggested Councils or Agencies to be Involved in Collaboration**

24 HOD for adoption of revisions, rescissions, and additions to HOD policy, and, at the staff level,
25 the OED department for updating the HOD Policy Manual.

26
27 **Chair Approval Email:**

- 28 • N/A

29
30 **Division Coordinator Review Email:**

- 31 • N/A

32
33 **Board Liaison Review Email:**

- 34 • N/A

35
36 **CFO Review Email:**

37 **From:** Steven Wiseman

38 **Sent:** Thursday, June 16, 2016 9:04 AM

39 **To:** Morgan Bishop <Morgan.Bishop@AGD.org>; Daniel Buksa <daniel.buksa@agd.org>

40 **Subject:** RE: AIR - Revise HOD Policy 2002-8-H-7 mb 6-15-16

41
42 I approve this AIR for submission for BM I.

43
44 Steven Wiseman
45 Controller
46 312.440.4960

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AIR Addendum – HOD Policy Change Request

Action: Add _____ Revise X _____ Delete _____

Existing Policy to Revise/Delete:

2002:8-H-7

Resolution Presented for Approval:

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

1. The incoming President will send a letter in ~~November~~April to all Constituent Presidents, Regional Directors, and Trustees asking for council and committee appointment recommendations. The letter will be accompanied by a suggested geographical distribution based on the number of members in each region to help make the appointments as geographically balanced as possible. This geographical distribution list will be based on the present council and committee structure, not including the Local Advisory Committees, the Professional Relations Committee, and all Board Committees. Members of the Examination Council shall not be counted a second time if also serving on Exam Committee A, Exam Committee B, or Exam Committee C. The deadline for responding to this communication will be ~~February 28~~ June 30 of each year.
2. The incoming President will make the appointments in consultation with the Vice President, giving consideration to merit and experience.
3. The incoming President will see that contact is made with each newly appointed member to see that there is a willingness to serve.
4. The Trustees will be given the reconstituted geographical distribution list with the ~~spring~~ Board Meeting IV book (in the 2016-2017 governance year this will be Board Meeting V).
5. Individual Trustees will give input at the time the Board approves the appointments, and the appointments will not be publicly announced until such time as the Board has taken action on the list of appointments.
6. When the Board has approved the appointments, the councils and committees will be advised of them.

Related Existing HOD Policies:

Just the policy being revised.

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

1 The current 2002:8-H-7 is adequate and appropriate for its original intent, however it contains
2 outdated headquarter operations that need to be updated.

3
4 **For additions/revisions, how often should this policy be reviewed? [Default is every 5 years]**
5 5 years

6
7 **Any documentation or literature considered in developing this submission?**
8 No

9
10 **Other Comments?**

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Resolution 102

“Resolved, that the Bylaws be amended at Chapter IX, Section 1 (D) 2, so that they read:

2. The president, president-elect, and vice president shall serve for the term of one (1) year. The editor shall serve for a three-year term, and the secretary, treasurer, and speaker of the House of Delegates shall each serve for two-year terms, with the treasurer elected during the even-numbered years, and the secretary and the speaker of the House of Delegates elected during the odd-numbered years, starting with the 1975 annual meeting of the House. No officer shall hold more than one (1) AGD office at the same time. No officer may serve as secretary or treasurer for more than two (2) terms of two (2) years each. No officer may serve as Speaker of the House of Delegates for more than three (3) terms of two (2) years each. No officer may serve as editor for more than two (2) terms of three (3) years each.”

AIRBIV2017#12 - Amend Bylaws to Reflect Term-limits for Editor and Speaker

Prepared by: Daniel Buksa, JD, CAE, Interim Executive Director

Date of Report: June 7, 2017

Staff Resources: minimal

Total Financial Cost: none

Budget Ramifications: none

Action/Timeline: Vote by the Board at meeting IV; transmittal to the 2017 HOD; implementation immediately

BOARD RECOMMENDS ADOPTION

Y—Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Guter, Hanson, Harunani, Shamoan, Shelly, Shepley, Tillman, Uppal, White, Wooden, Worm

N - Bishop, Gorman

a - Lew, Winland

A – Cheney, Cordero, Malterud, Stillwell

N/A – Smith

How It Fits into the Strategic Plan:

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

- 1 **Strategy 3:** Streamline the AGD governance structure and operations.
- 2 **Strategy 4:** Promote an organizational culture that best supports attainment of strategic goals
- 3 and a healthy operating environment.

4

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

- 6 • N/A
- 7

8 **Introduction:**

9 At a meeting of the Executive Committee, the committee determined that there was no reason
10 not to subject the offices of Editor and Speaker of the House to term limits, as they are the only
11 offices for which no term limits apply.

12

13 There is concern about the disparities between how long past Editors and Speakers have served
14 in relation to the recommended changes. For example, our past two editors have served for
15 about 20 years each and there have been past Speakers who have served up to 6 years. Because
16 the Editor term is 3 years and the Speaker is only 2 years, having a 2x 3yr terms for Editor along
17 with the Speaker term as 3 x 2 years for a total term limit of 6 years make them more consistent
18 with each other.

19

20 **Necessary Information:**

- 21 • Dr. Winland has provided input to this report.
 - 22 • Dr. Edgar has provided input to this report.
 - 23 • Drs. Smith, Cordero and Gajjar have provided input to this report.
 - 24 • The office of editor is up for election at the 2017 HOD. As of this writing, Dr. Winland
25 is the sole candidate. If this proposed amendment is approved by the 2017 HOD, the
26 term limit provision would take place immediately and subject Dr. Winland to two
27 further terms.
 - 28 • The office of speaker of the house is up for election at the 2017 HOD. As of this writing,
29 Dr. Edgar is the sole candidate. If this proposed amendment is approved by the 2017
30 HOD, the term limit provision would take place immediately and subject Dr. Edgar to
31 three further terms.
 - 32 • The Constitution, Bylaws, and Judicial Affairs Council is concurrently reviewing this
33 proposed amendment. Their input will be incorporated into a presentation at Board
34 meeting IV, unless communicated earlier.
- 35

36 **What We Don't Know:**

- 37 • We don't know why the Bylaws were drafted to provide term limits for all officers except
38 for speaker and editor.
 - 39 • We don't know if the replacements for editor and speaker will have the same skills as do
40 the incumbents.
- 41

42 **Pros and Cons:**

43 **Pros:**

- 44 • Term limits will provide additional opportunities for AGD leaders to move up the ladder
45 of leadership in the organization.

- 1 • More frequent turn-over in leadership is generally regarded as healthy for not-for-profit
2 organizations as it facilitates a development pipeline for leadership opportunities.
3

4 **Cons:**

- 5 • 36 years of combined experience will be lost with the limitations placed on Dr. Winland
6 (in 2022) and Dr. Edgar (in 2020) assuming that they are re-elected for two additional
7 terms and that they do not run for any other office.
8

9 **Executive Director/CEO Recommendations:**

10 I recommend that this AIR be transmitted to the Board for further deliberations.
11

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

- 13 • N/A
14

15 **Does this conflict with the Constitution and Bylaws, an AGD HOD Policy or Board Policy?**

16 **If yes, please provide the conflict and how you propose to resolve it:**

- 17 • This is a proposed amendment to the Bylaws.
18

19 **Responsible Staff Liaison & AGD member:**

20 **Daniel Buksa, JD, CAE, Interim Executive Director**

21 Daniel.buksa@agd.org

22 **888.243.7392, x.4328**
23

24 **Dr. Roger Winland, DDS, MS, MAGD, Editor**

25 105156.3607@compuserve.com

26 **740.592.3018**
27

28 **Dr. Bryan Edgar, Speaker of the House**

29 drbryan@edgardentistry.com

30 **253.838.9333**
31

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

33 Board

34 HOD
35

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

37 Office of the Executive Director

38 Credentials & Elections Committee
39

40 **Leader Approval Email:**

41 **From:** Roger Winland [mailto:rwinland@compuserve.com]

42 **Sent:** Wednesday, June 07, 2017 10:45 AM

43 **To:** Neil Gajjar <personal@drgajjar.com>

44 **Cc:** Daniel Buksa <daniel.buksa@agd.org>; Bryan Edgar <drbryan@edgardds.com>; Maria
45 Smith <masmithdmd@prodigy.net>; Manuel Cordero <dentalmac@gmail.com>

1 **Subject:** Re: AGD - AIR to amend Bylaws to reflect term limits for Editor and Speaker - please
2 reply

3
4 Looks good Dan. Thanks. Roger

5
6 Sent from my iPhone

7
8
9 **Division Coordinator Review Email:**

- 10 • N/A

11
12 **Board Liaison Review Email:**

- 13 • N/A

14
15 **CFO Review Email:**

16 **From:** Christa Ojeda

17 **Sent:** Wednesday, June 07, 2017 10:51 AM

18 **To:** Daniel Buksa <daniel.buksa@agd.org>; Jennifer Goler <jennifer.goler@agd.org>

19 **Subject:** RE: AIR to amend bylaws to establish term limits for Editor and Speaker

20
21 Reviewed. Given no budgetary implications, recommended to be presented to the Board for
22 further deliberation.

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Resolution 103

3 “Resolved, that HOD Policy 2015:102B-H-6, AGD 2016-2018 Strategic Plan, Goal 1,
4 Strategy 1, be amended as follows: ‘Create a Scientific Session that will annually attract at
5 least ~~25%~~ 5% of AGD members by the end of 2018;’ and be it further,

6
7 Resolved that Goal 3 be replaced in its entirety as follows: ‘~~Achieve a 25% increase in full-~~
8 ~~dues-equivalent members and student members by the end of 2018~~ Increase the number of
9 full-dues-equivalent members to 27,000 and retain the existing marketshare of United States
10 members by the end of 2018,’ whereby the ‘existing marketshare’ was the marketshare as of
11 December 31, 2015, and be it further,

12
13 Resolved that Goal 3, Strategy 3, be replaced in its entirety as follows: ‘~~Achieve at least a~~
14 ~~10% increase in members’ assessments of AGD value by the end of 2018~~ Retain at least 50%
15 of 2015 new graduate members through 2018.’”

16
17 **AIRBV2017#02 - Amend the AGD 2016-2018 Strategic Plan (2015:102B-H-6)**
18

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

20
21 **Date of Report:** August 7, 2017

22
23 **Staff Resources:** \$50 (Approx. 1 hour of staff time to draft the AIR)

24
25 **Total Financial Cost:** \$50 in staff resources (no direct costs)

26
27 **Budget Ramifications:** None

28
29 **Action/Timeline:** Record vote at 2016-2017 Board Meeting V. Forward to the 2017 HOD.
30

31 **BOARD RECOMMENDS ADOPTION**

32
33 *Y – Cheney, Cordero, Dubowsky, Dyzenhaus, Edgar, Guter, Hanson, Harunani, Lew, Malterud,*
34 *Shamoon, Shelly, Shepley, Tillman, Uppal, White, Worm*

35
36 *N - Dear, Donald, Stillwell,*

37
38 *a – Gajjar, Winland, Wooden*

39
40 *A – Bishop, Gehrig, Gorman*

41
42 *N/A – Smith*
43

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

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

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

6
7 **How It Fits into the Corporate Objectives:**

- 8 • N/A
9

10 **Introduction:**

11 At its 2016-2017 Board Meeting III, the AGD Board designated Trustees, Dr. David Tillman
12 (Chair), Dr. Guy Hanson, and Dr. George Shepley, to the Strategic Plan Discrepancies
13 Workgroup, with the charge of 1) Identifying discrepancies in the 2016-2018 Strategic Plan, and
14 2) Making recommendations for potential changes.

15
16 The AGD Strategic Plan Discrepancies Workgroup had the opportunity to meet during breakfasts
17 and lunch at the AGD 2016-17 Board Meeting IV, and, completed analysis and discussion of the
18 AGD’s 2016-18 Strategic Plan as well as background data and documentation. **The report of
19 the workgroup developed during Board Meeting IV is attached below.**

20
21 The recommendations of the workgroup are presented here for discussion, amendment as
22 needed, and approval, through this AIR.

23
24 **Necessary Information:**

- 25 • Dr. David Tillman, Chair, Strategic Plan Discrepancies Workgroup, has reviewed and
26 approved this report.
27 • A full report of the workgroup is provided at the end of this AIR.
28 • **NOTE:** There was significant discussion with regard to the continued use of the term
29 “full-dues equivalent members” in Goal 3:
30 ○ The current strategic plan requires a 25% increase in “full dues equivalent
31 members,” not “full dues members.”
32 ○ “Full-dues equivalent” members are members weighted by the percentage of the
33 full dues that they pay. For example, a member that pays 80% of full-dues would
34 be counted as four-fifths of a full-dues equivalent member.
35 ○ However, this is not how membership numbers have been calculated or retained
36 in practice. Rather, what has been reported is membership by categories (full-
37 dues, 80% dues, 60% dues, etc.).
38 ○ Mr. Killam made the good point that calculation by “full-dues equivalent” rather
39 than “full-dues” is really a measure of dues revenue (adjusted for dues increases
40 over the years), and not a true measure of growth in full-dues membership. This
41 point may be something the Board wishes to consider in its deliberations.

42
43 **What We Don’t Know:**

- 44 • We do not know if the amended strategies will be achieved. However, they are far more
45 realistic than the current strategies in these areas.
46

1 **Pros and Cons:**

2

3 **Pros:**

- 4 • Having challenging but realistic goals provides greater incentive to strive for achieving
5 these goals than unrealistic and unachievable goals that cannot be met regardless of
6 effort.

7

8 **Cons:**

- 9 • The strategic plan is a public-facing document, and reduction of strategic aspirations
10 within the strategic plan before its final year of implementation may send a
11 message/perception to the public that the AGD had erred in its strategic thinking.

12

13 **Executive Director/CEO Recommendations:**

14

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

16

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

- 18 • N/A

19

20 **Does this conflict with the Constitution and Bylaws, an AGD HOD Policy or Board Policy?**

21 **If yes, please provide the conflict and how you propose to resolve it:**

- 22 • Yes, in that it revises the current 2016-2018 Strategic Plan

23

24 **Responsible Staff Liaison & AGD member:**

25 Srinivasan Varadarajan, JD

26 Director, Dental Practice & Policy

27 312.440.4973 - p

28 srini.varadarajan@agd.org

29

30 David M. Tillman, DDS, MAGD

31 Chair, Strategic Plan Discrepancies Workgroup

32 817.332.9303 – p

33 mdavidtillman@hotmail.com

34

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

36 HOD for adoption of amended Strategic Plan, and all council and staff areas for implementation,
37 upon adoption.

38

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

40 HOD for adoption of amended Strategic Plan, and all council and staff areas for implementation,
41 upon adoption.

42

43 **Chair Approval Email:**

44

45 **From:** david tillman [mailto:mdavidtillman@hotmail.com]

46 **Sent:** Wednesday, August 09, 2017 3:25 PM

1 **To:** Srinivasan Varadarajan <Srinivasan.Varadarajan@AGD.org>
2 **Subject:** Re: Please review by Wed 8/9 at the latest - AIR and Report for your approval
3

4 I approve. Thanks Srin and everybody. DTillman

5
6 **Division Coordinator Review Email:**

- 7 • N/A

8
9 **Board Liaison Review Email:**

- 10 • N/A

11
12 **CFO Review Email:**

13
14 **From:** Christa Ojeda

15 **Sent:** Wednesday, August 16, 2017 4:07 PM

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

17 **Subject:** RE: Possible CFO comment?
18

19 There is a discrepancy regarding the number used to represent full-dues equivalent members as
20 of December 31, 2015. In order to preserve the intent of the workgroup and this AIR, the Board
21 may wish to consider amending the “27,000” number to “the number of full-dues equivalent
22 members as of December 31, 2015 audited revenues” in order to provide consistent year-over-
23 year measurements as timing and inclusion of Canadian members, can create a variance between
24 the database and earned revenue for any given time period.
25

1
2 AIR Addendum – HOD Policy Change Request
3

4
5 Action: Add _____ Revise X Delete _____
6

7
8 **Existing Policy to Revise/Delete:**
9

10 2015:102B-H-6 (2016-2018 AGD Strategic Plan)
11

12 **Resolution Presented for Approval:**
13

14 **“Resolved that AGD 2016-2018 Strategic Plan, Goal 1, Strategy 1, be amended as follows:**
15 **‘Create a Scientific Session that will annually attract at least 25% 5% of AGD members by the**
16 **end of 2018;’ and be it further,**
17

18 **Resolved that Goal 3 be replaced in its entirety as follows: ‘Achieve a 25% increase in full-**
19 **dues equivalent members and student members by the end of 2018 Increase the number of**
20 **full-dues-equivalent members to 27,000 and retain the existing marketshare of United States**
21 **members by the end of 2018,’** whereby the ‘existing marketshare’ was the marketshare as of
22 **December 31, 2015, and be it further,**
23

24 **Resolved that Goal 3, Strategy 3, be replaced in its entirety as follows: ‘Achieve at least a**
25 **10% increase in members’ assessments of AGD value by the end of 2018 Retain at least 50%**
26 **of 2015 new graduate members through 2018.’”**
27

28 **Related Existing HOD Policies:**
29

30 2015:102B-H-6 (2016-2018 AGD Strategic Plan)
31

32 **Are existing AGD policies inadequate or no longer appropriate? Explain.**
33

34 Existing policy provides certain strategies and objectives that may be unachievable.
35

36 **For additions/revisions, how often should this policy be reviewed? [Default is every 5 years]**
37

38 To be reviewed in 2018 for the next strategic plan.
39

40 **Any documentation or literature considered in developing this submission?**
41

42 No
43

44 **Other Comments?**
45

Recommendations of the AGD Strategic Plan Discrepancies Workgroup

2016-2017 AGD Board Meeting

July 1, 2017

The AGD Strategic Plan Discrepancies Workgroup had the opportunity meet during breakfasts and lunch at this AGD 2016-17 Board Meeting IV, and, having completed analysis and discussion of the AGD’s 2016-18 Strategic Plan as well as background data and documentation (outlined below), the workgroup is pleased to recommend the following revisions to the 2016-18 Strategic Plan for its final year of implementation:

RECOMMENDATIONS

I. Revise **Goal 1 (Education), Strategy 1**, to amend “25%” to “5%.”

Rationale:

- a. Goal 1, Strategy 1, presently reads, “Create a Scientific Session that will annually attract at least 25% of AGD members by the end of 2018.”
- b. In each of the last 10 years, the Scientific Session (formerly, the annual meeting) has attracted between 3.08% and 4.98% of AGD membership.
- c. The 2016 and 2017 annual corporate objectives, approved by the Board, each called for attracting 5% of AGD membership to the Scientific Session.
- d. In order to provide a stretch but reasonable measure that is consistent with 2016 and 2017 annual corporate objectives, the workgroup recommends that the strategy be revised to read, “**Create a Scientific Session that will annually attract at least 5% of AGD members by the end of 2018.**”

II. Replace **Goal 3 (Membership)**, with “**Increase the number of full-dues-equivalent members to 27,000 and retain the existing marketshare of United States members.**”

Rationale:

- a. Goal 3 presently reads “Achieve a 25% increase in full-dues-equivalent members and student members by the end of 2018.”
 - i. Note that “full-dues-equivalent” is not the same as just “full dues”
 - ii. Full-dues-equivalent members appear to be calculated as 100% of the number of full-dues members, plus 80% of the number of members that pay 80% of dues, plus 60% of the number of members that pay 60% of dues, and so forth.
 - iii. Despite recruitment of 457 new full-dues members (1,976 total new members) between May 2015 and May 2016 (approx.. 2% gain), year-end comparisons between Dec. 31, 2016 and Dec. 31, 2015 reveal a net *loss* of 392 full-dues members (1.63% loss) and a net *loss* of 355 full-dues-equivalent members (1.31% loss).

- 1 iv. Meanwhile, the AGD has experienced a net increase of approximately
- 2 4.4% in student membership between 12/31/15 and 12/31/16. Projected
- 3 over a 3-yr period, this would still only yield a 3-yr growth of 13.8% in
- 4 student membership.
- 5 v. Clearly, a 25% increase in full-dues-equivalent members and student
- 6 membership are well-beyond achievability over the next year.
- 7 b. Each of the two elements of the proposed revision is addressed separately below:
- 8 i. **“Increase the number of full-dues-equivalent members to 27,000”**
- 9 1. The intent of this element of the proposed goal is to maintain the
- 10 number of full-dues-equivalent members at the Dec. 31, 2015,
- 11 level, i.e., at the level immediately prior to implementation of the
- 12 strategic plan.
- 13 2. As of Dec. 31, 2015, the AGD had 27,010 “full-dues-equivalent”
- 14 members (24,103 full dues members).
- 15 3. As of Dec. 31, 2016, the AGD had 26,655 “full-dues-equivalent”
- 16 members (23,711 full dues members).
- 17 4. The intent of the proposed revision is to recover from the loss in
- 18 2016 and return the number of “full-dues-equivalent” members to
- 19 Dec. 31, 2015, levels.
- 20 ii. **“Retain the existing marketshare of United States members.”**
- 21 1. The workgroup acknowledges that wide variations exist in how the
- 22 ‘market’ could be defined and how marketshare could be
- 23 calculated. Sources may include various ADA databases, or the
- 24 Dept. of Labor, among other sources. Accordingly, any calculation
- 25 of marketshare will likely be inaccurate, given the wide variation.
- 26 2. However, for the purpose of this final year of the Strategic Plan,
- 27 the objective is to use the same source and calculation of
- 28 marketshare, however invalid, for *both* the 12/31/15 benchmark
- 29 and the 12/31/18 measure, for the purpose of determining whether
- 30 this goal has been met.
- 31 3. A reason for using marketshare, specifically limited to U.S.
- 32 members, is the correlation to advocacy. AGD advocacy is limited
- 33 to the U.S., and marketshare of general dentists is a marker for
- 34 supporting the assertion that the AGD is the voice of general
- 35 dentistry. Moreover, limitation to U.S. marketshare avoids the
- 36 daunting burden of identifying and contacting international
- 37 agencies in an effort to identify the global general dentist ‘market.’
- 38 4. Per ADA Health Practice Institute data, the number of dentists
- 39 (overall) in the United States is projected to grow by 6.5% between
- 40 2015 and 2020.

41

42 **III. Replace Goal 3 (Membership), Strategy 3, with “Retain at least 50% of 2015 new**

43 **graduate members through 2018.”**

44

45 *Rationale:*

46

- a. Goal 3, Strategy 3, presently reads, “Achieve at least a 10% increase in members’ assessments of AGD value by the end of 2018.”
- b. While results of Member Value Prioritization (MVP) surveys indicate levels of value, satisfaction, and awareness of various programs, there does not appear to be a singular validated quantified measure of members’ assessment of AGD value from which to calculate 10%. This is an indication that this metric fails to meet the S.M.A.R.T. acronym and should be reconsidered.
- c. The workgroup looked to the intent of the metric, which was to add value to AGD programs and services, the corner stone of recruiting and retaining members.
- d. However, in analyzing recruitment and retention data, it is abundantly clear that the AGD has been very successful in recruitment, but faces a challenge in being able to retain members:
 - i. Between January and May of each of 2015, 2016, and 2017, the AGD successfully recruited 1,757 new members, 1,976 new members, and 2,232 new members, for a total recruitment of nearly 6,000 new members in just the first 5 months of the last 3 years. *Yet*, the AGD saw a slight drop in total membership, indicating that we are not retaining members.
 - ii. The retention challenge is further illustrated by 5-yr retention rates of 2012 new graduates, which illustrates that out of 781 new graduate members in 2012, only 25% were still AGD members in 2017.
- e. If members value AGD programs and services (the intent of the present strategy), this will likely be reflected by increased retention.
- f. Given that the Strategic Plan has a 3-yr term, the workgroup felt that a 5-yr retention goal would be inconsistent with the term of the Strategic Plan. The 5-yr retention data of 2012 new graduates also indicated that approximately 40% of these new graduates were still members 3 years later.
- g. Accordingly, the workgroup proposes a stretch but reasonable and measurable goal of a 3-yr retention rate of 50%.

DATA/DOCUMENTATION REVIEWED BY THE WORKGROUP

1. Tactics & Milestones 2016-18
2. Corporate Objectives 2017
 - a. *Membership Objectives (to achieve by 12/31/17, in comparison to 12/31/16):*
 - i. *Increase active members by 5%*
 - ii. *Increase full dues paying members by 5%*
 - iii. *Increase student members by 5%*
 - b. *Scientific Session Objective: 5% of members attend 2017 meeting*
3. Corporate Objectives 2016, with Oct. 2016 results update
 - a. *Membership Objectives:*
 - i. *U.S. Full-Dues Paying Members by 4%:*
 - *Did not achieve. Decreased by 7% from 12/31/15 to 8/31/16.*
 - ii. *Increase student members by 4%:*
 - *Achieved. Increase of 7.6% from 8/31/15 to 8/31/16.*
 - b. *Scientific Session Objective: 5% of AGD members attend 2016 meeting*

- 1 • *Slightly fell short. 3.98% of AGD members attended.*
- 2 4. Membership Data – Additional calculations
- 3 a. *Membership revenue as % of total revenue – Approx 60% each year*
- 4 b. *Areas of membership growth/loss (1-yr, 3-yr and 10-yr % changes) – 185%*
- 5 *growth in student membership, 9.12% loss in full-dues members (5.84% loss in*
- 6 *‘full-dues equivalent’)*
- 7 c. *“Full-dues-equivalent” calculation – 100% of full dues + 80% of rate level 2*
- 8 *+...etc.*
- 9 d. *Market share calculations for each of AGD active vs. U.S. working, and student*
- 10 *enrollment data from the ADA HPI.*
- 11 5. Graduate retention rates (Life-cycle of 2012 grads, through 2017) (Thank you, Tom
- 12 Killam)
- 13 6. Recruitment data, reflecting recruitment growth
- 14 7. Scientific Session attendance data, condensed by Dr. Hanson with % of members
- 15 attending
- 16 8. (Old) 2010-15 Strategic Plan (**Attached as 7**) (*Note: Did not have numbers for the goals*)
- 17 9. Market Definition and Growth (See ADA HPI Report June 2016 and HPI Member Data
- 18 2001-2016 Excel File (Not printed, but emailed)):
- 19 a. *ADA appears to rely upon its own “masterfile” of survey data to define the*
- 20 *market*
- 21 b. *Per the ADA HPI Excel file, there were 196,441 working dentists, including*
- 22 *155,102 working general dentists, in the U.S. in 2016*
- 23 c. *Per the HPI report, projected net increase of 6.5% in “professionally active*
- 24 *dentists” between 2015 (195,722 professional active dentists) and 2020 (208,423*
- 25 *professionally active dentists)*
- 26 10. Revenues and Expenses of AGD Scientific Sessions: *Data will require additional time to*
- 27 *compile due to variations in how revenues and expenses have been calculated from year*
- 28 *to year, and variations in governance costs.*
- 29 11. Trends in Scientific Session attendance at other orgs:
- 30 a. American Dental Association (ADA):

	2014 San Antonio	2015 D.C.	2016 Denver
Total	20,652	21,491	21,667
Dentists	6,215	7,148	6,734
Dental Team	4,928	4,744	6,409
Students	717	773	884
Exhibitors	5,602	5,038	4,694
Other	3,190	3,788	2,946

- 31 b. American Academy of Cosmetic Dentistry (AACD) (Membership of ~ 6,000)
- 32

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2015 San Francisco, CA – 2,285 dental professionals
 2014 Orlando, FL – 2,156 dental professionals
 2013 Seattle, WA – 2,150 dental professionals

- c. Chicago Dental Society (CDS) Mid-Winter Meeting (2017 only – prior years not found) (Note: CDS’ tripartite membership (members also belong to IL State Dental Society and ADA) only totals 4,200. Most attendees are not members).

2017 Midwinter Meeting Attendance

Dentists	6,886
Grad Students / Residents	95
Dental Students	1,124
Hygienists	4,049
Assistants	2,869
Office Personnel	2,109
Laboratory Technicians / Students	220
Hygiene Students / Assistant Students	1,218
Guests	1,824
Press	107

Trade	648
Exhibitors	7,797
TOTALS	28,946

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d. Greater New York Dental Meeting (2017 only - prior years not found)

The following is the breakdown of our attendance in 2017:

Dentists	19,471
Dental Students	1,741
Dental Hygienists	4,214
Dental Assistants	4,938
Dental Technicians	496
International Attendees	8,919
Total Registration	54,890
Total Countries	151

Resolution 104

“Resolved that AGD HOD Policy Manual, Publishing/Production Design Guidelines, Advertising Policies of the Academy of General Dentistry be rescinded.”

Publishing/Production Design Guidelines

Advertising Policies of the Academy of General Dentistry

~~Advertising accepted for the publications of the Academy of General Dentistry or its Web site or sent to members through membership list rental should serve to inform dentists and others of products, services and courses that are available. In keeping with responsible journalistic philosophy, all advertisements must be accurate. No advertising shall encourage dentists or other readers to engage in practices that would conflict with standards of conduct generally adhered to by members of the dental profession. All advertisements are subject to acceptance or rejection by the Academy, based on the content of the advertisement and the nature of the product, services or courses offered.~~

~~Inclusion of advertising in AGD publications does not constitute approval or endorsement by the Academy of General Dentistry of products, services, or claims made in advertisements. Each issue of *General Dentistry* and *AGD Impact* will carry the following statement: "The publication of an advertisement in (*General Dentistry* or *AGD Impact*) does not indicate endorsement for products or services. AGD credit approval for continuing education courses or course program providers will be clearly stated."~~

A. General Eligibility

~~1. All advertisements must involve goods or services related to the dental profession, or to the mission, activities and/or functions of the Academy of General Dentistry.~~

~~2. The Academy will make advertising space available in its publications free of charge, as appropriate, in exchange for equal value under the following circumstances:~~

~~a. Advertising exchange program with a recognized dental or dentistry-related association.~~

~~b. Membership benefits program in which companies providing benefits to members under contract or agreement with the Academy are provided one full page of advertising space at no charge during the introduction of the new program or service.~~

~~Note: The Academy reserves the right to assign advertising space, as available, for the promotion of Academy and AGD Foundation products, services and events.~~

~~3. All advertisements must be accurate. Exaggerated or unsupported claims are not acceptable. The burden of proof to substantiate any statement within an advertisement rests with the company or individual proposing the advertisement.~~

1 ~~4. All products and/or services must be available at the time the advertisement is published~~
2 ~~or mailed.~~

3
4 ~~5. No advertising material will be acceptable if it is deemed to be in conflict with the laws or~~
5 ~~regulations of any federal, state, or local government or agency.~~

6
7 ~~6. Advertisements that include language or devices that reflect pride and/or confidence in a~~
8 ~~product or service are acceptable. However, such promotional materials shall not include~~
9 ~~exaggerations or superlative terms or phrases that either deceive or mislead or tend to~~
10 ~~deceive or mislead or may be interpreted in any way to be in poor taste.~~

11
12 ~~7. Advertisements that in any manner may be construed as being disparaging of useful~~
13 ~~competitive products or services are not acceptable.~~

14
15 ~~8. No advertisement or other promotion may use the name or logo of the Academy of~~
16 ~~General Dentistry, either in publications of the Academy or elsewhere, without prior and~~
17 ~~specific approval from the Academy. Such approval shall not be unreasonably withheld.~~

18
19 ~~9. A company or individual may be denied AGD publication advertising space and/or~~
20 ~~mailing labels for a period of six months to a year or longer on the basis of documented~~
21 ~~non-compliance with AGD advertising policy.~~

22
23 ~~10. Classified advertising in AGD Impact may include practice sales, practice opportunities~~
24 ~~for dentists and auxiliaries, the sale of used and new dental equipment, and other dental~~
25 ~~products.~~

26
27 ~~11. The Academy does not offer complimentary advertising of dental publications or~~
28 ~~literature through distribution at Academy meetings, but may provide such a service at~~
29 ~~reasonable cost to companies that have purchased exhibit space at the meeting.~~

30
31 **B. — Drugs, Materials and Devices**

32
33 ~~1. Acceptability of advertising of any drug, material or device may be based upon~~
34 ~~determinations or evaluations made by the American Dental Association Council on Dental~~
35 ~~Materials and Devices or the ADA Council on Dental Therapeutics, or upon research and~~
36 ~~practice currently taught in dental schools and other recognized institutions, whether~~
37 ~~published or unpublished.~~

38
39 ~~2. Performances of all drugs, materials, and devices being advertised remain the sole~~
40 ~~responsibility of the manufacturer, company, or person placing or mailing the~~
41 ~~advertisement.~~

42
43 ~~3. Advertisements may cite, through proper footnotes, appropriate references to dental or~~
44 ~~other scientific literature, provided the reference properly supports a claim.~~

45
46 **C. — Continuing Dental Education Materials and Courses**

1
2 ~~1. Advertising copy for continuing education courses must be submitted to the AGD~~
3 ~~national office for editorial review before it will be accepted for publication or for mailing~~
4 ~~to AGD members through the sale of labels.~~

5
6 ~~2. The accuracy of any statements related to continuing dental education credit availability~~
7 ~~will be determined by the AGD Department of Continuing Education.~~

8
9 ~~3. Advertising space in AGD publications and AGD membership mailing labels are~~
10 ~~available to the providers of continuing education courses only if the course being~~
11 ~~promoted is approved to offer FAGD/MAGD credit.~~

12
13 **D. — Editor's Responsibility**

14
15 ~~1. It is the responsibility of the editor of the Academy to determine acceptability of~~
16 ~~advertising materials and content under policies stated herein.~~

17
18 ~~2. The editor of the Academy is authorized to determine eligibility for advertising space or~~
19 ~~mailing labels and the period during which eligibility will be denied.~~

20
21 **E. — Acceptance of Advertising Copy, Materials**

22
23 ~~1. The advertisement should clearly identify the advertiser and the product or service being~~
24 ~~offered.~~

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26 ~~2. Layout, artwork, and format submitted for publication must avoid confusion with the~~
27 ~~editorial content of the publication. The word "advertisement" may be required by the~~
28 ~~Editor.~~

29
30 ~~3. It is the responsibility of the manufacturer to comply with the laws and regulations~~
31 ~~applicable to marketing and sale of products.~~

32
33 ~~4. Advertisements will not be accepted if they appear to violate the Principles of Ethics of~~
34 ~~the American Dental Association, are indecent or offensive in either text or artwork, or~~
35 ~~contain attacks of a personal, racial, or religious character.~~

36
37 ~~5. Advertising materials submitted for publication must in all ways conform to the~~
38 ~~specifications set forth in the advertising rate card in effect at the date of submission.~~
39 ~~Production work necessitated in order to produce new materials that conform to the~~
40 ~~specifications reflected on the advertising rate card shall be billed to the advertiser.~~

41
42 **F. — Rates**

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44 ~~1. Rates for advertising in the official publications of the Academy, including display and~~
45 ~~course listing entries, and for rental of the AGD membership list shall be established by the~~

1 ~~Executive Director in cooperation with the Director of Communications and the AGD~~
2 ~~advertising representative, and adjusted as appropriate.~~

3
4 ~~2. Rates for rental of the Annual Meeting registration list to exhibitors at the Academy's~~
5 ~~Annual Meeting shall be established by the Executive Director and Director of~~
6 ~~Communications in cooperation with the Director of Meeting Planning.~~

7
8 ~~Note: Rates for the rental of the AGD membership list to AGD constituents shall be~~
9 ~~established by the Executive Director in cooperation with the Director of Membership.~~

10
11 ~~3. Rates for classified advertising in AGD Impact shall be established by the Executive~~
12 ~~Director in cooperation with the Director of Communications.~~

13
14 ~~4. Rates for banner link advertising on the AGD Web Site shall be established by the~~
15 ~~Executive Director in cooperation with the Director of Communications, AGD Advertising~~
16 ~~Representative, Editor, and Publications Review Council, and adjusted as appropriate.~~

17
18 **G. — Reader/Member's Rights**

19
20 ~~As a legal requirement, AGD shall notify its members, at least twice each year, of their~~
21 ~~opportunity to delete their names from list rental.~~

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23 **H. — Advertisers' Right of Appeal**

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25 ~~A company or individual that has been denied AGD advertising space or list rental may~~
26 ~~appeal the decision to the Executive Committee of the Academy.~~

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28 **J. — Publishers' Disclaimer**

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30 ~~Advertisers and their agencies assume any liability for the content of their advertisements~~
31 ~~in Academy publications, including any claims arising therefrom. The Academy reserves~~
32 ~~the right to reject any advertisement considered unsuitable according to AGD policy.~~

33
34 ~~The Academy accepts camera-ready artwork for all advertisements, but will offer to make~~
35 ~~minor changes and adjustments to existing artwork for a nominal charge as a courtesy to~~
36 ~~its advertisers. All liability for the accuracy of these changes rests entirely with the~~
37 ~~advertiser, with the Academy's liability limited to the cost of the advertisement.~~

38
39 **K. — Criteria for Establishing Commercial Hyperlinks from the AGD Home Page**

40
41 ~~1. Careful consideration should be given as to whether the link conflicts with the AGD~~
42 ~~mission, vision, or policies, or with the standards of conduct generally adhered to by~~
43 ~~members of the dental profession.~~

44
45 ~~2. The hyperlink should offer content enhancement.~~

1 **3. The Academy’s approval for a hyperlink request should include a request from the**
2 **Academy for a reciprocal link to the AGD site.**

3
4 **4. The Academy’s approval for a hyperlink to a site that is not primarily dentistry-related**
5 **should include a requirement that the link be a direct connection to the specific dentistry-**
6 **related page on the site.”**

7
8 **And be it further,**

9
10 **“Resolved that AGD HOD policy 2014:116C-H-6, Section F be rescinded to:**

11
12 **2014:116C-H-6 “Resolved, that 98:17-H-7 be amended following approval of the separation**
13 **of governance and the scientific session.”**

14
15 **“Resolved, that the process for scientific session registration list rental to exhibitors at the**
16 **AGD’s scientific session each year be standardized to follow existing AGD list rental**
17 **approval and rate-setting procedures by amending Section F of the document *Advertising***
18 ***policies of the Academy of General Dentistry* so that it reads:**

19
20 **F. Rates**

21
22 **1. Rates for advertising in the official publications of the AGD, including display and**
23 **course listing entries, and for the rental of AGD membership labels shall be established by**
24 **the executive director in cooperation with the director of communications and the AGD**
25 **advertising representative, and adjusted as appropriate.**

26
27 **2. Rates for rental of the scientific session registration list to exhibitors at the AGD’s**
28 **scientific session shall be established by the executive director and director of**
29 **communications in cooperation with the director of meeting planning.**

30
31 **Note: Rates for the rental of membership labels to AGD constituents shall be established**
32 **by the executive director in cooperation with the director of membership.”**

33
34 **3. Rates for classified advertising in *AGD Impact* shall be established by the executive**
35 **director in cooperation with the director of communications²**

36
37 **AIRBV2017#06/AIRBIII2017#01 – Rescind HOD Policy Manual, Publishing/Production**
38 **Design Guidelines, Advertising Policies of the Academy of General Dentistry**

39
40 **Prepared by:** Derria Murphy

41
42 **Date of Report:** October 20, 2016

43
44 **Staff Resources:** \$25 (Approx. 30 minutes of staff time to draft the AIR)

45
46 **Total Financial Cost:** \$25 in staff resources (no direct costs)

1
2 **Budget Ramifications:** \$0

3
4 **Action/Timeline:** Approval at the 2016-2017 Board Meeting III

5
6 **BOARD RECOMMENDS ADOPTION**

7
8 *Y – Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Guter, Hanson,*
9 *Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland,*
10 *Wooden, Worm*

11
12 *A – Bishop, Gehrig, Gorman*

13
14 *N/A – Smith*

15
16 **How It Fits into the Strategic Plan:**

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

20 Strategy 2: Improve the effectiveness and efficiency of AGD Headquarters operations.

21 Strategy 3: Streamline the AGD governance structure and operations.

22
23 **How it Fits into the Corporate Objectives:**

- 24 • N/A

25
26 **Introduction:**

27 The communications team was called upon to review the HOD and Board advertising policies
28 and bring them into alignment. Currently, the Board policy addresses advertisement across AGD
29 products and is up-to-date. The Advertising policy within the House of Delegates Policy Manual
30 is out-of-date. Due to the frequency of Board meetings, keeping the policy in the Board Policy
31 Manual enables it to be updated and maintained with more ease, frequency, and expediency, and
32 thus we are requesting that the House policy be rescinded.

33
34 **Necessary Information:**

- 35 • Dr. Roger Winland and the communications team have provided input into this report.
36 • The policies were reviewed in tandem and it was determined the Board policy was the
37 most current.

38
39 **What We Don't Know:**

- 40 • N/A

41
42 **Pros and Cons:**

43
44 **Pros:**

- 45 • Advertising Board policy presently addresses advertisement across AGD products.

- 1 • The policy located in only one manual keeps the policy manual in concurrence with each
2 other and are less likely to be conflicting and out of date.
3

4 **Cons:**

- 5 • HOD may want to keep a pulse on this policy
6

7 **Executive Director/CEO Recommendations:**

8 From: Thomas Killam

9 Sent: Tuesday, November 08, 2016 7:00 PM

10 To: Derria Murphy <Derria.Murphy@AGD.org>

11 Subject: RE: Response Requested: AIR 2016 (3rd AIR) 2014_116c-h_6 Sections A through K_2 House
12 Policy_Rescind

13
14 I approve this AIR for deliberation by the Board.
15

16 Thomas D. Killam, CAE

17 Interim Executive Director

18 Associate Executive Director, Member Services

19 Academy of General Dentistry

20 560 W. Lake St., Sixth Floor

21 Chicago, IL 60661-6600

22 312.440.4966 Direct

23 312.335.3443 Fax

24 thomas.killam@agd.org

25 www.agd.org
26

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

- 28 • N/A
29

30 **Does this conflict with the Constitution and Bylaws, an AGD HOD Policy or Board Policy?**

31 **If yes, please provide the conflict and how you propose to resolve it:**

- 32 • Yes, it removes the current HOD Policy.
33

34 **Responsible Staff Liaison & AGD member:**

35 Derria Murphy

36 Coordinator, Circulation

37 derria.murphy@agd.org

38 312.440.4097
39

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

41 Board

42 OED

43 HOD
44

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

46 OED
47

48 **Chair Approval Email:**

- 49 • N/A

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Division Coordinator Review Email:

- N/A

Board Liaison Review Email:

- N/A

CFO Review Email:

From: Caroline Vullmahn
Sent: Thursday, November 10, 2016 9:15 AM
To: Derria Murphy <Derria.Murphy@AGD.org>
Subject: Response Requested: AIR 2016 (3rd AIR) -2014_116c-h_6 Sections A through K_2 House Policy_Rescind

Hi Derria,

I respectfully recommend transmittal to the Executive Committee and Board for further deliberation.

Best,
Caroline

Caroline E. Vullmahn, CPA
Interim Chief Financial Officer
Academy of General Dentistry
560 W. Lake Street, Sixth Floor
Chicago, IL 60661-6600
D: 888.243.3368, ext 4315
D: 312.440.4315
F: 312.335.3452
E: caroline.vullmahn@agd.org
W: www.agd.org

AIR Addendum – HOD Policy Change Request

Action: Add _____ Revise _____ Delete X

Existing Policy to Revise/Delete:

2014:116C-H-6, Sections A through K

Publishing/Production Design Guidelines

Advertising Policies of the Academy of General Dentistry

Advertising accepted for the publications of the Academy of General Dentistry or its Web site or sent to members through membership list rental should serve to inform dentists and others of products, services and courses that are available. In keeping with responsible journalistic philosophy, all advertisements must be accurate. No advertising shall encourage dentists or other readers to engage in practices that would conflict with standards of conduct generally adhered to by members of the dental profession. All advertisements are subject to acceptance or rejection by the Academy, based on the content of the advertisement and the nature of the product, services or courses offered.

Inclusion of advertising in AGD publications does not constitute approval or endorsement by the Academy of General Dentistry of products, services, or claims made in advertisements. Each issue of *General Dentistry* and *AGD Impact* will carry the following statement: "The publication of an advertisement in (*General Dentistry* or *AGD Impact*) does not indicate endorsement for products or services. AGD credit approval for continuing education courses or course program providers will be clearly stated."

A. General Eligibility

1. All advertisements must involve goods or services related to the dental profession, or to the mission, activities and/or functions of the Academy of General Dentistry.
2. The Academy will make advertising space available in its publications free of charge, as appropriate, in exchange for equal value under the following circumstances:
 - a. Advertising exchange program with a recognized dental or dentistry-related association.
 - b. Membership benefits program in which companies providing benefits to members under contract or agreement with the Academy are provided one full page of advertising space at no charge during the introduction of the new program or service.

Note: The Academy reserves the right to assign advertising space, as available, for the promotion of Academy and AGD Foundation products, services and events.

3. All advertisements must be accurate. Exaggerated or unsupported claims are not acceptable. The burden of proof to substantiate any statement within an advertisement rests with the company or individual proposing the advertisement.

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4. All products and/or services must be available at the time the advertisement is published or mailed.
5. No advertising material will be acceptable if it is deemed to be in conflict with the laws or regulations of any federal, state, or local government or agency.
6. Advertisements that include language or devices that reflect pride and/or confidence in a product or service are acceptable. However, such promotional materials shall not include exaggerations or superlative terms or phrases that either deceive or mislead or tend to deceive or mislead or may be interpreted in any way to be in poor taste.
7. Advertisements that in any manner may be construed as being disparaging of useful competitive products or services are not acceptable.
8. No advertisement or other promotion may use the name or logo of the Academy of General Dentistry, either in publications of the Academy or elsewhere, without prior and specific approval from the Academy. Such approval shall not be unreasonably withheld.
9. A company or individual may be denied AGD publication advertising space and/or mailing labels for a period of six months to a year or longer on the basis of documented non-compliance with AGD advertising policy.
10. Classified advertising in *AGD Impact* may include practice sales, practice opportunities for dentists and auxiliaries, the sale of used and new dental equipment, and other dental products.
11. The Academy does not offer complimentary advertising of dental publications or literature through distribution at Academy meetings, but may provide such a service at reasonable cost to companies that have purchased exhibit space at the meeting.

B. Drugs, Materials and Devices

1. Acceptability of advertising of any drug, material or device may be based upon determinations or evaluations made by the American Dental Association Council on Dental Materials and Devices or the ADA Council on Dental Therapeutics, or upon research and practice currently taught in dental schools and other recognized institutions, whether published or unpublished.
2. Performances of all drugs, materials, and devices being advertised remain the sole responsibility of the manufacturer, company, or person placing or mailing the advertisement.
3. Advertisements may cite, through proper footnotes, appropriate references to dental or other scientific literature, provided the reference properly supports a claim.

C. Continuing Dental Education Materials and Courses

1. Advertising copy for continuing education courses must be submitted to the AGD national office for editorial review before it will be accepted for publication or for mailing to AGD members through the sale of labels.

2. The accuracy of any statements related to continuing dental education credit availability will be determined by the AGD Department of Continuing Education.
3. Advertising space in AGD publications and AGD membership mailing labels are available to the providers of continuing education courses only if the course being promoted is approved to offer FAGD/MAGD credit.

D. Editor's Responsibility

1. It is the responsibility of the editor of the Academy to determine acceptability of advertising materials and content under policies stated herein.
2. The editor of the Academy is authorized to determine eligibility for advertising space or mailing labels and the period during which eligibility will be denied.

E. Acceptance of Advertising Copy, Materials

1. The advertisement should clearly identify the advertiser and the product or service being offered.
2. Layout, artwork, and format submitted for publication must avoid confusion with the editorial content of the publication. The word "advertisement" may be required by the Editor.
3. It is the responsibility of the manufacturer to comply with the laws and regulations applicable to marketing and sale of products.
4. Advertisements will not be accepted if they appear to violate the Principles of Ethics of the American Dental Association, are indecent or offensive in either text or artwork, or contain attacks of a personal, racial, or religious character.
5. Advertising materials submitted for publication must in all ways conform to the specifications set forth in the advertising rate card in effect at the date of submission. Production work necessitated in order to produce new materials that conform to the specifications reflected on the advertising rate card shall be billed to the advertiser.

F. Rates

1. Rates for advertising in the official publications of the Academy, including display and course listing entries, and for rental of the AGD membership list shall be established by the Executive Director in cooperation with the Director of Communications and the AGD advertising representative, and adjusted as appropriate.
2. Rates for rental of the Annual Meeting registration list to exhibitors at the Academy's Annual Meeting shall be established by the Executive Director and Director of Communications in cooperation with the Director of Meeting Planning.

Note: Rates for the rental of the AGD membership list to AGD constituents shall be established by the Executive Director in cooperation with the Director of Membership.

1 3. Rates for classified advertising in *AGD Impact* shall be established by the
2 Executive Director in cooperation with the Director of Communications.
3

4 4. Rates for banner link advertising on the AGD Web Site shall be established by the
5 Executive Director in cooperation with the Director of Communications, AGD
6 Advertising Representative, Editor, and Publications Review Council, and adjusted
7 as appropriate.
8

9 G. Reader/Member's Rights

10 As a legal requirement, AGD shall notify its members, at least twice each year, of their
11 opportunity to delete their names from list rental.
12
13

14 H. Advertisers' Right of Appeal

15 A company or individual that has been denied AGD advertising space or list rental may
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20 Advertisers and their agencies assume any liability for the content of their advertisements
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24

25 The Academy accepts camera-ready artwork for all advertisements, but will offer to make
26 minor changes and adjustments to existing artwork for a nominal charge as a courtesy to its
27 advertisers. All liability for the accuracy of these changes rests entirely with the advertiser,
28 with the Academy's liability limited to the cost of the advertisement.
29

30 K. Criteria for Establishing Commercial Hyperlinks from the AGD Home Page

31
32 1. 1. Careful consideration should
33 be given as to whether the link conflicts with the AGD mission, vision, or policies, or with the
34 standards of conduct generally adhered to by members of the dental profession.

35 2.
36 3. 2. The hyperlink should offer
37 content enhancement.

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39 4. 3. The Academy's approval for
40 a hyperlink request should include a request from the Academy for a reciprocal link to the AGD site.

41 5.
42 6. 4. The Academy's approval for
43 a hyperlink to a site that is not primarily dentistry-related should include a requirement that the link
44 be a direct connection to the specific dentistry-related page on the site.
45

46 **Resolution Presented for Approval:**

47
48 **“Resolved that AGD HOD policy 2014:116C-H-6, Sections A through K under**
49 **Publishing/Production Design Guidelines, Advertising Policies be rescinded:**

50
51 **~~Publishing/Production Design Guidelines~~**
52

1 **Advertising Policies of the Academy of General Dentistry**

2
3 ~~Advertising accepted for the publications of the Academy of General Dentistry or its Web~~
4 ~~site or sent to members through membership list rental should serve to inform dentists and~~
5 ~~others of products, services and courses that are available. In keeping with responsible~~
6 ~~journalistic philosophy, all advertisements must be accurate. No advertising shall~~
7 ~~encourage dentists or other readers to engage in practices that would conflict with~~
8 ~~standards of conduct generally adhered to by members of the dental profession. All~~
9 ~~advertisements are subject to acceptance or rejection by the Academy, based on the content~~
10 ~~of the advertisement and the nature of the product, services or courses offered.~~

11
12 ~~Inclusion of advertising in AGD publications does not constitute approval or endorsement~~
13 ~~by the Academy of General Dentistry of products, services, or claims made in~~
14 ~~advertisements. Each issue of *General Dentistry* and *AGD Impact* will carry the following~~
15 ~~statement: "The publication of an advertisement in (*General Dentistry* or *AGD Impact*)~~
16 ~~does not indicate endorsement for products or services. AGD credit approval for~~
17 ~~continuing education courses or course program providers will be clearly stated."~~

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19 **A. General Eligibility**

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25 ~~appropriate, in exchange for equal value under the following circumstances:~~

26
27 ~~a. Advertising exchange program with a recognized dental or dentistry-related association.~~

28
29 ~~b. Membership benefits program in which companies providing benefits to members under~~
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3 ~~exaggerations or superlative terms or phrases that either deceive or mislead or tend to~~
4 ~~deceive or mislead or may be interpreted in any way to be in poor taste.~~

5
6 ~~7. Advertisements that in any manner may be construed as being disparaging of useful~~
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8
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12
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18

19 **A company or individual that has been denied AGD advertising space or list rental may**
20 **appeal the decision to the Executive Committee of the Academy.**
21

22 **J. — Publishers' Disclaimer**
23

24 **Advertisers and their agencies assume any liability for the content of their advertisements**
25 **in Academy publications, including any claims arising therefrom. The Academy reserves**
26 **the right to reject any advertisement considered unsuitable according to AGD policy.**
27

28 **The Academy accepts camera-ready artwork for all advertisements, but will offer to make**
29 **minor changes and adjustments to existing artwork for a nominal charge as a courtesy to**
30 **its advertisers. All liability for the accuracy of these changes rests entirely with the**
31 **advertiser, with the Academy's liability limited to the cost of the advertisement.**
32

33 **K. — Criteria for Establishing Commercial Hyperlinks from the AGD Home Page**
34

35 **1. Careful consideration should be given as to whether the link conflicts with the AGD**
36 **mission, vision, or policies, or with the standards of conduct generally adhered to by**
37 **members of the dental profession.**
38

39 **2. The hyperlink should offer content enhancement.**
40

41 **3. The Academy's approval for a hyperlink request should include a request from the**
42 **Academy for a reciprocal link to the AGD site.**
43

44 **4. The Academy's approval for a hyperlink to a site that is not primarily dentistry-related**
45 **should include a requirement that the link be a direct connection to the specific dentistry-**
46 **related page on the site."**

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Related Existing HOD Policies:

- N/A

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

- Yes, Advertising Board policy presently addresses advertisement across AGD products.

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

N/A

Any documentation or literature considered in developing this submission?

- N/A

Other Comments?

- N/A

1 **Resolution 105**

2
3 **“Resolved, that HOD Policy AGD Emergency Handbook be rescinded.”**

4
5 **AIRBV2017#19 - Rescind HOD Policy AGD Emergency Handbook**

6
7 **Prepared by:** Dan Buksa, interim executive director
8
9 **Date of Report:** August 30, 2017
10
11 **Staff Resources:** Minimal
12
13 **Total Financial Cost:** NA
14
15 **Budget Ramifications:** \$0
16
17 **Action/Timeline:** Approval at the 2016-2017 Board Meeting V; transmittal to 2017 HOD

18
19 **BOARD RECOMMENDS ADOPTION**
20
21 *Y – Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Gajjar, Gorman, Guter, Hanson,*
22 *Harunani, Lew, Malterud, Shamoan, Shelly, Stillwell, Tillman, Uppal, White, Wooden*
23
24 *a – Edgar, Winland*
25
26 *A – Bishop, Gehrig, Shepley, Worm*
27
28 *N/A – Smith*

29
30 **How It Fits into the Strategic Plan:**
31 Goal 5—Organizational Excellence: Ensure that the AGD is financially viable, functions
32 efficiently in a cost-effective manner, and has a mutually supportive relationship with its
33 constituents.
34 Strategy 2: Improve the effectiveness and efficiency of AGD Headquarters operations.
35 Strategy 3: Streamline the AGD governance structure and operations.
36

37 **How it Fits into the Corporate Objectives:**
38 • N/A
39

40 **Introduction:**
41 The AGD Emergency Handbook had not been updated since AGD moved from its previous
42 headquarters office to the new building. Staff have finally completed the updating, which mostly
43 provided updating of locations, and staff names. There was no substantive changes to the policy.
44 However, the Board is requested to determine whether this policy should best be under the
45 purview of the Board, as it is essentially operational, rather than policy oriented and currently
46 under the purview of the HOD.

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Necessary Information:

- A track change version is presented to the Board and HOD to indicate where housekeeping changes were made.
- An AIR will be presented to the Board to amend the Board Policy Manual which will result in the Board accepting responsibility for this project.

What We Don't Know:

- This policy has never had to have been implemented, so we cannot judge its efficacy.

Pros and Cons:

Pros:

- Having a disaster recovery plan which is operational in nature, is the appropriate function of the Board, and meets the Strategic Plan goal of having AGD be more efficient in its operations.

Cons:

- The AGD hopes that it need not ever activate this plan.

Executive Director/CEO Recommendations:

I recommend that this report be transmitted to the Board for further deliberations.

How It Fits into the Market Research:

- N/A

Does this conflict with the Constitution and Bylaws, an AGD HOD Policy or Board Policy?

If yes, please provide the conflict and how you propose to resolve it:

- Yes, it removes the current HOD Policy.

Responsible Staff Liaison & AGD member:

Daniel Buksa, Interim Executive Director

Daniel.buksa@agd.org

888.243.7392, x.4328

Suggested Council or Agencies to Complete Action:

Board

OED

HOD

Suggested Councils or Agencies to be Involved in Collaboration:

OED

IT

Chair Approval Email:

- N/A

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Division Coordinator Review Email:

- N/A

Board Liaison Review Email:

- N/A

CFO Review Email:

From: Christa Ojeda
Sent: Wednesday, August 30, 2017 11:50 AM
To: Jennifer Goler <jennifer.goler@agd.org>; Daniel Buksa <daniel.buksa@agd.org>
Subject: RE: Board agenda V AIR to rescind Disaster Recovery Plan

Given no budgetary impact, I approve this AIR be transmitted to the appropriate parties for further deliberation.

AIR Addendum – HOD Policy Change Request

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Action: Add _____ Revise _____ Delete ____X____

Existing Policy to Revise/Delete: See existing policy, attached

Related Existing HOD Policies:

- N/A

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

- Operational matter to be overseen by Board.

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

N/A

Any documentation or literature considered in developing this submission?

- N/A

Other Comments?

- N/A

1 **THE ACADEMY OF GENERAL DENTISTRY**
2 **Emergency Handbook**

3
4 Adopted HOD 2007

5
6 **INTRODUCTION**

7
8 The aftermath of September 11, 2001, finds this new millennium in anticipation of
9 not only further acts of terrorism, but also the imminence of an epidemic or
10 pandemic, and the pangs of climate change. Such concerns lie amidst the more
11 ‘ordinary’ concerns of fires, accidents, and individual medical emergencies.

12
13 As the second largest dental organization in the world, and the voice of general
14 dentistry, the Academy of General Dentistry (AGD) owes its staff, its members,
15 and their patients, the ability to sustain in the face of exigent circumstances.

16
17 Therefore, the AGD hereby presents this Emergency Handbook. Designed as a
18 ‘grab-and-go’ document, the Handbook provides quick and easy directions and
19 references to available resources for use by AGD staff or leadership in an
20 emergency situation. The Handbook has been divided by type of emergency for
21 ease of implementation.

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2
3 REVISÉD MAY 2007 **ERROR! BOOKMARK NOT DEFINED.**

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1 **I. GENERAL PROTOCOLS**

2
3 The following are general protocols in any emergency to attain the specified
4 results. Please note that some emergencies may render these protocols
5 impracticable, in which case, please consult protocols for the specific emergencies
6 listed beginning in section II.
7

8 **A. NOTIFICATION OF STAFF**

9
10
11 **1. DURING OFFICE HOURS**

12
13
14 To notify all staff, contact the Executive Director (ED) or her/his designee by the
15 most expeditious means available. The Executive Director or her/his designee
16 shall contact all staff via AGD’s e-mail system. If the nature of the emergency
17 renders e-mail impracticable, the Executive Director or her/his designee shall
18 contact their reports by the most expeditious and practical means, and the reports
19 shall contact their reports, and so forth, along the chain of command.
20

21 **2. BEFORE / AFTER OFFICE HOURS**

22
23 For notification of staff before or after office hours, please use the Staff Contact
24 List (Appendix A).
25

26 To notify all staff, contact the Executive Director or her/his designee by the most
27 expeditious means available. The Executive Director or her/his designee shall
28 activate the staff call tree (chain of command tree - in development). Each
29 department director is responsible for:

- 30 a. Maintaining an updated staff call tree for her/his department;
- 31 b. Contacting her/his staff immediately upon receiving notice of the
32 emergency, and if leaving a voicemail, request that the staff return
33 her/his call immediately and provide the staff with the emergency
34 hotline as an alternate number;
- 35 c. Checking the emergency hotline for calls received from department
36 staff; and
- 37 d. Contacting her/his superior within 15 minutes of receiving notice of
38 the emergency to inform her/his superior of the status of her/his
39 department’s staff that have or have not been contacted.

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3 **B. NECESSARY DOCUMENTATION AND SOFTWARE**

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5

6 **Operations Manuals**

7 Each Departmental/Functional area is responsible for maintaining an operations
8 manual. These operations manuals describe and document pertinent information
9 for policies, procedures, workflow, contact information, or anything else deemed
10 necessary knowledge in order to be able to successfully manage said department.
11 Operations manuals are updated on a continual basis and reviewed annually by the
12 responsible department. A copy of each operations manual is located on the AGD
13 network. In addition, copies in electronic form on a DVD of these manuals along
14 with this plan shall be made and stored off site in locked secured places according
15 to the following schedule:
16

Responsible Party	Located at
President	Home/Office
Secretary	Home/Office
Executive Director	Home
Associate Executive Directors (including CFO)	Home
Director, Information Technology	Bank Safety Deposit Box {See Appendix J}
Manager, Office Services	Onsite Fireproof Safe

17

18 Due to the confidential nature of the information in operations manual each DVD
19 will be serialized and tracked. The above list of individuals will be required to
20 sign for and return upon request issued DVD's. Each DVD will be issued in a
21 securely sealed envelope that is only to be unsealed in the event of an emergency.
22

23 **Data back-ups**

24 The AGD performs back-ups of its data network to tape in order to prevent the loss
25 of electronic data. These magnetic tapes are stored per policy in the information
26 technology (IT) department operations manual. In addition to storage and rotation
27 information described in the IT operations manual tape back-ups from the previous
28 night will be stored at the receptionist desk each day during business hours when
29 the receptionist desk is staffed. In the event of a building evacuation the
30 receptionist is charged with bringing the data tape with him/her.

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C. EMERGENCY EQUIPMENT

As of March 26, 2007, the following emergency equipment is available at the AGD:

- Fire Extinguisher** – Available by the stairwell exit at each floor
- First Aid Kit** – Available at the reception desk

A defibrillator shall be available in 2008. All AGD staff must be familiar with the use of a fire extinguisher and first aid kit. Training of selected staff on each floor on the use of a defibrillator is recommended for 2008.

As a reminder, remember that a telephone might be the best equipment in an emergency.

D. EVACUATION

First and foremost, follow instructions provided by the Fire Department, Police Department, or other governmental authorities, or the floor’s Fire Captain (See Appendix K).

In most instances when evacuation of an area is required, only the floor and three floors immediately above and four floors immediately below are evacuated. The floor that is four floors below the affected floor is generally used as the Fire Department’s Command Post.

However, in the event of physical destruction of the building, or impending physical destruction of the building, the entire building may be evacuated.

In order to ensure clear uninhibited entry for the Fire Department, or other authority, into the building, it is extremely important that all tenants evacuate in the

1 precise manner and to the exact area designated by the floor Captain, or Fire
2 Department

3
4 The following Disaster Drill (bomb threat) Evacuation Procedure provides a
5 guideline for evacuation.

- 6
7 • The 8th & 9th floors should be split into 2 groups
8 • Evacuate on the right side of the stair well (in an emergency, the fire dept will
9 likely use the left side)
10 • Evacuate to 6th floor stairwell, then wait for security talk/timing. Evacuate to
11 the 2nd or 1st floor if instructed to do so by an AGD Fire Captain or
12 governmental authority, or if the circumstances clearly call for complete
13 evacuation of the building.
14 • Do not use the elevators
15 • Exit the building (if instructed) and cross Chicago Avenue to the park

16
17
18 **E. EMERGENCY CONTACTS**
19

20
21 For emergencies, please call 911. Additional emergency contact numbers are
22 provided in Appendix H.
23
24

1 **II. MEDICAL EMERGENCIES**

2
3
4 **A. INDIVIDUAL MEDICAL EMERGENCIES**

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6
7 In the event of an accident or illness to an employee or visitor, try to ascertain as
8 much information about the situation as possible.

- 9 1. Do not move the injured or ill person. Keep the person warm and
10 comfortable
11 2. Call “911” to request an ambulance. Give the following information:
12 a. Building address: 211 East Chicago Avenue
13 b. Floor of the building and location of emergency on the floor
14 c. Any details available about the accident or illness
15 d. Injured person’s name, if known
16 3. Notify the Building Security by calling (312) 440-2911
17

18 Additionally, the supervisor(s) of the injured or ill person(s) must notify Human
19 Resources of the incident.
20

21 For particular medical emergencies such as stroke, heart attack, choking, or
22 seizures, please refer to Appendix E.
23

24
25 **B. MEDICAL EMERGENCIES AFFECTING MULTIPLE PERSONS**

26
27
28 1. BRIEF INCAPACITATION / NON-EPIDEMIC ILLNESS OR INJURY
29

30 In the event of a situation where a large portion of staff are incapacitated for a
31 short time, operations could continue with remaining staff. In the alternative,
32 AGD, upon determination by the Executive Director, or an Associate Executive
33 Director if the ED is incapacitated, and with ratification by the President or one of
34 the three Presidents, could shut AGD down for a short period of time such as 1-2
35 days. Beyond that, temporary staffing could be brought in until the incapacitated
36 staff recover. For illness or injury that has affected all staff of a particular
37 department, please refer to the respective department’s operations manual.
38

39 2. EPIDEMIC OR PANDEMIC ILLNESS / SERIOUS INCAPACITATION

1
2 *a. LEVEL 1 – NOTICE OF EPIDEMIC OR PANDEMIC*
3

4 Should the AGD have notice that a virus, for example, the bird flu, has mutated to
5 become airborne and contagious between humans, this would constitute notice of
6 an impending epidemic or pandemic. At this stage, the staff emergency
7 preparedness task force shall closely monitor the progress of the epidemic and
8 update staff and AGD leadership on its progress, and contact emergency and
9 hospital personnel in the City of Chicago to inquire about recommended
10 procedures for AGD staff and to implement these procedures among all staff.
11

12 i. Essential Services Operative

13 All operations shall continue as usual.
14

15 ii. Essential Services Limited

16 If essential services, such as postal services, are limited by, for example, addresses
17 that mail may be delivered to, or times that the mail is delivered, the AGD shall
18 continue operations within these limitations. Where restricted from postal
19 communications, the AGD shall communicate the same information, as much as
20 possible, by facsimile, e-mail, telephone, and the Internet. For other services that
21 may be specific to particular departments, such as meeting services, please consult
22 the respective operations manual (Appendix B).
23

24 iii. Essential Services Inoperative

25 This scenario would be unlikely where there is only notice of an impending
26 epidemic or pandemic, and no incidence of the same in the locale. Nonetheless,
27 should essential services such as postal services, cease to operate, institute
28 communications by facsimile, e-mail, telephone, and the Internet. For other
29 services, consult with the applicable department's operations manual (Appendix
30 B).
31

32 *b. LEVEL 2 – INCIDENCE OF DISEASE IN LOCALE*
33

34 Mere incidence of disease in the locale (the greater Chicago metropolitan area) is
35 sufficient to institute work from home list (Appendix D) on a voluntary basis. That
36 is, those who need to, or out of fear, want to work from home, shall be permitted to
37 do so in accordance with the work from home list without risk of penalty. The
38 staff emergency preparedness task force shall closely monitor the progress of the
39 epidemic or pandemic, and shall (remotely if needed) keep staff and AGD
40 leadership informed of this progress.

1
2 i. Essential Services Operative

3 Postal services shall be continued, if not from the AGD's Chicago office, then
4 from either an AGD constituent's offices or from the home of the Office Services
5 Specialist. Other services shall be continued, remotely if needed, to the extent
6 possible and per the respective departments' operations manuals (Appendix B).
7 All staff shall have been cross-trained to accomplish services that require
8 attendance at the AGD building, and upon notice of incidence of an epidemic in
9 the locale, staff members that choose to come to the AGD building to accomplish
10 necessary services shall subsequently be rewarded with benefits to be determined.

11
12 ii. Essential Services Limited

13 Postal services shall be continued from either an AGD constituent's offices or from
14 the home of Office Services Specialist. All staff shall have been cross-trained to
15 accomplish services that require attendance at the AGD building, and upon notice
16 of incidence of an epidemic in the locale, staff members that choose to come to the
17 AGD building to accomplish necessary services shall subsequently be rewarded
18 with benefits to be determined. Where postal services are limited, alternate means
19 of communication such as facsimile, e-mail, telephone, and the Internet shall be
20 utilized. For limitations to other services, such as meeting services, please refer to
21 the respective department's operation manual (Appendix B).

22
23 iii. Essential Services Inoperative

24 Should essential services such as postal services, cease to operate, institute
25 communications by facsimile, e-mail, telephone, and the Internet. For other
26 services, consult with the applicable department's operations manual (Appendix
27 B). With essential services non-operative, the only duty that would require
28 attendance at the AGD would be reception, and this duty may be waived by the
29 Executive Director depending upon the extent of the epidemic within the locale.

30
31 c. *LEVEL 3 – INCIDENCE OF DISEASE IN THE BUILDING*

32
33 Institution of the work from home list is mandatory! Unless absolutely necessary,
34 no staff shall be permitted to enter the Jones Lang LaSalle building. The staff
35 emergency preparedness task force shall contact the Management Office / Building
36 Security at (312) 440-2911, and update all staff via remote communications, once
37 the infected individual(s) have been removed, and the building has been
38 determined to be safe.

39
40 i. Essential Services Operative

1 Postal services shall be continued from either AGD constituents' offices or from
2 the home of Office Services Specialist. Other services shall be continued remotely
3 to the extent possible and per the respective departments' operations manuals
4 (Appendix B).

5
6 ii. Essential Services Limited

7 Remotely implement alternative communication methods, such as facsimile, e-
8 mail, telephone, and the Internet, to supplement communications where postal
9 services are unavailable. Other services shall be continued remotely to the extent
10 possible and per the respective departments' operations manuals (Appendix B).

11
12 iii. Essential Services Inoperative

13 Remotely implement alternative communication methods, such as facsimile, e-
14 mail, telephone, and the Internet. Other services shall be continued remotely to the
15 extent possible and per the respective departments' operations manuals (Appendix
16 B).

17
18 *d. LEVEL 4 – INCIDENCE OF DISEASE IN AGD STAFF*

19
20 Institution of the work from home list is mandatory! Unless absolutely necessary
21 as determined by the Executive Director or her/his designee, no staff shall be
22 permitted to enter the Jones Lang LaSalle building. Infected staff shall be required
23 to refrain from entering the building. Leave taken due to illness as a result of
24 epidemic or pandemic shall not be charged against sick leave benefits. All
25 operations shall continue remotely to the extent possible. The tasks of staff who
26 are unable to perform their job duties due to illness shall be assumed by the
27 colleagues or supervisors of such staff, and this assumption of duties shall be
28 dictated by the respective departments' operations manuals.

29
30 i. Essential Services Operative

31 Postal services shall be continued from either AGD constituents' offices or from
32 the home of Office Services Specialist. If, due to illness, Office Services Specialist
33 is unable to implement general services, such as mailings, the Manager of Office
34 Services shall either implement these services or delegate the implementation of
35 these services to constituent offices or to appropriate agencies (to be determined).
36 Other services shall be continued remotely to the extent possible and per the
37 respective departments' operations manuals (Appendix B).

38
39 ii. Essential Services Limited

1 Remotely implement alternative communication methods, such as facsimile, e-
2 mail, telephone, and the Internet, to supplement communications where postal
3 services are unavailable. If, due to illness, Office Services Specialist is unable to
4 implement general services, such as mailings, the Manager of Office Services shall
5 either implement these services or delegate the implementation of these services to
6 constituent offices or to appropriate agencies (to be determined). The duties of
7 staff to communicate electronically or telephonically in the absence of postal
8 services, shall be assumed by colleagues or supervisors within the staff's
9 department, should the staff be unable to implement such communications due to
10 illness. Should an entire department be unable to perform its duties to
11 communicate electronically or telephonically with members or other parties, the
12 Manager of Information Technology shall assume these duties to the best of his or
13 her ability, or shall delegate these duties through constituent offices or through
14 other agencies. Other services shall be continued remotely to the extent possible
15 and per the respective departments' operations manuals (Appendix B).

16
17 iii. Essential Services Inoperative

18 Remotely implement alternative communication methods, such as facsimile, e-
19 mail, telephone, and the Internet. The duties of staff to communicate
20 electronically or telephonically in the absence of postal services, shall be assumed
21 by colleagues or supervisors within the staff's department, should the staff be
22 unable to implement such communications due to illness. Should an entire
23 department be unable to perform its duties to communicate electronically or
24 telephonically with members or other parties, the Manager of Information
25 Technology shall assume these duties to the best of his or her ability, or shall
26 delegate these duties through constituent offices or through other agencies. Other
27 services shall be continued remotely to the extent possible and per the respective
28 departments' operations manuals (Appendix B).

29
30 *e. LEVEL 5 – SUBSTANTIAL PROLIFERATION OF DISEASE*

31
32 Substantial proliferation of disease refers to nearly complete or complete
33 transmission of disease to all AGD staff, essentially incapacitating staff. The
34 Executive Director, if able, or an Associate Executive Director or CFO, or other
35 designee, if the Executive Director is unable, shall 1) contact the AGD's volunteer
36 leaders, 2) determine if the AGD offices should be closed, and 3) determine if
37 AGD's operations should cease. If all of AGD staff has been indisposed, follow
38 Section VI of this Handbook.

1 **III. NUCLEAR, BIOLOGICAL, OR CHEMICAL (NBC) EVENT**
2

3 In the event of a Nuclear, Biological or Chemical (NBC) event, or suspicion of
4 an NBC event, staff should contact the Executive Director or her/his designee.
5 The Executive Director or her/his designee should call 911 upon suspicion of an
6 NBC event.

7
8 Additionally, the Executive Director or her/his designee may contact the
9 appropriate authorities, such as the City of Chicago, Illinois National Guard, or
10 the U.S. Department of Homeland Security, to notify them of the event and
11 request appropriate decontamination measures.

12
13 For the purpose of containment, transportation of staff is not recommended
14 unless approved by aforementioned authorities, or the police or fire department,
15 or necessary to remove staff from new and imminent harm.
16
17

1 **IV. STRUCTURAL OR SPATIAL INCIDENTS**

2
3
4 **A. PHYSICAL DESTRUCTION OF AGD OFFICE SPACE (OR THREAT**
5 **THEREOF)**
6

7
8 1. STAFF SECURITY AND RECONNAISSANCE

9
10 a. *STAFF COUNT*

11
12 Please apply the procedures of section I.A. of this Handbook for notification of
13 staff during office hours and after / before office hours.

14
15 If destruction of the AGD office space occurs during office hours, relocate or
16 evacuate to a safe place before attempting to contact other staff.

17
18 Should access to e-mail be restricted due to the effects of destruction, then use a
19 telephone and the staff contact list.

20
21 b. *STAFF EVACUATION PLAN*

22
23 First and foremost, follow instructions provided by the Fire Department, Police
24 Department, or other governmental authorities, or the floor's Fire Captain (See
25 Appendix K).

26
27 In most instances when evacuation of an area is required, only the floor and three
28 floors immediately above and four floors immediately below are evacuated. The
29 floor that is four floors below the affected floor is generally used as the Fire
30 Department's Command Post.

31
32 However, in the event of physical destruction of the building, or impending
33 physical destruction of the building, the entire building may be evacuated.

34
35 In order to ensure clear uninhibited entry for the Fire Department, or other
36 authority, into the building, it is extremely important that all tenants evacuate in the
37 precise manner and to the exact area designated by the floor Captain, or Fire
38 Department
39

1 The following Disaster Drill (bomb threat) Evacuation Procedure provides a
2 guideline for evacuation.

- 3
- 4 • The 8th & 9th floors should be split into 2 groups
- 5 • Evacuate on the right side of the stair well (in an emergency, the fire dept will
6 likely use the left side)
- 7 • Evacuate to 6th floor stairwell, then wait for security talk/timing. Evacuate to
8 the 2nd or 1st floor if instructed to do so by an AGD Fire Captain or
9 governmental authority, or if the circumstances clearly call for complete
10 evacuation of the building.
- 11 • Do not use the elevators
- 12 • Exit the building (if instructed) and cross Chicago Avenue to the park

13
14 *c. STAFF FIRST AID AND RECONNAISSANCE*

15
16 All staff members must follow the instructions of the fire department, or other
17 governmental authority. If a staff member is injured or immobile, and in imminent
18 danger of new harm, and you are able to relocate the staff member without
19 exposing yourself to the same imminent harm, then do so. Otherwise, do not
20 attempt to move any injured persons. **Inform officials from the fire department,
21 or other governmental authority, who are in or around the building, of the
22 location, and if known, name, of injured persons.**

23
24 Additionally, if permitted by the fire department, or present governmental
25 authority, a staff Emergency Reconnaissance Team comprised of AGD staff, may
26 enter the AGD offices to search for staff as follows.

- 27
- 28 • Search an office/room, and once a search is complete, close the office/room
29 door and use a sticker to mark work area searched as, "CLEAR."
- 30 • Different searchers should be trained to search at different levels of a room
- 31 • Team members should never use the elevators
- 32 • Team members should use the exit nearest to them during a disaster

33
34 2. OPERATIONS SECURITY AND RESTORATION

35
36 The Executive Director or her/his designee shall determine if operations may
37 continue from the AGD offices, or if alternative sites or mechanisms need to be
38 activated. Should the Executive Director or her/his designee determine that
39 alternative sites or mechanisms need to be activated for the continued operations of

1 the AGD, then he or she shall consult the Roster of Emergency Operations
2 Resources (Appendix F) to contact organizations such as consulting companies or
3 staffing companies for assistance. Additionally, consult each department's
4 Operations Manuals (Appendix B) and institute work from home policies per
5 Appendix D.
6
7

8
9 **B. TERRORIST ATTACK (OR THREAT THEREOF) UPON THE CITY**
10 **OF CHICAGO, ITS VICINITY, OR OTHER CITIES GIVING RISE TO AN**
11 **EXPECTATION OF THE SAME IN THE CITY OF CHICAGO (BUT**
12 **WITHOUT ACTUAL EVENT AT THE AGD BUILDING)**
13

14
15 1. DETERMINATION OF OFFICE CLOSURE AND STAFF SAFETY
16

17 The Executive Director or her/his designee shall consult with Jones Lang LaSalle,
18 and building protocols. Additionally, the Executive Director or her/his designee is
19 encouraged to consult with the Manager of Human Resources. Based upon these
20 consultations and judgment, the Executive Director or her/his designee shall
21 determine whether to close the AGD offices and institute work from home
22 measures in accordance with the work from home list (Appendix D).
23

24 2. DETERMINATION OF OPERATIONS
25

26 The Executive Director or her/his designee shall make the determination as to
27 whether operations may continue from the AGD offices. While it would be
28 unlikely that operations would be moved if the AGD offices have not had any
29 actual event, it is the responsibility of the Executive Director or her/his designee,
30 the Associate Executive Directors, the Chief Financial Officers, and the
31 Department Directors to consult the operations manuals in preparation for off-site
32 continuity of operations.
33

34
35 **C. TEMPORARY UNAVAILABILITY OF AGD OFFICES**
36

37
38 1. IN-OFFICE HAZARDOUS CONDITIONS (CHEMICAL SPILL, ETC.)
39

1 Contact the security office of the Jones Lang LaSalle building at (312) 440-2911.

2
3 Staff shall be notified in accordance with the procedures for notification of staff
4 provided herein. *See* section I.A.

5
6 Should staff evacuation be deemed necessary by the fire department, or the
7 Executive Director or her/his designee, then follow the procedures provided herein.
8 *See* section I.D.

9
10 The Executive Director or her/his designee shall determine if the work from home
11 list should be activated and if operations should be transferred.

12 13 2. FIRE

14
15 In the event of a fire, call 911. In the event of a threat of fire, notify the Executive
16 Director or her/his designee immediately.

17
18 In the event of a fire, the fire department along with the Fire team members shall
19 coordinate the evacuation of staff members. *See* evacuation procedures at section
20 I.D. herein.

21
22 The Executive Director or her/his designee shall determine if the work from home
23 list should be activated and if operations should be transferred.

24 25 3. WEATHER

26
27 Notify staff of inclement or exigent weather (such as an unlikely tornado in the
28 City of Chicago) in accordance with the procedures provided in section I.A. herein.

29
30 Listen to the building's PA system for announcements of weather conditions
31 requiring relocation, retreat, or evacuation. Should evacuation be deemed
32 necessary, follow the procedures provided in section I.D. herein.

33
34 The Executive Director or her/his designee shall determine if the work from home
35 list should be activated and if operations should be transferred.

1 **V. OTHER EMERGENCIES**

2
3
4 **A. SHOOTING, HOSTAGE SITUATION, OR OTHER ONGOING**
5 **CRIMINAL ACTIVITY**

6
7
8 Follow the following procedures:

- 9
- 10 1. Call 911 if possible
 - 11 2. Call the building and request a PA system announcement for floors 8 & 9
 - 12 3. Barricade yourself in your office
 - 13 4. Do not leave your office until a follow up PA announcement provides that
 - 14 the danger has been alleviated.
-

15
16
17 **B. EMERGENCY CAUSED BY UTILITY FAILURE (ELECTRICAL**
18 **EVENT, GAS LEAK, ETC.)**

19
20
21
22 Contact the Manager of Office Services. The Manager of Office Services shall
23 contact the building or other necessary services.

24
25 If the building directs staff to evacuate, follow the building's PA instructions, or if
26 none, follow the instructions provided herein at section I.D.

27
28
29 **C. ELECTRONIC OR NETWORK EMERGENCY (COMPUTER VIRUS,**
30 **ETC.)**

31
32
33
34 Inform the Director of Information Technology or his/her designee. The Director
35 of IT or his/her designee shall contact staff as necessary.

36
37 **D. FINANCIAL EMERGENCY (BREACH OF ACCESS, ETC.)**

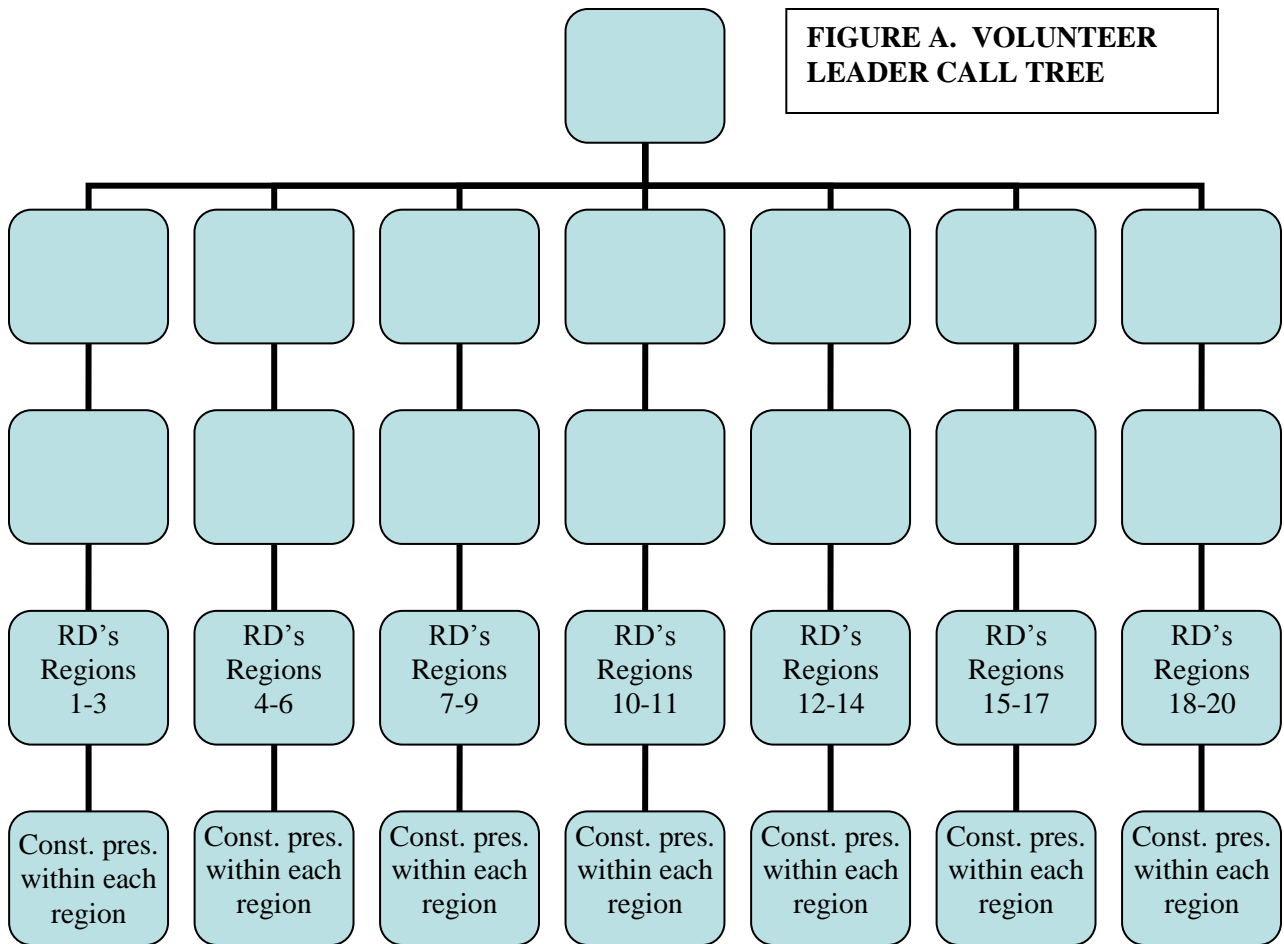
1
2 The discovery of a financial emergency should be immediately reported to the
3 Executive Director and/or the Chief Financial Officer. In the event that the
4 Executive Director and/or Chief Financial Officer are parties to the emergency, an
5 immediate report should be made to the chairperson of the AGD Audit Committee.
6 In all cases, refer to the Charge of the Audit Committee. *See* Appendix G.

7
8
9

1 **VI. DISASTERS RESULTING IN THE COMPLETE DECIMATION OR**
2 **UNAVAILABILITY OF AGD STAFF**

3
4 If neither the Office Services Manager nor the Executive Director nor her/his
5 designee, can be reached, then the building management shall contact the President
6 of the AGD or his/her designee in the event of an incident resulting in the complete
7 decimation or unavailability of AGD office staff. In the absence of the President
8 and his/her express designation of a designee, the designee shall be the AGD
9 Officer who is next in the line of succession to the presidency in accordance with
10 AGD Bylaws.

11
12 Upon receiving notice of the incident, the President or his/her designee shall
13 activate the call tree (Figure A.) using available communications to contact the
14 other officers, trustees, regional directors, and constituents' presidents. The
15 President or his/ her designee shall continue to update these volunteer leaders of
16 the status of the incident if on-going. Note that it shall be impracticable to redirect
17 all incoming calls from the AGD to the President because the AGD main office
18 presently receives an average of well over 200 calls per day. However, this
19 Handbook includes resources such as contact information for association
20 management firms (Appendix F) which the President or his/her designee should
21 contact for assistance with management of AGD communications.



1 **VII. DISASTERS AFFECTING AGD’S LEADERSHIP**

2 Board meetings could place the Academy’s leadership structure at risk, since the
3 Executive Committee, the Trustees, the Executive Director, and key staff directors
4 would all be in one physical location. Annual Meetings present an even greater
5 risk to the larger governance structure of the Academy.

6 In the event that a disaster at a Board meeting or an Annual Meeting destroys all or
7 a significant number of the Academy’s top leaders, the Academy should replace its
8 leadership structure as follows:

- 9 • If the entire Board were eliminated in a disaster, protocols are in place for
10 the election of Trustees (and Regional Directors, if they were also
11 affected). Regions would need to appoint temporary representatives and
12 hold elections as quickly as possible to fill the vacant slots.
- 13 • In the event that the Executive Committee is suddenly eliminated, the
14 Trustees should form a Nominating Committee to identify qualified
15 individuals and elect another set of officers until elections can be held at the
16 next Annual Meeting. Candidates’ campaign materials could be posted to
17 the AGD web site in the Members Only section, and grassroots members
18 could be asked to contact their Trustees with their input regarding the
19 election.
- 20 • Once the officers have been selected, the *Process for Hiring an Executive*
21 *Director* would govern the process for hiring the new chief executive, if
22 needed.
- 23 • If the Executive Committee, Trustees, and Executive Director are all
24 eliminated in a disaster, then the organization should begin by replacing its
25 volunteer leadership structure so that the new officers can fill their
26 designated roles in hiring the new Executive Director. Based on the protocol
27 in the Constitution and Bylaws, the Regional Directors would step in
28 immediately to fill the vacant Trustee offices until elections could be held by
29 the regions. As soon as possible, this new group of Trustees should form a
30 Nominating Committee to identify qualified individuals and elect a new set
31 of officers, with input from grassroots members via the web site as
32 previously discussed. Once the Executive Committee is in place, then the
33 officers should follow the *Process for Hiring an Executive Director* to select
34 the next chief executive.

35
36 As a safeguard, the Executive Director will determine a lengthy order of
37 succession for staff members to run the Chicago office in the event of a disaster,

1 which will be maintained by the Human Resources department and provided to
2 both the Executive Committee and the Executive Staff on an annual basis.”
3
4

CONCLUSION

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Disaster is inevitable. It is those organizations that prepare for disaster that survive in the aftermath. As the second largest organization of dentists in the world, we owe it, not only to our staff, but also to our members and to their patients, to survive, and if possible, thrive. Successful implementation of this Handbook shall require staff dedication to periodic testing and revision, and communication with volunteer leaders to ensure their awareness of the provisions of the Handbook. Regardless of whether the inevitable emergency affects one or all, this Handbook ensures that we work together as one team, and one voice, the voice of general dentistry, to ensure the survival of our staff and the AGD.

TABLE OF APPENDICES

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<u>Appendix A:</u>	Staff Contact List
<u>Appendix B:</u>	Operations Manuals (<i>Available on CD</i>)
<u>Appendix C:</u>	Occupant Handbook (Jones Lang LaSalle)
<u>Appendix D:</u>	Work from Home List
<u>Appendix E:</u>	First Aid Reference Guide
<u>Appendix F:</u>	Roster of Emergency Operations Resources
<u>Appendix G:</u>	Charge of the Audit Committee
<u>Appendix H:</u>	Emergency Contacts
<u>Appendix I:</u>	Crisis Communications Plan
<u>Appendix J:</u>	Bank Safety Deposit Box
<u>Appendix K:</u>	AGD Fire Safety Team Roster
<u>Appendix L:</u>	AGD Constitution and Bylaws
<u>Appendix M:</u>	AGD Board Policy Manual

Resolution 150

“Resolved, that the 2018 budget with Net Income from Operations of \$0 pre-spending and \$0 post-spending and a capital budget of \$89,500 be approved.

And be it further resolved, that House Policy 2016:150-H-7 be rescinded.

~~**2014:150-H-6 “Resolved, that the 2017 budget with Net Income Operations of \$0 pre-spending and \$0 post-spending and a capital budget of \$89,500 be approved.”**~~

AIRBV2017#15 – Approve 2018 Budget

Prepared by: Christa Ojeda, Chief Financial Officer

Date of Report: September 1, 2017

Staff Resources: NA

Total Financial Cost: Develops budget for calendar year 2018

Budget Ramifications: Develops budget for calendar year 2018

Action/Timeline: Record vote at 2016-2017 Board Meeting V; implementation starting January 1, 2018.

BOARD RECOMMENDS ADOPTION

Y – Cheney, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gorman, Guter, Hanson, Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Wooden, Worm

N – Cordero, Harunani, Lew

a – Gajjar, Winland

A – Bishop, Gehrig

N/A – Smith

How it Fits into the Strategic Plan:

- N/A

How it Fits into the Corporate Objectives:

- N/A

Introduction:

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

- 1 • Impact of the Dues Stabilization Policy and HOD policies on stipends on the 2017
2 budget.
- 3 • A summary of financial results which details how the Investment Policy mandates were
4 achieved.
- 5 • Describes the budget process.
- 6 • The Statement of Activities by Program details the budget by AGD programs for both
7 revenues and expenses.
- 8 • A summary of the Board contingency fund.
- 9 • Details of the capital budget for 2017 and additional capital improvements.

10
11 **Necessary Information:**

- 12 • All members of Budget and Finance Committee have provided input into this report.
- 13 • The budget meets the mandates of the Investment policy.
- 14 • The budget includes CPI dues increase, student dues increase from \$17 to \$27 and a CPI
15 increase to the officers' annual honorariums and the RDs' and Trustees' allotments.
- 16 • Board Contingency fund of \$25409,500.

17
18 **What We Don't Know:**

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

24
25 **Pros and Cons:**

26 **Pros:**

- 27 • A budget provides a guide of where the organization wants to focus its resources.

28 **Cons:**

- 29 • As the 2018 budget prior to the start of the budget year, alterations to the budget may be
30 necessary.

31
32 **Executive Director/CEO Recommendations:**

33 **From:** Daniel Buksa

34 **Sent:** Friday, September 01, 2017 1:38 PM

35 **To:** Christa Ojeda <Christa.Ojeda@AGD.org>; Dr. Worm <dontheworm@yahoo.com>; Worm,
36 Donald A CAPT USN NAVHLTHCLIN AN MD (US) <donald.a.worm.mil@mail.mil>

37 **Subject:** RE: approve FY18 Budget AIR

38
39 I approve this AIR being transmitted to the Board for further deliberations.

40
41 **How It Fits into the Market Research:**

- 42 • N/A

43
44 **Does this conflict with the Constitution and Bylaws, an AGD HOD Policy or Board Policy?**

45 **If yes, please provide the conflict and how you propose to resolve it:**

- 46 • No

1
2 **Responsible Staff Liaisons & Council/Committee Chair:**

3 Dr. Donald A. Worm, Jr., DDS, MAGD, ABGD
4 Chair, Budget and Finance Committee
5 301.295.0650-p
6 dontheworm@yahoo.com

7
8 Dr. Mohamednazir F. Harunani, DDS, MAGD
9 Treasurer
10 815.222.7228-p
11 mharunani@gmail.com

12
13 Christa Ojeda
14 Chief Financial Officer
15 312.440.4315-p
16 christa.ojeda@agd.org

17
18
19 **Suggested Council or Agencies to Complete Action:**
20 Budget & Finance Committee

21
22 **Chair Approval Email:**

23 **From:** Donald Worm [mailto:dontheworm@yahoo.com]
24 **Sent:** Friday, September 01, 2017 1:54 PM
25 **To:** Daniel Buksa <daniel.buksa@agd.org>; Jennifer Goler <jennifer.goler@agd.org>
26 **Cc:** Christa Ojeda <Christa.Ojeda@AGD.org>
27 **Subject:** Re: approve FY18 Budget AIR

28
29 I approve this AIR to be transmitted to the Board for further deliberations.

30
31 Best regards,

32
33 Dr. Donald Worm

34
35 **Division Coordinator Review Email:**

- 36
 - N/A

37
38 **Board Liaison Review Email:**

- 39
 - N/A

40
41 **CFO Review Email:**

- 42
 - N/A

43
44

AIR Addendum – HOD Policy Change Request

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Action: Add X Revise _____ Delete X

Existing Policy to Revise/Delete:

2016:150-H-7 “Resolved, that the 2017 budget with Net Income of Operations of \$0 and a pre-spending and \$0 post-spending and capital budget of \$89,500 be approved.”

Resolution Presented for Approval:

“ Resolved, that the 2017 budget with Net Income of Operations of \$0pre-spending and \$0 post spending and a capital budget of \$89,500 be approved.
And be it further resolved, that House Policy 2013:150-H-7 be rescinded.”

Related Existing HOD Policies:

N/A

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

N/A

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

Annually

Any documentation or literature considered in developing this submission?

N/A

Other Comments?

N/A

Academy of General Dentistry (AGD) Foundation Annual Report

The mission of the Academy of General Dentistry (AGD) Foundation, the philanthropic arm of AGD, is to passionately support the efforts of the general dentist toward improving the oral health of the public. The AGD Foundation is committed to focus its community outreach on oral cancer awareness, risk factor prevention, and the importance of early diagnosis by trained general dentists.

Oral cancer is the sixth most common form of cancer worldwide, with nearly 50,000 Americans expected to be diagnosed this year alone. **Even more alarming, did you know:**

- Only about 57 percent are expected to be alive in five years;
- One person dies every hour of every day from oral cancer;
- Patients have an 80 to 90 percent survival rate when oral cancers are detected early, according to the Oral Cancer Foundation.

The disease is particularly dangerous because it can go unnoticed in its preliminary stages. Early detection is key, and in many cases, a dentist is the first health care provider to identify early signs and symptoms. **Late-stage diagnosis often occurs because of the lack of public awareness or a national program that promotes routine screenings.** This is unacceptable. A standard for prevention in dentistry is essential to curb this emerging epidemic.

How Is the AGD's Foundation Making a Difference?

Our mission to raise awareness of oral cancer, risk factors and prevention, involves a wide spectrum of activities—ranging from providing oral health education, information and resources, to fundraising and providing AGD members with volunteer opportunities to screen the general public, to financial grants offered to AGD constituents and not-for-profit organizations—in support of community outreach programs.

For example, on July 13 during the AGD2017 Scientific Session in Las Vegas, Gerald J. Botko, DMD, MS, MAGD, FACD, presented a lecture titled '*Oral Cancer Prevention and Detection Techniques.*' The attendees of the half day participation course learned oral cancer examination techniques culminating in the opportunity to examine patients at the AGD Foundation oral cancer screening booth. The course was held in the morning and repeated in the afternoon. The afternoon session sold out and there was a waiting list.

We screened 83 people that day. Unfortunately, we had to turn people away for a part of the day due to a lack of volunteers; Nevada didn't allow out-of-state volunteers. However, we don't anticipate this to be an issue during AGD2018 in New Orleans because Louisiana provides provisional licenses to out-of-state dentists and hygienists.

1 Below is a photo of volunteers at the recent oral cancer screenings: Douglas W. Bogan, DDS,
2 FAGD (former president AGD Foundation; Steve Lazar, DMD (non-AGD member volunteer—
3 he closed his practice on July 13, to volunteer); Yvonne Bethea, RDH (navy), dental hygienist in
4 Dr. Lazar's office; Marvelyn Navarro, RDH (pink).
5



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Reaching More People, Saving Lives With Committed Corporate Donors

Protecting the oral health of the general public is no small task. Through collaborative efforts, financial support and in-kind contributions from our corporate donors, we're able to expand our reach and increase the impact of our programs. We greatly appreciate our generous corporate supporters who have passion for, and have shown commitment to the AGD Foundation's oral cancer awareness initiatives. This year's major corporate donor is [3M](#). Supporting corporate donors are [Dentist's Advantage](#) and [Heartland Dental](#). The contributing corporate donor is [Crest Oral-B](#). The AGD Foundation also thanks in-kind contributors Crest Oral-B, DentaleZ, Henry Schein Cares Foundation and the Oral Cancer Foundation.

1 **What Does Your Donation Help Support?**

2 The AGD Foundation Grant Program offers financial support to AGD constituents and not-for-
3 profit community-based and community-driven outreach programs that provide quality oral
4 health care, as well as oral cancer screenings and education for underserved populations, school-
5 age children, and young adults.

6
7 Since 2012, the AGD Foundation has awarded \$165,000 in grants to 41 organizations in 25
8 states, to help provide quality oral health care, as well as oral cancer screenings and education for
9 more than 23,000 people. **Many of these programs involve AGD members as volunteers or**
10 **administrators.**

11
12 In addition, this year the AGD Foundation awarded \$5,000 to each of the following not-for-profit
13 organizations, totaling \$15,000:

14
15 Florida Dental Association Foundation (Tallahassee, FL)

16 The Florida Mission of Mercy (FLA-MOM) served low-income, under-served, at-risk
17 populations from pediatric to geriatric through a 2-day dental health event by offering oral health
18 literacy education and a comprehensive array of dental services, as well as medical history
19 review, blood pressure and oral cancer screenings at no cost to the participants. Over 1,700
20 volunteers treated an estimated 2,000 patients on a first come, first served basis with 10,000+
21 procedures worth an estimated \$2 million.

22
23 Public Health Partnership of Licking County (Newark, OH)

24 Partners In Wellness (PIW) program is a school based health education program offered through
25 the collaboration of the Public Health Partnership of Licking County and the Licking County
26 Health Dept. During the 2017-2018 school year, the PIW program will be offered to
27 approximately 2,200 third graders in 12 public and private school districts in Licking County.
28 Educators will use a puppet with real dentures to demonstrate proper brushing and flossing
29 techniques, teach the importance of regular check-ups with a dentist for preventive care. The
30 students will learn about addiction and how different types of tobacco affect their bodies.

31
32 Team Maureen (North Falmouth, MA)

33 The Team Maureen Dental HPV Education Program's purpose is to educate dental professionals
34 about the connection between HPV and oral, cervical, and other cancers. Dental professionals
35 are provided with resources to encourage, and prepare, them for conversations with patients
36 about HPV-related cancer and the HPV vaccine as a cancer prevention tool. This tool kit for
37 dental offices includes materials and resources that can be reproduced and distributed at no cost.
38 The kits include: *Talking Tips* an informational sheet with advice for starting the conversation.
39 with patients about HPV, and answers to common questions; *Understanding HPV and Cancer at*
40 *the Dentist* brochures for patients on HPV and Cancer; *Cancer Prevention Office Poster* to
41 display in the office; *Referral Tear Off Note Pads* can be distributed after a conversation about
42 the HPV vaccine to remind parents to contact their pediatrician.

1 Following is a photo taken at the Florida Dental Association Foundation’s Mission of Mercy
2 event earlier this year. Grant applications for the 2018 grant award cycle are available online
3 now at www.agd.org. Applications are due December 1, 2017. **Encourage your constituent to**
4 **apply for a grant today!**
5
6



7
8 **How Can You Help Raise Awareness of Oral Cancer?**

9 Drive the conversation. Watch this inspiring two minute oral cancer video
10 https://youtu.be/gthLwHV_DHc created by the Washington AGD, then share the video on
11 Facebook, Twitter, or Instagram. Include your personal message to your colleagues, family and
12 friends, and tag three friends to share it with others.

13 Our plan is to share the video with the entire AGD membership and post on social media. The
14 video was easy to produce and upload to YouTube—that’s how most people, especially students
15 are digesting content. In addition to awareness, it can lead to AGD membership and other
16 engagement/volunteer opportunities.

17 If you haven’t donated to **your AGD Foundation, the Heart of the AGD**, a new round of
18 special events are just around the corner, offering new ways you can show your support—stay
19 tuned!
20

1 To those of you who have donated, we can't thank you enough for all you do to help drive our
2 mission forward.

3
4 I would also like to extend a very special 'thank you' to our Board of Directors, whose
5 commitment and support is unwavering in the fight to eradicate oral cancer.

6
7 In good oral health,



8
9 **AGD Foundation Board of Directors**
10 Linda J. Edgar, DDS, MEd, MAGD, President
11 W. Mark Donald, DMD, MAGD, Vice President
12 A. Roddy Scarbrough, DMD, FAGD, Secretary/Treasurer
13 Ms. Valerie Bartoli, Executive Director, Washington AGD
14 Susan Bordenave-Bishop, DMD, MAGD
15 Douglas W. Bogan, DDS, FAGD,
16 Ms. Ann Bruck, US Industry Relations and Professional Services Manager, 3M Oral Care
17 Abe Dyzenhaus, DDS, FAGD
18 James R. Keenan, DDS, MS, MAGD
19 John A. Kokai, DDS, MAGD
20 Mr. Daniel Miller, Vice President Healthcare, Aon Affinity Insurance Services
21 Carol A. Wooden, DDS, MAGD

22
23 **Financials**

24 The 2016 audit follows this informational report.

25
26 **From:** Linda Edgar DDS [mailto:drlinda@edgardds.com]

27 **Sent:** Monday, July 31, 2017 12:58 PM

28 **To:** Marilyn Z. Mays <marilyn.mays@agd.org>

29 **Subject:** Re: Draft HOD Report

30
31 Looks good Marilyn

32
33 Linda Edgar DDS MEd MAGD

34

1 AGDF Audit

ACADEMY OF GENERAL DENTISTRY FOUNDATION

FINANCIAL STATEMENTS

DECEMBER 31, 2016

ACADEMY OF GENERAL DENTISTRY FOUNDATION
FINANCIAL STATEMENTS WITH SUPPLEMENTARY INFORMATION
DECEMBER 31, 2016 AND 2015

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REPORT OF INDEPENDENT AUDITORS

To the Board of Directors of
Academy of General Dentistry Foundation

Report on the Financial Statements

We have audited the accompanying financial statements of Academy of General Dentistry Foundation (the Foundation), which comprise the statements of financial position as of December 31, 2016 and 2015 and the related statements of activities and of cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to in the first paragraph present fairly, in all material respects, the financial position of the Foundation as of December 31, 2016 and 2015, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matter

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying supplementary information on page 12 is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

We also have previously audited the financial statements of the Foundation as of and for the years ended December 31, 2014, 2013 and 2012, (none of which is presented herein), and we expressed unmodified opinions on those financial statements. Those audits were conducted for purposes of forming an opinion on the financial statements as a whole. The information on page 12 is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the December 31, 2014, 2013 and 2012 financial statements. The information has been subjected to the auditing procedures applied in the audit of those financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information on page 12 is fairly stated in all material respects in relation to the financial statements from which it has been derived.

Legacy Professionals LLP

Chicago, Illinois

July 26, 2017

ACADEMY OF GENERAL DENTISTRY FOUNDATION

STATEMENTS OF FINANCIAL POSITION

DECEMBER 31, 2016 AND 2015

	<u>2016</u>	<u>2015</u>
ASSETS		
Cash and cash equivalents	\$ 277,470	\$ 152,236
Pledges receivable	875	5,000
Investments	419,784	445,794
Prepaid expenses	<u>4,108</u>	<u>121</u>
Total assets	<u>\$ 702,237</u>	<u>\$ 603,151</u>
LIABILITIES AND NET ASSETS		
LIABILITIES		
Due to the Academy of General Dentistry	\$ 128,915	\$ 40,311
Accrued expenses	<u>-</u>	<u>3,231</u>
Total liabilities	<u>128,915</u>	<u>43,542</u>
NET ASSETS		
Unrestricted	510,028	524,989
Temporarily restricted	<u>63,294</u>	<u>34,620</u>
Total net assets	<u>573,322</u>	<u>559,609</u>
Total liabilities and net assets	<u>\$ 702,237</u>	<u>\$ 603,151</u>

See accompanying notes to the financial statements.

ACADEMY OF GENERAL DENTISTRY FOUNDATION
STATEMENTS OF ACTIVITIES

YEARS ENDED DECEMBER 31, 2016 AND 2015

	2016		2015		Total
	Unrestricted	Temporarily Restricted	Unrestricted	Temporarily Restricted	
SUPPORT AND REVENUE					
Contributions					
Corporate	\$ 22,719	\$ 10,579	\$ 35,000	\$ 27,105	\$ 35,000
Individuals	1,300	-	13,230	-	40,335
Memorials	60,000	-	200	-	200
Oral cancer screening	76,314	-	30,000	-	30,000
In-kind contributions	-	-	62,300	-	62,300
Special events	-	-	12,405	-	12,405
Fun run and walk	69,136	-	36,445	-	36,445
Silent auction	-	-	-	-	-
Administration	51	-	34	-	34
Bank income	6,634	-	233	-	233
Miscellaneous	-	-	-	-	-
Net assets released from restrictions	41,905	(41,905)	22,691	(22,691)	-
Expiration of time restrictions	218,059	28,674	212,538	4,414	216,952
Total support and revenue					
	\$ 218,059	\$ 28,674	\$ 212,538	\$ 4,414	\$ 216,952
EXPENSES					
Program					
Oral cancer screening	7,242	-	7,299	-	7,299
Educational scholarships	24,312	-	20,000	-	20,000
Foundation salaries and benefits reimbursed to The Academy of General Dentistry (AGD)	9,015	-	9,001	-	9,001
Total program expenses	40,569	-	36,300	-	36,300
Administrative					
Foundation salaries and benefits reimbursed to AGD	54,678	-	53,998	-	53,998
Board of directors meetings	12,422	-	12,352	-	12,352
AGD accounting service fees	34,858	-	34,083	-	34,083
Audit fees	6,500	-	6,000	-	6,000
Other expenses	2,982	-	5,737	-	5,737
Employee travel	1,867	-	1,752	-	1,752
Miscellaneous meetings	1,529	-	-	-	-
Bank service fees	1,237	-	1,448	-	1,448
In-kind support from AGD	76,314	-	62,300	-	62,300
Total administrative expenses	192,387	-	177,670	-	177,670
Fundraising					
Fun run and walk	-	-	16,731	-	16,731
Silent auction	11,656	-	1,576	-	1,576
Annual campaign	81	-	1,985	-	1,985
Foundation salaries and benefits reimbursed to AGD	10,154	-	9,950	-	9,950
Total fund raising expenses	21,891	-	30,242	-	30,242
Total expenses	254,847	-	244,212	-	244,212
Total expenses	(36,788)	28,674	(31,674)	4,414	(27,260)
INCOME GAIN (LOSS) FROM OPERATIONS					
INVESTMENT INCOME (LOSS)					
Interest and dividends on investments	11,353	-	33,561	-	33,561
Realized and unrealized gain (loss) on investments	15,554	-	(41,361)	-	(41,361)
Investment fees	(5,080)	-	(5,091)	-	(5,091)
Total investment income (loss)	21,827	-	(12,891)	-	(12,891)
CHANGE IN NET ASSETS					
NET ASSETS					
Beginning of year	524,989	34,620	569,554	30,206	599,760
End of year	\$ 510,028	\$ 63,294	\$ 524,989	\$ 34,620	\$ 559,609

See accompanying notes to the financial statements.

ACADEMY OF GENERAL DENTISTRY FOUNDATION

STATEMENTS OF CASH FLOWS

YEARS ENDED DECEMBER 31, 2016 AND 2015

	<u>2016</u>	<u>2015</u>
CASH FLOWS FROM OPERATING ACTIVITIES		
Change in net assets	\$ 13,713	\$ (40,151)
Adjustments to reconcile change in net assets to net cash provided by (used in) operating activities		
Net unrealized (gain) loss on investments	(15,554)	41,361
Effects of changes in operating assets and liabilities		
Pledges receivable, net	4,125	(5,000)
Prepaid expenses	(3,987)	1,755
Due to the Academy of General Dentistry	88,604	15,522
Accrued expenses	(3,231)	1,199
Net cash provided by operating activities	<u>83,670</u>	<u>14,686</u>
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchases of investments	(145,648)	(64,824)
Sale of investments	<u>187,212</u>	<u>37,588</u>
Net cash provided by (used in) investing activities	<u>41,564</u>	<u>(27,236)</u>
NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS	125,234	(12,550)
CASH AND CASH EQUIVALENTS		
Beginning of year	<u>152,236</u>	<u>164,786</u>
End of year	<u>\$ 277,470</u>	<u>\$ 152,236</u>

See accompanying notes to the financial statements.

ACADEMY OF GENERAL DENTISTRY FOUNDATION

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2016 AND 2015

NOTE 1. GENERAL PURPOSE DESCRIPTION

Academy of General Dentistry Foundation (the Foundation) was established to improve the oral health of the public and support the efforts of general dentists through financial support of scientific, educational and charitable initiatives, which are delineated by The Academy of General Dentistry (AGD). The Foundation conducts its activities from offices in Chicago, Illinois.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Method of Accounting - The accompanying financial statements are prepared on the accrual basis of accounting in accordance with generally accepted accounting principles.

Financial Statement Presentation - In order to conform to provisions of generally accepted accounting principles, the Foundation is required to report information regarding its financial position and activities in three classes of net assets: unrestricted net assets, temporarily restricted net assets and permanently restricted net assets. Net assets are generally reported as unrestricted unless assets are received from donors with explicit stipulations that limit the use of the asset.

Unrestricted - Unrestricted net assets are available to finance the general operations of the Foundation. The only limits on the use of unrestricted net assets are the broad limits resulting from the nature of the Foundation, the environment in which it operates and the purposes specified in its articles of incorporation.

Board designated net assets are unrestricted net assets designated by the Board for various activities. These designations are based on Board actions, which can be altered or revoked at a future time by the Board. At December 31, 2016 and 2015, the Foundation had \$10,000 of Board designated net assets for use towards the Outreach program.

Temporarily Restricted - Temporarily restricted net assets result (a) from contributions and other inflows of assets, the use of which by the Foundation is limited by donor-imposed stipulations that either expire by passage of time or can be fulfilled and removed by action of the Foundation pursuant to those stipulations, (b) from other asset enhancements and diminishments subject to the same kinds of stipulations, and (c) from reclassifications to (or from) other classes of net assets as a consequence of donor-imposed stipulations, their expiration by passage of time or their fulfillment and removal by actions of the Foundation pursuant to those stipulations.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Financial Statement Presentation (continued)

Permanently Restricted - Permanently restricted net assets (generally referred to as endowment funds) are assets that have donor-imposed restrictions that stipulate that the contributed resources be maintained permanently, but permit the organization to expend part or all of the income or other economic benefits derived from the donated assets. The Foundation has no permanently restricted net assets.

Cash and Cash Equivalents - The Foundation considers cash and cash equivalents to be amounts in a checking account and in a money market account, which are subject to immediate withdrawal.

Pledge Receivable - Unconditional promises to give are recognized as revenue in the period that the promises are received. Conditional promises to give are recognized when the conditions on which they depend are substantially met. Pledges receivable will be collected over a period no longer than one year. The Organizations consider pledges receivable to be fully collectible; accordingly no allowance for doubtful accounts is considered necessary. If amounts become uncollectible, they will be charged to operations when that determination is made.

Investments - The investments of the Foundation are reported at fair value. The fair value of a financial instrument is the amount that would be received to sell that asset (or paid to transfer a liability) in an orderly transaction between market participants at the measurement date (the exit price).

Purchases and sales of the investments are reflected on a trade-date basis. Dividend income is recorded on the ex-dividend date. Interest income is recorded on the accrual basis.

Support and Revenue - Contributions received are recorded as unrestricted, temporarily restricted or permanently restricted support depending on the existence and/or nature of any donor restrictions.

Donor-restricted support is reported as an increase in temporarily or permanently restricted net assets depending on the nature of the restriction. When a restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statements of activities as net assets released from restrictions. Temporarily restricted contributions, for which the purpose is accomplished in the same year, are classified as unrestricted contributions in the financial statements.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Contributions In-kind and Contributed Services - Material contributions in-kind received by the Foundation (e.g., printing, services, etc.) are recorded as income and expense at the time the items are placed into service or distributed.

Contributed services are reported as contributions at their fair value if such services create or enhance nonfinancial assets, would have been purchased if not provided by the contribution, require specialized skill, and are provided by individuals possessing such specialized skills.

Income Taxes - The Foundation is exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code. In addition, the Foundation qualifies for the charitable contribution deduction under Section 170(b)(1)(A) and has been classified as a Foundation that is not a private foundation under Section 509(a)(2). The Foundation has no obligation for unrelated business income tax at December 31, 2016 and 2015.

The Foundation files Form 990, *Return of Organization Exempt from Income Tax*. The Foundation's returns are subject to examination by the Internal Revenue Service and state authority until the applicable statute of limitations expires.

Functional Expenses - The cost of providing various program and supporting services have been summarized on a functional basis in the statement of activities. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

Estimates - The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures in the financial statements. Actual results could differ from those estimates.

Reclassifications - Certain reclassifications have been made to prior year amounts to conform to the current year presentation.

Subsequent Events - Subsequent events have been evaluated through July 26, 2017, which is the date the financial statements were available to be issued.

NOTE 3. TEMPORARILY RESTRICTED NET ASSETS

Temporarily restricted net assets are available for purposes or periods as follows:

	<u>2016</u>	<u>2015</u>
Programs - time restrictions	\$ 10,579	\$ 27,105
Programs - purpose restrictions	<u>52,715</u>	<u>7,515</u>
Total	<u>\$ 63,294</u>	<u>\$ 34,620</u>

NOTE 3. TEMPORARILY RESTRICTED NET ASSETS (CONTINUED)

Net assets were released from donor restrictions by incurring expenses satisfying the restricted purpose or by occurrence of other events specified by the donor as follows:

	<u>2016</u>	<u>2015</u>
Programs - time/purpose restrictions	\$ 41,905	\$ 22,691

NOTE 4. CONCENTRATION OF CASH

Cash consists of monies held in a checking account and a money market account without significant withdrawal restrictions. The Foundation places its cash with financial institutions deemed to be creditworthy. Balances are insured by FDIC up to \$250,000 per financial institution. Balances may at times exceed insured limits.

NOTE 5. INVESTMENTS

The composition of investments held by the Foundation at December 31, 2016 and 2015 are summarized below:

	<u>2016</u>	<u>2015</u>
Mutual funds	\$ 342,566	\$ 378,363
Exchange-traded funds	<u>77,218</u>	<u>67,431</u>
Total	<u>\$ 419,784</u>	<u>\$ 445,794</u>

NOTE 6. FAIR VALUE MEASUREMENTS

The *Fair Value Measurements and Disclosures* Topic of the FASB Accounting Standards Codification established a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described following.

NOTE 6. FAIR VALUE MEASUREMENTS (CONTINUED)

Basis of Fair Value Measurement

- Level 1 Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities
- Level 2 Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly
- Level 3 Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable

The following tables set forth by level within the fair value hierarchy, the Foundation's investment assets at fair value as of December 31, 2016 and 2015. As required, assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The Foundation had no investment assets at fair value classified within Level 2 or 3 at December 31, 2016 and 2015.

		<u>Fair Value Measurements at 12/31/16 Using</u>		
		<u>Quoted Prices</u>		
		in Active	Significant	
		Markets for	Other	Significant
		Identical	Observable	Unobservable
		Assets	Inputs	Inputs
		<u>(Level 1)</u>	<u>(Level 2)</u>	<u>(Level 3)</u>
<u>Total</u>				
Mutual funds				
Equity	\$ 342,566	\$ 342,566	\$ -	\$ -
Exchange-traded funds				
Equity	<u>77,218</u>	<u>77,218</u>	<u>-</u>	<u>-</u>
Total	<u>\$ 419,784</u>	<u>\$ 419,784</u>	<u>\$ -</u>	<u>\$ -</u>

NOTE 6. FAIR VALUE MEASUREMENTS (CONTINUED)

	<u>Total</u>	<u>Fair Value Measurements at 12/31/15 Using</u>		
		<u>Quoted Prices in Active Markets for Identical Assets (Level 1)</u>	<u>Significant Other Observable Inputs (Level 2)</u>	<u>Significant Unobservable Inputs (Level 3)</u>
Mutual funds				
Equity	\$ 378,363	\$ 378,363	\$ -	\$ -
Exchange-traded funds				
Equity	<u>67,431</u>	<u>67,431</u>	<u>-</u>	<u>-</u>
Total	<u>\$ 445,794</u>	<u>\$ 445,794</u>	<u>\$ -</u>	<u>\$ -</u>

Level 1 Measurements

The fair values of the mutual funds and exchange-traded funds are determined by reference to the funds' underlying assets, which are principally marketable equity. Shares held in the mutual and exchange-traded funds are traded on national securities exchanges and are valued at the net asset value on the last business day of each period presented.

NOTE 7. RELATED PARTY TRANSACTIONS

The Foundation is affiliated with AGD. The Foundation received in-kind support from AGD of \$76,314 and \$62,300 for the years ended December 31, 2016 and 2015, respectively.

AGD advances funds on behalf of the Foundation for various Foundation expenses and holds revenue from various agreements. The Foundation owed AGD \$128,915 and \$40,311 at December 31, 2016 and 2015, respectively.

NOTE 8. CONCENTRATIONS

Approximately 31% and 29% of the Foundation's support and revenue for the years ended December 31, 2016 and 2015, respectively, were from AGD.

SUPPLEMENTARY INFORMATION

ACADEMY OF GENERAL DENTISTRY FOUNDATION
FIVE YEAR SUMMARY OF OPERATIONS

	2016	2015	2014	2013	2012
SUPPORT AND REVENUE					
Contributions					
Corporate	\$ 33,298	\$ 35,000	\$ 16,000	\$ 13,600	\$ 43,000
Individuals	40,335	200	33,371	37,677	52,341
Memorials	1,300	30,000	51,000	-	-
Oral cancer screening	60,000	-	-	-	15,300
Outreach	-	62,300	58,800	80,600	118,000
In-kind contributions	76,314	-	-	-	-
Special events	-	12,405	5,000	38,805	26,965
Fun run and walk	69,136	36,445	58,296	78,724	84,338
Silent auction	-	34	155	600	720
Administration	51	233	5,386	300	-
Bank income	6,634	216,952	228,008	250,306	340,664
Miscellaneous	246,733	-	-	-	-
Total support and revenue					
EXPENSES					
Program					
Oral cancer screening	7,242	7,299	18,565	-	-
Outreach	-	20,000	18,300	114	19,397
Educational scholarships	24,312	-	-	25,000	35,000
Foundation salaries and benefits reimbursed to The Academy of General Dentistry (AGD)	9,015	9,001	-	-	-
Sponsorship	-	-	176	10,000	-
Special Olympics Special Smiles	-	-	-	-	-
Total program expenses	40,569	36,300	36,991	35,114	54,397
Administrative					
Foundation salaries and benefits reimbursed to AGD	54,678	53,998	71,137	98,805	117,285
Board of directors meetings	12,422	12,352	18,637	20,200	18,970
AGD staff time reimbursed to AGD	-	-	450	-	11,670
Temporary staff	34,858	34,083	32,781	27,882	31,426
AGD accounting service fees	6,500	6,000	5,750	5,500	5,250
Audit fees	2,982	5,737	3,388	7,027	19,441
Other expenses	1,867	1,732	816	3,573	3,229
Employee travel	1,229	1,448	3,712	2,860	5,121
Miscellaneous meetings	1,237	62,300	58,800	80,600	118,000
Bank service fees	76,314	177,670	195,371	246,447	330,750
In-kind support from AGD	192,387	-	-	-	-
Total administrative expenses					
Fundraising					
Fun run and walk	-	16,731	20	18,248	14,624
Silent auction	11,656	1,576	7,660	3,829	5,724
Annual campaign	81	1,985	121	5,855	76
Foundation salaries and benefits reimbursed to AGD	10,154	9,950	-	-	-
Total fund raising expenses	21,891	30,242	7,801	27,932	20,424
Total expenses	254,847	244,212	240,163	309,492	405,571
Total expenses	(8,114)	(27,260)	(12,155)	(59,187)	(64,907)
INCOME (LOSS) FROM OPERATIONS					
INVESTMENT INCOME (LOSS)					
Interest and dividends on investments	11,355	33,561	34,813	-	-
Realized and unrealized gain (loss) on investments	13,554	(41,361)	(12,070)	-	-
Investment fees	(5,080)	(3,091)	(3,396)	-	-
Total investment income (loss)	21,827	(12,891)	9,347	-	-
Total investment income (loss)	13,713	(40,151)	(2,808)	(59,187)	(64,907)
CHANGE IN NET ASSETS					
NET ASSETS					
Beginning of year	559,609	598,760	602,568	661,755	726,662
End of year	\$ 573,322	\$ 559,609	\$ 599,760	\$ 602,568	\$ 661,755

Audit Committee Annual Report

The Audit Committee is appointed by the President under direction of the Board and has sole responsibility for:

1. Monitoring the integrity of the financial statements and internal controls of the AGD.
2. Oversight of the AGD's external auditors.
3. Mediation of disagreements between management and the auditors regarding financial reporting.
4. The determination of the independence of the external auditors.

The Audit Committee should be fully independent. "Independent" means that none of the members of the Audit Committee are part of the management team, and the Committee is free to act in its oversight functions throughout the organization without undue outside influence or coercion.

The Audit Committee shall be composed of three members:

- One member serves as chair as appointed by the President.
- One member must have expertise to serve as the financial and accounting expert on the committee.
- One member must be knowledgeable about AGD structure and functions and in the areas of internal controls, compliance, ethics and management.

The Treasurer; Executive Director; Chief Financial Officer; and AGDF Secretary/Treasurer shall serve as consultants to this Committee and be present at each meeting as directed by the chair.

The Audit Committee shall have the authority to retain special legal, accounting or other consultants to advise the Committee. The Audit Committee may request any officer or employee of the AGD or the AGD's outside counsel or external auditor to attend a meeting of the council or to meet with any member of, or consultant to, the committee. However, any needs of the committee that would result in financial obligation to the AGD outside of that which is already budgeted to this committee would have to be reviewed and accepted by the Board or Executive Committee prior to the obligation. The Audit Committee may seek any information it requires from employees of the AGD – all of whom are directed to cooperate with the committee's requests.

The Audit Committee shall report to the Board at least twice annually. If deemed necessary, the Audit Committee may also report directly to the House of Delegates.

Responsibilities of the Audit Committee include:

1. Review and reassess the adequacy of this Charter annually and recommend any proposed changes to the Board for approval.
2. Review the annual audited financial statements with management, including major issues regarding accounting and auditing principles and practices as well as

- 1 the adequacy of internal controls that could significantly affect the AGD's
- 2 financial statements.
- 3 3. Review major changes to the AGD's auditing and accounting principles and
- 4 practices as suggested by the external auditor or management.
- 5 4. Direct the appointment of the external auditor, which is ultimately accountable to
- 6 the Audit Committee.
- 7 5. Approve the fees to be paid to the external auditor subject to Board approval.
- 8 6. Approve the annual Audit Scope.
- 9 7. Review with the external auditor, any problems or difficulties the auditor may
- 10 have encountered and any management letter provided by the auditor and the
- 11 AGD's response to that letter. Such review should include:
- 12 A. Any difficulties encountered in the course of the audit work, including any
- 13 restrictions on the scope of activities or access to required information
- 14 B. Any disagreements between management and the external auditors that need
- 15 to be mediated by the Audit Committee.
- 16 8. Pre-approve all audit and non-audit services to be performed by the AGD's
- 17 external auditors. The responsibilities of pre-approval may be designated to one
- 18 member of the Audit Committee who, after giving such pre-approval, must report
- 19 to the full committee.
- 20 9. Review any and all reports issued by the external auditors, with respect to the
- 21 AGD's financial statement and critical accounting policies
- 22 10. Review with staff liaison and management the process for communicating the
- 23 Code of Conduct to AGD personnel, and monitoring compliance therewith.
- 24 11. Receive updates from management and AGD legal counsel regarding compliance
- 25 matters and/or any significant risks or exposures facing the organization.
- 26 12. Establish a process for receiving, processing, tracking, communicating, and
- 27 investigating reports of concerns regarding questionable accounting, internal
- 28 control or audit matters or fraud.
- 29 13. Assess the effectiveness of the AGD's internal control system including
- 30 information technology security and control.
- 31 14. Discuss with management the AGD's policies with respect to risk assessment and
- 32 risk management.
- 33 15. Review with each public accounting firm that performs an audit:
- 34 A. All critical accounting policies and practices used by the organization
- 35 B. All alternative treatments of financial information within generally accepted
- 36 accounting principles that have been discussed with management of the
- 37 organization, the ramifications of each alternative, and the treatment
- 38 preferred by the organization.
- 39 16. Inquire of the Executive Director and Chief Financial Officer regarding the
- 40 sources of support and revenue of the organization from a subjective as well as an
- 41 objective standpoint.
- 42 17. Review with management the policies and procedures with respect to officers, key
- 43 employees (Executive Director, and Chief Financial Officer), disqualified persons
- 44 as defined by the IRS, expense accounts, and perks, including excess benefit
- 45 transactions.

- 1 18. Conduct executive sessions with the outside auditors on an annual basis and with
2 the Executive Director, Chief Financial Officer or legal counsel as desired by the
3 committee.
4

5 While the Audit Committee has the responsibilities and powers set forth in this Charter, it is not
6 the duty of the Audit Committee to plan or conduct audits or to determine that AGD's financial
7 statements are complete and accurate and are in accordance with generally accepted accounting
8 principles. This is the responsibility of management and the independent auditor.
9

10 To adhere to the Sunset Review Process and Schedule outlined in Policy Type V.: Board Policy
11 Statements.
12

13 Evaluate the pricing of all programs and services annually during the fall (at the Joint Council
14 Meetings I if meeting) to be included as part of the budget process and provide a complete pricing
15 analysis to the Board at the Board Meeting III at least every three years.
16

17 AGD staff will send out to each council, committee, or other agency member along with any
18 member collaborating on any AGD business the Code of Conduct form to be completed by said
19 individual at the beginning of each governance year. Each covered individual will submit to
20 their staff liaison an accurately completed form, including particular attention paid to any
21 companies that may have remunerated said covered individual and subsequently reported such
22 remuneration to the federal government's reporting structure under the Sunshine Act. The staff
23 liaison will compile all of their individual's forms, and share them with their chairperson and
24 also the executive office staff, who will in turn, forward them to the Audit Committee for further
25 review.
26

27 Highlights of the Year

- 28 • Review of the audit for 2016
29

30 Report of the Audit Committee

31
32 The Audit Committee met twice during the year with a conference call on November 28, 2016 to
33 discuss the 2016 audit process and an in-person meeting on June 23, 2017 to review the 2016
34 audit results. The auditors from Legacy Professionals were present at both meetings to lead the
35 committee through the 2016 audit process and results. As a result of the audit, Legacy
36 Professionals has issued the following two reports which are also being presented to the Board:
37

- 38 1. SAS 114 Letter (Conduct of Audit)
- 39 2. December 31, 2016 and 2015 Financial Statements
40

41 The committee was satisfied with the audit process and the results of the audit. There were no
42 audit adjustments and no management letter as the auditors had no comments to disclose.
43

44 The committee also met privately with the auditors in an executive session.
45

1 The committee recommended retention of Legacy Professionals for one more year. Due to the
2 timing of the CFO hire, the committee is not recommending changing auditors for 2017 at this
3 time. A further evaluation will be completed after the 2017 audit process.
4

5 In addition to the audit process, the committee also reviewed its charge, the code of conduct
6 policy and the whistleblower policy. The committee also reviewed the conflict of interest
7 disclosures.
8

9 **Audited Financial Statement Report**

10 **Independent Auditors Report (Page 1)**

11 Legacy Professionals has issued an unqualified opinion stating the financial statements as of
12 December 31, 2016 and 2015 are presented fairly and in conformity with generally accepted
13 accounting principles.
14

15 **Statements of Financial Position (Page 3)**

16 The Statements of Financial Position as of December 31, 2016 show total assets of \$26,960,734,
17 a decrease of \$1,028,217 from total assets at December 31, 2015. Significant changes are
18 detailed below:
19

- 20 • Cash and cash equivalents decreased by \$2,756,555 primarily as a result of capital
21 projects related to the building and rebranding paid out of the operating account, as well
22 as later collections on 2017 dues.
- 23 • Prepaid expenses and other current assets increased by \$503,983 as payments made for
24 the elevator capital project were included. The project was completed in early 2017.
- 25 • Investments increased by \$959,058 from an investment gain of 8.21% for the twelve
26 months ended December 31, 2016.
- 27 • Property and equipment – increased by \$357,728 as a result of the masonry project net of
28 depreciation on the building, furniture and equipment.
29

30 Total liabilities were \$7,561,003, a decrease of \$2,527,621 compared to December 31, 2015.
31 Significant changes were:
32

- 33 • Deferred revenue decreased by \$1,699,131 from less prepayment of membership dues for
34 the coming year.
- 35 • Loans payable decreased by \$755,000 from annual principal payments made on the
36 original mortgage from the purchase and the additional loan for renovations and furniture
37 of the 560 W Lake St building.
- 38 • Amounts held for others decreased by \$389,012 as a result of the timing of receipt of
39 dues.
40

41 The reserve ratio as of December 31, 2016 was 89.9%.
42

43 **Statements of Activities (Page 4)**

1 The Statements of Activities report revenue and expense information for all programs of the
2 AGD. The statements reflect not only the operating activities of the AGD reported throughout
3 the year, but also the financial results of the investment activities. Additional financial
4 information is disclosed in the Notes to Financial Statements.

5
6 *Revenue* - For the year ended December 31, 2016, total revenues were \$13,778,434, \$247,011
7 less than 2015 and 6% unfavorable compared to budget. Significant changes were:

- 8
- 9 • Membership dues revenue increased by \$255,956. Total membership increased over the
10 prior year 39,075 versus 39,028 in 2015.
- 11 • *Communications revenue decreased by \$235,268 primarily due to advertising income*
12 *being down for the year. A new vendor partner was contracted in 2017 to drive*
13 *additional advertising, exhibitors and sponsorship revenue.*
- 14 • Partnership administration income decreased by \$216,985. Partnership amounts are
15 allocated amongst other programs based on what partners decide to support. In addition,
16 contracts extending into 2017 recognize revenues throughout the full contract term not
17 necessarily calendar year.
- 18

19 *Expenses* - Total expenses for the year ended were \$13,433,729, \$196,537 less than 2015 and
20 10% favorable compared to budget. Significant changes were:

- 21
- 22 • Membership increased by \$389,832 due to increased expenses in printing, promotions,
23 advertising and postage.
- 24 • Partnership administration decreased by \$111,267 due to timing of contracts, as well as
25 partners paying for expenses directly.
- 26 • Constituent Services increased \$100,721 since the biannual Leadership Conference
27 occurred in 2016, and not in 2015.
- 28 • Annual meeting decreased by \$174,086 as a result of decreased spending in printing,
29 postage and other miscellaneous fees, as well as honorariums and food and beverage
30 costs. This was offset by a slight increase in professional services.
- 31 • Councils and Committees decreased by \$89,426. Savings in both staff and non-staff air,
32 hotel, food and non-staff honorariums accounted for the majority of the variance.
- 33 • Governance decreased by \$180,311 due to an emphasis on control costs.
- 34 • Administrative Overhead decreased \$102,164 due to savings in Office of the Executive
35 Director and Human Resources partially offset by increased spending in Information
36 Technology as well as increased building related costs.
- 37

38 *Income from operations* – With total revenue of \$13,778,434, and total expenses of \$13,433,729,
39 income from operations for the year ended December 31, 2016 was \$344,705, \$50,474 less than
40 2015.

41
42 *Investment income (loss)* - For the year ended December 31, 2016, there was a net gain on
43 investments of \$1,123,963 or 8.21% compared to a loss on investments of \$345,755 or 2.46% in
44 2015.

1 *Advocacy fund contributions* - For the year ended December 31, 2016, advocacy fund
2 contributions totaled \$32,173, and the advocacy fund expenditures were \$1,437, for a net
3 increase of \$30,736 in the advocacy fund.

4
5 *Change in net assets* – With income from operations of \$344,705, the investment gain of
6 \$1,123,963, and the advocacy fund net increase of \$30,736, the change in net assets was an
7 increase of \$1,499,404.

8
9 **Statement of Cash Flows (Page 5)**

10 The Statements of Cash Flows details the cash inflows and outflows of the AGD. Cash used in
11 operating activities for the year ended December 31, 2016 was \$1,082,339. Investing activities
12 used cash of \$919,216. Cash used by financing activities was \$755,000. The combination of
13 operating activities, investing activities and financing activities resulted in a cash decrease of
14 \$2,756,555.

15
16 **Schedules of Revenue and Expenses (Pages 15-18)**

17 These schedules provide more details about revenue and expenses.

18
19 The audit also provides us the opportunity to get feedback from the auditors on their interactions
20 with the staff and their impressions of the operations of the AGD. They found the staff to be very
21 responsive and professional. The fact that there were no adjustments or comments to disclose is
22 notable.

23
24 Respectfully Submitted,

25
26 Dr. Carl Vorhies, Chair

(cbvorhies@msn.com)

27 Dr. Lou Boryc

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31 Christa Ojeda, Chief Financial Officer (Consultant)

(christa.ojeda@agd.org)

32
33 **Responsible Committee Chair and Staff Liaison**

34 **Carl B. Vorhies, DDS, MAGD**

35 **Chair, Audit Committee**

36 **503.292.0442**

37 cbvorhies@msn.com

38
39 Christa Ojeda, CPA

40 Chief Financial Officer

41 312.440.4315

42 Christa.Ojeda@agd.org



To the Board of Trustees of
The Academy of General Dentistry

We have audited the financial statements of The Academy of General Dentistry (AGD) for the year ended December 31, 2016, and have issued our report thereon dated July 26, 2017. Professional standards require that we provide you with the following information related to our audit.

Our Responsibility Under Auditing Standards Generally Accepted in the United States of America

As stated in our engagement letter dated November 16, 2016, our responsibility, as described by professional standards, is to express an opinion about whether the financial statements are fairly presented, in all material respects, in conformity with U.S. generally accepted accounting principles. Our audit of the financial statements does not relieve you or management of your responsibilities.

As part of our audit, we considered the internal controls of AGD. Such considerations were solely for the purpose of determining our audit procedures and not to provide any assurance concerning such internal controls.

Our responsibility for the supplementary information accompanying the financial statements, as described by professional standards, is to evaluate the presentation of the supplementary information in relation to the financial statements as a whole and to report on whether the supplementary information is fairly stated, in all material respects, in relation to the financial statements as a whole.

Planned Scope and Timing of the Audit

We performed the audit according to the planned scope and timing previously communicated to you in our engagement letter and in any meetings concerning planning matters.

Significant Audit Findings

Qualitative Aspects of Accounting Practices

Management has the responsibility for selection and use of appropriate accounting policies. In accordance with the terms of our engagement letter, we will advise management about the appropriateness of accounting policies and their application. The significant accounting policies used by AGD are described in Note 2 to the financial statements. No new accounting policies were adopted and the application of existing policies was not changed during the year ended December 31, 2016. We noted no transactions entered into by the AGD during the year that were both significant and unusual, or transitions for which there is a lack of authoritative guidance or consensus. All significant transactions have been recognized in the financial statements in the proper period.

Accounting Estimates

Accounting estimates are an integral part of the financial statements and are based on management's knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ significantly from those expected. The most sensitive estimate affecting the financial statements was management's estimate of the functional allocation of expenses. Management calculated the allocation of functional expenses based on costs associated with the programs and supporting services benefited. We evaluated the key factors and assumptions used to develop the accounting estimates used in the financial statements and determined that they are reasonable in relation to the financial statements taken as a whole.

Disclosures

The disclosures in the financial statements are neutral, consistent, and clear. There are no financial statement disclosures that are particularly sensitive because of their significance to financial statement users.

Difficulties Encountered in Performing the Audit

We encountered no significant difficulties in dealing with management in performing and completing our audit.

Corrected and Uncorrected Misstatements

Professional standards require us to accumulate all known and likely misstatements identified during the audit, other than those that are trivial, and communicate them to the appropriate level of management. Management has corrected all such misstatements. In addition, none of the misstatements detected as a result of audit procedures and corrected by management were material, either individually or in the aggregate, to the financial statements taken as a whole.

Disagreements with Management

For purposes of this letter, professional standards define a disagreement with management as a matter, whether or not resolved to our satisfaction, concerning a financial accounting, reporting or auditing matter that could be significant to the financial statements or the auditor's report. We are pleased to report that no such disagreements arose during the course of our audit.

Management Representations

We have requested certain representations from management that are included in the management representation letter dated July 26, 2017.

Management Consultations with Other Independent Accountants

In some cases, management may decide to consult with other accountants about auditing and accounting matters, similar to obtaining a "second opinion" on certain situations. If a consultation involves application of an accounting principle to the AGD's financial statements or a determination of the type of auditor's opinion that may be expressed on those statements, our professional standards require the consulting accountant to check with us to determine that the consultant has all the relevant facts. To our knowledge, there were no such consultations with other accountants.

Other Audit Findings or Issues

We generally discuss a variety of matters, including the application of accounting principles and auditing standards, with management each year prior to retention as the AGD's auditors. However, these discussions occurred in the normal course of our professional relationship and our responses were not a condition to our retention.

Other Matter

With respect to the supplementary information accompanying the financial statements, we made certain inquiries of management and evaluated the form, content, and methods of preparing the information to determine that the information complies with generally accepted accounting principles, the method of preparing it has not changed from the prior period, and the information is appropriate and complete in relation to our audit of the financial statements. We compared and reconciled the supplementary information to the underlying accounting records used to prepare the financial statements or to the financial statements themselves.

Intended Use of this Letter

This information is intended solely for the information and use of the Board of Trustees and management of AGD and is not intended to be and should not be used by anyone other than these specified parties.

Legacy Professionals LLP

Chicago, Illinois

July 26, 2017

THE ACADEMY OF GENERAL DENTISTRY

FINANCIAL STATEMENTS

DECEMBER 31, 2016

THE ACADEMY OF GENERAL DENTISTRY
FINANCIAL STATEMENTS WITH SUPPLEMENTARY INFORMATION
DECEMBER 31, 2016 AND 2015

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REPORT OF INDEPENDENT AUDITORS

To the Board of Trustees of
The Academy of General Dentistry

Report on the Financial Statements

We have audited the accompanying financial statements of The Academy of General Dentistry (AGD), which comprise the statements of financial position as of December 31, 2016 and 2015 and the related statements of activities and of cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to in the first paragraph present fairly, in all material respects, the financial position of The Academy of General Dentistry as of December 31, 2016 and 2015, and the changes in its net assets and its cash flows for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Other Matter

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying supplementary information on pages 15 through 18 is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

We also have previously audited the financial statements of AGD as of and for the years ended December 31, 2014, 2013, and 2012 (none of which is presented herein), and we expressed unmodified opinions on those financial statements. Those audits were conducted for purposes of forming an opinion on the financial statements as a whole. The information on page 18 is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the December 31, 2014, 2013, and 2012 financial statements. The information has been subjected to the auditing procedures applied in the audits of those financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information on page 18 is fairly stated in all material respects in relation to the financial statements from which it has been derived.

Legacy Professionals LLP

Chicago, Illinois

July 26, 2017

THE ACADEMY OF GENERAL DENTISTRY

STATEMENTS OF FINANCIAL POSITION

DECEMBER 31, 2016 AND 2015

	<u>2016</u>	<u>2015</u>
ASSETS		
Current assets		
Cash and cash equivalents	\$ 5,101,938	\$ 7,858,493
Accounts receivable - net of allowance for doubtful accounts of \$1,843 in 2016 and \$3,970 in 2015	290,274	374,974
Prepaid expenses and other current assets	<u>866,744</u>	<u>362,761</u>
Total current assets	<u>6,258,956</u>	<u>8,596,228</u>
Other assets		
Investments	12,188,606	11,229,548
Deferred compensation obligation - investments	223,625	231,356
Property and equipment - net	<u>8,289,547</u>	<u>7,931,819</u>
Total other assets	<u>20,701,778</u>	<u>19,392,723</u>
Total assets	<u>\$ 26,960,734</u>	<u>\$ 27,988,951</u>
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Accounts payable	\$ 395,100	\$ 239,902
Amounts held for others	266,345	655,357
Accrued expenses		
Salaries	129,641	63,501
Other	656,126	554,211
Deferred revenue	<u>3,235,166</u>	<u>4,934,297</u>
Total current liabilities	<u>4,682,378</u>	<u>6,447,268</u>
Long-term liabilities		
Deferred compensation obligation	223,625	231,356
Loans payable	<u>2,655,000</u>	<u>3,410,000</u>
Total long-term liabilities	<u>2,878,625</u>	<u>3,641,356</u>
Total liabilities	<u>7,561,003</u>	<u>10,088,624</u>
NET ASSETS		
Unrestricted	19,186,395	17,717,727
Temporarily restricted	<u>213,336</u>	<u>182,600</u>
Net assets	<u>19,399,731</u>	<u>17,900,327</u>
Total liabilities and net assets	<u>\$ 26,960,734</u>	<u>\$ 27,988,951</u>

See accompanying notes to financial statements.

THE ACADEMY OF GENERAL DENTISTRY

STATEMENTS OF ACTIVITIES

YEARS ENDED DECEMBER 31, 2016 AND 2015

	<u>2016</u>	<u>2015</u>
Unrestricted		
REVENUE		
Membership	\$ 8,998,426	\$ 8,742,470
AGD Benefits Plus royalty income	529,824	545,071
Partnerships administration	269,131	486,116
Communications	1,220,160	1,455,428
Dental education	1,128,575	1,130,856
Annual meeting	1,462,574	1,507,528
Other revenues	169,744	157,976
Total revenue	<u>13,778,434</u>	<u>14,025,445</u>
EXPENSES		
Membership	1,529,887	1,140,055
AGD Benefits Plus	32,947	26,967
Partnerships administration	114,024	225,294
Constituent services	395,166	294,445
Communications	1,681,775	1,686,816
Dental education	1,110,016	1,125,575
Annual meeting	1,376,530	1,550,616
Public affairs	869,748	884,961
Councils and committees	393,154	482,580
Governance	1,004,888	1,185,199
Administrative overhead (see page 17)	4,925,594	5,027,758
Total expenses	<u>13,433,729</u>	<u>13,630,266</u>
INCREASE IN UNRESTRICTED NET ASSETS FROM OPERATIONS	<u>344,705</u>	<u>395,179</u>
INVESTMENT INCOME (LOSS)		
Interest and dividends on investments	233,097	356,079
Realized gain/(loss) on sales of investments	(289,718)	193,300
Unrealized gain/(loss) on investments	1,197,834	(880,053)
Investment fees	(17,250)	(15,081)
Total investment income (loss)	<u>1,123,963</u>	<u>(345,755)</u>
INCREASE IN UNRESTRICTED NET ASSETS	<u>1,468,668</u>	<u>49,424</u>
Temporarily restricted net assets		
Advocacy fund contributions	32,173	33,821
Net assets released from restrictions	(1,437)	(64,966)
INCREASE (DECREASE) IN TEMPORARILY RESTRICTED NET ASSETS	<u>30,736</u>	<u>(31,145)</u>
INCREASE IN NET ASSETS	1,499,404	18,279
NET ASSETS		
Beginning of year	<u>17,900,327</u>	<u>17,882,048</u>
End of year	<u>\$ 19,399,731</u>	<u>\$ 17,900,327</u>

See accompanying notes to financial statements.

THE ACADEMY OF GENERAL DENTISTRY

STATEMENTS OF CASH FLOWS

YEARS ENDED DECEMBER 31, 2016 AND 2015

	<u>2016</u>	<u>2015</u>
CASH FLOWS FROM OPERATING ACTIVITIES		
Change in net assets	\$ 1,499,404	\$ 18,279
Adjustments to reconcile change in net assets to net cash provided by (used in) operating activities		
Depreciation and amortization	510,546	521,123
Net realized (gain) loss on sale of investments	289,718	(193,300)
Net unrealized (gain) loss on investments	(1,197,834)	880,053
Effects of changes in operating assets and liabilities		
Accounts receivable - net	84,700	(35,046)
Prepaid expenses and other current assets	(503,983)	173,291
Accounts payable	155,198	(128,629)
Amounts held for others	(389,012)	(219,138)
Accrued expenses	168,055	(485,510)
Deferred revenue	<u>(1,699,131)</u>	<u>(876,974)</u>
Net cash (used in) operating activities	<u>(1,082,339)</u>	<u>(345,851)</u>
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchase of property and equipment	(868,274)	(419,617)
Proceeds from sale of investments	2,902,288	2,179,635
Purchases of investments	<u>(2,953,230)</u>	<u>(1,931,560)</u>
Net cash (used in) investing activities	<u>(919,216)</u>	<u>(171,542)</u>
CASH FLOWS FROM FINANCING ACTIVITIES		
Payments on loans	<u>(755,000)</u>	<u>(755,000)</u>
Net cash (used in) financing activities	<u>(755,000)</u>	<u>(755,000)</u>
NET (DECREASE) IN CASH AND CASH EQUIVALENTS	(2,756,555)	(1,272,393)
CASH AND CASH EQUIVALENTS		
Beginning of year	<u>7,858,493</u>	<u>9,130,886</u>
End of year	<u>\$ 5,101,938</u>	<u>\$ 7,858,493</u>
SUPPLEMENTAL DISCLOSURES		
Cash paid for interest	<u>\$ 82,177</u>	<u>\$ 103,488</u>

See accompanying notes to financial statements.

THE ACADEMY OF GENERAL DENTISTRY

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2016 AND 2015

NOTE 1. NATURE OF THE ORGANIZATION

The Academy of General Dentistry (AGD) is an association whose members are general practitioners of dentistry, primarily in the United States and Canada. AGD was incorporated on August 2, 1952, in the State of Illinois as a not-for-profit corporation. AGD's core purpose is to advance the value and excellence of general dentistry. AGD conducts its activities from offices in Chicago, Illinois.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Method of Accounting - The financial statements are prepared on the accrual basis of accounting in accordance with generally accepted accounting principles.

Financial Statement Presentation - In order to conform to provisions of generally accepted accounting principles, AGD is required to report information regarding its financial position and activities in three classes of net assets: unrestricted net assets, temporarily restricted net assets and permanently restricted net assets. Net assets are generally reported as unrestricted unless assets are received from donors with explicit stipulations that limit the use of the asset. There were no permanently restricted net assets at December 31, 2016 and 2015.

Unrestricted Net Assets - Unrestricted net assets are available to finance the general operations of the AGD. The only limits on the use of unrestricted net assets are the broad limits resulting from the nature of AGD, the environment in which it operates and the purposes specified in its articles of incorporation.

Temporarily Restricted Net Assets - Temporarily restricted net assets are assets received from donors with explicit stipulations that limit the use of the asset. At December 31, 2016 and 2015, AGD had \$213,336 and \$182,600 respectively, of temporarily restricted net assets, consisting entirely of donor contributions made to the Advocacy Fund.

Advocacy Fund - AGD administers a program to promote and represent the dentistry profession and the interests of general dentist members. Donations not only help to further define AGD as the voice of general dentistry by allowing for increased advocacy efforts, but they also boost recognition among the public and other dental professions of general dentists as the primary oral health caregiver. Contributions to this Fund are restricted for this use.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Cash and Cash Equivalents - AGD considers all liquid investments, including amounts invested in money market instruments, with a maturity of three months or less when purchased to be cash equivalents. AGD maintains its cash and cash equivalents on deposit with various financial institutions and investment companies, which at times may exceed federally insured limits.

Investments - The investments of AGD are reported at fair value. The fair value of a financial instrument is the amount that would be received to sell that asset (or paid to transfer a liability) in an orderly transaction between market participants at the measurement date (the exit price).

Purchases and sales of the investments are reflected on a trade-date basis. Dividend income is recorded on the ex-dividend date. Interest income is recorded on the accrual basis.

Accounts Receivable - Accounts receivable are uncollateralized customer obligations which generally require payment within 30 days from the invoice date. Accounts receivable are stated at the invoice amount. Payments of accounts receivable are applied to the specific invoices identified on the customer's remittance advice.

The carrying amount of accounts receivable is reduced by a valuation allowance that reflects management's best estimate of amounts that will not be collected. Management reviews individual accounts receivable balances based on an assessment of current creditworthiness, and estimates the portion, if any, of the balance that will not be collected. All accounts or portions thereof deemed to be uncollectible or to require an excessive collection cost are written off to the allowance for doubtful accounts.

Property and Equipment - Property and equipment are carried at cost. Property and equipment are depreciated on the straight-line method over its estimated useful life, which ranges from three to five years for furniture and equipment to thirty-nine years for the building. Amortization of leasehold improvements is provided over the lesser of the term of the respective lease or the estimated useful life of the improvements, which range from ten to fifteen years.

Revenue Recognition - AGD records dues payments received as deferred revenue and recognizes membership dues revenue ratably throughout the membership year, which is the calendar year. AGD recognizes subscription revenue over the subscription period and advertising revenue when publications are issued. At year-end, deferred revenue represents that portion of membership dues which applies to future years and subscription and advertising revenue applicable to future issues.

Advertising - AGD expenses advertising costs as incurred and were approximately \$182,000 and \$125,000 for the years ended December 31, 2016 and 2015, respectively.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Income Taxes - AGD is a tax-exempt organization as defined by Section 501(c)(6) of the Internal Revenue Code. However, AGD is liable for taxes on any unrelated business net income. For the years ended December 31, 2016 and 2015, no taxes are due.

AGD files Form 990, *Return of Organization Exempt from Income Tax*, and Form 990-T, *Exempt Organization Business Income Tax Return*. AGD's returns are subject to examination by the Internal Revenue Service until the applicable statute of limitations expires.

Estimates - The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from these estimates.

Subsequent Events - Subsequent events have been evaluated through July 26, 2017, which is the date the financial statements were available to be issued.

NOTE 3. FOREIGN CURRENCY RISK

Foreign currency risk is the risk of loss arising from changes in currency exchange rates. All foreign currency-denominated investments held by AGD are in foreign cash and included with cash and cash equivalents. AGD's exposure to foreign currency risk at December 31, 2016 and 2015 are as follows:

<u>Canadian Currency Activity</u>	<u>Fair Value</u>
Canadian account - beginning of year	\$ 278,170
Revenue	735,172
Expenses	(240,642)
(Loss) in exchange rate	<u>(110,607)</u>
Canadian account - end of year	<u>\$ 662,093</u>

NOTE 4. INVESTMENTS

The composition of investments held by AGD at December 31, 2016 and 2015 are classified as investments and deferred compensation obligation - investments and are summarized below:

	<u>2016</u>	<u>2015</u>
Common stocks	\$ 3,308,718	\$ 3,280,445
Mutual funds	<u>9,103,513</u>	<u>8,180,459</u>
Total	<u>\$ 12,412,231</u>	<u>\$ 11,460,904</u>

NOTE 5. FAIR VALUE MEASUREMENTS

The *Fair Value Measurements and Disclosures* Topic of the FASB Accounting Standards Codification established a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

Basis of Fair Value Measurement

- Level 1 Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities

- Level 2 Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly

- Level 3 Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable

The following tables set forth by level within the fair value hierarchy, AGD's investment assets at fair value as of December 31, 2016 and 2015. As required, assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. AGD had no investment assets at fair value classified within Level 2 or 3 at December 31, 2016 and 2015.

NOTE 5. FAIR VALUE MEASUREMENTS (CONTINUED)

	Total	Fair Value Measurements at 12/31/16 Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Common stocks				
Conglomerates	\$ 976,483	\$ 976,483	\$ -	\$ -
Banks/financial services	334,800	334,800	-	-
Transportation/auto	466,735	466,735	-	-
Healthcare	366,932	366,932	-	-
Telecommunication	759,860	759,860	-	-
Services	403,908	403,908	-	-
Mutual funds				
Equity	9,103,513	9,103,513	-	-
Total	<u>\$ 12,412,231</u>	<u>\$ 12,412,231</u>	<u>\$ -</u>	<u>\$ -</u>

	Total	Fair Value Measurements at 12/31/15 Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Common stocks				
Conglomerates	\$ 989,000	\$ 989,000	\$ -	\$ -
Banks/financial services	405,433	405,433	-	-
Industrial goods	128,937	128,937	-	-
Transportation/auto	93,288	93,288	-	-
Energy	273,105	273,105	-	-
Healthcare	454,630	454,630	-	-
Telecommunication	499,334	499,334	-	-
Services	436,718	436,718	-	-
Mutual funds				
Equity	8,180,459	8,180,459	-	-
Total	<u>\$ 11,460,904</u>	<u>\$ 11,460,904</u>	<u>\$ -</u>	<u>\$ -</u>

NOTE 5. FAIR VALUE MEASUREMENTS (CONTINUED)

Level 1 Measurements

Most common stocks are traded in active markets on national and international securities exchanges and are valued at closing prices on the last business day of each period presented.

The fair values of the mutual funds are determined by reference to the funds' underlying assets, which are principally marketable equity. Shares held in the mutual funds are traded on national securities exchanges and are valued at the net asset value on the last business day of each period presented.

NOTE 6. PROPERTY AND EQUIPMENT

Property and equipment assets at December 31, 2016 and 2015 consisted of the following:

	<u>2016</u>	<u>2015</u>
Construction-in-progress	\$ 704,916	\$ 241,028
Furniture and equipment	718,512	718,512
Leasehold improvements	2,790,211	2,525,211
Computer equipment	1,438,014	1,298,628
Association management system	834,792	834,792
Building	5,172,270	5,172,270
Land	<u>127,730</u>	<u>127,730</u>
Total	11,786,445	10,918,171
Less accumulated depreciation	<u>(3,496,898)</u>	<u>(2,986,352)</u>
Net property and equipment	<u>\$ 8,289,547</u>	<u>\$ 7,931,819</u>

Depreciation expense for the years ended December 31, 2016 and 2015 totaled \$510,546 and \$521,123 respectively. Construction-in-progress represents payments made for major building improvements that are in the construction phase and are yet to be placed in service.

NOTE 7. RELATED PARTY TRANSACTIONS

AGD is affiliated with the Academy of General Dentistry Foundation (the Foundation). The Foundation is dedicated to improving the oral health of the public and supporting the efforts of the general dentist through financial support of scientific, educational, and charitable initiatives, which are delineated by AGD. AGD provided in-kind and contributed services support to the Foundation of \$76,314 and \$62,300 during the years ended December 31, 2016 and 2015, respectively.

NOTE 7. RELATED PARTY TRANSACTIONS (CONTINUED)

AGD advances funds on behalf of the Foundation for various Foundation expenses and holds revenue from various agreements until the agreement ends. The Foundation owed AGD \$128,915 and \$40,311 at December 31, 2016 and 2015, respectively.

NOTE 8. RETIREMENT PLAN

AGD maintains a 401(k) plan covering substantially all full-time employees. Employees are eligible to join the plan after completing one month of service. After one year of service, AGD matches 50% of the participant's contribution up to 4% of the participant's salary and is not subject to a vesting schedule. AGD also contributes to the plan on behalf of each participant amounts equivalent to 4% of the participant's salary and is subject to a five year vesting schedule. AGD's contribution to the plan was \$223,332 and \$258,876 for the years ended December 31, 2016 and 2015, respectively.

NOTE 9. DEFERRED COMPENSATION ARRANGEMENT

AGD has deferred compensation arrangements with two former employees. These arrangements began to provide benefits when these former employees retired from full-time service during the fiscal year ended September 30, 2004. AGD contributed amounts until their retirement to segregated employee-directed investment accounts. Contributed amounts plus investment earnings are payable in installments to the respective former employee or beneficiary until the funds are depleted. The financial statements reflect asset and liability balances of \$223,625 and \$231,356 at December 31, 2016 and 2015, respectively.

NOTE 10. OPERATING LEASES

AGD leases office equipment under noncancelable operating leases, which expire at various times through 2019. Rental and related maintenance expense for these operating leases was approximately \$70,522 and \$69,434 for the years ended December 31, 2016 and 2015, respectively.

Future minimum lease payments under noncancelable operating leases are as follows:

Year ending December 31,	
2017	\$ 122,457
2018	106,605
2019	<u>17,920</u>
Total	<u>\$ 246,982</u>

NOTE 11. SIGNIFICANT COMMITMENTS

Annual Meeting

AGD has entered into various contracts and agreements as of December 31, 2016 related to future annual meetings, including various service contracts, rental agreements for meeting sites, and arrangements with hotels for attendees.

Service Agreement - Facilities Management

AGD entered into an agreement with Innovative Service Technology Management Services, Inc. (IST) effective November 1, 2010, whereby IST operated the Office Services Department for AGD, through October 31, 2013. AGD renegotiated the agreement effective September 1, 2013 which expired on October 31, 2016. The agreement was once again renewed beginning November 1, 2016 which expires on October 31, 2018. The agreement includes monthly base fees of \$10,911 and will increase 3% on November 1, 2017 and an additional 4.5% on July 1, 2018. AGD paid IST \$127,753 and \$124,032 for services and expenses provided under the agreement for the years ended December 31, 2016 and 2015, respectively.

NOTE 12. LOANS PAYABLE

During 2012, AGD obtained a \$3,800,000 mortgage loan to finance the purchase of a building at 560 West Lake Street in Chicago. The mortgage has a fixed rate for five years and is amortized over ten years. It is payable in annual installments of \$380,000 with the remaining balance due as a balloon payment in 2017. Interest is payable monthly at a 2.60% rate.

During 2013, AGD obtained a \$1,500,000 term loan to finance renovation costs for the building at 560 West Lake Street in Chicago. The loan has a fixed rate for fifty months and is amortized over fifty months. It is payable in annual installments of \$375,000. Interest is payable monthly at a 2.98% rate.

Principal payment is as follows:

Year ending December 31,	
2017	<u>\$ 2,655,000</u>

Interest expense for the years ended December 31, 2016 and 2015 was \$82,177 and \$103,488 respectively.

NOTE 13. OPERATING LEASE - AS LESSOR

AGD as a lessor has a long-term lease agreement with The Big Brothers Big Sisters of Metro Chicago. The lease term is through December 2023.

The following is a schedule of future minimum rent income to be received as of December 31, 2016:

Year ending December 31,	
2017	\$ 263,270
2018	270,792
2019	278,314
2020	285,836
2021	293,358
Thereafter	<u>609,282</u>
Total	<u>\$ 2,000,852</u>

SUPPLEMENTARY INFORMATION

THE ACADEMY OF GENERAL DENTISTRY

SCHEDULES OF REVENUE

YEARS ENDED DECEMBER 31, 2016 AND 2015

	<u>2016</u>	<u>2015</u>
MEMBERSHIP		
Dues	\$ 8,996,601	\$ 8,740,475
Member recruitment	<u>1,825</u>	<u>1,995</u>
	<u>8,998,426</u>	<u>8,742,470</u>
 AGD BENEFITS PLUS ROYALTY INCOME	 <u>529,824</u>	 <u>545,071</u>
PARTNERSHIPS ADMINISTRATION	<u>269,131</u>	<u>486,116</u>
 COMMUNICATIONS		
List rental	37,140	27,103
<i>General Dentistry</i>	584,212	653,097
<i>Impact</i>	588,498	726,648
Website	<u>10,310</u>	<u>48,580</u>
	<u>1,220,160</u>	<u>1,455,428</u>
 DENTAL EDUCATION		
PACE	301,365	271,475
Lifelong learning and service recognition	168,334	22,225
Continuing education program	29,060	145,537
Exam study materials	64,815	66,202
Fellowship exam fees	292,386	229,146
Fellowship and mastership	203,895	296,341
Self instruction	<u>68,720</u>	<u>99,930</u>
	<u>1,128,575</u>	<u>1,130,856</u>
 ANNUAL MEETING		
Annual meeting general	185,424	190,202
Registration	300,628	253,141
Education	523,622	578,988
Exposition	<u>452,900</u>	<u>485,197</u>
	<u>1,462,574</u>	<u>1,507,528</u>
 OTHER REVENUES		
Rental income	233,852	227,698
Miscellaneous revenues, (losses)	<u>(64,108)</u>	<u>(69,722)</u>
	<u>169,744</u>	<u>157,976</u>
Total revenue	<u>\$ 13,778,434</u>	<u>\$ 14,025,445</u>

THE ACADEMY OF GENERAL DENTISTRY

SCHEDULES OF EXPENSES

YEARS ENDED DECEMBER 31, 2016 AND 2015

	<u>2016</u>	<u>2015</u>
MEMBERSHIP		
Recruitment and retention	\$ 567,873	\$ 338,503
Departmental administration	962,014	801,552
	<u>1,529,887</u>	<u>1,140,055</u>
AGD BENEFITS PLUS	<u>32,947</u>	<u>26,967</u>
PARTNERSHIPS ADMINISTRATION	<u>114,024</u>	<u>225,294</u>
CONSTITUENT SERVICES	<u>395,166</u>	<u>294,445</u>
COMMUNICATIONS		
Publications general	43,940	28,448
<i>General Dentistry</i>	214,537	258,416
<i>Impact</i>	339,129	382,065
Media relations	50,546	44,088
Public education	101,754	91,050
Website	1,408	5,315
Departmental administration	930,461	877,434
	<u>1,681,775</u>	<u>1,686,816</u>
DENTAL EDUCATION		
PACE	5,120	71,494
Lifelong learning and service recognition	10,903	10,077
Continuing education program	79,575	69,747
Practice management	1,704	4,000
Exam study materials	5,290	8,986
Fellowship exam fees	56,260	54,656
Fellowship and mastership	255,040	276,067
Self instruction	5,286	11,543
Departmental administration	690,838	619,005
	<u>1,110,016</u>	<u>1,125,575</u>
ANNUAL MEETING		
Annual meeting general	283,001	373,108
Registration	154,274	132,037
Education	431,673	492,327
Exposition	204,958	223,004
Departmental administration	302,624	330,140
	<u>1,376,530</u>	<u>1,550,616</u>

THE ACADEMY OF GENERAL DENTISTRY

SCHEDULES OF EXPENSES

YEARS ENDED DECEMBER 31, 2016 AND 2015

	<u>2016</u>	<u>2015</u>
PUBLIC AFFAIRS		
Advocacy and representation	\$ 302,625	\$ 334,347
Departmental administration	<u>567,123</u>	<u>550,614</u>
	<u>869,748</u>	<u>884,961</u>
COUNCILS AND COMMITTEES	<u>393,154</u>	<u>482,580</u>
GOVERNANCE	<u>1,004,888</u>	<u>1,185,199</u>
ADMINISTRATIVE OVERHEAD		
Office of executive director	451,809	730,891
Finance	1,281,460	1,319,549
Office services	280,956	271,139
Information technology	1,063,089	895,549
Human resources	309,218	483,712
Marketing	418,022	366,639
Sales and sponsorship	312,793	292,542
560 West Lake Street	<u>808,247</u>	<u>667,737</u>
	<u>4,925,594</u>	<u>5,027,758</u>
Total expenses	<u>\$ 13,433,729</u>	<u>\$ 13,630,266</u>

THE ACADEMY OF GENERAL DENTISTRY
FIVE YEAR SUMMARY OF OPERATIONS

	2016	2015	2014	2013	2012
Unrestricted					
REVENUE					
Membership	\$ 8,998,426	\$ 8,742,470	\$ 8,713,036	\$ 8,254,427	\$ 8,246,542
AGD Benefits Plus royalty income	529,824	545,071	626,583	518,020	438,872
Partnerships administration	269,131	486,116	332,165	398,950	289,200
Communications	1,220,160	1,455,428	1,505,291	1,462,609	1,563,106
Dental education	1,128,575	1,130,856	982,792	860,985	760,812
Annual meeting	1,462,574	1,507,528	1,161,630	1,427,081	1,493,868
Other revenues	169,744	157,976	195,895	448,529	449,243
Total revenue	<u>13,778,434</u>	<u>14,025,445</u>	<u>13,517,392</u>	<u>13,370,601</u>	<u>13,241,643</u>
EXPENSES					
Membership	1,529,887	1,140,055	1,139,608	1,141,899	1,350,284
AGD Benefits Plus	32,947	26,967	48,842	23,835	16,919
Partnerships administration	114,024	225,294	218,476	167,502	154,009
Constituent services	395,166	294,445	437,630	350,125	430,156
Communications	1,681,775	1,686,816	1,812,586	1,950,024	1,613,339
Dental education	1,110,016	1,125,575	969,875	862,634	957,029
Annual meeting	1,376,530	1,550,616	1,080,355	1,278,279	1,466,688
Public affairs	869,748	884,961	860,279	937,114	927,628
Councils and committees	393,154	482,580	491,407	527,103	432,102
Governance	1,004,888	1,185,199	1,103,141	1,057,310	1,035,481
Administrative overhead	4,925,594	5,027,758	5,143,950	5,336,039	4,471,026
Total expenses	<u>13,433,729</u>	<u>13,630,266</u>	<u>13,306,149</u>	<u>13,631,864</u>	<u>12,854,661</u>
CHANGE IN UNRESTRICTED NET ASSETS FROM OPERATIONS	<u>344,705</u>	<u>395,179</u>	<u>211,243</u>	<u>(261,263)</u>	<u>386,982</u>
INVESTMENT INCOME (LOSS)					
Interest and dividends on investments	233,097	356,079	404,114	243,266	209,645
Realized gain (loss) on sales of investments	(289,718)	193,300	997,235	1,019,770	(204,614)
Unrealized gain (loss) on investments	1,197,834	(880,053)	(278,023)	1,253,623	1,622,389
Investment fees	(17,250)	(15,081)	(12,840)	-	-
Total investment income (loss)	<u>1,123,963</u>	<u>(345,755)</u>	<u>1,110,486</u>	<u>2,516,659</u>	<u>1,627,420</u>
CHANGE IN UNRESTRICTED NET ASSETS	<u>1,468,668</u>	<u>49,424</u>	<u>1,321,729</u>	<u>2,255,396</u>	<u>2,014,402</u>
Temporarily restricted net assets					
Advocacy fund contributions	32,173	33,821	26,327	24,600	56,796
Net assets released from restrictions	(1,437)	(64,966)	(10,693)	(18,563)	(6,397)
CHANGE IN TEMPORARILY RESTRICTED NET ASSETS	<u>30,736</u>	<u>(31,145)</u>	<u>15,634</u>	<u>6,037</u>	<u>50,399</u>
CHANGE IN NET ASSETS	<u>1,499,404</u>	<u>18,279</u>	<u>1,337,363</u>	<u>2,261,433</u>	<u>2,064,801</u>
NET ASSETS					
Beginning of year	<u>17,900,327</u>	<u>17,882,048</u>	<u>16,544,685</u>	<u>14,283,252</u>	<u>12,218,451</u>
End of year	<u>\$ 19,399,731</u>	<u>\$ 17,900,327</u>	<u>\$ 17,882,048</u>	<u>\$ 16,544,685</u>	<u>\$ 14,283,252</u>

Awards Committee Annual Report

Committee Charge

1. The Awards Committee shall consist of five (5) members, including the chairperson. The council shall be composed of an AGD past president serving as chairperson, three (3) AGD past presidents, the regional director chair, and a trustee (non-voting member).
2. It shall be the duty of the committee:
 - a. To be responsible for all aspects of the AGD Achievement Awards, specifically the Albert Borish, Distinguished Service and Humanitarian Awards.
 1. Review, add or delete award categories.
 2. Develop award criteria.
 3. Implement new procedures accordingly.
 - b. Approve marketing plan and other items as determined.
 - c. Create recognition plan for award recipients to include a formal presentation at the Annual Meeting and Exhibits.
3. Evaluate nominations and recommend the top two or three candidates for each award to the Board. The Board will review the information and confirm the award recipients.
4. Evaluate the pricing of all programs and services annually during the fall (at the Fall Joint Council Meetings if meeting) to be included as part of the budget process and provide a complete pricing analysis to the Board at their winter meeting at least every three years.
5. AGD staff will send out to each council, committee, or other agency member along with any member collaborating on any AGD business the Code of Conduct form to be completed by said individual at the beginning of each governance year. Each covered individual will submit to their staff liaison an accurately completed form, including particular attention paid to any companies that may have remunerated said covered individual and subsequently reported such remuneration to the federal government's reporting structure under the Sunshine Act. The staff liaison will compile all of their individual's forms, and share them with their chairperson and also the executive office staff, who will in turn, forward them to the Audit Committee for further review.

*The Dental Education Council will continue to select the Weclaw Award winner.

The AGD Achievement Awards were created to honor extraordinary contributions of individuals to the dental profession. Announcements for the 2017 awards were included in issues of *AGD Impact*, the electronic newsletters -- AGD Briefings, AGD in Action and AGD News. Information was also posted on the AGD Constituent Activity Calendar. The committee held a

1 conference call on April 24 to discuss 2017 award nominees and obtaining more participation
2 from members in submitting quality nominations.

3
4 **Albert Borish Award**

5 Established in 1973, this award acknowledges the remarkable efforts of Dr. Albert Borish and his
6 commitment to continuing education. Recipients must exhibit courage in the face of adversity,
7 express a deep interest in all facets of dentistry, selflessness, exceptional dedication to the
8 advancement of the dental profession, tenacity of purpose in carrying out goals and ideals to
9 benefit both the profession and the public. The committee determined that the one nomination
10 did not fully meet the required criteria and no award would be presented.

11 **Distinguished Service Award**

12 Created in 1986, this award was created to recognize the outstanding service and leadership of an
13 AGD council, committee or task force member, whose contributions result in significant and
14 fundamental advances toward fulfilling the organization’s mission. After reviewing two possible
15 nominees, the committee unanimously agreed to forego selecting an awardee.

16
17 **Humanitarian Award**

18 Since its inception in 1982, the Humanitarian Award honors a dentist who demonstrates
19 humanitarianism through voluntary service, civic leadership, the delivery of quality dental care,
20 dedication to excellence, exhibits a sense of responsibility for the well-being of mankind, and
21 brings recognition to the profession through his or her accomplishments. No nominations were
22 submitted for 2017.

23
24 **Supplemental Information**

25 The committee expressed disappointment with the shortage of quality nominations and lack of
26 participation. An AIR was submitted to the Board that would allow the committee to generate
27 nominations. Other options were discussed to garner more participation which include:

- 28
29
- Featuring the awards in a more prevalent section of the new website.
 - Make nominations a major feature in the publications.
 - Work with the regional directors.
 - Showcase awards at regional/constituent events.
 - Recognize nominators in some capacity.
- 30
31
32
33
34

35 **In Conclusion**

36 Members are encouraged to continue acknowledging the contributions of their fellow colleagues.
37 The vows to continue to preserve the spirit and integrity of these esteemed awards.

38
39 Respectfully submitted,

40
41 W. Carter Brown, DMD, FAGD – Chair
42 Thomas A. Howley, Jr., DDS, MAGD
43 Paula S. Jones, DDS, FAGD
44 John A. Olsen, DDS, MAGD
45 Scott M. Dubowsky, DMD, FAGD, Board Liaison
46

1 **Contact Information**
2 W. Carter Brown, DMD, FAGD
3 **Chair, Awards Committee**
4 **wcarterbrown@gmail.com**

5
6
7 **From:** Carter Brown [mailto:wcarterbrown@gmail.com]
8 **Sent:** Tuesday, August 01, 2017 4:52 PM
9 **To:** Paula Richardson <paula.richardson@agd.org>
10 **Subject:** Re: Awards Committee Annual Report

11 Dear Paula,
12 Thank you,
13 This looks very good.
14 Appreciate all if your help.
15 Carter Brown

16
17

Budget and Finance Committee Annual Report

Budget and Finance Committee

1. This committee shall assist in preparation of the budget and determine how to best conserve and utilize AGD funds.
2. The Budget and Finance Committee including the chair and vice chair shall be appointed by the President-Elect with the approval of the Board at the meeting immediately following the adjournment of the House of Delegates. This committee shall be composed of the Treasurer plus four (4) other members, of which at least two (2) members must be trustees.
3. Appointments to this committee should be made with consideration given to the following:
 - a. At least some members should have prior Budget and Finance Committee experience;
 - b. An appointee should have a good understanding of the AGD, including its current programs and structure;
 - c. If a non-trustee is appointed, he or she should have prior budget and finance experience or appropriate expertise, and should be provided with appropriate information/reports during the course of the year, which would keep this committee member informed.
4. The Executive Director shall serve as a consultant to this committee.
5. To adhere to the Sunset Review Process and Schedule outlined in Policy Type V.: Board Policy Statements.
6. Evaluate the pricing of all programs and services annually during the fall (at the Joint Council Meetings I if meeting) to be included as part of the budget process and provide a complete pricing analysis to the Board at the Board Meeting III at least every three years.
7. AGD staff will send out to each council, committee, or other agency member along with any member collaborating on any AGD business the Code of Conduct form to be completed by said individual at the beginning of each governance year. Each covered individual will submit to their staff liaison an accurately completed form, including particular attention paid to any companies that may have remunerated said covered individual and subsequently reported such remuneration to the federal government's reporting structure under the Sunshine Act. The staff liaison will compile all of their individual's forms, and share them with their chairperson and also the executive office staff, who will in turn, forward them to the Audit Committee for further review.

1 **BUDGET PROCESS.** Budget and Finance Committee December Conference Call. Due to a
2 vacancy in the Chief Financial Officer position, the Budget and Finance Committee was did not
3 have their December Conference Call. The new Chief Financial Officer (CFO) Ms. Christa
4 Ojeda started in mid-January of 2017. In February, Dr. Worm, Chair of Budget and Finance, had
5 a business call with the new CFO to discuss plans for budget development.
6

7 **BUDGET DEVELOPMENT**

8

9 1. Given the current trend in membership and decrease in non-dues revenue, Chair of Budget
10 and Finance realized that cuts would need to be made in order to create a zero-net operating
11 budget. In prior years, due to decreasing resources, staff was asked to present their budgets with
12 a certain percent decrease (last year was 3%). Per the recommendation of the CFO, this year a
13 new approach was taken. Instead of requesting cuts by a certain percent across the board, each
14 council, committee and operating department was asked to take a hard look at their budgets and
15 offer cuts based on what could be taken out of their current budgets while maintaining a sound
16 infrastructure, working toward growth potential, maintaining the priorities set by the council,
17 committee, or department and the goals and strategies of the AGD. This would be a challenge
18 knowing there would be increases in costs, for example, vendor contracts, infrastructure needs
19 and personnel costs.
20

21 2. Business Plans were required for new programs with expenses greater than \$5,000. Councils
22 were informed that these requirements had not changed from the previous year and that
23 justification for any additional funding for any new programs needed to be developed and
24 presented via a Business Plan. An Action Item Report (AIR) for any new program also needed
25 to be developed for consideration at the Budget and Finance Committee meeting which
26 explained how funding these strategies would advance the AGD Strategic Plan and the Board
27 priorities. No Business Plans were submitted to the Budget & Finance Committee but two AIRs
28 were included. One for Board Meeting costs and another for additional IT network support.
29

30 3. Once initial departmental budgets were completed, departmental meetings were scheduled
31 with the Finance department staff. Based on these meetings, changes were made to the
32 preliminary budget to keep it as realistic, free of error, and in compliance with the established
33 2018 targets and Board financial policies. Initial budget documents were sent to Dr. Worm and
34 the Treasurer, Dr. Harunani for review.
35

36 **BUDGET AND FINANCE COMMITTEE PRE-MEETING.** Dr. Worm and Dr. Harunani
37 met with the CFO and Interim EDs, Mr. Killam and Dan Buksa at AGD headquarters for the pre-
38 meeting of the Budget and Finance Committee on July 6, 2017. Also in attendance was
39 Investment Committee Chair, Dr. John Portwood. The CFO and AGD staff presented budgets for
40 the departments, explaining any variances along with connected business plans and anticipated
41 contingency requests. Drs. Worm and Harunani provided feedback and guidance to the staff to
42 make adjustments in preparation for the full meeting of the Budget & Finance Committee.
43

44 **BUDGET AND FINANCE COMMITTEE MEETING.** The Budget and Finance Committee
45 met July 28-29, 2017 at AGD headquarters. The committee consists of Drs. Worm (chair),
46 Harunani (Treasurer), George Shepley, Michael Lew, and Elizabeth Clemente. In addition to the

1 committee, President-Elect Dr. Manuel Cordero Vice President Dr. Neil Gajjar, Interim EDs Mr.
2 Killam and Mr. Dan Buksa, and the CFO were present. The CFO and staff presented the updated
3 business plans, budgets, and contingency requests. After the discussion, the committee and ad
4 hoc non-voting members deliberated the budget and contingency requests, and developed the
5 final recommendation for the 2018 Budget.

6
7 **RECOMMENDATIONS.** Many policies guide the development of the budget. The Budget and
8 Finance Committee must review and make use of these policies when preparing the annual
9 budget. These policies are outlined in each section below where pertinent.

10
11 1. Dues.

12
13 a. Policy. In 2008, the Board approved the following dues stabilization policy which allows
14 for dues increase up to CPI:

15
16 *Dues Stabilization: The Board shall develop annual budgets and manage the AGD's finances*
17 *and reserves in accordance with the long-term financial strategy of dues stabilization. The dues*
18 *stabilization strategy seeks to achieve long-term dues stability by keeping annual dues increases*
19 *at or below the level of inflation. Stable dues are viewed to be supportive of the organizational*
20 *objective to increase membership market share. A key element of the dues stabilization strategy*
21 *is a strong reserve position. Growth in non-dues revenue is required to make the AGD less*
22 *dependent upon dues revenue. The focus in generating non-dues revenues must be on the net*
23 *margins generated from the revenues, rather than a focus on gross revenues. Flexibility is*
24 *needed to develop annual budgets which provide member programs and services in support of*
25 *the strategic plan while keeping required dues increases at or below an inflationary level.*

26
27 **b. Budget and Finance Committee Recommendation.**

28
29 i. The average CPI increase for the twelve months ended April 2017 was 1.6%. The
30 Budget and Finance Committee is recommending a CPI increase in the dues rate matching the
31 CPI. The 2017 full-dues paying member rate will increase by \$6 from \$386 to \$392.

32
33 ii. The committee also debated the current student dues rates. Review of data shows
34 that at 5 years (2012 to 2017) student member retention is around 21.5%. In consideration of the
35 cost of publications (\$27.50/member) and numerous other costs incurred on behalf of student
36 members, the committee recommends increasing the student dues by \$10 from \$17 to \$27. This
37 added approximately \$48K.

38
39 2. Officer Stipends and Trustee and Regional Director Allotments

40
41 a. Policies. At the 2008 House of Delegates meeting, the following amendments were made
42 to the stipends.

43
44 “Resolved, that policy 2004:5A-H-7 be amended to read:
45

1 *“That effective July 21, 2008 (start of 2008/2009 governance year), the annual stipends of the*
2 *President, President-Elect, Vice President, Treasurer, Secretary, Speaker and Editor*
3 *respectively be increased to \$55,000, \$40,000, \$27,500, \$10,000, \$10,000, \$5,000 and \$21,000,*
4 *and adjusted annually thereafter up to CPI as determined by the budgetary process.”*

5
6 ‘Resolved, that policy 2007:108-H-6 be amended by addition, so that it reads:

7
8 Each of the 20 trustees be allotted \$2,000 and adjusted annually thereafter up to CPI as
9 determined by the budgetary process effective July 21, 2008 (start of 2008/2009 governance
10 year), of AGD funds for the following activities relating to his or her duties as an AGD trustee:

11
12 1. Actual expenses in visiting the constituent Academies within his or her region. If an
13 automobile is used in traveling to the constituents, the trustee is to be reimbursed at the
14 designated IRS rate.

15
16 2. The cost of communicating with officers and various members of the constituent Academies.

17
18 3. The cost of attending meetings of the officers of the constituent Academies within the region
19 or a caucus of delegates held prior to the annual meeting or governance meetings.

20
21 4. *AGD activities relating to his or her function as a trustee.”*

22
23 “Resolved, that policy 99:7-H-7 be amended by addition, so that it reads:

24
25 That the Regional Directors of the Academy of General Dentistry receive a maximum allotment
26 based on the following:

27

28 Region 1 - \$1,700	Region 11 - \$1,600
29 Region 2 - \$1,200	Region 12 - \$1,600
30 Region 3 - \$1,200	Region 13 - \$1,200
31 Region 4 - \$1,200	Region 14 - \$1,800
32 Region 5 - \$1,500	Region 15 - \$1,400
33 Region 6 - \$1,500	Region 16 - \$1,300
34 Region 7 - \$1,300	Region 17 - \$1,600
35 Region 8 - \$1,200	Region 18 - \$1,200
36 Region 9 - \$1,300	Region 19 - \$1,500
37 Region 10 - \$1,600	Region 20 - \$1,300

38
39 *and adjusted annually thereafter up to CPI as determined by the budgetary process effective July*
40 *21, 2008 (start of 2008/2009 governance year).”*

41
42 ***b. Budget and Finance Committee Recommendation:*** *The committee recommends the CPI*
43 *increase of 1.6% in the officer’s annual stipends and the Trustee and RD allotments.*

44
45 3. Investments

1 a. Requirements of the Investment Policy Statement (IPS)

2
3 Operations Account. This fund will maintain an amount deemed to be essential to meet the
4 ongoing operational needs of the AGD. Excess income from operations at the close of the year
5 will be placed evenly in the Reserve Account and Project Account.
6

7 Investment Fund: The primary function of this fund is to achieve long-term objectives, which
8 require its funds to be dedicated for the stipulated investment time horizon and to maintain
9 reserves as prescribed by the Board. The Investment Fund shall consist of two accounts, each of
10 which shall retain its own characteristics, principal, and returns: Reserve Account and Project
11 Account.
12

13 Reserve Account. This account is designed to maintain an operational reserve of a minimum
14 of 50% and a maximum of 100% of budgeted expenditures.
15

16 i. All proceeds above the 100% reserve level will be moved into the Project Account.
17

18 ii. If the AGD's budgeted expenditures increase above the income growth, then 50%
19 of any budgetary increase in expenses above the previous year's budget adjusted for income
20 growth shall be added to the Reserve Account to maintain its appropriate level. If the reserve
21 level falls below 50% of budgeted expenditures, then 50% of any budgetary increase in
22 expenses above the previous year's budget adjusted for income growth shall be added to the
23 Reserve Account to maintain its appropriate level.
24

25 iii. A 2.5% annual distribution (as of fiscal year-end balance) shall be allocated from
26 the Reserve Account to the Operating Account. This allocation shall be contingent upon the
27 balance remaining after the allocation being 55% or above the upcoming budget cycle
28 expenditures. The Board shall vote with input from the Investment Committee on whether
29 this allocation of Reserves can be suspended or reinstated. Provided that excess funds are
30 available, a special allocation may exceed the 2.5% level such that it does not exceed 50% of
31 the prior year annual Reserve Account return. The funds will be transferred as needed during
32 the budgetary year as described above.
33

34 iv. The budgeted expenditures pertaining to the above clauses will exclude
35 depreciation on the building and build-out at 560 West Lake Street.
36

37 Project Account. The purpose of this account was to pay the building loan each month for 5
38 years and then make the final balloon payment of \$2,280,000 in July 2017.
39

40 Emergency Account. This was established with \$100K as a backup in the event that serious
41 unexpected cost overruns occurred. As of 7/30/17 this account has \$112K.
42

43 b. Discussion.

44
45 i. As of 7/30/17 the balance of the Reserve Account was \$13,058,745, which is 86% of
46 the budgeted expenditures.

1
2 ii. There were significant unexpected expenditures over the past year that were funded
3 from the operating budget. These costs include \$878K in capital improvements to the building,
4 \$250K given to BBBS for leasehold improvements upon resigning their lease as well as a \$197K
5 commission paid for the execution of the lease agreement. \$291K and \$202K was used for the
6 rebranding and marketing efforts respectively as voted by the Board. In addition, \$760K was
7 used to pay the mortgage for two years which was to have been paid for out of the Investments.
8 To replenish the Operating Account the Board requested to dissolve the Project Account at
9 Board Meeting III and refinance the mortgage. This was accomplished with a new mortgage of
10 \$2,280,000 refinanced at 3.075%. The balance of the Project Account as of 7/31/17 was
11 \$2,520,906. Also, \$114K will be needed for paying off the new loan for the rest of 2017 and
12 \$228K will be needed for the loan during 2018.

13
14 c. **Budget and Finance Committee Recommendations:** The committee recommends the
15 following:

16
17 i. Transfer of 2.5% (\$288,000) from the reserve account into the operating budget per
18 the IPS.

19
20 ii. Allocation of the Project Account funds. \$2M to return to the Operating Budget to
21 offset the unplanned costs and mortgage payment in 2017; \$350K to pay for the 2017 and 2018
22 mortgage payments and the remainder to create the Building Maintenance Fund which will be
23 used to pay for both future planned and unexpected building repairs and maintenance.

24
25 iii. Starting with the 2019 Budget, to incorporate an annual amount to be determined in
26 conjunction with the Building Committee to transfer into the Building Maintenance Fund to
27 grow that account for future planned and unexpected repairs and maintenance.

28
29 4. Additional New Funding/AIR Requests/Other Considerations

30
31 a. IT Network AIR. Due to increasing external attacks on networks and vulnerabilities in
32 our infrastructure \$45,000 for external IT network support is recommended to be funded in the
33 2018 budget. Budget and Finance Committee recommends supporting this request and it is
34 presented to the Board as an AIR. *During the 16-17 Board Meeting V the Board approved this*
35 *AIR and this has been included in the budget.*

36
37 b. Constituent Services requested to double STAR Visits from two to four at an additional
38 cost of \$4,400. Budget and Finance Committee recommended that these additional visits be
39 completed via Zoom and does not recommend additional in-person visits at this at this time.

40
41 c. Constituent Services requested in person train the trainer for STAR Visits at an additional
42 cost of approximately \$13,000. Budget and Finance Committee recommended the use of Zoom
43 to perform this training which allows for the ability to schedule more than one session and does
44 not recommend in-person training at this at this time.

1 d. Constituent Services requested to increase constituent mini grants from \$500 to \$1,000 at
2 an additional cost of \$10,000. Budget and Finance Committee recommends raising them but only
3 to \$750, which will add \$5,000 to the budget.
4

5 e. Review of the AMC contracts and discussion held to create more efficiencies and smarter
6 budgeting, and it was felt this could be done. Since the Budget and Finance meeting the decision
7 to bring these functions back in house was voted by the Board. Budget and Finance Committee
8 reduced the AMC contract amounts by \$50K each which was incorporated into the budget.
9

10 f. Discussion was held regarding the ADA meeting to be held in Hawaii in 2018. Since
11 many of the PRC members are also ADA delegates and therefore are covered by the ADA, the
12 Budget and Finance Committee reduced the number of reimbursed members by 3 for a savings
13 of approximately \$8,000.
14

15 g. Marshalls and Flag bearers were not included in the budget in 2017. These individuals
16 were chosen from those already in attendance. Budget and Finance Committee recommended to
17 continue this process, therefore not adding an additional \$12,000 to the Budget.
18

19 h. Discussion was held on the number of students being funded to Hill Day. Currently 12
20 are funded. The discussion was that while it's a nice benefit for the students to attend, the actual
21 input that they have is primarily towards student debt reduction. They have limited knowledge of
22 the actual needs of dentistry. Budget and Finance Committee recommends reducing the number
23 of students funded from 12 to 4. This saves \$5,360 in the budget.
24

25 i. Review of the Sponsor Program Revenues shows continued decrease in this revenue
26 stream. Budget and Finance feels that this area needs to greatly improve and not be shrinking and
27 added two new sponsor revenue programs at values of \$20K and \$13K net. This revenue was
28 added to the budget.
29

30 j. The Committee discussed the spousal travel costs for the AGD. This adds up to
31 significant dollars across all meetings. Budget and Finance Committee recommends cutting the
32 spousal travel for Division Council Meetings as these are not the type of meetings where spouses
33 are hosting or attending outside functions. This was removed from the budget at a value of
34 \$7,650.
35

36 k. The Committee reviewed food and beverage costs. The Committee was surprised to learn
37 that in some cases catering for committee and council meetings ran as high as \$100 per person
38 for lunch. The Committee recommends changing how food and beverage is provided for the
39 meetings held at AGD HQ. In many cases, the hotel that is being utilized provides
40 complementary breakfasts; and where they don't, it was discussed that the staff needs to
41 negotiate access to the "executive floor" which serve breakfasts. The Committee recommends
42 that where possible staff need to seek out these hotels where breakfast is included. This will also
43 reduce the overtime/additional pay needed for staff members who have to come in early to
44 provide access to the caterers to set up breakfasts. Additionally the Committee recommends that
45 lunches be coordinated on an "order out" basis from local restaurants that deliver. This will
46 greatly save in food and beverage costs.

1
2 l. The Committee reviewed the costs for the 2018 HOD meeting and felt that with the
3 change in venue that this was the time to creatively come up with cost savings. The committee
4 reviewed the estimated costs and recommended reducing the HOD budget by \$75K by utilizing a
5 smaller piano (i.e. upright) vs a baby grand piano, remove the florist costs, and reduce the
6 unrealistic high estimate of AV and internet access. The Committee recommends to staff that for
7 future meetings, that instead of having three separate rooms for the reference committees with
8 overlapping times that the main conference room be used with rolling reference committees, one
9 after the other. Additionally the budget included seating for roughly 220 alternates. While this is
10 the number provided in the bylaws to allow to attend, this is not the actual number in attendance.
11 Thus it is recommended that the room size and set up be based on actual number of attendees vs
12 the total number of possible attendees.

13
14 m. Dr. Picone requested that Speaker honorariums to be increased to \$180K but due to
15 budgetary constraints and previous two year actuals (FY2016 = ~\$155,000, FY2017 - \$165,750)
16 the budget was kept at \$170K.

17
18 n. Based on data provided by Human Resources citing World at Work Report, The
19 Conference Board, ERI Economic Research Institute, and Aon Hewitt, the committee
20 recommends up to a 3% salary increase for staff based on performance. Additionally, the
21 committee recommends that 3% in potential merit bonus dollars also be included.

22 23 5. Board Contingency Fund

24
25 a. Policy. Per Policy Type: IV. Executive Limitations, C. Budgeting, the annual budget
26 must provide at least \$100,000 per annum for the Board Contingency Fund. For 2017 the Board
27 Contingency Fund was \$186,054 of which the remaining balance at the time the committee met
28 was \$75,932.

29
30 b. Recommendations. Upon deliberations of all budget items, the Board Contingency Fund
31 is \$254,500 and if the IT Network \$45K AIR is passed the Board Contingency will stand at
32 \$209,500 for 2018.

33 34 6. Capital Budget.

35
36 a. The capital budget for the 2017 budget year totals \$89,500 covering Information Systems
37 purchases. Major purchases for Information Systems include maintaining a 33% annual
38 replacement rate on computers and laptops, new servers, SAN storage expansion, updated
39 Windows licensing, and a new backup appliance to increase storage capacity due to increased
40 volume.

41
42 b. The 2018 Capital Budget does not accommodate any potential major repair needed for
43 the building at 560 W. Lake Street. Building repairs are monitored by the Building Committee
44 which requires three estimates for any such project. Such expenditures would require final
45 approval by the Board.

1 **2018 BUDGET SUMMARY**

2
3 A summary of the 2018 budget covering the period from January 1 – December 31, 2018 as
4 recommended by the Budget and Finance Committee is as follows:
5

	<u>2018 Budget</u>
Total Revenue	\$15,125,800
Total Expense	\$15,125,800
Net Income (Loss) from Operations	0
Board Contingency Fund	\$209,500

6
7 **NEXT STEPS**

8
9 The 2018 budget was the result of the process outlined above and is the best recommendation
10 that the Budget & Finance Committee could reach for the Board to discuss, modify and approve
11 before being distributed to the HOD. At the end of this report, a Statement of Activities along
12 with a variance analysis has been included to assist you in review of the 2018 budget. In addition
13 the committee recommends that with the guidance of the Interim EDs and the CFO that all
14 programs develop “Measures of Success” that are monitored quarterly by the B&F committee.
15 Some have developed them but not all at this time. The committee will need to develop the plan
16 to implement this monitoring. This will help ensure that the activities of the AGD are kept on
17 track and identify areas where additional support and guidance are needed when the MOS’s are
18 not achieved.
19

20 **CONCLUSION**

21 This report, which is presented for the Board, is a conservative but reasonable and realistic
22 budget reflecting much hard work, compromise and consensus by all who were involved in its
23 creation. It also reflects the high level global discussions of all present at the Budget and
24 Finance meeting based on our current strategic plan for the organization. The need to bring our
25 budget funding in line to reflect current and future direction of the AGD is not only key in its
26 growth but a must. It is hoped that this budget will provide the guidelines under which we will
27 operate while at the same time, not be so restrictive that it leaves no room for progressiveness in
28 working toward those strategic goals. It is important to keep up with the ever-demanding
29 changes in our current climate but not at the expense of our overall established goals, mission
30 and considered costs. Detailed financial disclosure is not just an obligation, it is a right earned
31 by the trust which its members place in the good faith of the organization. We, the members of
32 the committee, believe we have delivered a proposed budget for 2018 to serve our constituents
33 and members and which fulfills the mission and the current strategic plan of the AGD.
34

35 Respectfully Submitted,

36		
37	Donald Worm, DDS, MAGD, ABGD, Chair	(dontheworm@yahoo.com)
38	Mohamed Harunani, DDS, MAGD, Treasurer, Vice Chair	(mharunani@gmail.com)
39	Michael Lew, DMD, MAGD	(mlewmagd83@gmail.com)
40	George Shepley, DDS, MAGD	(gshepley@comcast.net)
41	Elizabeth Clemente, DDS, MAGD	(elizabeth.clemente@atlantichalth.org)

1 Christa Ojeda, CPA, Chief Financial Officer

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ACADEMY OF GENERAL DENTISTRY
Statement of Activities
For the Twelve Months Ending 12/31

	2015	2016	2017 Budget	2018 Budget
REVENUE				
Membership				
Dues	\$8,740,475	\$8,996,601	\$9,146,501	\$9,433,999
Member Recruitment and Retention	1,995	1,825	1,250	1,250
	<u>8,742,470</u>	<u>8,998,426</u>	<u>9,147,751</u>	<u>9,435,249</u>
AGD Benefits Plus Royalties	<u>545,071</u>	<u>529,823</u>	<u>645,000</u>	<u>645,000</u>
Partnerships Administration	457,342	255,281	800,000	840,000
Allocated Revenue	-	-	(195,280)	(334,485)
	<u>457,342</u>	<u>255,281</u>	<u>604,720</u>	<u>505,515</u>
Communications				
List Rentals	27,103	37,140	27,960	30,000
General Dentistry	653,097	584,212	691,611	642,500
Impact	726,647	588,498	772,463	680,793
Website	48,580	10,310	64,212	47,360
	<u>1,455,427</u>	<u>1,220,160</u>	<u>1,556,246</u>	<u>1,400,653</u>
Dental Education				
Self-Instruction	99,930	68,720	103,380	106,488
PACE	271,475	301,365	304,835	340,935
Lifelong Learning & Service Recognition	21,725	10,090	15,000	21,000
Continuing Education Programs	167,037	204,304	195,980	214,608
Exam Study Materials	66,202	64,815	48,000	53,760
Fellowship Exam Fees	229,146	286,975	268,500	285,000
Fellowship and Mastership	296,341	209,306	234,740	247,890
	<u>1,151,856</u>	<u>1,145,575</u>	<u>1,170,435</u>	<u>1,269,681</u>
Scientific Session				
Scientific Session- General	190,202	185,424	205,861	133,250
Registration	253,141	300,628	260,642	329,647
Education	578,988	523,622	600,716	565,716
Exposition	485,197	452,900	524,498	505,825
	<u>1,507,528</u>	<u>1,462,574</u>	<u>1,591,717</u>	<u>1,534,438</u>
Other Revenue				
Gain/Loss on \$CAD Exchange Rate	(126,310)	(110,607)	-	-
560 W. Lake Street	227,698	233,852	263,268	270,792
Other	29,413	20,440	27,500	64,472
	<u>130,801</u>	<u>143,685</u>	<u>290,768</u>	<u>335,264</u>
TOTAL REVENUE	13,990,495	13,755,524	15,006,637	15,125,800
TOTAL EXPENSES	13,606,927	13,411,099	14,890,052	15,125,800
INCOME FROM OPERATIONS	383,568	344,425	116,585	0

**Academy of General Dentistry
Statement of Activities - Expense
For the Twelve Months Ending 12/31**

	2015	2016	2017 Budget	2018 Budget
EXPENSES				
Membership				
Recruitment and Retention	\$338,504	\$567,873	\$545,750	\$518,758
Departmental Administration	801,553	962,015	895,739	982,052
	<u>1,140,057</u>	<u>1,529,888</u>	<u>1,441,489</u>	<u>1,500,810</u>
AGD Benefits Plus	26,966	32,947	62,982	35,629
Partnership Administration	225,642	117,062	195,550	247,900
Constituent Services				
Constituent Services	48,264	44,427	65,259	79,594
Regional Directors Activities	85,630	68,137	106,342	106,462
Leadership Conference	(1,249)	141,125	-	15,000
Departmental Administration	161,788	139,822	132,925	136,762
	<u>294,433</u>	<u>393,511</u>	<u>304,526</u>	<u>337,818</u>
Communications				
Publications Marketing	28,448	43,941	58,651	18,435
General Dentistry	258,417	214,192	267,645	275,715
Impact	382,065	339,129	405,489	440,575
Website	5,315	1,406	9,268	25,300
Media Relations	49,708	52,093	73,575	56,689
Public Education	85,421	100,206	39,152	95,152
Departmental Administration	877,433	930,807	987,306	1,084,669
	<u>1,686,807</u>	<u>1,681,774</u>	<u>1,841,086</u>	<u>1,996,535</u>
Dental Education				
Self Instruction	11,542	5,286	19,460	10,154
PACE	71,495	5,120	9,000	12,810
Lifelong Learning and Service Recognition	10,077	10,903	6,534	8,088
Continuing Education Programs	74,195	79,576	58,495	41,600
Exam Study Materials	8,986	5,290	12,350	13,869
Fellowship Exam Fees	54,656	56,261	74,041	71,805
Fellowship and Mastership	276,067	255,040	247,322	230,398
Departmental Administration	619,006	690,838	718,999	812,406
	<u>1,126,024</u>	<u>1,108,314</u>	<u>1,146,201</u>	<u>1,201,130</u>
Scientific Session				
Scientific Session- General	373,110	283,002	202,977	233,523
Registration	132,036	154,274	189,337	166,159
Education	492,329	431,674	509,007	452,524
Exposition	223,005	204,958	245,229	289,275
Departmental Administration	330,140	302,511	437,168	214,145
	<u>1,550,620</u>	<u>1,376,419</u>	<u>1,583,718</u>	<u>1,355,626</u>
Public Affairs				
Government Relations	313,568	283,573	366,784	341,584
Dental Practice Advocacy	21,091	19,060	20,569	17,385
Departmental Administration	550,166	567,131	636,125	566,847
	<u>884,825</u>	<u>869,764</u>	<u>1,023,478</u>	<u>925,816</u>

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	2015	2016	2017 Budget	2018 Budget
Councils and Committees	482,578	394,078	570,044	474,485
Governance	1,185,200	1,004,106	1,263,800	1,208,178
Administrative Overhead				
Office of the Executive Director	730,890	451,808	812,035	873,708
Office Services	271,139	280,871	280,412	312,629
Human Resources	483,711	309,216	346,602	441,601
Finance	1,295,550	1,257,461	1,502,742	1,561,324
Information Technology	895,551	1,063,088	1,090,787	1,207,970
560 W. Lake Street	667,735	808,247	629,408	704,655
Marketing	366,640	418,022	438,673	444,576
Corporate Relations	292,542	312,793	356,520	295,410
	<u>5,003,758</u>	<u>4,901,506</u>	<u>5,457,179</u>	<u>5,841,873</u>
TOTAL OPERATIONS EXPENSES	<u>\$13,606,910</u>	<u>\$13,409,369</u>	<u>\$14,890,053</u>	<u>\$15,125,800</u>

VARIANCE ANALYSIS

REVENUES

Dues – Dues were held to 2016 membership levels and increased by CPI as well as increasing student dues from \$17 to \$27.

AGD Benefits Plus Royalties – Non dues revenue will be an area of focus in 2018, the budget reflects these efforts.

Partnership Administration – It is difficult to compare year-over-year revenues as revenues were recorded in the areas that were supported. For example, if a Sponsor gave money for a lanyards the revenue portion was recorded in Scientific Session, making it appear that revenues were behind budget. A new methodology has been implemented in 2017 where the revenues will be recorded in Partnership Administration and then allocated out to the various programs. As non-dues revenue continues to be an area of focus, the 2018 budget reflects those efforts.

Communications – Revenues are targeted at 2015 levels as we focus on advertising and the rebrand of the website to develop income streams.

Dental Education – Increase in fees account for the majority of the increases from prior year and FY2017 Budget.

Scientific Session – Due to the location of the Scientific Session in 2018, revenues were decreased from FY2017 Budget.

Other Revenue – 560 W Lake Street Revenues are based on the BBBS lease, other revenues are reimbursements for a prorated portion of common building expenses.

1 EXPENSES

2 Salaries – Salaries are included in each area’s administrative expenses. Taking out Meeting
3 Services Department salaries included in the 2017 Budget (but outsourced in 2017) in order to
4 provide more of an apples-to-apples comparison total salaries in the 2017 Budget was
5 \$4,731,706 versus \$4,871,198 in 2018 Budget which equates to a 3% increase year-over-year.
6 2016 had numerous open positions at Manager-level or above including the Executive Director
7 and CFO, therefore comparisons are difficult to make. According to Human Resources, salary
8 increases were an average of 2% and merit bonuses were just under \$50K total in 2016 (not
9 including the bonuses for the Interim Executive Directors).

10 Partnership Administration – These expenses represent direct costs associated with executing
11 sponsorship programs not already included in other areas of the budget. For those contracts yet
12 to be determined a 40% margin was assumed.

13 Constituent Services – The Leadership Development program given at the Scientific Session in
14 2017 will be repeated in 2018 and data from those two programs will be used to develop
15 continued leadership programming. In addition, leveraging Zoom conferencing will allow for
16 greater focus on Regional Director training and activities without the addition of incremental
17 costs. The current budget (if you exclude the 2016 Leadership Conference) invests more in
18 Constituent services than in 2016 or in the 2017 Budget.

19 Communications – Increase in vendor costs for printing and the elimination of in-house
20 advertising allocation accounts for the variance from 2016 and 2017 Budget. Regarding Public
21 Education the variance between 2018 Budget and 2017 Budget is the increase in PR firm
22 expenses.

23 Dental Education – The increase from 2016 and 2017 Budget is predominantly due to
24 departmental administration as an additional position was approved in 2017 after the budget was
25 completed and the Director was hired to oversee both Education and Meetings and their salary
26 was increased from that budgeted.

27 Scientific Session – Expenses were reviewed by Dr. Picone, the majority of the variance in the
28 Departmental Administration which included salaries for 2017 Budget but was outsourced in
29 2017. 2018 Budget assumes a savings from the current contracts.

30 Public Affairs – Consultant for policy now under Manager, Policy and Dental Practice and
31 Policy, also reduction of number of students funded for Hill Day account for the difference
32 between 2017 and 2018 Budget. Actual are contingent on travel costs as well as participation.

33 Councils and Committees – Changing the Joint Council Meeting structure to Division Council
34 Meetings which allowed the meetings to be held at Headquarters had a positive impact on the
35 cost structure. That, along with new in-house meal guidelines contribute to the savings from the
36 2017 Budget. Actuals are contingent on travel costs as well as participation.

1 Governance – New in-house meal guidelines as well as cost reductions discussed previously in
2 this report for the HOD meeting account for the changes from 2017 Budget. Actual costs are
3 contingent on hotel and airlines costs as well as participation.

4 Administrative Overhead

5 Office of the Executive Director – 2018 Budget includes \$50K for strategic planning.

6 Office Services – Increase in vendor related costs for ISTE and for insurance related costs
7 account for the differences between 2018 Budget and both 2016 and 2017 Budget.

8 Human Resources – In prior years, employee benefits were accumulated in this cost
9 center and then allocated out to departments. The way this was accomplished does not
10 appear consistent between actuals and 2017 Budget. 2017 Actuals and 2018 Budget have
11 benefits other than dental reimbursement and life insurance in each department’s
12 administrative cost center and is based on actuals. Health insurance costs have increased
13 year-over-year. The remainder of the expenses are consistent with 2017 Budget.

14 Finance – Finance includes the Board contingency fund which is approximately \$68K
15 higher than 2017 Budget. Also, the Finance Coordinator position approved for 2017
16 Budget did not make it into the 2017 budget number which accounts for the rest of the
17 variance. 2016 actuals do not include the contingency. The remainder of the difference
18 between 2016 and 2018 Budget relates to depreciation which reported in this overhead
19 department.

20 Information Technology – Increase in maintenance and vendor costs account for the
21 increase from 2016 and 2017 Budget.

22 560 W Lake Street – 2016 included a penalty for late payment of property taxes as well
23 as the difference between what was accrued for the prior year and actual amounts paid.
24 The difference between 2017 Budget and 2018 Budget is predominantly due to interest
25 expense related to the mortgage which was budgeted for 6 months versus a full year in
26 2018 due to the refinancing of the loan.

27 Corporate Relations – The majority of the decrease from 2016 as well as 2017 Budget
28 relates to personnel expenses.

29

30

Communications Council Annual Report

The Communications Council shall consist of 10 members, including the chairperson. Initially, this council shall consist of 10 (10) members, 3 members serving three (3) years; 3 members serving two (2) years; and 4 members serving one (1) year.

It shall be the duty of the council:

- To ensure that the AGD has a comprehensive communications strategy in place to inform each of its key stakeholders;
- To ensure that the AGD utilizes current and new media vehicles to create integrated campaigns that communicate AGD messages in a cohesive fashion to execute that strategy;
- To manage, conduct, and disseminate market research in support of organizational decision making;
- To efficiently use all communication vehicles and applications to communicate the AGD brand;
- To oversee and facilitate technology innovations and growth throughout all areas of the AGD;
- To oversee the AGD's print and online content, both to the profession and to the public;
- To work with media representatives, constituent leaders, and members of the health care community to promote the AGD and disseminate oral health information to the public;
- To act as consultants of communications-related activities, such as advertising, policies, proposals, partnerships, contracts, and agreements.
- To adhere to the Sunset Review Process and Schedule outlined in Policy Type V.: Board Policy Statements.
- Evaluate the pricing of all programs and services annually during the fall (at the Joint Council Meetings I if meeting) to be included as part of the budget process and provide a complete pricing analysis to the Board at the Board Meeting III at least every three years.
- AGD staff will send out to each council, committee, or other agency member along with any member collaborating on any AGD business the Code of Conduct form to be completed by said individual at the beginning of each governance year. Each covered individual will submit to their staff liaison an accurately completed form, including particular attention paid to any companies that may have remunerated said covered individual and subsequently reported such remuneration to the federal government's reporting structure under the Sunshine Act. The staff liaison will compile all of their individual's forms, and share them with their chairperson and also the executive office staff, who will in turn, forward them to the Audit Committee for further review.

Highlights:

- Approval of AIR for rebranding in November of 2016 allowing the council to move forward with rebrand proposal and implement strategies in 2017
- Launch of new agd.org website, which includes new advertising opportunities online, as well as a full array of rebranded materials and resources
- Production of monthly new publication *AGD Impact* and bi-monthly scientific journal *General Dentistry*
- Special recognition of *General Dentistry* by the Association for Media and Publishing

- 1 • Redesign of new constituent website template
- 2 • Research on public relations strategies to enable council to understand the conversations
- 3 and dialogues happening around oral health and general dentistry
- 4 • Reviewed our past public relations strategies and counsel. The Council voted to realign
- 5 and secure a new PR firm, Finn Partners
- 6 • Enhancement in social media strategies with expansion of Instagram and Facebook
- 7 engagement

8

9 **2017 AGD Rebrand**

10
11 AGD launched its rebrand on June 27. The new logo and visual identity now consists of bright
12 and open layouts, bold colors, modern typography and dynamic imagery. Through this new brand,
13 we are reframing how we communicate what AGD does and why it's valuable to modern dentistry.
14 The organization's pursuit of continuous improvement remains intact, and this new framework offers
15 us the opportunity to share stories about dental professionals who want to impact their patients by
16 providing exceptional care while creating successful practices.

17
18 At that time of the launch, AGD unveiled its new website at agd.org. The site includes new tools
19 and resources members have come to rely on, as well as new features and a fresh, modern look.
20 The mobile-friendly website includes improved organization and search capabilities, a Find-an-
21 AGD-Dentist tool for patients and content segmented for general dentists based on their career
22 stage.

23
24 We also used the new branding in all the decorations and designs at AGD2017, allowing
25 members and guests to get a chance to see the changes in person.

26
27 The rollout of the new branding will continue over the course of many months with various
28 announcements and resources distributed throughout 2017 and into 2018.

29
30 Constituent leaders have received new logos, application forms, email template mastheads, brand
31 standards guide, etc. the last week of May so that they can update their materials and begin plans
32 for integration. AGD is requesting that all constituents begin using the new logo and brand colors
33 by the end of 2017, and we will be working with all groups to support them in making these
34 changes.

35

36 **Publications**

37

38 **Special Sections of *General Dentistry***

39 In 2017, the AGD is collaborating with the American Academy of Family Physicians to produce
40 a special section on the systemic link between oral and overall health. The special issue is
41 tentatively scheduled for the November/December 2017 issue of *General Dentistry*.

42
43 The Council agree to initiate a collaboration opportunity with the American Academy of
44 Pediatric Dentistry for 2018.

45

46 ***General Dentistry* recognized for excellence**

1 AGD’s peer-reviewed *General Dentistry* was awarded two Association Media & Publishing
 2 Annual EXCEL Awards in June. *General Dentistry* received bronze awards in two categories:
 3 “Journals: Redesign” and “Journals: Feature Article.” In the “Journals: Redesign” category,
 4 *General Dentistry* was recognized for its complete redesign, reflected in its September/October
 5 2015 and September/October 2016 issues. The second award, received in the “Journals: Feature
 6 Article” category, recognized the article, “What every dentist should know about coffee,” by
 7 Lara M. Seidman et al, published in the July/August 2016 issue. *General Dentistry* and *AGD*
 8 *Impact* were both redesigned in 2016. They now have a fresh new look and more ways of
 9 communicating with our members and others in the dental community.

10
 11 **Non-dues Revenue Sources**

12
 13 **Advertising Revenue**

14 The Communications department is responsible for generating revenue through advertising in its
 15 publications and digital channels. The following outlines our progress for 2017:
 16

Publications	2016 Department Budget Goal	2016 Advertising Sold to Date	2017 Department Budget Goal	2017 Advertising Sold to Date (5/31/17)
<i>AGD Impact</i>	\$195,000.00	\$115,365.00	\$195,000.00	\$149,439
<i>General Dentistry</i>	\$88,200.00	\$68,594.00	\$88,000.00	\$17,648
Website/ <i>AGD in Action</i>	\$50,000.00	\$3,909.00	\$50,000.00	\$8,840
Annual Meeting Program	\$15,000	\$11,139.00	\$10,000	\$14,745

17
 18 **Subscriptions**

19 The Communications department also supports the sale of publications subscriptions and mailing
 20 lists sales. The below table outlines these non-due revenue figures. We are looking at the
 21 opportunities to meet and increase these goals and are considering alternative opportunities to
 22 promote AGD publications to different audiences.
 23

24 For *AGD Impact* (paid subscriptions only):

25 As of July 31, 2017, total paid subscriptions were valued at \$9,184

26 The FY2017 budget for outside subscriptions is \$6,000

27 The FY2016 actual was \$10,428
 28

29 For *General Dentistry* (paid subscriptions only):

30 As of July 31, 2017, total paid subscriptions were -\$43,986

31 The FY2017 budget for outside subscriptions is \$46,000

32 The FY2016 actual was \$51,460
 33

34 **Digital Communications**

1
2 As of Aug. 9, 2017, AGD has 86,024 total followers across five popular social networks:
3 Facebook (44,906), Twitter (15,696), LinkedIn (23,237), YouTube (794), and Instagram (1,391).

4 5 **AGD Podcast Series**

6 To date in 2017, AGD produced seven podcasts, available to stream or download from the AGD
7 website, AGD social media channels, iTunes and Soundcloud. These podcasts feature AGD
8 member Wes Blakeslee, DMD, FAGD, conducting interviews with notable general dentists and
9 specialists. Additional podcasts are planned for the remainder of 2017.

10 11 **AGD Blog**

12 AGD sponsors a dental blog entitled “The Daily Grind,” which is written by various AGD
13 members. The blog is updated up to three times per week and typically discusses issues that
14 affect the everyday personal and professional lives of general dentists. AGD currently has nine
15 active bloggers.

16
17 With the launch of the new AGD website, “The Daily Grind” was moved from its external
18 blogspot domain internally to agd.org. This move will help increase the amount of new content
19 generated on the website and enables all AGD publications to be housed in the same area. Since
20 the launch of the new agd.org on June 27, 2017, “The Daily Grind” has secured 1,162 unique
21 page views and continues to attract international traffic.

22 23 **AGD Website**

24 On June 27, 2017, AGD launched a new mobile-friendly website which features a fresh, modern
25 look. The website includes improved organization and search capabilities, a Find-an-AGD
26 Dentist tool for patients and content segmented for general dentists based on their career stage.
27 This project was a collaborative effort with AGD’s Information Technology department and
28 consultants from Americaneagle.com.

29
30 AGD staff is using Google Analytics and a heat-mapping tool to track behavior and trends on the
31 new website. Key takeaways from the period of June 27 to Aug. 8, 2017 include:

- 32 • A 54% increase in website session, 55% increase in the amount of site users and 45%
33 increase in page views to the agd.org homepage over the same time period in 2016
- 34 • A 45% increase in direct traffic to agd.org
- 35 • A 70% increase in traffic from mobile devices and 44% increase from tablets
- 36 • Members are the homepage to engage with content throughout

37 38 **Conclusion**

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

42
43 Respectively submitted:

44 Scott R. Cayouette, DMD, FAGD, Chair

45 Gerald J. Botko, DMD, MAGD

46 Kallie L. Brock, DMD

1 Frank L. Conaway Jr, DMD, MAGD
2 Colleen B. DeLacy, DDS, FAGD
3 Otice Z. Helmer, DDS, MAGD
4 William Lee, DDS
5 Elizabeth K. Minard, DDS
6 Bipin J. Sheth, DDS, MAGD
7 Timothy B. Tinker, DMD
8 Bruce L. Cassis, DDS, MAGD, Consultant
9 Roger D. Winland, DDS, MS, MAGD, Consultant
10 Timothy F. Kosinski, DDS, MAGD, Consultant
11 J.C. Cheney, DMD, Board Liaison
12 Anita Rathee, DDS, Division Coordinator
13

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

15 Scott R. Cayouette, DMD, FAGD, Chair, Communications Council
16 843.556.8030 – p
17 cayouettes@comcast.net
18

19 Roger D. Winland, DDS, MS, MAGD, Interim Director, Communications
20 740.592.3018 – p
21 rwinland@compuserve.com
22

23 **From:** cayouettes@comcast.net [mailto:cayouettes@comcast.net]

24 **Sent:** Tuesday, August 15, 2017 9:27 AM

25 **To:** Kristin Gover <Kristin.Gover@AGD.org>

26 **Subject:** Re: REVISED: 2017 Communications Council Report

27 Kristin,

28

29 2017 Communications Council Report is approved.

30

31 Sincerely,

32 Scott R. Cayouette, DMD, FAGD

33 AGD National Spokesperson

34 AGD Communications Council Chair

35 AGD Region 19 Vice-Chair

36

37 **From:** Roger Winland [mailto:rwinland@compuserve.com]

38 **Sent:** Monday, August 14, 2017 10:14 AM

39 **To:** Kristin Gover <Kristin.Gover@AGD.org>

40 **Subject:** Re: Please Review: Revised Communications Council Report

1 Looks ok. Thanks. Roger

2

3 Sent from my iPhone

4

AGD Program Evaluation

Program Name: Communications Council

Charge:

- To ensure that the AGD has a comprehensive communications strategy in place to inform each of its key stakeholders;
- To ensure that the AGD utilizes current and new media vehicles to create integrated campaigns that communicate AGD messages in a cohesive fashion to execute that strategy;
- To manage, conduct, and disseminate market research in support of organizational decision making;
- To ensure information is shared and efficiently communicated with AGD constituent leaders;
- To efficiently use all communication vehicles and applications to communicate the AGD brand;
- To oversee and facilitate technology innovations and growth throughout all areas of the AGD;
- To oversee the AGD's print and online content, both to the profession and to the public;
- To work with media representatives, constituent leaders, and members of the health care community to promote the AGD and disseminate oral health information to the public;
- To act as consultants of communications-related activities, such as advertising, policies, proposals, partnerships, contracts, and agreements.

Years Conducted: 2015, 2016, 2017 – Two council meetings each year in person with additional via remote connections.

Description: The AGD Communications Council meets twice per year at the Joint Council Meetings and then Division Council meetings and by remote connections as needed. The Communications Council is responsible for handling the duties laid out by the Board in the Council Charge, with its main responsibility being the oversight of AGD communications categories, publications, website, advertising, public relations and content strategy activities. The Communications Council has been extremely active over the past few years in developing creative communications resources as part of the organization's comprehensive rebrand strategy.

Goal(s): Communications is integral to everyone's success at AGD, and it binds diverse initiatives and programs with one another into a commonly held strategic purpose. The Communications Council is working with the AGD Communications staff to develop an effective program that provides communications service and leadership to every level of the organization, emphasizing partnerships and establishing communication plans as a shared activity.

1
2 The use of electronic technology as a communication tool lies at the heart
3 of our integrated communications planning and we look to build on the
4 existing and recently revised electronic channels as the information
5 marketplace demands. We are working to develop strategic messages,
6 target audiences, tiered information and select appropriate distribution
7 channels, ensuring a greater perceived value, the right message for each
8 audience and the maximum public-forum impact.

9
10 Collaboration and input from AGD constituent leaders is vital to the
11 overall communications strategy and the council seeks to maintain that
12 support and integration.

13
14 AGD's rebrand in 2017 is now a foundation for our work to broaden and
15 integrate these strategies and springboard our work to engage and support
16 more general dentists.

17
18
19
20
21

22 Financial Impact:	Budgeted expenses	Actual
23 expenses		
24 2017	\$ 1,841,086/\$919,649 (YTD June)	
25	\$ 871,408 (YTD June)	
26 2016	\$ 1,907,041	\$ 1,681,774
27	2015 \$ 2,020,401	
28	\$ 1,686,801	

29
30
31 Participation/Relevance:

32 With its charge including responsibility for AGD award-winning
33 publications, website, enterprise-wide branding and communications
34 (digital and print), advertising, reputations management and public
35 relations, the Communications Council is extremely relevant to the
36 organization. The communications activities implemented on a daily,
37 weekly and monthly basis enable member to have regular engagement
38 with AGD and determine their level of activity with us. As such, a strong,
39 creative, and efficient Communications Council is essential to AGD
40 operations. The council's functions are especially critical right now as we
41 identify and pursue a broader and integrated content strategy that raises
42 our profile within the dental, medical and oral health communities.

43
44
45 Qualitative Review: Research in 2016 showed that AGD publications and websites were rated
46 the highest among valued information sources. Similarly, research

1 conducted by AGD's public relations firm Finn Partners showed that AGD
2 continues to be an active player in conversations and digital interactions
3 online. The Communications Council is especially focused on identifying
4 metrics to understand the impact communication strategies have in
5 meeting our strategic objectives.
6

7 The Communications Council also reviewed the organization's public
8 relations strategies and current counsel. In 2017, the council decided to
9 realign and secure a new public relations firm, Finn Partners, Inc.
10

11 Addl. Information:
12
13
14
15

16 Recommendation: The Communications Council has been steadily meeting and working to
17 enhance the information provided to AGD members in order to improve
18 their clinical skills and enhance their careers. The council seeks to
19 continue to be involved in these efforts in terms of editorial calendar
20 development, budget planning and integration of our strategic objectives.
21 While we cannot satisfy the needs of every council and member with our
22 communication plans, we believe that the department and council is
23 moving forward with an integrated approach that is balanced in terms of
24 meeting all of the council needs.
25

26 The recommendation is to move forward with the Communications
27 Council.
28

29 **From:** cayouettes@comcast.net [mailto:cayouettes@comcast.net]

30 **Sent:** Tuesday, August 15, 2017 9:24 AM

31 **To:** Kristin Gover <Kristin.Gover@AGD.org>

32 **Subject:** Re: REVISED SUNSET REPORT: AGD - Sunset Report for Communications Council
33

34 Kristin,
35

36 You have my approval for the Sunset Report for the AGD Communications Council.
37

38 Sincerely,

39 Scott R. Cayouette, DMD, FAGD

40 AGD National Spokesperson

41 AGD Communications Council Chair

42 AGD Region 19 Vice-Chair

AGD Program Evaluation

Program Name: Compensation Committee

Charge:

1. The Compensation Committee shall consist of five (5) members of the Board, including the chairperson. The AGD Secretary, Treasurer, Executive Director, and the Chief Financial Officer shall serve as consultants.
 - a. The Compensation Committee shall be appointed by the President with the approval of the Board at the meeting immediately following the adjournment of the House of Delegates.
 - b. Appointments to this committee should be made with consideration given to the following:
 1. At least some members should have current or prior Budget and Finance Committee experience;
 2. An appointee should have a good understanding of the AGD, including its current programs and structure.
2. Committee Charge:
 - a. Review salary comparisons and averages for the Chicago area for all key AGD employees, (director level and above);
 - b. Review benefits comparisons and averages for the Chicago area for all key AGD employees, (director level and above);
 - c. Review staff size comparisons for non-profit associations within our budgetary parameters;
 - d. Evaluate and make a recommendation for the ED discretionary bonus and salary after all results of evaluation are collated;
 - e. Evaluation and updating of ED contract;
 - f. Evaluate the stipends of the EC.
3. This committee will meet by either conference call and/or e-mail and each meeting shall be considered highly confidential.
4. Timeline: The committee shall present salary and benefit comparisons as outlined in numbers 1, 2 and 3 above at least once yearly at the Board Meeting IV for the use of the ED in determination of employee salary and benefit packages.

- 1
2 a. Recommendations for any ED discretionary bonus and salary will be reported in the
3 December report after collation of all evaluation tools by the AGD Secretary. Though
4 this is under the purview of the Secretary, this process should be completed no later
5 than November 30th, for final evaluation of the Compensation Committee. This
6 recommendation will be offered to the Board - as determined by the Board Policy
7 Type III C 4 - who then will use this recommendation to determine the yearly
8 discretionary bonus of the ED.
9

10 5. To adhere to the Sunset Review Process and Schedule outlined in Policy Type V.: Board
11 Policy Statements.
12

13 6. Evaluate the pricing of all programs and services annually during the fall (at the Joint
14 Council Meetings I if meeting) to be included as part of the budget process and provide a
15 complete pricing analysis to the Board at the Board Meeting III at least every three years.
16

17 Years Conducted:

18 The Chair can only evaluate the 2016-2017 governance year.
19

20 Description:

21 The Compensation Committee is an advisory panel that reports to the Executive Director, Human
22 Resources, and the Board of Trustees concerning compensation of AGD employees or on
23 other compensation matters as requested.
24

25 Goal(s): The committee shall

- 26 a. Present salary and benefit comparisons at least once yearly at the Board Meeting IV
27 for the use of the ED in determination of employee salary and benefit packages;
28 b. Make recommendations for any ED discretionary bonus and salary will be reported in
29 the December report after collation of all evaluation tools by the AGD Secretary.
30 Though this is under the purview of the Secretary, this process should be completed no
31 later than November 30th, for final evaluation of the Compensation Committee. This
32 recommendation will be offered to the Board - as determined by the Board Policy
33 Type III C 4 - who then will use this recommendation to determine the yearly
34 discretionary bonus of the ED.
35 c. Evaluate the pricing of all programs and services annually during the fall (at the Joint
36 Council Meetings I if meeting) to be included as part of the budget process and
37 provide a complete pricing analysis to the Board at the Board Meeting III at least
38 every three years.
39
40

41 Financial Impact:

	Budgeted expenses	Actual expenses
2015	\$ 0	\$ 0
2016	\$ 0	\$ 233
2017	\$ 0	\$ 0

46 Participation/Relevance:
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Periodic review of the salaries, benefits and compensation of the entire staff, and the adequate manpower size to perform the necessary functions of the AGD is an important task. The Compensation Committee performs these functions as an advisory panel to the Executive Director, Human Resources and the Board of Trustees as needed. The Committee meets only by videoconference or at special meetings at AGD Board of Trustee Meetings.

Qualitative Review:

It is difficult to apply metrics to this Committee. The ED, Board and HR should monitor the activity. The Committee has certain obligations and deadlines that need to be fulfilled. If these are not met the AGD Board would have to take corrective action. For 2016-2017 the Committee has fulfilled its obligations and requests.

Addl. Information:

None

Recommendation:

I recommend continuation of this committee.

Robert D. Gehrig, DMD, FAGD
Compensation Committee Chair
Dental Practice Council Liaison
Region 20 Trustee

1 **Editor's Annual Report**
2 **2016-2017**

3
4 As of July 31, the Editor and the Academy of General Dentistry (AGD) Communications
5 department had the following updates to report:
6

7 **AGD Rebrand 2017**
8

9 AGD launched its rebrand on June 27. The new logo and visual identity now consists of bright
10 and open layouts, bold colors, modern typography and dynamic imagery. Through this new brand,
11 we are reframing how we communicate what AGD does and why it's valuable to modern dentistry.
12 The organization's pursuit of continuous improvement remains intact, and this new framework offers
13 us the opportunity to share stories about dental professionals who want to impact their patients by
14 providing exceptional care while creating successful practices.
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17 and resources members have come to rely on, as well as new features and a fresh, modern look.
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19 AGD-Dentist tool for patients and content segmented for general dentists based on their career
20 stage.
21

22 We also used the new branding in all the decorations and designs at AGD2017, allowing
23 members and guests to get a chance to see the changes in person.
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25 The rollout of the new branding continue over the course of many months with various
26 announcements and resources distributed throughout 2017 and into 2018.
27

28 Constituent leaders have receive new logos, application forms, email template mastheads, brand
29 standards guide, etc. the last week of May so that they can update their materials and begin plans
30 for integration. AGD is requesting that all constituents begin using the new logo and brand colors
31 by the end of 2017, and we will be working with all groups to support them in making these
32 changes.
33

34 **Publications**
35

36 **Manuscript Submissions**

37 A total of 232 manuscripts were submitted to *General Dentistry* in 2016. As of August 11 we
38 have received 143 manuscripts for 2017. The current rejection rate for manuscript submissions is
39 53.5 percent. Our total rejection rate since 2014 is 46.9 percent.
40

41 **Manuscript Acquisitions**

42 In March 2017, the AGD's Acquisitions Editor Rebecca Palmer attended the International
43 Association for Dental Research (IADR) Annual Meeting in San Francisco, for the purpose of
44 soliciting new manuscripts for *General Dentistry*. A total of 107 manuscripts were solicited, and
45 as of August 11, three manuscript have been received.
46

1 The Acquisitions Editor continues to seek articles on topics of interest that would appeal to the
 2 general dentist, as well as those that might appeal to the mainstream media and public. She
 3 continues to work with the *General Dentistry* Advisory Board to discuss the acquisitions of new
 4 research within the board members' respective specialties.

5
 6 **Special Sections of *General Dentistry***

7 In 2017, the AGD is collaborating with the American Academy of Family Physicians to produce
 8 a special section on the systemic link between oral and overall health. The special issue is
 9 tentatively scheduled for the November/December 2017 issue of *General Dentistry*.

10
 11 The Council agree to initiate a collaboration opportunity with the American Academy of
 12 Pediatric Dentistry for 2018.

13
 14 ***General Dentistry* recognized for excellence**

15 AGD's peer-reviewed *General Dentistry* was awarded two Association Media & Publishing
 16 Annual EXCEL Awards in June. *General Dentistry* received bronze awards in two categories:
 17 "Journals: Redesign" and "Journals: Feature Article." In the "Journals: Redesign" category,
 18 *General Dentistry* was recognized for its complete redesign, reflected in its September/October
 19 2015 and September/October 2016 issues. The second award, received in the "Journals: Feature
 20 Article" category, recognized the article, "What every dentist should know about coffee," by
 21 Lara M. Seidman et al, published in the July/August 2016 issue. *General Dentistry* and *AGD*
 22 *Impact* were both redesigned in 2016. They now have a fresh new look and more ways of
 23 communicating with our members and others in the dental community.

24
 25 **Non-dues Revenue Sources**

26
 27 **Advertising Revenue**

28
 29 The Communications department is responsible for generating revenue through advertising in its
 30 publications and digital channels. The following outlines our progress for 2017:

31

Publications	2016 Department Budget Goal	2016 Advertising Sold to Date	2017 Department Budget Goal	2017 Advertising Sold to Date (5/31/17)
<i>AGD Impact</i>	\$195,000.00	\$115,365.00	\$195,000.00	\$149,439
<i>General Dentistry</i>	\$88,200.00	\$68,594.00	\$88,000.00	\$17,648
Website/ <i>AGD in Action</i>	\$50,000.00	\$3,909.00	\$50,000.00	\$8,840
Annual Meeting Program	\$15,000	\$11,139.00	\$10,000	\$14,745

32
 33 **Subscriptions**

1 The Communications department also supports the sale of publications subscriptions and mailing
2 lists sales. The below table outlines these non-due revenue figures. We are looking at the
3 opportunities to meet and increase these goals and are considering alternative opportunities to
4 promote AGD publications to different audiences.

5
6 For *AGD Impact* (paid subscriptions only):

7 As of July 31, 2017, total paid subscriptions were valued at \$9,184

8 The FY2017 budget for outside subscriptions is \$6,000

9 The FY2016 actual was \$10,428

10
11 For *General Dentistry* (paid subscriptions only):

12 As of July 31, 2017, total paid subscriptions were -\$43,986

13 The FY2017 budget for outside subscriptions is \$46,000

14 The FY2016 actual was \$51,460

15 16 **Digital Communication Strategies**

17 18 **Social Media**

19 As of Aug. 9, 2017, AGD has 86,024 total followers across five popular social networks:

20 Facebook (44,906), Twitter (15,696), LinkedIn (23,237), YouTube (794), and Instagram (1,391).

21 22 **AGD Website**

23 The launched AGD's new mobile-friendly website was a collaborative effort with AGD's
24 Information Technology department and consultants from Americaneagle.com.

25
26 AGD staff is using Google Analytics and a heat-mapping tool to track behavior and trends on the
27 new website. Key takeaways from the period of June 27 to Aug. 8, 2017 include:

- 28 • A 54% increase in website session, 55% increase in the amount of site users and 45%
29 increase in page views to the agd.org homepage over the same time period in 2016
- 30 • A 45% increase in direct traffic to agd.org
- 31 • A 70% increase in traffic from mobile devices and 44% increase from tablets
- 32 • Members are scrolling the full length of the homepage and engaging with content
33 throughout

34 35 **AGD Connect**

36 AGD Connect is a communications tool powered by an outside vendor named Higher Logic.

37 This community platform provides AGD staff, leaders and members with a dynamic, mobile
38 friendly platform to collaborate, engage and obtain information. The tool is currently being used
39 for collaboration with AGD leaders and will expand to the entire AGD membership later in
40 2017.

41 42 **Public Relations Strategies**

43
44 **Background:** AGD's 2016-2018 Strategic Plan outlines many objectives that relate to strategies
45 and tactics specific to public relations and Goal 4 is on communications. This includes the
46 development of a comprehensive plan, measurement, and implementation. Those strategies relate

1 to elevating the overall reputation of the organization, the need to highlight FAGD/MAGD status
2 as important designations when selecting an oral health professional, and the importance of AGD
3 policies related to general dentistry and AGD being the voice for issues on overall oral health.

4 In February the Communications Council hired Finn Partners, a public relations firm with
5 experience in dentistry, oral health and associations. Finn Partners began its work in March,
6 starting with a client ignition meeting, reviewing AGD materials, beginning the Digital Demand
7 Mapping research and developing foundational strategy documents.

8 **Key Takeaways**

9
10 **Understanding General Dentistry:** In June a consumer survey on perceptions of general dentistry was
11 conducted. The survey results include input from over 1100 adults, with more than 900 indicating they
12 have a dentist.

13
14 AGD does not wish to duplicate well-documented statistics, but rather identify some data that
15 creates news and conversations about the benefits of seeing a general dentist and topics related to
16 dental and overall health and general dentistry. The survey reveals that some Americans don't
17 realize their dental checkups cover much more than hygiene. Most (58%) respondents said they
18 view their general dentists as being experts on teeth cleaning, but only a quarter (25%) of
19 respondents said they associate going to their general dentists with getting screened for oral
20 cancer, and even fewer (14%) reported viewing their general dentists as being experts in making
21 broader connections to systemic health.

22
23 AGD is using this data to build on consumer media messaging and relationship developing to
24 promote AGD and general dentistry.

25
26 **Competition for public relations/news coverage:** ADA is the dominant voice, leading in search visibility,
27 social channel performance, and conversation share of voice. But there are areas of opportunity for
28 AGD, especially around CE and activating dental influencers (e.g., promoting members, resources and
29 content; focusing on 2-3 key issues).

30
31 During the 16-17 DCM III Communications Council meeting, Finn presented its findings from
32 its Digital Demand Mapping project to the Council. They broke the Council into groups and
33 selected three topics to consider exploring further in a more integrated communications plan with
34 strategies that would be implemented throughout the year.

35
36 Those topic areas are:

- 37 • Pediatric dentistry
- 38 • Oral cancer
- 39 • Oral health and hygiene

40
41 A full report of Finn Partners findings can be requested by contacting AGD Director of
42 Communications Kristin Gover at Kristin.gover@agd.org.

43 The Communications team is working with Finn to put together more information, including key
44 messaging and talking points for these topic areas.

1 **Spokesperson Training**

2 AGD will be conducting its bi-annual spokesperson training in November just ahead of the AGD
3 Annual Meeting. Nomination forms have been distributed.

4 The Editor is honored to partner with the Communications department. The efforts of the entire
5 department reflect the common goal of moving the AGD forward in all areas of communication.

6
7 Respectfully submitted,



8
9 Roger D. Winland, DDS, MS, MAGD
10 Editor

11
12 **From:** Roger Winland [mailto:rwinland@compuserve.com]
13 **Sent:** Friday, August 11, 2017 4:36 PM
14 **To:** Kristin Gover <Kristin.Gover@AGD.org>
15 **Subject:** RE: Please Review: Editor's Report

16
17 Report look OK Thanks Roger
18
19

1 **Group Benefits Council Annual Report**

- 2
- 3 1. The Group Benefits Council shall consist of six (6) members, including the chairperson.
- 4
- 5 2. It shall be the duty of the council:
- 6
- 7 a. To monitor on a continual basis those group membership benefits offered by the
- 8 AGD to determine their appropriateness for inclusion in the group benefit programs;
- 9
- 10 b. To identify, evaluate, and recommend group benefit programs to the Board which
- 11 will provide added value to AGD membership;
- 12
- 13 c. To choose the vendors for the AGD’s group benefit programs subject to the approval
- 14 of the AGD’s Board.
- 15
- 16 d. Group Benefits may be in the form of a member discount, special availability, or
- 17 revenue to the AGD.
- 18
- 19 e. To collaborate with input from other Councils when considering AGD member
- 20 benefits to be a part of the affinity program.
- 21
- 22 3. To adhere to the Sunset Review Process and Schedule outlined in Policy Type V.: Board
- 23 Policy Statements.
- 24
- 25 4. Evaluate the pricing of all programs and services annually during the fall (at the Joint
- 26 Council Meetings I if meeting) to be included as part of the budget process and provide a
- 27 complete pricing analysis to the Board at the Board Meeting III at least every three years.
- 28
- 29 5. AGD staff will send out to each council, committee, or other agency member along with
- 30 any member collaborating on any AGD business the Code of Conduct form to be
- 31 completed by said individual at the beginning of each governance year. Each covered
- 32 individual will submit to their staff liaison an accurately completed form, including
- 33 particular attention paid to any companies that may have remunerated said covered
- 34 individual and subsequently reported such remuneration to the federal government’s
- 35 reporting structure under the Sunshine Act. The staff liaison will compile all of their
- 36 individual’s forms, and share them with their chairperson and also the executive office
- 37 staff, who will in turn, forward them to the Audit Committee for further review.
- 38

39 **Highlights of the Year**

40 The Group Benefits Council continued to evaluate the Academy of General Dentistry’s (AGD)

41 portfolio of group benefit programs while assessing the success of the program and searching for

42 new potential providers.

43

44 Under the leadership of the Group Benefits Council, the Affinity program generated a revenue of

45 \$584,000.

Goal	Results
------	---------

1. Increase Affinity program non-dues revenue by 5% over final 2015 numbers (\$582,000). Goal is \$611,100.	The final revenue for 2016 totaled \$584,200. This did not meet the projected goal, however there was a large turnover in provider contracts over the past 16 months.
2. Implement student loan refinancing program and hold event with chosen provider to launch program to students.	Earnest was secured as our student loan refinancing provider. Earnest was both a sponsor at our new student event (2016), which coincided with the launch of their program to our membership as well as a speaker and exhibitor. They also sponsored and participated in the New Dentist Lounge (2017).
3. Adjust marketing approach to focus on career path benefits for members. Increase resumes from students/new grads in Career Center.	With the launch of the new website and branding, a 'career stage' segmented marketing approach has been implemented.
4. Develop tool-kit for constituents to utilize at regional meetings to promote Affinity providers. Have presence of affinity provider at five (5) regional events.	A toolkit of promotional resources is available on the CST website.
5. Develop criteria to assess and vet Affinity Program providers to be utilized by Group Benefits Council.	Criteria to vet and assess affinity providers was developed by the Group Benefits Council and approved by the Board.

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6

AGD Affinity Program Updates

Contract Calendar

The Group Benefits Council continues to monitor all contracts for the AGD Affinity program. Below are the current contract statuses by contract renewal date:

AGD Exclusive Benefits Contract Calendar – August 2017			
PROGRAM	LETTER TO TERMINATE	RENEWAL DATES	CONTRACT START DATE
Healthy Paws	180 days prior	December 31, 2017	March 9, 2016
Virgin Hotels Chicago	N/A	December 31, 2017	December 2014
CareCredit	60 days prior	January 1, 2018	January 1, 2014
Solutionreach	60 days prior	February 4, 2018	February 4, 2016
HotelStorm	60 days prior	February 6, 2018	February 6, 2017
Dental Card Services	60 days prior	May 28, 2018	May 29, 2015
HBI	180 days prior	January 1, 2019	January 1, 2016
All-Star Dental Academy	60 days prior	May 17, 2019	May 12, 2016
Dentist’s Advantage	180 days prior	May 18, 2019	May 18, 2015
The Online Practice/Officite	60 days prior	March 25, 2019	March 25, 2014
Liberty Mutual	90 days prior	June 2, 2019	June 2, 2012
Earnest	60 days prior	June 3, 2019	June 3, 2016

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New Opportunities

2016/2017 Marketing Efforts

The Marketing Department continues to utilize new and exciting channels to market the Affinity program, including but not limited to Google ad words, Facebook ads, traditional publication advertisements and various social media posts. With the launch of the new website and re-brand in July 2017, a new program name was adopted to better reflect the offerings. ‘Exclusive Benefits’ are now highlighted on the homepage of the agd.org website. The member benefits on the program will be segmented by demographic to target benefits specific to a member audience. The Marketing Department will continue to innovate to increase awareness of the program.

New Program Launches

In 2016/2017 the Affinity Program added three new providers:

- All-Star Dental Academy – providing dental office training
- Earnest – providing student loan refinancing
- HotelStorm – providing worldwide hotel discounts

The program also renewed two contracts: The Online Practice/Officite and Virgin Hotels Chicago

Prospects

1 Under the direction of the Group Benefits Council, staff will pursue providers in the following
2 areas: lights/loupes manufacturers, financial planning/wealth management firm, and digital
3 intraoral scanners or clear orthodontic aligner provider.
4

5 **2017 Goals**

6 The following goals were created for the affinity program in 2017:

Goal	Results
Increase Affinity program non-dues revenue by 5% over final 2016 numbers (\$584,000). Goal is \$613,200.	
Increase awareness of affinity program providers by membership based on survey results.	

7
8 **Conclusion**
9 The Group Benefits Council continually evaluates program participation, royalty generation and
10 overall member satisfaction with programs provided. The council will continue to look at better
11 ways to provide benefits to members that they desire. The council will continue to evaluate
12 marketing campaign and new business opportunities to maintain and exceed revenue
13 expectations for the program.
14

15 Respectfully submitted:
16 Dr. Joseph Belsito, Chair
17 Dr. Puneet Aulakh
18 Dr. Anca Bordeianu
19 Dr. Kimberly Denton
20 Dr. Eric Morse
21 Dr. Amit Patel
22

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

24
25 Dr. Joseph Belsito, DDS, FAGD, Group Benefits Council Chair
26 519.258.1240 – p
27 jbelsito@cogeco.net
28

29 Pam Carey, Group Benefits Council Staff Liaison, Manager, Corporate Relations
30 pamela.carey@agd.org
31

32 **Chair Approval**

33 **From:** J Belsito [mailto:jbelsito@cogeco.net]
34 **Sent:** Wednesday, August 02, 2017 3:06 PM
35

36 Hi Pam,
37 nice job, I approve this report,
38 joe
39

1 **Division Coordinator Approval**

2 **From:** Elizabeth A. Clemente, DDS

3 **Sent:** Wednesday, August 02, 2017 3:51 PM

4

5 Group benefits council report looks good to me

6

7 Sent from my iPhone

8

9 **Board Liaison Approval**

10 **From:** Samer G. Shamon, DDS, MAGD

11 **Sent:** Wednesday, August 02, 2017 2:33 PM

12

13 Dear Colleagues,

14

15 I have read and approve the Group Benefits Council Report for the HOD.

16

17 Dr. Shamon

18

19

20

21

Investment Committee Annual Report

The Investment Committee shall consist of three (3) voting members who will serve three-year (3) terms by appointment of the incoming President, with Investment Committee guidance, and Board approval. Individuals do not have to be members of the Budget and Finance Committee, nor on the Board, but must have a financial background to be qualified for appointment. The Treasurer shall serve as a consultant to the Investment Committee. The Investment Committee shall have a fourth non-voting member whose purpose is to learn the functions and methods utilized by the Investment Committee until there is an opening on the Investment Committee. This member shall be appointed by the incoming President, with Investment Committee guidance and Board approval. At that time, the member may become a voting member subject to above approval process and have the regular member term limits and responsibilities.

The fourth non-voting member may become a voting member, after successfully serving for two years, with approval of the voting members. Once the member is approved:

- a. A $\frac{3}{4}$ majority vote will be required on all decisions
- b. A response time limit of 72 hours will be implemented. After the time has expired and if there are three votes registered, the remaining member that did not respond is registered as “absent” and the proposal moves forward according to the three votes. The committee will document who participated in the vote. If any member needs more time to evaluate the proposal, a time extension may be requested. Habitual failure to participate may be grounds for removal from the committee.
- c. Should a member leave for any reason, or be unavailable for any period of time, the committee shall revert to the original format of three members with a unanimous vote required on all decisions.

The Investment Committee is expected to provide advice on the Investment Fund in a manner consistent with this Investment Policy Statement (IPS) and in accordance with state and federal law.

The Investment Committee shall be responsible for:

- Designing, recommending, and implementing an appropriate plan consistent with the investment objectives, time horizon, risk profile, guidelines, and constraints outlined in this statement;
 - Recommending an appropriate custodian to safeguard the AGD’s assets;
 - Identifying specific assets and investment managers within each asset category;
 - Ensuring that the custodian provides the Investment Committee with a current prospectus, where applicable, for each investment proposed for the Investment Fund;
 - Monitoring the performance of all selected assets;
 - Recommending changes to any of the above;
 - Voting proxies accordingly to the guidelines and restrictions outlined herein when applicable and otherwise according to its best judgment;
 - Periodically reviewing the suitability of the investments for the AGD, being available to meet with the Board at least annually and at such other times within reason at the AGD’s request;
 - Preparing and presenting appropriate reports.
2. To adhere to the Sunset Review Process and Schedule outlined in Policy Type V.: Board Policy Statements.

- 1
- 2
- 3 3. Evaluate the pricing of all programs and services annually during the fall (at the Joint Council
- 4 Meetings I if meeting) to be included as part of the budget process and provide a complete pricing
- 5 analysis to the Board at the Board Meeting III at least every three years.
- 6
- 7 4. AGD staff will send out to each council, committee, or other agency member along with
- 8 any member collaborating on any AGD business the Code of Conduct form to be
- 9 completed by said individual at the beginning of each governance year. Each covered
- 10 individual will submit to their staff liaison an accurately completed form, including
- 11 particular attention paid to any companies that may have remunerated said covered
- 12 individual and subsequently reported such remuneration to the federal government's
- 13 reporting structure under the Sunshine Act. The staff liaison will compile all of their
- 14 individual's forms, and share them with their chairperson and also the executive office
- 15 staff, who will in turn, forward them to the Audit Committee for further review.

16 The Investment Committee has met twice during this 2017 fiscal year. At AGD Headquarters in
17 April 2017, at the Scientific Session in Las Vegas on July 12, 2017 and has another face-to-face
18 meeting scheduled for November 17 and 18, 2017. At the meetings, the committee reviewed the
19 Investment Policy Statement and composition of the portfolios.

20

21 For the first six months of 2017, the overall AGD investment portfolio has shown a gain of 6.86%
22 which was lower than the Dow (up 8.03%), the S&P 500 (up 9.34%), and NASDAQ (up 14.07%)
23 indices. When broken into its components, the Reserves had a gain of 7.00% and the Project
24 Account had a gain of 6.17%. The Reserve account represents the investment committee's primary
25 value-based philosophy while maintaining a diversified portfolio for protection. The Project
26 account is required to distribute \$380,000 annually in payments on the building note, which
27 requires the committee to maintain a large amount of cash on hand at various times. This reduces
28 the return that the account realizes due to the low return experienced on cash accounts. During
29 2017, more and more of the account was converted to cash to preserve capital payoff on the
30 building loan.

31

32 In early 2017, it was noted that due to additional expenditures related to building repairs and
33 leasehold improvements as well as AIRs investing dollars into the FY2016 Budget directly from
34 the operating account, the operating account's balance fell below the recommended three to six
35 month cushion. In addition, during the last two years, transfers from the reserve account to cover
36 the building loan were not completed further reducing the cash balances for day to day operations.
37 As a result, and also to support the long-term commitment to the building, the Board voted to
38 extend the loan to the building and roll the Project account into the Operating funds.

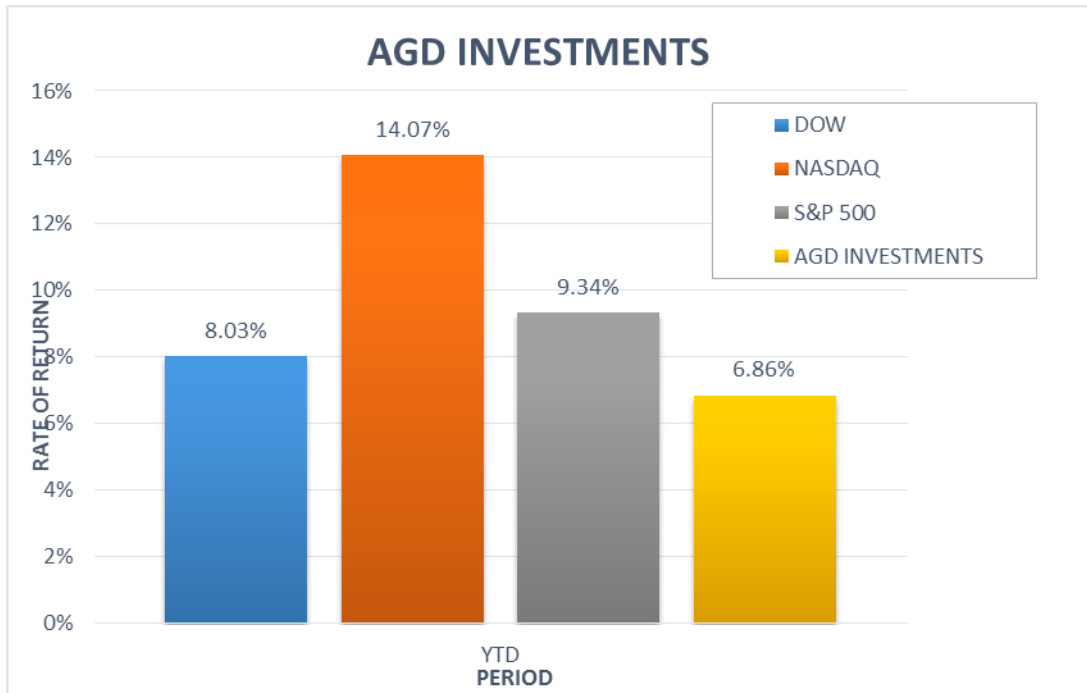
39

40 While the AGD's money manager (Great Lakes) has been performing well in the Large Cap arena,
41 posting YTD gains of 7.06% through June, they have been underperforming in the Small Cap
42 sector. The committee still feels that it merits staying with the firm at this time. They follow the
43 same value philosophy as the Investment Committee follows.

44

45 Maintaining a diversified portfolio to reduce risk and volatility to the portfolio has been a primary
46 focus of the committee. In comparison to its benchmark diversified portfolio, the Investment
47 Committee has exceeded expectations consistently over its long-term timeframe. The committee

1 is able to produce these results due to a value-driven model investment philosophy with its core
2 benchmarking and satellite approach that produces superior results over extended periods.
3



4
5
6
7 The Investment Committee is continually in the process of analyzing current and potential
8 investment holdings to enhance the performance of the portfolio. A holding is only added to the
9 portfolio with a unanimous approval of the Investment Committee, unless there is a fourth voting
10 member whereas a $\frac{3}{4}$ majority approval of the members of the Investment Committee is required.
11 At the present moment there are only three members on the committee.

12
13 Please note that it is the policy of the Investment Committee to keep the investment holdings of
14 the AGD portfolio private and confidential. Full disclosure could adversely impact AGD's
15 portfolio as well as the individual investor as they do not know when we move into and out of a
16 position. Full disclosure is made to the Board, who are instructed of the private and confidential
17 nature of the information.

18
19 Respectfully submitted:
20 Dr. John Portwood, Chair
21 Dr. Bryan Edgar
22 Dr. Richard Knowlton

23
24 Dr. Mohamednazir Harunani, Treasurer (Consultant)
25 Ms. Christa Ojeda, Chief Financial Officer (Consultant)

26
27 **Responsible Committee Chair and Staff Liaison**
28 John Portwood, DDS, MS, MSF, CFP®, ChFC, CLU, MAGD
29 Chair, Investment Committee

1 225.766.8278 - p
2 225.767.7226 - f
3 jwpdds@bellsouth.net
4
5 Christa Ojeda, CPA
6 Chief Financial Officer
7 312.440.4315 - p
8 312.335.3452 - f
9 Christa.Ojeda@agd.org
10
11
12
13

Membership Council Annual Report

1. Membership Council

1. The Membership Council shall consist of eight (8) members, including the chairperson.
2. It shall be the duty of this council:
 - a. To provide guidelines for accepting and retaining members in the AGD and to assist the various constituent and component AGDs in implementing these guidelines when necessary;
 - b. To determine whether an exception should be granted to an active member for failure to comply with the requirement that seventy-five (75) hours of continuing education be taken within the last three-year period, as embodied in Chapter 1, Section 1.A.4.a. of the Bylaws, and for associate members in accordance with Chapter 1, Section 1.D.3. of the Bylaws. This council has the authority to grant exceptions to this continuing education requirement in accordance with policy established by the Board;
 - c. To periodically review qualifications for membership and recommend appropriate changes to the Board and HOD;
 - d. To plan, develop, and coordinate membership recruitment programs and assist in implementing them on a national, constituent, and component level;
 - e. To study and make recommendations upon all matters pertaining to international activities, with the exception of those delegated to the Annual Meetings Council in these Bylaws;
 - f. To act upon an application for associate membership from those areas where there is no constituent AGD;
 - g. To determine the form to be used for membership applications.
3. To adhere to the Sunset Review Process and Schedule outlined in Policy Type V.: Board Policy Statements.
4. Evaluate the pricing of all programs and services annually during the fall (at the Fall Joint Council Meetings if meeting) to be included as part of the budget process and provide a complete pricing analysis to the Board at their winter meeting at least every three years.
5. AGD staff will send out to each council, committee, or other agency member along with any member collaborating on any AGD business the Code of Conduct form to be completed by said individual at the beginning of each governance year. Each covered individual will submit to their staff liaison an accurately completed form, including particular attention paid to any companies that may have remunerated said covered individual and subsequently reported such remuneration to the federal government's reporting structure under the Sunshine Act. The staff liaison will compile all of their individual's forms, and share them with their chairperson and also the executive office staff, who will in turn, forward them to the Audit Committee for further review.

The AGD Membership Council has had a very productive year. Given the lofty goal of 25% growth in full-dues paying student members as set forth in the 2016-18 AGD Strategic Plan, the

1 main focus of the Membership Council was geared toward adding value and ROI for AGD
2 members, improving the overall member experience, and discussions of additional resources
3 needed to meet our goals. With two in-person meetings convened in conjunction with the
4 Division Council Meetings (DCM), the Council's key accomplishments to date have been:

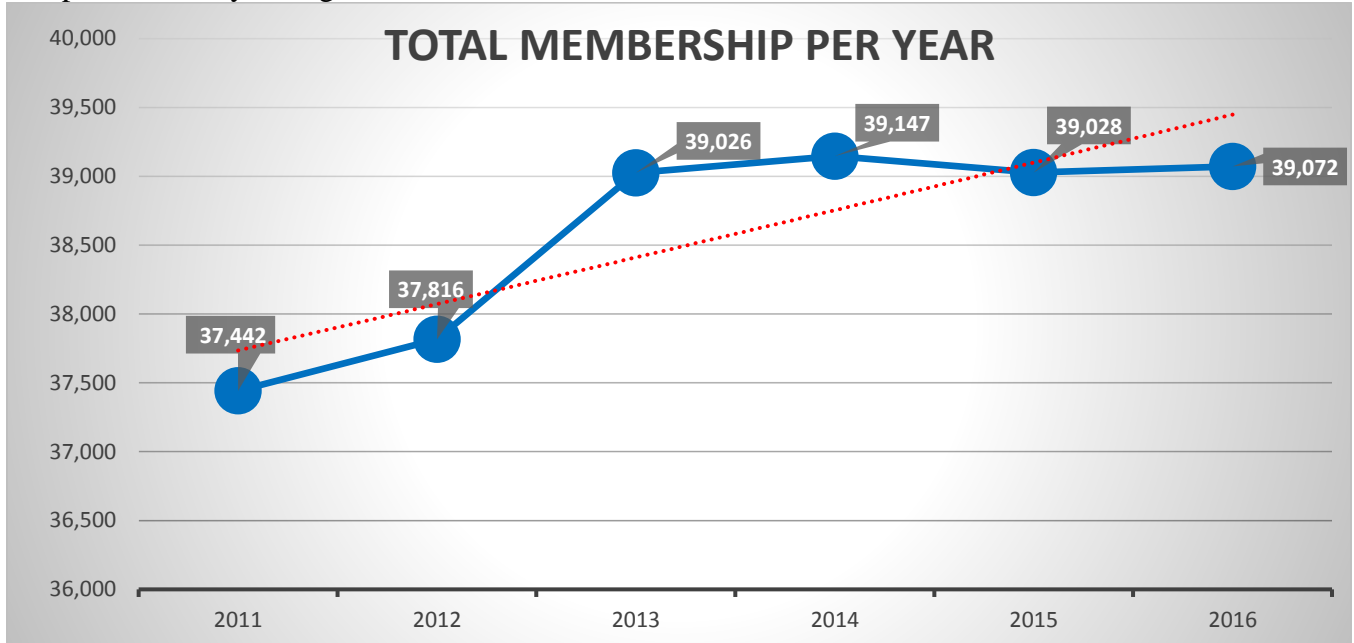
- 5
- 6 - Conceptualized and presented an AIR to revamp the Referral Rewards Program. The
7 updated program, which launched in August 2017, will give a \$50 AGD coupon to both
8 the referred member and the member who referred the new member.
- 9
- 10 - Conceptualized and presented an AIR for additional membership recruitment resources
11 for 2017.
- 12
- 13 - Developed guidelines for International Membership Opportunities between the AGD and
14 another entity (including but not limited to official or unofficial groups or persons who
15 desire to establish membership in the AGD are currently classified as international) for
16 the purpose of facilitating, encouraging, or recruiting international members.
- 17
- 18 - Conceptualized a new Membership Points Program to engage and retain current
19 members. The Council will present an AIR for this program in 2018.
- 20
- 21 - Prepared and discussed the proposed budget program changes for membership
22 recruitment and retention for the 2018 fiscal year.
- 23
- 24 - Strategized for international membership recruitment, including attending and exhibiting
25 at the FDI meeting in Madrid in August 2017.
- 26
- 27 - Created a program to incentivize the use of promo codes to track the ROI of marketing
28 initiatives for new members, in particular non-digital initiatives.
- 29
- 30 - Reviewed Emeritus, Retired, and membership Waivers to determine relevance of the
31 AGD policies for each. With an increasing number of members qualifying for Emeritus,
32 the Council will continue to analyze the data to determine if changes to Emeritus status
33 criteria or benefits are necessary.
- 34
- 35 - Analyzed cutting-edge membership recruitment and retention initiatives and results.
- 36
- 37 - Reviewed enhanced membership data. Data integrity and accuracy of reports continue to
38 be a priority, as well as the ability to make data-driven decisions.
- 39

40 **2016 AGD Membership Highlights**

41 **Total Membership**

42 2016 total AGD membership was the second highest of any year in the past five years. At 39,072
43 members on December 31, we were just slightly behind that of 2014, slightly ahead of 2015, but
44 significantly ahead of where we were just five years earlier in 2011 (37,442). Among these
45

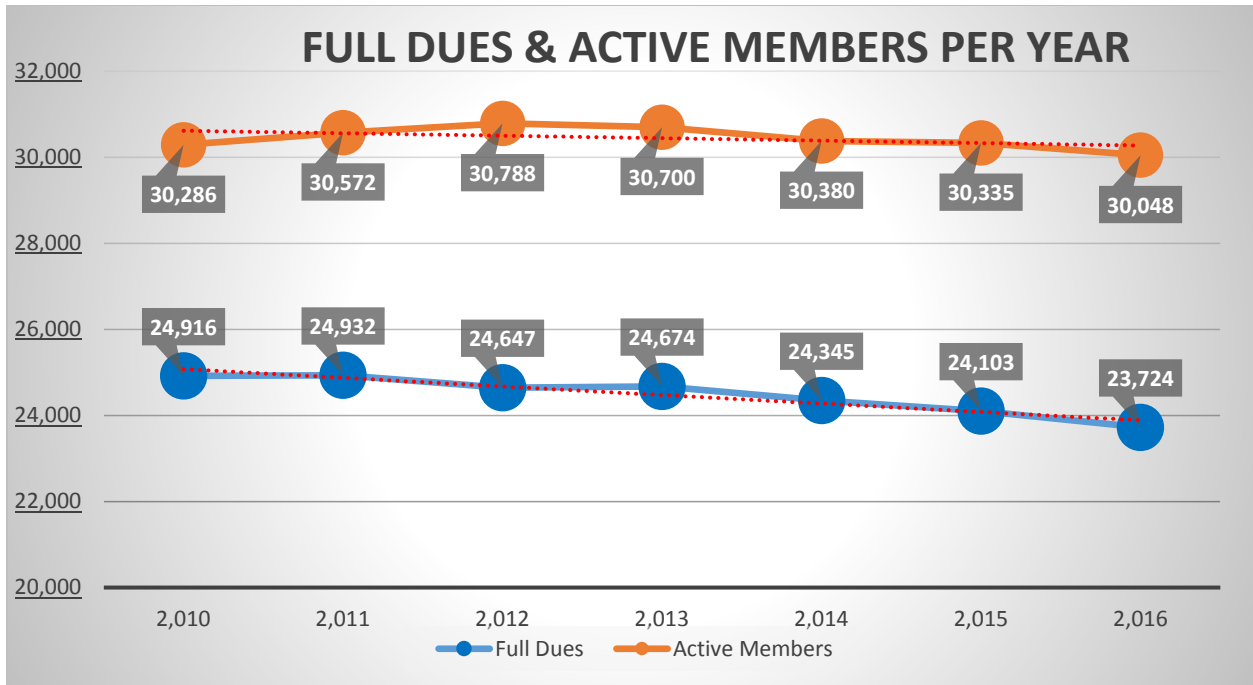
1 numbers is International membership (non U.S. or Canada), which has increased nearly 21% as
 2 compared to two years ago, with 123 members.



3
4

Total Members by Dues Rate Level	Total Membership as of 12/31/15	Total Membership as of 12/31/16
Rate Level 1 - Active Members - 100% Dues	24,103	23,711
Rate Level 2 - Active Members - 80% Dues	1,089	1,023
Rate Level 3 - Active Members - 60% Dues	1,168	1,254
Rate Level 4 - Active Members - 40% Dues	1,434	1,561
Rate Level 5 - Active Members - 20% Dues	2,541	2,499
Rate Level 6 - Affiliates/Semi-Retired	90	64
Rate Level 7 - Student Members - \$17	4,725	4,936
Rate Level 8 - Emeritus Members - \$0	3,343	3,509
Rate Level 8 - Waivers (Disability, Fin., Other) - \$0	508	494
Rate Level 9 - Honorary Members - \$0	26	25
Total Membership	39,028	39,072

5
 6 Although total membership numbers are looking favorable, full-dues paying members are down
 7 by approximately 4% as compared to five years ago. Full-dues paying members are those who
 8 pay the full-active member rate (\$386 in 2016). We are, however, noting a positive trend in
 9 recruitment of new full-dues paying members over the past year, and anticipate this trend in full-
 10 dues paying members to continue in the coming years.



1
2
3 **New Member Recruitment**

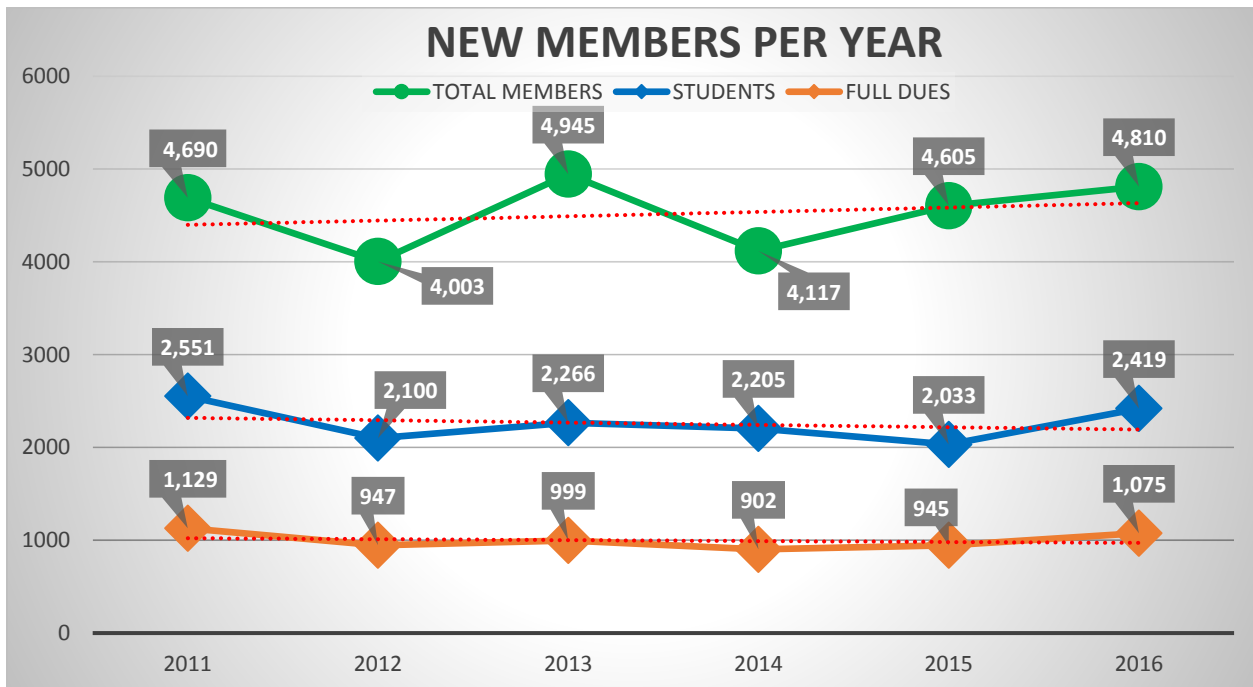
4 New member recruitment is also on an upward trend. Although there is an overall steady trend
5 over the past three years, it is important to note that more full dues paying members were recruited
6 in 2016 than in the past five years. Additionally, total membership recruitment increased by 11%
7 over 2015. We are confident that this favorable trend will continue into 2017.

8
9 New member recruitment continues to be a focus of AGD. With an ambitious goal to increase
10 full-dues paying members by 25% by year-end 2018, our membership recruitment initiatives
11 reaching out to nonmembers are multi-faceted as follows:

- 12 • Direct mail with an emphasis on constituent programming – with the AIR that was
13 approved for 2016, we mailed to approximately 100,000 potential members throughout
14 the US and Canada. The direct mail campaigns focus not only on the AGD offerings, but
15 also incorporates programming by those constituents within a 150 mile radius of our
16 mailing that have provided program information to us for inclusion. We tested this
17 approach with five constituents in 2015, with overall favorable recruitment results for
18 those constituents.
- 19 • Former member promotions – our database contains email contact information for many
20 of our former members and nonmembers who have registered for various AGD
21 programs.
- 22 • Trade Show presence – although limited by budget, AGD staff displays the AGD booth
23 at trade shows throughout the year, including ASDA (Annual Session and Leadership
24 Conference), ADA Annual Meeting, Chicago Mid-Winter, Greater New York Dental
25 Meeting, Hinman Dental Meeting, and Yankee Dental Congress. Follow-up mailings

1 and/or emails are made to the visitors to the booth and to the pre- and/or post- show
2 mailing lists that are acquired as part of our exhibitor package.

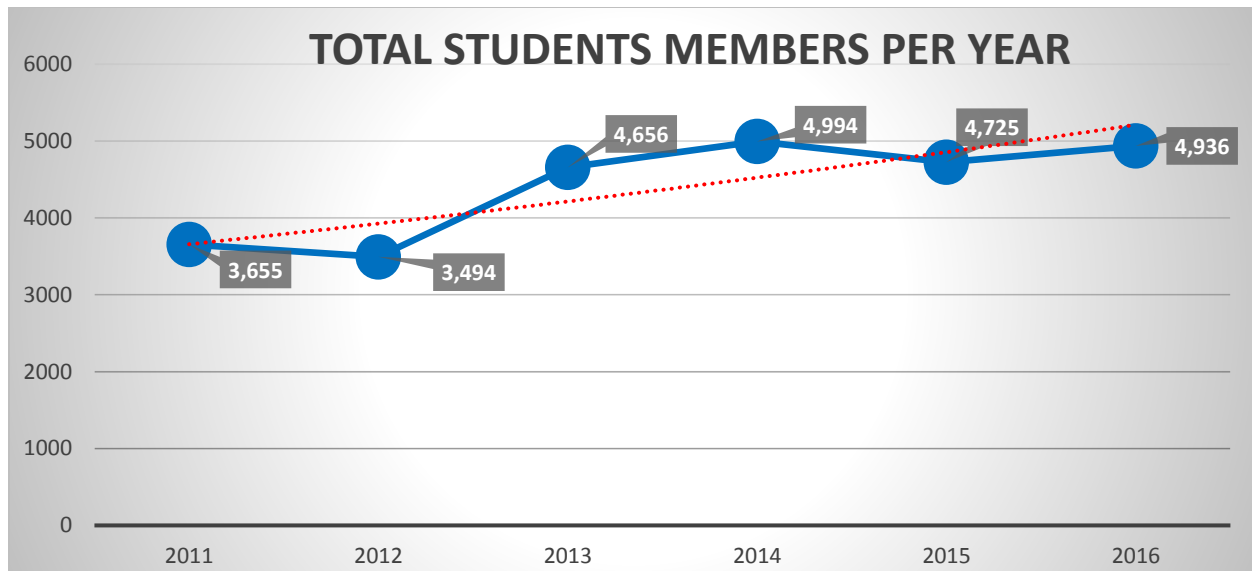
- 3 • Refer a Colleague/Classmate Program – as previously stated, the Refer a Colleague
4 program was revamped in 2016 and launched in 2017. Both of these programs continue
5 to be viable programs for current members to refer their colleagues.
- 6 • Social media and Google Ad Words – there has been an increase in the AGD postings on
7 all aspects of social media. This significantly assists in validating AGD in the minds of
8 prospective (and current) members.



10
11

12 Student Membership

13 AGD continues to trend favorably relative to total student membership. 2016 ended with 4,936
14 student members, which is the second highest number in the past five years.
15



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Recruitment and retention of students post-graduation continues to be a focus of the AGD through its Dental School Program Task Force. Important initiatives are underway, including:

- Development of metrics to track our progress in student-to-full member retention five years out of school
- Creating and enhancing dental school faculty relations with the AGD and the local constituent leadership
- Increasing the number of AGD Student Chapters
- Creating an effective mentorship program
- Providing useful resources and tools to student chapter leaders and local constituents to assist with running successful chapter programs

Dentist’s Advantage continues to be a popular retention tool and program for students as they graduate. In addition, **Ernest** was added in 2016 as a resource to members of the AGD to assist in facilitating the handling of their student debt.

Through the AGD’s annual ASDA sponsorship, we continue to receive valuable opportunities to create awareness of the AGD to students. These opportunities include:

- Banner advertisements on ASDA website
- Membership booth at three ASDA national programs
- Print advertisements
- Placement of breakout session speakers at ASDA programs
- Special visibility on the ASDA mobile application at their meetings
- Podium time at national meetings

International Membership

1 AGD International Membership ended the year with 123 members. This is a 3% decrease over
 2 the number of International members for 2015, however still a significant increase from 2014.
 3 Through the International Committee, the AGD has significantly increased the awareness and
 4 promotions of AGD to prospective members outside the United States and Canada. Also, the
 5 International Committee and Membership Council have worked together to coordinate efforts
 6 this year. As such, the International Committee will be sunsetted in 2017 and a member from the
 7 International Committee will serve as a consultant on the Membership Council going forward.

8
 9 Activities included:

- 10 • Promotional messages to current members letting them know that they can now attain
- 11 their FAGD status
- 12 • Promotion of AGD to nonmembers in our database
- 13 • Promotion to international authors of AGD publications
- 14 • Creation of new AGD landing page for International audiences
- 15 • Creation of AGD “ambassadors” around the globe who are interested in expanding the
- 16 AGD international membership
- 17 • Increase in AGD Social media presence

18
 19 **Membership Retention Rates**

20 AGD’s overall retention rates for the 2016 renewal season remained quite favorable, with 93%
 21 of 2015 full-dues paying members renewing for 2016, and 87% of all members renewing. These
 22 are impressive numbers when compared to similar professional dental/medical associations. At
 23 the time of this report, we are in the midst of the 2017 renewal/recovery cycle.

2015-2016 RETENTION RATES	2015 renewal year	2016 renewal year
Full Dues-Paying Members	95%	93%
Total Membership	88%	87%

24
 25 Among our annual retention efforts includes:

- 26
- 27 • Pop-up reminder on AGD website when non-renewed members login
- 28 • Auto-Renewal Program – processed renewals for members enrolled (Oct.)
- 29 • *AGD in Action* and *AGD Briefings* – renewal messages
- 30 • Emailed invoices (Oct., Dec., Feb., and Apr.)
- 31 • Customized printed invoices (Nov., Jan., Mar., and Apr.)
- 32 • Customized membership benefit guides and ID cards mailed to all members upon joining
- 33 or renewing
- 34 • Phone-a-thons: outsourced, internal, and constituent activity (Mar. and Apr.)
- 35 • Incentives for timely renewals; celebration of winners in *AGD in Action*
- 36 • Lapsed member survey mailing (June)
- 37 • Customized “last issue” wrapper to lapsed members for *AGD Impact* (June)

- More targeted and segmented communications and data-specific ROI-related renewal invoices.

Additionally, when a member does not renew, his/her membership is terminated on March 31 of each year (we give members a grace period to renew after the official expiration date of December 31). We immediately begin our “recovery” efforts to get those members to renew for the year. Our recovery efforts have proven to be very effective, with 26% of those initially terminated ultimately rejoining in 2016.

Respectfully submitted:

Bruce L. Cassis, DDS, MAGD – Chair
Chethan Chetty, DDS, FAGD
Rebekkah Merrell, DMD
Alexandra Barton Otto, DDS
Seung-Hee Rhee, DDS, FAGD
Aparna Sadineni, DDS, MAGD
Erik Solberg, DDS
Stephanie Urillo, DDS, FAGD

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Sarah.murphy@agd.org

Chair approval email:

1
2 **From:** Bruce Cassis [mailto:blcassis@earthlink.net]
3 **Sent:** Wednesday, August 09, 2017 6:55 PM
4 **To:** Sarah Murphy <Sarah.Murphy@AGD.org>
5 **Cc:** Thomas Killam <Thomas.Killam@AGD.org>
6 **Subject:** Re: Membership Council Annual Report
7

8 Well done Sarah. The report is approved to go to the board as presented.

9 Bruce

10
11
12

1 **New Dentist Committee Annual Report**

- 2
- 3 1. The **New Dentist Committee** shall consist of five (5) members; one (1) member serves at the
- 4 chair as appointed by the President and there is no restriction on his/her years of practice, two
- 5 (2) member dentists with one to five (1-5) years of practice at time of appointment, one (1)
- 6 member dentist with three to eight (3-8) years of practice at time of appointment, one (1)
- 7 AGD student member of ASDA as recommended by the ASDA executive board.

8

9 For the first members of the committee, the chair and the two (2) member dentists with one to

10 five (1-5) years of practice will serve a two (2) year term and the one (1) member dentist with

11 three to eight (3-8) years and the student member will serve a one (1) year term.

12

13 Following the first year of the committee, all appointees will serve a two (2) year term except

14 the student which will still be limited to a one (1) year term. Committee members shall be

15 allowed to serve two (2) terms on this committee whether consecutive or not, but no more

16 than two (2) terms in a lifetime. The student member of the committee may also serve his/her

17 second term as one (1) of the member dentists at large upon appointment.

- 18
- 19 2. It shall be the duty of this committee:
- 20 a) Serve as a data source, strategic planning resource, marketing and membership resource.
- 21 b) The committee shall be consulted by all AGD agencies on matters involving new
- 22 dentists.
- 23 c) The committee shall transmit a report to each Board meeting
- 24

25 **Desired Outcomes**

26 Upon its inception in 2013, the group discussed its overarching mission and purpose and

27 established the following:

28

29 The desired committee outcome is to: *Foster new practitioners.*

30

31 The committee's ultimate customer is new dentist practitioners who value: *Ethics, quality*

32 *and lifelong learning (CE).*

33

34 The New Dentist Committee has had a very productive year. With two conference calls

35 convened throughout the year, the Committee's key accomplishments to date have been:

- 36
- 37 • Student and New Dentist Lounge at AGD2017: The Committee worked in conjunction
 - 38 with staff to offer a new benefit for students and new dentists at this year's scientific
 - 39 session. The Lounge offered many opportunities for networking, CE geared toward this
 - 40 demographic, and a mentor luncheon. This concept was a huge success and the New
 - 41 Dentist Committee looks forward to offering this again at AGD2018.
 - 42 • New Graduate Kit: Also new this year, the New Dentist Committee worked with the
 - 43 sponsorship team to offer all 2017 dental school graduate members a kit which included a
 - 44 lab coat with the new AGD logo as well as give-aways from various sponsors. Again,
 - 45 this new project was very successful and the New Dentist Committee hopes to expand
 - 46 this program in 2018.

1 **Next Steps**

2 The New Dentist Committee will continue to review and provide input to staff and other
3 councils/committees relative to programming for new dentists. Additionally, the Committee
4 plans to develop the:

- 5 • New Dentist Fellowship Program: The Committee will develop a proposal for this
6 program. Options will include (but are not limited to) payment plans for Fellowship
7 exam and/or review course, track for recommended/possible educational sessions to
8 achieve FAGD requirements, and/or a document to lay out the steps to obtaining the
9 FAGD (for example a checklist).
- 10 • Expand upon the success of the programs listed above in 2018.

11

12

13 Respectfully submitted,

14

15 Mai-Ly Duong, DMD, FAGD - Chair

16 Jennifer Bell, DDS, FAGD

17 Emily Hobart, DMD

18 James Kolstad, DDS

19 Sara Perrone

20

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

22 Mai-Ly Duong, DMD, FAGD - Chair

23 623.205.9590

24 maillyduongdmd@gmail.com

25

26 Sarah Murphy, CAE

27 Manager, Membership Services

28 312.440.4085

29 Sarah.murphy@agd.org

30

31 **Chair approval email:**

32

33 **From:** Mai-Ly Duong [mailto:mailyduongdmd@gmail.com]

34 **Sent:** Wednesday, August 09, 2017 8:48 PM

35 **To:** Sarah Murphy <Sarah.Murphy@AGD.org>

36 **Subject:** Re: New Dentist Committee Annual Report

37

38 Hi Sarah!

39

40 The report looks AWESOME! :)

41 Thank you!

42

43 Mai-Ly

44

45

1 **Regional Director's Annual Report**
2 **(2016-2017)**
3

4 **Highlights**

5 The Regional Director (RD) is responsible for guiding his or her region by addressing challenges
6 and highlighting successes at the constituent level. Each RD represents the headquarters
7 organization to local members, encourages local constituent input to the AGD, and works to
8 make the local organization as effective and active as possible. In essence, they are an additional
9 resource for constituent leaders to utilize. Activities of the RDs over the last year are outlined
10 below;

11
12 **Regional Directors' Priorities & Strategies**

13 At the July 13, 2016 RD meeting, RDs discussed performance and direction for the latter half of
14 2016 and all of 2017. During this meeting, discussions centered on narrowing the RDs' focus to
15 help prioritize what's most important in helping their regions excel. By concentrating on doing
16 the highest-priority items well, there was a feeling that they would be able to help the
17 constituents more than by trying to spread their talents over the full range of RD responsibilities.
18

19 The RD's reviewed the RD Strategic Planning subcommittee report including AGD staff updates
20 based on the AGD Strategic Plan and identified priority areas they felt could excel with RD
21 assistance. The RDs determined their primary goals for the next 18 months would include
22 assistance with but not limited to:

- 23
24
 - More support for constituents
 - Better communication
 - Governance and role of staff
 - Public Awareness
 - Innovative CE vehicles, models and packages
29

30 The RDs discussed methods that would help with developing unique metrics and tactics
31 applicable to each of their constituents to accomplish the goals outlined in the plan once
32 approved. RDs will review their progress at the AGD Annual Meeting.
33

34 **RD Strategic Plan**

35 RD established a Strategic Plan subcommittee to help implement the approved AGD Strategic
36 plan within the constituents.
37

38 **Leadership Development Symposium**

39 The Regional Directors hosted its biennial Leadership Development Symposium (LDS) on
40 November 18-19, 2016 at the Renaissance Hotel in downtown Chicago. Throughout the
41 symposium, attendees were able to participate in engaging discussions and network with fellow
42 AGD members, leaders and staff. To measure the success of LDS, an exit survey was offered to
43 all attendees. The summary of the survey is attached for your review. In total, 81 attendees
44 completed the survey. Overall, 83% of the respondents thought their experience at the 2016
45 Leadership Development Symposium was great or excellent.
46

1 Below is a quote from an attendee of the LDS from the survey.

2 *“I am fairly new to the academy because I recently graduated from dental school. Even though I*
3 *was heavily involved in my local AGD student chapter during school this conference really*
4 *showed me just how valuable this organization is to general dentists. I am strongly considering*
5 *servicing some role in my state AGD chapter. I am so happy I was given the opportunity to attend*
6 *this leadership conference.”*

7
8 The quote above is the sentiment of many who left comments. Several agreed that the sessions
9 were conveniently located and the speakers were prepared, enthusiastic, and well-qualified.
10 Furthermore, the attendees were able to receive and share numerous best practices to improve
11 their respective constituent activities such as membership retention, recruitment and leader
12 development. Several respondents were able to retain knowledge and skills in communications,
13 teamwork and the understanding leadership. Most importantly, 97% of the respondents believed
14 the symposium was extremely beneficial in enhancing their ability to become an AGD leader.
15 Many stated that the symposium equipped them to become better leaders in their workplace and
16 within AGD.

17 **Small Constituent Development Program (SCDP)**

18 The SCDP Subcommittee, which is now chaired by Dr. Kulwant Turna (with assistance from Dr. Sanjay
19 Uppal), has been working with his subcommittee to award two (2) constituent grants up to \$4500
20 (\$9,000 in total) for the program purpose of membership initiatives and growth. Qualifications of the
21 program were discussed and RD assistance was requested to encourage constituent(s) with 800 or less
22 members to apply. The recipients of the 2016 SCDP grant were Missouri and Oklahoma AGD. Each
23 recipient is required to submit a final grant activity summary report to CST by December 15, 2017. The
24 committee decided to change the program metrics to acknowledge all new members (full dues,
25 associate, students, new dentists, etc.) instead of only full-dues paying members.
26

27 **Mini Grant Summaries**

28 **Louisiana AGD**

29
30 On Thursday, February 18, 2016, the Louisiana Academy of General Dentistry hosted its first
31 annual LAGD Senior Reception for the fourth year dental students at Gordon Biersch Brewery
32 Restaurant in downtown New Orleans. The goal of the event was membership recruitment,
33 student recruitment and improving the image or visibility of the AGD to dentists and/or the
34 public. LAGD leaders created presentations and lead discussions about the importance of
35 continuing education and organized dentistry, FAGD and MAGD requirements, and more. In
36 terms of content, LAGD believes the outcome of the event was favorable. The senior students
37 had a lot of questions that the LAGD were able to answer. Time will tell if this was a success.
38 LAGD feels confident that they have made a difference, and looks forward to hosting this event
39 again next year. There were 43 dental students in attendance.
40

41 **New Jersey AGD**

42 The grant was used to offset the cost of NJAGD’s second annual “Meet and Greet”, which was
43 held to wish 50 student graduates of Rutgers a farewell. The evening was successful, however
44 NJAGD will not be able to assess retention goals until next year. The project goals were
45 membership recruitment, student recruitment, and membership retention.
46
47

1 **British Columbia AGD**

2 The grant was used to offset honorarium and travel expenses for two BC AGD sponsored CE
3 programs (oral surgery/implants and laser dentistry). The Oral Surgery/Implant program was
4 considered highly successful and gained much interest. On the other hand, the Laser Dentistry
5 program was considered moderately successful and gained low interest. There were 10 Dental
6 Students, 15 Dentist Members, 9 Dentists Non- Members, and 1 Dental Team in attendance. The
7 project goals were membership recruitment, student recruitment, membership retention, and
8 improving the image or visibility of the AGD to dentists and/or public.

9
10 **California AGD**

11 In 2015, the CAGD matched seed money from the SSAGD and the AGD to initiate new study
12 clubs in Fresno, California and Redding, California. Several MAGD members were contacted to
13 assist with putting on study club meetings. There were 5 new attendees in Redding and 20
14 attendees in Fresno. All were appreciative that the AGD reached out to them and hoped CAGD
15 can repeat the study club in the future. The project goals were membership recruitment and
16 membership retention.

17
18 **Florida AGD**

19 The grant was used to support student outreach programs. The University of Florida Fellow
20 Track program holds monthly one-hour lectures presented by leading dentists throughout the
21 state on a variety of topics. The LECOM Fellow Track program has undergone a reorganization
22 that has now brought new leadership and one program to date in the timeframe of this min-grant
23 and monthly lectures moving forward. Monthly programs at UF are planned to present topics of
24 interest to dental students, but more importantly to present topics that they may encounter in their
25 dental practice. In the time frame of this grant, the UF program presented three programs, two of
26 which had 48 in attendance. LECOM presented one program in the time period of this grant that
27 had 46 in attendance. The project goals were membership recruitment, student recruitment,
28 membership retention, improving the image or visibility of the agd to dentists and/or public.

29
30 **Illinois AGD**

31 IL AGD used the grant to host a low cost clinical continuing education program for their
32 members. The goal of the program was to provide a low cost member benefit CE course to IL
33 AGD members to improve the member value of belonging to AGD. This program was primarily
34 a membership recruitment program, but IL AGD did have 10 non-members attend as well. The
35 grant money was used to defray the costs of the food, venue as well as the speaker's honorarium.
36 The program was very successful. IL AGD had the maximum number of dentists it could have
37 for the venue and the course evaluations were very good. 1 Dental Students, 44 Dentists
38 Members, and 10 Dentist Non-Members were in attendance.

39
40 **Iowa AGD**

41 Iowa AGD used the grant to send a postcard mailing to 1,664 licensed dentist promoting their
42 Annual Meeting. Postcards were also handed out at the Iowa state dental meeting. One non-
43 member joined the AGD and 2 doctors joined their MasterTrack program. Iowa AGD also had 2
44 non-members attend their weekend course and 3 non-members attend the lecture featuring Dr.
45 Massad. Members (and non-members) have been seeking out Iowa AGD to find out about their
46 upcoming CE. 75-100 Dental Students, 300 Dentists Members, and 1700 Dentist Non-Members

1 were reached. The projects goals were membership recruitment, student recruitment,
2 membership retention, and improving the image or visibility of the AGD to dentists and/or
3 public
4

5 **Maine AGD**

6 Maine AGD used the grant to host a dental student reception for the University Of New England
7 School Of Dental Medicine. The goals was to connect the students with the AGD and ultimately
8 gain membership into the organization. Each year, Maine AGD has seen the student membership
9 grow due to organizing the reception and starting a student chapter on campus. 60 Dental
10 Students and 12 Dentists Members were in attendance.
11

12 **Nebraska AGD**

13 Nebraska AGD did a postcard mailing to 1,304 licensed dentists promoting their Annual
14 Meeting. Postcards were also handed out at the Nebraska state dental meeting. Three non-
15 members joined the AGD and 2 doctors joined their MasterTrack program. 200 Dentist Members
16 and 1000 Dentist Non-Members were reached. The projects goals were membership recruitment,
17 student recruitment, membership retention, and improving the image or visibility of the AGD to
18 dentists and/or public
19

20 **Ohio AGD**

21 Ohio AGD used the grant to support four presentations on the “Introduction to AGD” for 260
22 dental students attending the following universities: Ohio State University and Case Western
23 Reserve. Ohio AGD had a great turn out at each presentation and was able to share the benefits
24 of AGD student membership. The project goal was student recruitment.
25

26 **Wisconsin AGD**

27 Wisconsin AGD used the grant to send out brochures to promote CE courses. The additional
28 promotion increased advertisement for Spring CE events and increased the attendance by 10
29 people from the previous year. 1,000 Dentists Members, Dentist Non-Members, and Dental
30 Teams were reached during this project. The goals were membership retention, improving the
31 image or visibility of the AGD to dentists and/or public, advertise CE.
32

33 **Tennessee AGD**

34 Tennessee AGD had a very successful lunch and learn at Meharry Dental School on Friday,
35 November 18th. The panel discussion included Dr Cheri Farmer-Dixion, Dean of Meharry
36 Dental School, Dr Julie Grey, professor at Meharry Dental School, and Dr. Katherine Hall, TN
37 AGD Student Membership Chair. The panel answered questions about residency programs,
38 having children and raising children while working, work/life balance, starting a practice vs.
39 association. 20 Dental Students and 2 Dentist Non-Members were in attendance. The project
40 goals were membership recruitment and community outreach.
41

42 **STAR Visit Program**

43 Two STAR Visits have been budgeted for 2017. On May 26, 2017, New York AGD hosted a
44 Strategic and Tactical Assessment and Response (STAR) Visit, and it was a resounding success!
45 NYAGD leaders came together to discuss and address various issues to improve their region.
46 Immediate Past President, W. Mark Donald, DMD, MAGD and Past Region 10 Trustee, Patricia

1 Meredith, DDS, MAGD, facilitated brainstorming discussions that touched on strategic planning,
2 leadership development, and retention and recruitment strategies efforts in the region.

3
4 Immediate Past President, W. Mark Donald, DMD, MAGD, AGD Foundation Past President,
5 Julie Barna, DMD, MAGD and CST staff will be leading another STAR Visit on August 19,
6 2017 for Virginia AGD. Their focus areas are strategic planning, leadership development, and
7 retention and recruitment strategies efforts.

8 9 **Universal Award Application (UAA)**

10 The Universal Award Application (UAA) was due on August 1, 2017. A total of 15 constituents
11 submitted an application for various awards with the UAA. The award departmental committees
12 and councils are currently reviewing each of their respective awards to identify category winners
13 and honorable mentions which are due by August 31, 2017. The RD subcommittee will then
14 review the recommended COY category winners/honorable mentions from CST staff. All
15 winners and honorable mentions will be recognized during the 2017 AGD Annual meeting in
16 November.

17 **Regional Directors Meeting**

18 On July 13, 2016, November 20, 2016, and April 20, 2017 a Regional Director meeting was held
19 to discuss constituent updates and future strategic goals. Also, in order to be a more cohesive
20 branch of governance, the RDs have had and will continue to have a "Zoom" conference call
21 meeting on a monthly basis.

22 23 **Conclusion**

24 The RDs will continue to support the goals set forth by the Board, and ensure programs are in
25 line with these goals.

26
27 Respectfully submitted by:

28 29 **Regional Directors**

30 Dr. Bettina Laidley, Region 01
31 Dr. Ira Levine, Region 02
32 Dr. Kurt Laemmer, Region 03
33 Dr. Shari Hyder, Region 04
34 Dr. John W. Drumm, Region 05
35 Dr. Michael King, Region 06
36 Dr. Michael Gordon, Region 07
37 Dr. Robert Kozelka, Region 08
38 Dr. John A. Olsen, Region 09, RD Chair
39 Dr. Kevin Low, Region 10
40 Dr. Ravi Sinha, Region 11, RD Chair Elect
41 Dr. Susan Davis, Region 12
42 Dr. Stephen Lockwood, Region 13
43 Dr. Walter Rapacz, Region 14
44 Dr. Matthew Illes, Region 15
45 Dr. Kulwant Turna, Region 16
46 Dr. Jennifer Fong, Region 17

1 Dr. Dan McCauley, Region 18
2 Dr. Glenn Miller, Region 19
3 Dr. Tony Menendez, Region 20
4
5 Responsible RD Chair/Vice Chair and Staff Liaison
6 John A. Olsen, DDS, MAGD
7 Chair, Regional Directors 2016-2017
8 olsen.j.a@att.net
9
10 Ravi Sinha, DDS
11 Chair Elect, Regional Directors 2016-2017
12 drsinha@mindspring.com
13
14 Ms. Seneshia Jones
15 Manager, Constituent Services, AGD
16 seneshia.jones@agd.org
17 888.243.7392
18
19 Seneshia
20 I approve the report
21 Please add that in order to be a more cohesive branch of governance we have had and will have a
22 "Zoom" conference meeting every month.
23 Thank you
24 Dr Olsen
25
26

1 **Report of the Secretary to the House of Delegates**
2 **2017**
3

4 As I write this report, we are nearing our time to gather for another House of Delegates. Unlike
5 other years, we are in the fall of the year, and it has been 16 months since last we were together.
6 As my year of being Secretary draws to a close, I am reflecting back on an extremely busy and
7 productive year filled with challenges and new opportunities. It has been an excellent year, and I
8 am honored to have served as your Secretary. The following is a brief overview of our year. I
9 remain dedicated to answering any questions you might have, and discussing further, the
10 resolutions that brought us to these decisions.
11

12 This past year for the first time, in lieu of our traditional Joint Council Meetings, the Board
13 passed a resolution to hold separate divisional meetings during January and May of 2017. This
14 was decided upon, based on the positives of a more focused effort on the issues within the
15 divisions, and the hope that this new structure would serve as a cost savings measure to the
16 AGD. These new Division Council Meetings allowed the use of our corporate office, instead of
17 a more expensive hotel space for the larger groups. Our initial thoughts have been, that this
18 change has appeared very positive for the AGD. We have witnessed new energy within the
19 divisions, and much work has been achieved. Our corporate office has worked nicely for these
20 meetings, at a financial savings to the organization. A re-evaluation into the effectiveness of this
21 new initiative will continue to take place as we move into the future.
22

23 This year we had a very successful AGD Lobby Day in Washington D.C. There were a number
24 of important issues discussed with our legislators. The first issue was the Student Loan
25 Refinancing Act, which would allow new dentists to refinance their federal Direct Loans at any
26 time during the life of the loan. We were certainly well prepared to support this initiative, with
27 many of our students and new graduates joining us for the visit to Capitol Hill. The second area
28 of discussion and focus was on our support of the repeal of the McCarran-Ferguson Act. Our
29 third and equally important issue was supporting the Competitive Health Reform Act, which
30 would serve to end unfair insurance practices in our nation. We also urged our leaders to
31 sponsor legislation that would amend the Public Health Education Campaign focused on Oral
32 Healthcare, Prevention, and Education, and award grants to support evidence-based oral health
33 literacy activities. We certainly had great Hill visits, and all were encouraged by the positive
34 responses that we received. Our Advocacy efforts to support General Dentists never waiver. It
35 remains as a top priority for the AGD.
36

37 We have spent much of the year in search of our new Executive Director. Despite much hard
38 work and many hours of interviewing, we were not successful in securing an Executive Director
39 in the first Search. We have begun again in screening some excellent candidates that will
40 hopefully insure this future selection and hiring. The Executive Committee will continue to
41 work diligently to find a great person to lead our Academy, and updates will be available as we
42 progress in the search. In the Interim, Mr. Dan Buksa and Mr. Tom Killam, our co-executive
43 Directors, have done an excellent job of maintaining the day to day operations and overall
44 management of the Academy. KUDOS to them and our fantastic staff during this challenging
45 time.
46

1 During the past year, the AGD has rolled out its new rebranding initiative, to include a new logo
2 and complete rebrand of our digital and print assets. What an exciting new look and feel! As
3 our new brand is unveiled, we are all reminded that this is more than just a logo change. It is a
4 new beginning and a chance to redefine who we are. It is a total package of how we think about
5 ourselves and how we are represented to our many and varied constituents. It has been and
6 continues to be an exciting time!

7
8 In the communication arena, the AGD has begun to use “AGD Connect” as a platform whereby
9 councils and committees can work effectively between our face to face meetings. This replaced
10 our use of the LCC which had been used for many years. “Zoom conferencing” was also
11 initiated to replace the traditional audio conferencing. Both systems have been well received to
12 date with significant cost reductions to the Academy.

13
14 I hope that many of you were able to attend our successful Scientific Session in Las Vegas this
15 summer. The meeting was one of the best I have attended in many years. We had over 500
16 dental students in attendance and the energy and enthusiasm was palpable. There seemed to be a
17 shift in the demographics of our attendees that was quite remarkable. Young dentists were
18 everywhere! The Scientific Meeting Council led by Dr. Joe Picone and our capable staff went to
19 great lengths to provide valuable learning opportunities, including shorter mini lectures that gave
20 important information in a more concise format. These 95 different presentations, which were
21 more labor intensive to organize and orchestrate, was an innovative approach to dissemination of
22 information in a more targeted approach. A special Thanks is in order to especially our SMC
23 Council and staff who worked so hard to provide a great meeting for all.

24
25 Our President, Dr. Maria Smith has had an excellent year of leadership! She has worked
26 tirelessly on behalf of the AGD, and we are forever in her debt. Together with Dr. Smith, our
27 incoming President Dr. Manuel Cordero, and our Vice President Dr. Neil Gajjar have been
28 visionary in their approach to our future! Together, the three of them have had a tremendous
29 year of accomplishments in building an AGD that continues to represent the General Dentist in
30 an ever challenging and changing environment. I have been so blessed to have served this year
31 with them. I have learned so much, gained life-long friendships, and acquired a new respect for
32 those who serve this organization so passionately. I honor you for YOUR service and thank you
33 for letting me be a small part of your journey.

34
35 My Thanks to each of you for your dedication to our beloved AGD. It would not be what it is
36 without your service and loyalty to our organization. I remain ready to answer your questions or
37 listen to your thoughts, whenever or wherever. Feel free to email me at whiteco@umkc.edu.

38
39 An honor to serve with you,

40 

41 Dr. Connie L. White, AGD Secretary

1 **Secretary’s Report to the 2017 House of Delegates**

2 **The report includes actions of the Board from the 2016-2017 Board Meetings I, II, III, and**
3 **IV; and August, September, October, December, January, February, march Board Call,**
4 **September Board Call, 2015-2016 Board Meeting II, October Board Calls,**

5
6 **2016-2017 Board Meeting I**

7
8 **I. Agenda Approval**

9
10 **Dr. Worm moved, Dr. Bishop seconded:**

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

12
13 **PASSED**

14
15 *Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig,*
16 *Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman,*
17 *Uppal, White, Winland, Wooden, Worm*

18
19 *N/A – Smith*

20
21 **II. Spear Education Proposal Discussion**

22
23 **Dr. Shepley moved, Dr. Cordero seconded:**

24 **“Resolved, that the Board go into executive session to discuss the Spear Education Proposal**
25 **at 2:34 p.m. EDT.”**

26
27 **PASSED**

28
29 *Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig,*
30 *Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman,*
31 *Uppal, White, Winland, Wooden, Worm*

32
33 *N/A – Smith*

34
35 **Dr. Cheney moved, Dr. Lew seconded:**

36 **“Resolved, that the Board come out of executive session at 3:00 p.m. EDT.”**

37
38 **PASSED**

39
40 *Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig,*
41 *Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman,*
42 *Uppal, White, Winland, Wooden, Worm*

43
44 *N/A – Smith*

1 **Dr. Gehrig moved, Dr. Bishop seconded:**

2 **“Resolved, that a task force be created to cultivate potential educational partners.**

3
4 **Members: three members**

5
6 **Charge: create a template and/or criteria for cultivating and formalizing relationships with**
7 **potential educational partners,**

8
9 **Timeline: report to the October Board conference call or 2016-2017 Board Meeting II.”**

10
11 **PASSED**

12
13 *Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig,*
14 *Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoan, Shelly, Stillwell, Tillman, Uppal,*
15 *White, Winland, Wooden, Worm*

16
17 *a – Shepley*

18
19 *N/A – Smith*

20
21 **III. AIRBI2016#02 - Regional Director Additional Funding to Attend the 2016**
22 **Leadership Development Symposium**

23
24 **Dr. Dubowsky moved, Dr. Bishop seconded:**

25 **“Resolved, that AIRBI2016#02 - Regional Director Additional Funding to Attend the 2016**
26 **Leadership Development Symposium be approved.**

27
28 **“Resolved, that \$5,652 be funded from the appropriate funding mechanism to fund sixteen**
29 **(16) Regional Directors to attend the 2016 Leadership Development Symposium.”**

30
31 **PASSED**

32
33 *Y – Bishop, Cheney, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter,*
34 *Hanson, Harunani, Lew, Malterud, Shamoan, Shelly, Shepley, Stillwell, Tillman, Uppal, White,*
35 *Winland, Wooden, Worm*

36
37 *a – Cordero*

38
39 *A - Dear*

40
41 *N/A – Smith*

42
43 **IV. AIRBI2016#03 - Transfer of Funds to Conduct a Scientific Meetings Council**
44 **Meeting at Site of Scientific Sessions**

45
46 **Dr. Hanson moved, Dr. Bishop seconded:**

1 **“Resolved, that AIRBI2016#03 - Transfer of Funds to Conduct a Scientific Meetings**
2 **Council Meeting at Site of Scientific Sessions be approved.**

3
4 **“Resolved, that \$5,452 be allocated from the 2017 Contingency Fund for additional funding**
5 **to hold a face-to-face meeting/site visit of the Scientific Meeting Council in Las Vegas, NV**
6 **in lieu of attending the Joint Council Meeting II.”**

7
8 **PASSED**

9
10 *Y – Bishop, Cheney, Dubowsky, Dyzenhaus, Gajjar, Gehrig, Gorman, Guter, Hanson, Lew,*
11 *Malterud, Shamoon, Shepley, Stillwell, Uppal, White, Wooden*

12
13 *N - Donald, Worm*

14
15 *a – Cordero, Edgar, Harunani, Shelly, Tillman, Winland*

16
17 *A – Dear*

18
19 *N/A – Smith*

20
21 **V. AIRBI2016#04 – Approve 2016-2017 Task Forces**

22
23 **Dr. Hanson moved, Dr. Wooden seconded:**

24 **“Resolved, that AIRBI2016#04 – Approve 2016-2017 Task Forces be approved.**

25
26 **“Resolved, that the 2016-2017 task forces be approved.”**

27
28 **1. AGD/ASDA Task Force**

29 **Approval Status:**

30
31 **Members:**

32
33 **Consultants:**

34
35 **Charge:**

- 36 • Development of the programming for the ASDA Leadership Conference and Annual Session.
37 • Setting the direction for the AGD/ASDA relationship for the remainder of 2015-2016
38 • To identify solutions to student issues and support/ collaborate with ASDA on legislation.
39 Work with staff and other agencies to insure adequate budget, support and oversight on all
40 ASDA / AGD Student activities during the AGD Washington DC Hills Visits and other
41 advocacy efforts.
42 • Make recommendations for continuing a future relationship between ASDA and AGD.
43

44 **Timeline:** Report to the 2016-2017 BM III and BM IV.

45
46 **Status:**

1
2 **2. AGD Dental Student Program Task Force**

3 **Approval Status:**

4
5 **Members:**

6
7 **Charge:**

- 8 • Increase the number of schools where the AGD has a program for students with the goal of
9 having such programs in all dental schools.
- 10 • Collaborate with the Dental Education Council to develop and identify programs to be used
11 for student programs and organize a library of power point presentations or other forms of
12 communications from various sources from appropriate AGD agencies on suitable topics that
13 can be used as a resource when developing or enhancing a new student program in a dental
14 school.
- 15 • Connect current leaders in constituents who do not have student programs with ASDA or
16 student leaders who are interested in starting a new AGD Dental Student Program in their
17 school.
- 18 • Engage current dental schools as well as residency programs with AGD Leaders.
- 19 • Consult with successful AGD Student Programs to garner best practices ideas.
- 20 • Study the possibility of student chapters, including Bylaws changes, and governance
21 structure, etc.

22
23 **Timeline:** Report to each Board meeting.

24
25 **Status:**

26
27 **3. IT Oversight Task Force**

28 **Approval Status: Approved at 2015-2016 Board Meeting I**

29
30 **Members:**

31
32 **Charge:**

- 33 • Oversight of the efforts to remediate any IT problems
- 34 • Development of a plan to ensure no future problems
- 35 • Oversight of the integration of IT with AGD's new building
- 36 • Oversight of the Web site and correction of problems members are having with navigating
37 the website

38
39 **Timeline:** Report to each Board meeting

40
41 **Status:**

42
43 **4. Transitions Program Task Force**

44 **Approval Status:**

45
46 **Members:**

1
2 **Charge:**

- 3 • To develop the framework and preliminary focus and structure for a long standing branded
4 program which utilizes focused CE offerings and other services that will benefit the members
5 with the many transitional phases of their professional career.
6 • The task force will have one representative from the New Dentist Committee, the Dental
7 Education Council, the Dental Practice Council, the Annual Meeting Council, the
8 Communications Council, and two industry consultants plus a dedicated staff liaison.
9

10 **Timeline:** Report to the 2016-2017 Board Meeting III and Board Meeting V.
11

12 **Status:**
13

14 **5. Acid Erosion Guidelines Task Force**

15 **Approval Status:**
16

17 **Members:**
18

19 **Consultants:**
20

21 **Charge:** To develop clinical practice guidelines on the diagnoses and treatment of acid wear and
22 acid erosion.
23

24 **Timeline:** Report to the 2016-2017 Board Meeting III and Board Meeting V.
25

26 **Status:**
27

28 **6. Scientific Session Planning Task Force**

29 **Approval:**
30

31 **Members:**
32

33 **Consultants:**
34

35 **Charge:** Create a business plan for a new profitable scientific session.
36

37 Items to consider include but are not limited to:

- 38 1. Create a competitive analysis.
39 2. Conduct a survey and/or focus group of members and non-members.
40

41 **Timeline:** Report to the 2016-2017 Board Meeting II.
42

43 **Status:**
44

45 **7. 2017 Annual Meeting Planning Task Force**

46 **Approval:**

1
2 **Members:**

3
4 **Charge:** To look at the approved HOD schedule and evaluate any cost savings that can be
5 alleviated, or alignment of specified meetings look within the approved template, logistics,
6 potential cost savings within template, evaluation of approved format.
7

8 **Timeline:** Report to the 2016-2017 Board Meeting III.
9

10 **Status:**
11

12 **PASSED**

13
14 *Y – Bishop, Cheney, Cordero, Donald, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter,*
15 *Hanson, Harunani, Lew, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland,*
16 *Wooden, Worm*

17
18 *A – Dear, Dubowsky, Malterud*

19
20 *N/A – Smith*
21

22 **VI. AIRBI2016#06 - Revise HOD Policy 2002:8-H-7**

23
24 **Dr. Worm moved, Dr. Lew seconded:**

25 **“Resolved, that AIRBI2016#06 - Revise HOD Policy 2002:8-H-7 be approved.**

26
27 **“Resolved, that AGD HOD policy 2002:8-H-7 be revised as follows:**

28
29 **“Resolved, that the following system be used to guide the incoming President in making**
30 **council and committee appointments:**

31
32 **1. The incoming President will send a letter in ~~November~~April to all Constituent**
33 **Presidents, Regional Directors, and Trustees asking for council and committee**
34 **appointment recommendations. The letter will be accompanied by a suggested**
35 **geographical distribution based on the number of members in each region to help make the**
36 **appointments as geographically balanced as possible. This geographical distribution list**
37 **will be based on the present council and committee structure, not including the Local**
38 **Advisory Committees, the Professional Relations Committee, and all Board Committees.**
39 **Members of the Examination Council shall not be counted a second time if also serving on**
40 **Exam Committee A, Exam Committee B, or Exam Committee C. The deadline for**
41 **responding to this communication will be ~~February 28~~June 30of each year.**

42
43 **2. The incoming President will make the appointments in consultation with the Vice**
44 **President, giving consideration to merit and experience.**
45

1 **3. The incoming President will see that contact is made with each newly appointed**
2 **member to see that there is a willingness to serve.**

3
4 **4. The Trustees will be given the reconstituted geographical distribution list with the**
5 **spring Board Meeting IV book (in the 2016-2017 governance year this will be Board**
6 **Meeting V).**

7
8 **5. Individual Trustees will give input at the time the Board approves the**
9 **appointments, and the appointments will not be publicly announced until such time as the**
10 **Board has taken action on the list of appointments.**

11
12 **6. When the Board has approved the appointments, the councils and committees will**
13 **be advised of them.**

14
15 **PASSED**

16
17 *Y – Bishop, Cheney, Cordero, Donald, Dyzenhaus, Gajjar, Gehrig, Gorman, Guter, Hanson,*
18 *Harunani, Lew, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland,*
19 *Wooden, Worm*

20
21 *a – Edgar*

22
23 *A – Dear, Dubowsky, Malterud*

24
25 *N/A – Smith*

26
27 **VII. AIRBI2016#07 - Examinations Item Bank Committee (Team C) Expansion**

28
29 **Dr. Worm moved, Dr. Bishop seconded:**

30 **“Resolved, that AIRBI2016#07 - Examinations Item Bank Committee (Team C) Expansion**
31 **be approved as amended.**

32
33 **“Resolved, that the Board Policy Manual be amended at Policy Type: II. Governance**
34 **Process, K., Section 3., Examinations Committees to read:**

35
36 **G. Examinations Items Bank Committee (Team C)**

37
38 **1. The Examination Item Bank Committee (Team C) shall be composed of ~~four(4)~~six(6)**
39 **members, each of whom have achieved Fellowship or Mastership status within the**
40 **organization, and each of whom has served a minimum of two (2) years on either Team A**
41 **or Team B of the Fellowship Examination Committee;**

42
43 **Committee members shall serve no more than two (2) consecutive three (3) year terms on**
44 **the committee;**

45
46 **2. It shall be the duty of the committee:**

1
2 **To ensure that each item in the item bank is appropriately and consistently categorized in**
3 **accordance with the examination content outline;**

4
5 **To ensure that the references accompanying each item in the item bank are current;**

6
7 **To review periodically the content outline for the Fellowship Examination and recommend**
8 **changes in the outline to the council;**

9
10 **To develop the Fellowship Examination Study Guide annually per the established**
11 **development guidelines set forth by the council.**

12
13 **3. To adhere to the Sunset Review Process and Schedule outlined in Policy Type V.: Board**
14 **Policy Statements.**

15
16 **4. Evaluate the pricing of all programs and services annually during the fall (at the Joint**
17 **Council Meetings I if meeting) to be included as part of the budget process and provide a**
18 **complete pricing analysis to the Board at the Board Meeting III at least every three years.**
19 **And be it further,**

20
21 **Resolved, that \$2,870 be approved from the 2017 Contingency Fund in order to fund the**
22 **two additional committee members to attend the 2017 Examinations Item Bank Committee**
23 **meeting in May in order to properly distribute the workload needed to complete the**
24 **committee duties.” ~~And be it further~~**

25
26 **~~Resolved, that funding for the additional committee members be added to the annual~~**
27 **~~committee budget process in order to maintain the amended size of the Examinations Item~~**
28 **~~Bank Committee.”~~**

29
30 **PASSED**

31
32 *Y – Bishop, Cheney, Cordero, Donald, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter,*
33 *Hanson, Harunani, Lew, Shamoan, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland,*
34 *Wooden, Worm*

35
36 *A – Dear, Dubowsky, Malterud*

37
38 *N/A – Smith*

39
40 **VIII. Executive Session**

41
42 **Dr. Hanson moved, Dr. Wooden seconded:**

43 **“Resolved, that the Board go into executive session to discuss the council and committee**
44 **appointments at 3:59 p.m. EDT.”**

45
46 **PASSED**

1
2 *Y – Bishop, Cheney, Cordero, Donald, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter,*
3 *Hanson, Harunani, Lew, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland,*
4 *Wooden, Worm*

5
6 *A – Dear, Dubowsky, Malterud*

7
8 *N/A – Smith*

9
10 **Dr. Guter moved, Dr. Dyzenhaus seconded:**

11 **“Resolved, that the Board come out of executive session at 4:11 p.m. EDT.”**

12
13 **PASSED**

14
15 *Y – Bishop, Cheney, Cordero, Donald, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter,*
16 *Hanson, Harunani, Lew, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland,*
17 *Wooden, Worm*

18
19 *A – Dear, Dubowsky, Malterud*

20
21 *N/A – Smith*

22
23 **During executive session the following actions were taken:**

24
25 **“Resolved, that AIRBI2016#09 – Approve Budget and Finance Committee Appointments**
26 **be approved.**

27
28 **“Resolved, that the 2016-2017 Budget and Finance Committee appointments be approved.”**

29
30 **Dr. Donald Worm, Region 17, (7/18/2016-11/5/2017), fourth term, Chair**

31 **Dr. Mohamednazar Harunani, Region 08, (7/18/2016-11/5/2017), third term, Treasurer,**
32 **Vice Chair**

33 **Dr. George Shepley, Region 05, (7/18/2016-11/5/2017), first term**

34 **Dr. Michael Lew, Region 13, (7/18/2016-11/5/2017), first term**

35 **Dr. Elizabeth Clemente, Region 04, (7/18/2016-11/5/2017), second term**

36 **AGD Executive Director, (7/18/2016-11/5/2017), Consultant**

37 **AGD Chief Finance Officer, (7/18/2016-11/5/2017), Consultant**

38
39 **“Resolved, that AIRBI2016#10 – Approve Committee Appointments be approved.”**

40
41 **“Resolved, that the appointments to the councils and committees be approved.”**

42
43 **Audit Committee**

44 **Dr. Carl B. Vorhies, Region 11, (7/18/2016-11/5/2017), Chair, 4th term**

45 **Dr. Fares M. Elias, Region 09, (7/18/2016-11/5/2017), 1st term**

1 **Dr. Louis C. Boryc, Region 01, (7/18/2016-11/5/2017), 3rd term**
2 **Dr. Mohamednazir F. Harunani, Treasurer, (7/18/2016-11/5/2017), Consultant, 2nd term**
3 **Dr. Ralph.A. Cooley, AGDF Treasurer, (7/18/2016-11/5/2017), Consultant, 1st term**
4 **Caroline Vullmahn, Interim AGD Chief Financial Officer, (7/18/2016-11/5/2017),**
5 **Consultant, 1st term**
6
7 **Building Committee**
8 **Dr. John W. Portwood, Region 12, (7/18/2016-11/TBD/2019), Chair, 1st term**
9 **Dr. Donald A. Worm, Region 17, (7/18/2016-11/TBD/2019), 1st term**
10 **Dr. Nicholas E. Panomitros, Region 08, (7/18/2016-11/TBD/2019), 1st term**
11 **Dr. Paula S. Jones, Region 19, (7/18/2016-11/TBD/2019), 1st term**
12 **Dr. Mohamednazir F. Harunani, Treasurer, (7/18/2016-11/TBD/2019), 1st term**
13 **Caroline Vullmahn, Interim AGD Chief Financial Officer, (7/18/2016-11/5/2017),**
14 **Consultant, 1st term**
15
16 **Compensation Committee**
17 **Dr. Robert D. Gehrig, Region 20, (7/18/2016-11/5/2017), 1st term, Chair**
18 **Dr. J.C. Cheney, Region 14, (7/18/2016-11/5/2017), 1st term**
19 **Dr. Donald A. Worm, Region 17, (7/18/2016-11/TBD/2019), 1st term**
20 **Dr. Guy M. Hanson, Region 11, (7/18/2016-11/5/2017), 1st term**
21 **Dr. Scott M. Dubowsky, Region 04, (7/18/2016-11/5/2017), 1st term**
22 **Dr. Mohamednazir F. Harunani, Treasurer, (7/18/2016-11/5/2017), Consultant, 2nd term**
23 **Dr. Connie L. White, Secretary, (7/18/2016-11/5/2017), Consultant, 1st term**
24 **Caroline Vullmahn, Interim AGD Chief Financial Officer, (7/18/2016-11/5/2017),**
25 **Consultant, 1st term**

26
27 The following AGD members have been appointed to the committees listed below for the 2016-
28 2017 governance year:
29

30 **Advocacy Fund Committee**

31 **Dr. Eric Shelly, Region 03, (7/18/2016-11/5/2017), first term, Chair**
32 **Dr. Mohamednazir F. Harunani, Region 08, (7/18/2016-11/5/2017), third term**
33 **Dr. Donald Worm, Region 17, (7/18/2016-11/5/2017), second term**
34

35 **Awards Committee**

36 **Dr. W. Carter Brown, Region 19, (7/18/2016-11/5/2017), first term, Chair**
37 **Dr. Thomas Howley, Region 03, (7/18/2016-11/5/2017), second term**
38 **Dr. Paula Jones, Region 19, (7/18/2016-11/5/2017), first term**
39 **Dr. John Olsen, Region 09, (7/18/2016-11/5/2017), first term**
40 **Dr. Scott Dubowsky, Region 04, (7/18/2016-11/5/2017), first term**
41

42 **International Membership Committee**

43 **Dr. Howard Glazer, Region 04, (7/18/2016-11/5/2017), third term, Chair**
44 **Dr. Bruce Cassis, Region 06, (7/18/2016-11/5/2017), first term**
45 **Dr. Dinu Gray, Region 13, (7/18/2016-11/5/2017), first term**
46 **Dr. Aldo Miranda-Collazo, Region 20, (7/18/2016-11/5/2017), second term**

1 Dr. Cheryl Mora, Region 08, (7/18/2016-11/5/2017), second term
2 Dr _____, Region _____, (7/18/2016-11/5/2017), first term

3

4 **New Dentist Committee**

5 Dr. Mai-Ly Duong, Region 14, (6/21/2015-11/5/2017), second term, Chair

6 Dr. Emily Hobart, Region 19, (7/18/2016-11/4/2018), second term

7 Dr. Jennifer Bell, Region 19, (6/21/2015-11/5/2017), second term

8 Dr. James Kolstad, Region 09, (6/21/2015-11/5/2017), second term

9 ASDA Representative, (7/18/2016-11/5/2017), first term

10

11 **Policy Review Committee**

12 Dr. Anita Rathee, Region 13, (7/18/2016-11/5/2017), third term, Chair

13 Dr. Jennifer Bone, Region 18, (7/18/2016-11/5/2017), first term

14 Dr. W. Mark Donald, Region 12, (1/19/2014-11/5/2017), first term

15

16 **Professional Relations Committee**

17 Dr. Vincent Mayher, Region 04, (7/18/2016-11/5/2017), first term, Chair

18 Dr _____, Region _____, (7/18/2016-11/5/2017), first term

19 Dr _____, Region _____, (7/18/2016-11/5/2017), first term

20 Dr _____, Region _____, (7/18/2016-11/5/2017), first term

21 Dr _____, Region _____, (7/18/2016-11/5/2017), first term

22 Dr _____, Region _____, (7/18/2016-11/5/2017), first term

23 Dr _____, Region _____, (7/18/2016-11/5/2017), first term

24 Dr _____, Region _____, (7/18/2016-11/5/2017), first term

25 Dr _____, Region _____, (7/18/2016-11/5/2017), first term

26 Dr. Maria Smith, Region 01, (7/18/2016-11/5/2017), third term, Consultant

27 Dr. Manuel Cordero, Region 04, (7/18/2016-11/5/2017), second term, Consultant

28 Dr. Neil Gajjar, Region 15/16, (7/18/2016-11/5/2017), first term, Consultant

29 Dr. W. Mark Donald, Region 12, (7/18/2016-11/5/2017), eighth term, Consultant

30

31 The following Board members have been appointed as liaisons to the councils listed below for
32 the 2016-2017 governance year:

33

34 **Board Liaisons**

35 Scientific Meeting Council	Dr. Guy Hanson George Shepley
36 Communications Council	Dr. George Shepley J.C. Cheney
37 Constitution, Bylaws & Judicial Affairs Council	Dr. Scott Dubowsky
38 Dental Education Council	Dr. Sanjay Uppal
39 Dental Practice Council	Dr. Robert Gehrig
40 Examinations Council	Dr. Carol Wooden
41 Group Benefits Council	Dr. Samer Shamoon
42 Legislative and Governmental Affairs Council	Dr. Eric Shelley
43 Membership Council	Dr. Michael Lew
44 PACE Council	Dr. Hans Guter
45 Regional Directors	Dr. Neil Gajjar

46

1 **IX. Executive Session**

2
3 **Dr. Lew moved, Dr. Hanson seconded:**

4 **“Resolved, that the Board go into executive session to discuss the executive director search**
5 **at 4:15 p.m. EDT.”**

6
7 **PASSED**

8
9 *Y – Bishop, Cheney, Cordero, Donald, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter,*
10 *Hanson, Harunani, Lew, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland,*
11 *Wooden, Worm*

12
13 *A – Dear, Dubowsky, Malterud*

14
15 *N/A – Smith*

16
17 **Dr. Lew moved, Dr. Bishop seconded:**

18 **“Resolved, that the Board come out of executive session at 4:40 p.m. EDT.”**

19
20 **PASSED**

21
22 *Y – Bishop, Cheney, Cordero, Donald, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter,*
23 *Hanson, Harunani, Lew, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland,*
24 *Wooden, Worm*

25
26 *A – Dear, Dubowsky, Malterud*

27
28 *N/A – Smith*

29
30 **X. Adjournment**

31
32 **Dr. Hanson moved, Dr. Wooden seconded:**

33 **“Resolved, that the meeting be adjourned at 4:45 p.m. PDT.”**

34
35 **PASSED**

36
37 *Y – Bishop, Cheney, Cordero, Donald, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter,*
38 *Hanson, Harunani, Lew, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland,*
39 *Wooden, Worm*

40
41 *A – Dear, Dubowsky, Malterud*

42
43 *N/A – Smith*

44
45 **August 16, 2016 Board Call**

1
2 **I. Agenda Approval**
3

4 **Dr. Guter moved, Dr. Shamoon seconded:**

5 **“Resolved, that the agenda be approved.”**
6

7 **PASSED**
8

9 *Y – Bishop, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gehrig, Gorman, Guter,*
10 *Hanson, Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman, White,*
11 *Winland, Wooden, Worm*
12

13 *A - Gajjar, Cheney, Uppal*
14

15 *N/A – Smith*
16

17 **II. AIR - Approve Hyatt Regency McCormick Place for the 2017 and 2018 Annual**
18 **Meetings**
19

20 **Dr. Shamoon moved, Dr. Dyzenhaus seconded:**

21 **“Resolved, that AIR - Approve Hyatt Regency McCormick Place for the 2017 and 2018**
22 **Annual Meetings be approved.”**
23

24 **PASSED**
25

26 *Y – Bishop, Cordero, Dear, Donald, Dyzenhaus, Edgar, Gehrig, Gorman, Guter, Hanson,*
27 *Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman, White, Winland,*
28 *Wooden, Worm*
29

30 *a – Dubowsky*
31

32 *A - Gajjar, Cheney, Uppal*
33

34 *N/A – Smith*
35

36 **III. Executive Session**
37

38 **Dr. Guter moved, Dr. Hanson seconded:**

39 **“Resolved, that the Board go into executive session to discuss the council and committee**
40 **appointments, and the AGDF Board of Directors at 7:42 p.m. CDT.”**
41

42 **PASSED**
43

1 *Y – Bishop, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gehrig, Gorman, Guter,*
2 *Hanson, Harunani, Lew, Malterud, Shamoan, Shelly, Shepley, Stillwell, Tillman, White,*
3 *Winland, Wooden, Worm*

4
5 *A - Gajjar, Cheney, Uppal*

6
7 *N/A – Smith*

8
9 **Dr. Guter moved, Dr. Dyzenhaus seconded:**

10 **“Resolved, that the Board come out of executive session at 4:11 p.m. EDT.”**

11
12 **PASSED**

13
14 *Y – Bishop, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gehrig, Gorman, Guter,*
15 *Hanson, Harunani, Lew, Malterud, Shamoan, Shelly, Shepley, Stillwell, Tillman, White,*
16 *Winland, Wooden, Worm*

17
18 *A - Gajjar, Cheney, Uppal*

19
20 *N/A – Smith*

21
22 **IV. Adjournment**

23
24 **Dr. Hanson moved, Dr. Wooden seconded:**

25 **“Resolved, that the meeting be adjourned at 4:20 p.m. PDT.”**

26
27 **PASSED**

28
29 *Y – Bishop, Cheney, Cordero, Donald, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter,*
30 *Hanson, Harunani, Lew, Shamoan, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland,*
31 *Wooden, Worm*

32
33 *A – Dear, Dubowsky, Malterud*

34
35 *N/A – Smith*

36
37 **September 14, 2016 Board Call**

38
39 **I. Agenda Approval**

40
41 **Dr. Guter moved, Dr. Shamoan seconded:**

42 **“Resolved, that the agenda be approved.”**

43
44 **PASSED**

1 *Y – Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gorman, Guter, Hanson,*
2 *Harunani, Lew, Shamoan, Shelly, Shepley, Stillwell, Uppal, White, Wooden, Worm*

3
4 *A - Bishop, Cheney, Gehrig, Malterud, Tillman, Winland*

5
6 *N/A – Smith*

7
8 **II. Executive Session**

9
10 **Dr. Guter moved, Dr. White seconded:**

11 **“Resolved, that the Board, along with the following staff and guests: Dan Buksa, Thomas**
12 **Killam, Jennifer Goler, George Boyle, and Dr. Joseph Picone, go into executive session to**
13 **discuss Meetings Services vendors, and the AGDF Board of Directors at 7:33 p.m. CDT.”**

14
15 **PASSED**

16
17 *Y – Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gorman, Guter, Hanson,*
18 *Harunani, Lew, Shamoan, Shelly, Shepley, Stillwell, Uppal, White, Wooden, Worm*

19
20 *A - Bishop, Cheney, Gehrig, Malterud, Tillman, Winland*

21
22 *N/A – Smith*

23
24 **Dr. Hanson moved, Dr. White seconded:**

25 **“Resolved, that the Board, along with the following staff and guests: Dan Buksa, Thomas**
26 **Killam, Jennifer Goler, George Boyle, and Dr. Joseph Picone, come out of executive session**
27 **at 7:44 p.m. CDT.”**

28
29 **PASSED**

30
31 *Y – Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gorman, Guter, Hanson,*
32 *Harunani, Lew, Shamoan, Shelly, Shepley, Stillwell, Uppal, White, Wooden, Worm*

33
34 *A - Bishop, Cheney, Gehrig, Malterud, Tillman, Winland*

35
36 *N/A – Smith*

37
38 **III. AIR – Approve Helms Briscoe as AGD’s Vendor for Meetings Services**

39
40 **Dr. Shamoan moved, Dr. White seconded:**

41 **“Resolved, that AIR – Approve Helms Briscoe as AGD’s Vendor for Meetings Services be**
42 **approved.”**

43
44 **“Resolved, that Helms Briscoe is approved as AGD’s vendor for meetings services.”**

1 **PASSED**

2
3 *Y – Bishop, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gorman, Guter,*
4 *Hanson, Harunani, Lew, Shamoon, Shelly, Shepley, Stillwell, Uppal, White, Wooden, Worm*

5
6 *A - Cheney, Gehrig, Malterud, Tillman, Winland*

7
8 *N/A – Smith*

9
10 **IV. AIR – Approval of Office Services Department Contract Extension with IST**

11
12 **Dr. Harunani moved, Dr. Hanson seconded:**

13 **“Resolved, that AIR – Approve of Office Services Department Contract Extension with**
14 **IST be postponed until the next Board call in order to receive information regarding the**
15 **RFP process.”**

16
17 **“Resolved, that the AGD extend the IST service contract for a period of three years.”**

18
19 **PASSED**

20
21 *Y – Bishop, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gorman, Guter,*
22 *Hanson, Harunani, Lew, Shamoon, Shelly, Shepley, Stillwell, Uppal, White, Wooden, Worm*

23
24 *A - Cheney, Gehrig, Malterud, Tillman, Winland*

25
26 *N/A – Smith*

27
28 **V. AIR – Approve Council Appointments**

29
30 **Dr. Worm moved, Dr. Hanson seconded:**

31 **“Resolved, that AIR – Approve Council Appointments be approved.”**

32
33 **“Resolved, that the appointments to the councils be approved.”**

34
35 **Dental Practice Council**

36 **Dr. Steven Ghareeb, Region 06, (6/21/2015-11/4/2018), 2nd term, Chair**

37 **Dr. Ralph Cooley, Region 18, (6/21/2015-11/4/2018), 1st term**

38 **Dr. Joseph Hagenbruch, Region 08, (6/21/2015-11/4/2018), 1st term**

39 **Dr. Daniel Hickey, Region 17, (6/30/2014-11/5/2017), 2nd term**

40 **Dr. Mark Jurkovich, Region 10, (6/30/2014-11/5/2017), 1st term**

41 **Dr. Rocky Napier, Region 19, (6/30/2014-11/5/2017), 2nd term**

42 **Dr. Janice Pliszcak, Region 02, (6/30/2014-11/5/2017), 2nd term**

43 **Dr. Tyler Scott, Region 07, (7/18/2016-11/3/2019), 1st term**

44 **Dr. David Williams, Region 05, (6/21/2015-11/4/2018), 2nd term**

45 **Dr. Joseph Battaglia, Region 04, (7/18/2016-11/5/2017), 3rd term, Consultant**

46 **Dr. Pedro Castro, Region 20, (9/14/16-11/4/2019), 1st term**

1
2 **Examinations Item Bank Committee (Team C)**
3 **Dr. Leslie Hayes, Region 11, (6/30/2014-11/5/2017), 1st term, Chair**
4 **Dr. Terry Box, Region 12, (6/30/2014-11/5/2017), 1st term**
5 **Dr. Ernest DeWald, Region 06, (6/30/2014-11/5/2017), 2nd term**
6 **Dr. Robert Manga, Region 17, (7/18/2016-11/5/2017), 1st term**
7 **Dr. James Phelan, Region 1, (9/14/2016-11/3/2019), 1st term**
8 **Dr. Susan O'Connor, Region 5, (9/14/2016-11/3/2019), 1st term**

9
10 **PASSED**

11
12 *Y – Bishop, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gorman, Guter,*
13 *Hanson, Harunani, Lew, Shamoon, Shelly, Shepley, Stillwell, Uppal, White, Wooden, Worm*

14
15 *A - Cheney, Gehrig, Malterud, Tillman, Winland*

16
17 *N/A – Smith*

18
19 **VI. AIR - Amend Board Policy Type II, K, Section 3.L., to Revise Policy Review**
20 **Committee Charge**

21
22 **Dr. Shepley moved, Dr. Wooden seconded:**

23 **“Resolved, that AIR - Amend Board Policy Type II, K, Section 3.L., to Revise Policy**
24 **Review Committee Charge be approved.”**

25
26 **“Resolved, that Board Policy Type II, K., Section 3.L., be revised as follows:**

27
28 **L. Policy Review Committee**

29
30 **1. The Policy Review Committee shall consist of three (3) persons, including the**
31 **chairperson.**

32
33 **2. It shall be the duty of the committee to continually review AGD House of Delegates**
34 **(HOD) policies, and develop recommendations on their maintenance, development, and**
35 **strategic implementation.**

36
37 **3. It shall be the duty of the committee to establish, maintain, and/or clarify policy lexicon**
38 **to ensure consistent use of terms in the HOD policy manual.**

39
40 **34. This committee shall be a committee of the Board and not merely a committee**
41 **contained within the Dental Practice Council or LGA Council.”**

42
43 **PASSED**

44
45 *Y – Bishop, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gorman, Guter,*
46 *Hanson, Harunani, Lew, Shamoon, Shelly, Shepley, Stillwell, Uppal, White, Wooden, Worm*

1
2 A - Cheney, Gehrig, Malterud, Tillman, Winland

3
4 N/A – Smith

5
6 **VII. Executive Session**

7
8 **Dr. White moved, Dr. Shepley seconded:**

9 **“Resolved, that the Board go into executive session in regard to the Executive Director**
10 **Search at 8:15 p.m. CDT.”**

11
12 **PASSED**

13
14 *Y – Bishop, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gorman, Guter,*
15 *Hanson, Harunani, Lew, Shamoon, Shelly, Shepley, Stillwell, Uppal, White, Wooden, Worm*

16
17 A - Cheney, Gehrig, Malterud, Tillman, Winland

18
19 N/A – Smith

20
21 **Dr. White moved, Dr. Bishop seconded:**

22 **“Resolved, that the Board come out of executive session at 8:27 p.m. CDT.”**

23
24 **PASSED**

25
26 *Y – Bishop, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gorman, Guter,*
27 *Hanson, Harunani, Lew, Shamoon, Shelly, Shepley, Stillwell, Uppal, White, Wooden, Worm*

28
29 A - Cheney, Gehrig, Malterud, Tillman, Winland

30
31 N/A – Smith

32
33 **VIII. Adjournment**

34
35 **Dr. White moved, Dr. Bishop seconded:**

36 **“Resolved, that the Board call be adjourned at 8:27 p.m. CDT.”**

37
38 **PASSED**

39
40 *Y – Bishop, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gorman, Guter,*
41 *Hanson, Harunani, Lew, Shamoon, Shelly, Shepley, Stillwell, Uppal, White, Wooden, Worm*

42
43 A - Cheney, Gehrig, Malterud, Tillman, Winland

44
45 N/A – Smith

1
2 **October 13, 2016 Board Call**

3
4 **I. Agenda Approval**

5
6 **Dr. Shamoan moved, Dr. Dyzenhaus seconded:**

7 **“Resolved, that the agenda be approved.”**

8
9 **PASSED**

10
11 *Y – Bishop, Cheney, Dear, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter,*
12 *Hanson, Lew, Malterud, Shamoan, Shelly, Shepley, Stillwell, Tillman, Uppal, Winland, Wooden,*
13 *Worm*

14
15 *A – Cordero, Donald, Harunani, White*

16
17 *N/A – Smith*

18
19 **II. Consent Agenda Approval**

20
21 **Dr. Guter moved, Dr. Bishop seconded:**

22 **“Resolved, that the Consent Agenda be approved.”**

23
24 **i. Board Call 8-16-16 Minutes**

25 **ii. Board Call 9-14-16 Minutes**

26
27 **PASSED**

28
29 *Y – Bishop, Cheney, Dear, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter,*
30 *Hanson, Lew, Malterud, Shamoan, Shelly, Shepley, Stillwell, Tillman, Uppal, Winland, Wooden,*
31 *Worm*

32
33 *A – Cordero, Donald, Harunani, White*

34
35 *N/A – Smith*

36
37 **Board Call 8-16-16 Minutes**

38 **“Resolved, that the Board Call 8-16-16 Minutes be approved.”**

39
40 **Board Call 9-14-16 Minutes**

41 **“Resolved, that the Board Call 9-14-16 Minutes be approved.”**

42
43 **III. 2016 ADA House of Delegates Resolutions**

44
45 **Dr. Hanson moved, Dr. Cheney seconded:**

1 “Resolved, that the AIR – Recommendations on 2016 ADA HOD Resolutions be
2 approved.”

3
4 “Resolved, that the recommended positions of the Professional Relations Committee (PRC)
5 to take on the ADA HOD resolutions as detailed in their report, *PRC Recommendations on*
6 *2016 ADA HOD Resolutions*, to the Board be approved, and be it further,

7
8 Resolved, that the PRC, in consultation with the AGD Presidents, be authorized to take
9 positions on amendments and new resolutions at the 2016 ADA HOD.”

10
11 **PASSED**

12
13 *Y – Bishop, Cheney, Dear, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter,*
14 *Hanson, Lew, Malterud, Shamoan, Shelly, Shepley, Stillwell, Tillman, Uppal, Winland, Wooden,*
15 *Worm*

16
17 *A – Cordero, Donald, Harunani, White*

18
19 *N/A – Smith*

20
21 **IV. AIR – Approval of Office Services Department Contract Extension with IST**

22
23 **Dr. Hanson moved, Dr. Lew seconded:**

24 “Resolved, that AIR – Approval of Office Services Department Contract Extension with
25 IST be approved.”

26
27 “Resolved, that the AGD extend the IST service contract for a period of two years.”

28
29 **PASSED**

30
31 *Y – Bishop, Cheney, Dear, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter,*
32 *Hanson, Lew, Malterud, Shamoan, Shelly, Shepley, Stillwell, Tillman, Uppal, Winland, Wooden,*
33 *Worm*

34
35 *A – Cordero, Donald, Harunani, White*

36
37 *N/A – Smith*

38
39 **V. AIR – Approve Association Management Center as AGD’s Vendor for Exhibit**
40 **Sales, Advertisement Sales, Corporate Sponsorship Sales and Development**

41
42 **Dr. Dubowsky moved, Dr. Shelly seconded:**

43 “Resolved, that AIR – Approve Association Management Center as AGD’s Vendor for
44 Exhibit Sales, Advertisement Sales, Corporate Sponsorship Sales and Development be
45 approved.”

1
2 **“Resolved, that Association Management Center (AMC) is approved as AGD’s vendor for**
3 **exhibit sales, advertisement sales, and corporate sponsorship sales and development.”**

4
5 **PASSED**

6
7 *Y – Bishop, Cheney, Dear, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter,*
8 *Hanson, Lew, Malterud, Shamoan, Shelly, Shepley, Stillwell, Tillman, Uppal, Winland, Wooden,*
9 *Worm*

10
11 *A – Cordero, Donald, Harunani, White*

12
13 *N/A – Smith*

14
15 **VI. Adjournment**

16
17 **Dr. Dyzenhaus moved, Dr. Bishop seconded:**

18 **“Resolved, that the Board call be adjourned at 8:07 p.m. CDT.”**

19
20 **PASSED**

21
22 *Y – Bishop, Cheney, Dear, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter,*
23 *Hanson, Lew, Malterud, Shamoan, Shelly, Shepley, Stillwell, Tillman, Uppal, Winland, Wooden,*
24 *Worm*

25
26 *A – Cordero, Donald, Harunani, White*

27
28 *N/A – Smith*

29
30 **2016-2017 Board Meeting II**

31
32 **I. Agenda Approval**

33
34 **Dr. Hanson moved, Dr. Lew seconded:**

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

36
37 **PASSED**

38
39 *Y – Bishop, Cheney, Cordero, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman,*
40 *Guter, Hanson, Lew, Shamoan, Shelly, Shepley, Stillwell, Tillman, White, Winland, Wooden,*
41 *Worm*

42
43 *A – Dear, Harunani, Malterud, Uppal*

44
45 *N/A – Smith*

1
2 **II. Consent Agenda Approval**
3

4 **Dr. Shamoan moved, Dr. Cheney seconded:**

5 **“Resolved, that the consent agenda be approved.”**
6

7 **PASSED**
8

9 *Y – Bishop, Cheney, Cordero, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman,*
10 *Guter, Hanson, Lew, Shamoan, Shelly, Shepley, Stillwell, Tillman, White, Winland, Wooden,*
11 *Worm*
12

13 *A – Dear, Harunani, Malterud, Uppal*
14

15 *N/A – Smith*
16

17 **“Resolved, that the consent agenda be approved.”**
18

- 19 **a. Board Call 10/13/16 Minutes**
20 **b. Constitution, Bylaws & Judicial Affairs Council Sunset Review**
21 **c. Professional Relations Committee Sunset Review**
22

23 **Board Call 10/13/16 Minutes**
24

25 **“Resolved, that Board Call 10/13/16 Minutes be approved.”**
26

27 **Constitution, Bylaws & Judicial Affairs Council Sunset Review**
28

29 **“Resolved, that the Constitution, Bylaws & Judicial Affairs Council Sunset Review be**
30 **approved.”**
31

32 **Professional Relations Committee Sunset Review**
33

34 **“Resolved, that the Professional Relations Committee Sunset Review be approved.”**
35

36 **III. Executive Session – Officer Reports**
37

38 **Dr. Gehrig moved, and Dr. Dyzenhaus seconded:**

39 **“Resolved, that the Board go into executive session at 8:12 a.m. CDT.”**
40

41 **PASSED**
42

43 *Y – Bishop, Cheney, Cordero, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman,*
44 *Guter, Hanson, Lew, Shamoan, Shelly, Shepley, Stillwell, Tillman, White, Winland, Wooden,*
45 *Worm*

1
2 A – Dear, Harunani, Malterud, Uppal

3
4 N/A – Smith

5
6 **Dr. Hanson moved, Dr. Shepley seconded:**

7 **“Resolved, that the Board come out of executive session at 8:45 a.m. CDT.”**

8
9 **PASSED**

10
11 Y – Bishop, Cheney, Cordero, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman,
12 Guter, Hanson, Lew, Shamoan, Shelly, Shepley, Stillwell, Tillman, White, Winland, Wooden,
13 Worm

14
15 A – Dear, Harunani, Malterud, Uppal

16
17 N/A – Smith

18
19 **IV. AIRBII16#01 – Amend Board Policy Manual Board Group Guidelines and**
20 **AIRBIII16#03 – Amend Board Policy Manual Executive Committee Guidelines**

21
22 **Dr. Wooden moved, Dr. Dubowsky seconded:**

23 **“Resolved, that AIRBII16#01 – Amend Board Policy Manual Board Group Guidelines and**
24 **AIRBIII16#03 – Amend Board Policy Manual Executive Committee Guidelines be**
25 **postponed until the 2016-2017 Board Meeting III.”**

26
27 **“Resolved, that the Board Policy Manual be amended at Policy Type: II. Governance**
28 **Process to read,**

29
30 **B. Board Guidelines and Operations**

31 **Board Group Guidelines**

32 The Board has developed the following set of group guidelines. As a group of individuals
33 committed to serving the AGD to the best of our ability, we each agree to implement the
34 following guidelines:

- 35
36 • Each ~~trustee~~ Board member will check electronic communications within 48 hours ~~the Board~~
37 ~~Web forum at least once a week.~~
- 38 • All information sent to a Board member is meant for his or her eyes only. The recipient
39 should not forward e-mail without the consent of the originator.
- 40 • If there is an issue with a fellow Board member or with staff, then the concern should be
41 voiced first to the president (if appropriate) and then the Executive Committee (EC) and/or
42 Executive Director (ED) directly. Such issues should not be initially raised before the entire
43 group.
- 44 • When the Board makes a decision, unity must be shown to all groups and individuals
45 regardless of personal opinion on the matter.
- 46 • Trustees should follow parliamentary procedure as accurately as possible during meetings.

- If a trustee is going to be unavailable for more than two (2) business days, he or she must contact the ED or the President to inform them of the absence.
- The Board members appreciate the need for electronic communication and as such, will make every effort to remain current with technology and training. The AGD will offer updates to the Board members through the Information Technology (IT) department to advise them of changes occurring in electronic communication and to assist where possible in the Board members ongoing training and with equipment and software upgrades.
- Any ~~Board trustee member~~ who has breached the confidentiality of the Board is subject to discipline, which may include censure and notification of that trustee's person's AGD region by letter of this action.

Board Operations

- At each Board meeting, at least one (1) evening will be dedicated to a social event.
- All materials must be made available two weeks (2) prior to a meeting.
- The subject line of an e-mail should begin with “AGD” in order to indicate the message references AGD business. The terms “NRN” (no response necessary), “Response Requested,” and “Information Only” also should be used to indicate the level of response that is expected. In order to reduce unnecessary e-mail to the entire Board, attention should be made to respond only to the sender and not “respond to all” when appropriate, as in instances when the sender is asking for direct feedback only.
- The Board minutes will be provided within three (3) weeks of the meeting and will be posted online for review. Staff should have the minutes ready for review by the Executive Director, President, Secretary and Speaker of the House two (2) weeks after the meeting. The Executive Director, President, Secretary and Speaker of the House should complete the review within four (4) days. In any event, staff will post the minutes no later than three (3) weeks after the meeting. There will be a one (1) week comment period and then a survey will be posted for a vote. Once approved, the minutes will be posted to the Board, Regional Directors, House of Delegates and Council Chairs LCCs.
- At the conclusion of the Board meeting the balance of the Board contingency fund will be reported in the minutes.
- The Board represents the AGD, ~~and each trustee in turn represents the AGD.~~
- Any information requested by a trustee from staff that will require more than two hours of staff time must be requested through the Executive Director or Associate Executive Director.
- New business will be addressed by the Board under a 2/3 majority vote of the Board.
- Travel dates ~~A travel notice with basic arrival and departure information will be sent~~ will be posted ~~6~~six months prior to the Board meetings. A more detailed notice will be sent 45 days prior to the meeting.

Monitoring: Board Assessment and Board Member Self-Assessment completed following Board Meeting IV

“Resolved, that the Board Policy Manual be amended at Policy Type: II. Governance Process to read,

E. Executive Committee Guidelines

- ~~Each EC member will check electronic communications within 48 hours the EC and the Board Web forums at least twice a week.~~
- If there is an issue with another Board member fellow EC member or with a staff member, then the concern should be voiced to the President ~~and~~ or ED, respectively. Such issues should not be raised before the entire group.
- The EC will establish and annually review a set of EC position skills in order to inform future leaders of the qualities necessary to excel in those positions.
- Each member of the EC will read and, if necessary, respond to the monthly reports in a timely fashion.
- The EC minutes will be provided within three (3) weeks of the meeting and will be posted online for review. Staff should have the minutes ready for review by the Executive Director, President, Secretary and Speaker of the House two weeks after the meeting. The Executive Director, President, Secretary and Speaker of the House should complete the review within four (4) days. In any event, staff will post the minutes no later than three (3) weeks after the meeting. There will be a one week comment period and then a survey will be posted for a vote. Once approved, the minutes will be posted to the Board LCC.
- When requested, a response will be provided to staff e-mails/phone calls within two (2) business days or the requested deadline.
- ~~Any information requested from staff that will require more than two (2) hours of staff time is to be requested through the ED or the associate Executive Directors directly responsible to the department from which the information is sought. Any questions or concerns directed to staff should be focused on an endpoint in order to narrow down the workload created by a request for information.~~
- Any EC member who has breached the confidentiality of the Board is subject to discipline.

PASSED

Y – Bishop, Cheney, Cordero, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Lew, Shamoon, Shelly, Shepley, Stillwell, Tillman, White, Winland, Wooden, Worm

A – Dear, Harunani, Malterud, Uppal

N/A – Smith

V. AIRBII16#02 – Amend Board Policy Manual General Executive Constraint

Dr. Gehrig moved, Dr. Hanson seconded:

“Resolved, that AIRBII16#02 – Amend Board Policy Manual General Executive Constraint be approved.”

“Resolved, that the Board Policy Manual, Policy Type IV. Executive Limitations be amended to read:

1
2 **A. General Executive Constraint**
3
4

5 *The Executive Director shall not cause or allow any practice, activity, decision, or organizational*
6 *circumstance that is either imprudent or in violation of commonly accepted business and*
7 *professional ethics.*
8

- 9 1. With respect to treatment of volunteers and staff, the Executive Director shall ensure that
10 conditions are humane, fair, or dignified. (See IV.B. Staff Treatment)
11
12 2. Budgeting any fiscal year or the remaining part of any fiscal year will conform to the *Guiding*
13 *Documents*, acceptable accounting procedures and showing a generally acceptable level of
14 foresight. (See IV.C. Budgeting)
15
16 3. Actual financial conditions will conform to the *Guiding Documents* and acceptable accounting
17 procedures.(See IV.D. Financial Condition)
18
19 4. Information and advice to the Board shall be timely, complete, and accurate.(See IV.H.
20 Communication and Counsel to the Board)
21
22 5. Assets shall be protected, adequately maintained and without unnecessary risk. (See IV.F.
23 Asset Protection)
24
25 6. With respect to employment, compensation, and benefits to employees, consultants, contract
26 workers, and volunteers, the Executive Director will ensure fiscal integrity and public image.
27 (See IV.G. Compensation and Benefits)
28
29 7. At least two (2) staff executives will be informed of Executive Director and Board issues and
30 processes. (See IV.E. Emergency Executive Succession)
31
32 8. The Executive Director shall follow designated internal purchasing policies
33
34 9. The Executive Director shall award purchases or other contracts without conflict of interest.
35
36 10. The AGD's Executive Director shall be tasked with ensuring that appropriate solicitation
37 language is present on the AGD dues statement; that the Advocacy Fund is appropriately
38 publicized to membership; that the fund complies with all legal requirements; and that there is
39 appropriate staffing for administration of the fund.
40
41 11. The Executive Director will seek approval from the Executive Committee of all outside entities
42 companies that who wish to participate in the AGD Corporate Sponsor Program.
43
44 12. The Executive Director will inform the EC to address any concerns prior to engaging in
45 discussion with all outside entities who wish to align with-AGD.
46

1 **PASSED**

2
3 *Y – Bishop, Cheney, Cordero, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman,*
4 *Guter, Hanson, Lew, Shamoon, Shelly, Shepley, Stillwell, Tillman, White, Wooden, Worm*

5
6 *a - Winland*

7
8 *A – Dear, Harunani, Malterud, Uppal*

9
10 *N/A – Smith*

11
12 **VI. AIRBII16#04 – Amend Board Policy Manual Duties of the Executive Committee**

13
14 **Dr. Wooden moved, Dr. Gehrig seconded:**

15 **“Resolved, that AIRBII16#04 – Amend Board Policy Manual Duties of the Executive**
16 **Committee be approved.”**

17
18 **“Resolved, that the Board Policy Manual, Policy Type II. Governance Process, C. be**
19 **amended to read:**

20
21 **C. Duties of the Executive Committee**

22
23 **1. The purpose of the Executive Committee (EC) of the Board is to act as the interim**
24 **agency of the Board in the control, management, and administration of the AGD.**

25
26 **2. The AGD EC shall consist of the elected officers of the AGD; president, president-**
27 **elect, vice president, secretary, treasurer, speaker of the house, editor, and immediate past**
28 **president. The executive director (ED) is a consultant to the executive committee without**
29 **the right to vote. The president shall serve as chair with the right to vote only to break a tie.**

30
31 **3. Meetings: The EC shall, in intervals between meetings of the Board, hold such**
32 **meetings as it may deem proper in order to carry out its functions. The EC may hold**
33 **meetings by teleconference call or by regularly scheduled meetings set by the president.**
34 **Emergency sessions may be called by a majority of the members of the committee.**

35
36 **4. Report to the Board: The EC shall submit to the Board, a written record of any**
37 **meeting or actions it shall take on behalf of the Board.**

38
39 **5. Powers: The EC shall promote and facilitate the attainment of the strategic plan of**
40 **the Board, prepare business for the Board, help the president to set the agenda for the**
41 **Board meetings, call special meetings, and shall transact the business of the AGD in the**
42 **intervals between meetings of the Board. It may spend association funds up to \$5,000 on**
43 **unbudgeted expenses that as set by the Board if it is determined the expenditure cannot**
44 **wait until the next Board meeting.**
45

1 **6. A quorum at any EC meeting shall be at least five (5) members. All determinations**
2 **of the committee shall be made by a majority of its members present at a meeting duly**
3 **called and held.**

4
5 **7. The chairperson of the committee (the AGD president) shall be responsible for**
6 **establishing the agendas for meetings of the committee. An agenda, together with materials**
7 **relating to the subject matter of each meeting, shall be sent to members of the committee at**
8 **least one (1) week prior to each meeting. The EC minutes will be provided within three (3)**
9 **weeks of the meeting and will be posted online for review. Staff should have the minutes**
10 **ready for review by the ED, Pres, Sec and Speaker two weeks after the meeting. The**
11 **Executive Director, President, Secretary and Speaker of the House should complete the**
12 **review within four (4) days. In any event, staff will post the minutes no later than three (3)**
13 **weeks after the meeting. There will be a one week comment period and then a survey will**
14 **be posted for a vote. Once approved, the minutes will be posted to the Board LCC.**

15
16 **8. The EC shall have the resources and authority appropriate to discharge its duties**
17 **and responsibilities and to retain special counsel or other experts or consultants, as it**
18 **deems appropriate, without seeking approval of the Board or management but within the**
19 **established funding limitations as set by the Board.**

20
21 **9. Members of the EC may be reimbursed for their actual travel expenses according to**
22 **the AGD travel policy while on official AGD business in accordance with methods for**
23 **reimbursement as established by the Board.**

24
25 **10. The EC shall approve all events associated with the scientific session~~annual meeting~~.**
26 **Requests will come to the Executive Committee from the appropriate AGD agency or**
27 **department, with input from the Executive Director and Scientific Meetings Council. This**
28 **process will pertain to all events, even those which may have been included in previous**
29 **annual meetings and scientific sessions, except for those prescribed for in AGD policy.**

30
31 **11. The speaker of the house, president, and president-elect will have the authority to**
32 **approve the schedule for the governance annual meeting.**

33
34 **12. Executive Committee shall be charged with reviewing AGD's corporate sponsorship**
35 **programs and policies every year with a comprehensive audit every three years, such that**
36 **the review is prior to the transmittal of any AGD solicitations to existing or potential**
37 **corporate sponsors for the coming year. The Executive Committee would bring any**
38 **proposed changes to the program to the Board for consideration.**

39
40 **13. The AGD Executive Committee shall have approval authority for all companies that**
41 **seek to participate as AGD Corporate Sponsors.**

42
43 **Monitoring: Annually during first EC meeting of the governance year.**

44
45 **PASSED**
46

1 Y – Bishop, Cheney, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson,
2 Lew, Shamoon, Shelly, Shepley, Stillwell, Tillman, White, Wooden, Worm

3
4 a – Cordero, Donald, Winland

5
6 A – Dear, Harunani, Malterud, Uppal

7
8 N/A – Smith

9
10 **VII. AIRBII16#05 – Amend Board Policy Manual to Include Criteria for Educational**
11 **Sponsorship**

12
13 **Dr. Wooden moved, Dr. Worm seconded:**

14 **“Resolved, that AIRBII16#05 – Amend Board Policy Manual to Include Criteria for**
15 **Educational Sponsorship be approved.”**

16
17 **“Resolved, that the Board Policy Manual be amended at Policy Type V. Board Policy**
18 **Statements to read,**

19
20 **X. Educational Sponsorship Guidelines**

21
22 **Educational Sponsorships**

23
24 **Guidelines for AGD Educational Sponsorships**

25
26 **Definitions**

27
28 **Educational Sponsorship:** A relationship between the AGD and another entity(ies) (the
29 “parties”) for the purpose of collaboration between the parties to provide educational
30 programming to members of the AGD and/or members of the other entity(ies)

31
32 **Guidelines**

33
34 **General considerations of entering an educational sponsorship**

- 35
36 • **All AGD costs associated with the potential contract should be considered in a business plan**
37 **or the equivalent – for example, a 2 or 5 year business plan - before moving forward.**
38 • **The business plan or its equivalent will be developed by staff and will include, but not be**
39 **limited to, staff and marketing costs, and will consider that the initial investment may be**
40 **higher than ongoing costs for both parties.**
41 • **The educational sponsorship must benefit the AGD and protect the AGD name and**
42 **reputation.**
43 • **The sponsorship should consider mutual benefits and mutual liabilities of the parties.**
44 • **The sponsorship should generate non-dues revenue, sponsorship dollars, or royalties for the**
45 **AGD. If the sponsorship is of a variety such that revenue may not be generated, such as a**
46 **strictly CE agreement, other benefits to the AGD or its constituents must be identified.**

- 1 • The sponsorship shall not be to the detriment of and should benefit current educational
2 offerings such as the Scientific Session, the Online Learning Center or other AGD
3 educational resources.

4
5 Characteristics of the other entity(ies)
6

7 The AGD shall enter into educational sponsorships only with entity(ies) that meet, or exceed if
8 applicable, the following criteria:
9

- 10 1. Each entity is a Program Approval for Continuing Education (PACE) provider that maintains
11 the standards of the PACE program and meets the standards of the AGD as determined by
12 the AGD Dental Education (DE) Council.
13 2. The entity(ies) have undergone evaluation by the AGD of the history and reputation of the
14 entity(ies) to assess any findings that might affect the sponsorship and/or AGD members’
15 perception of the sponsorship.
16 3. The entity(ies), collectively if more than one, must offer product(s) or program(s) that our
17 members want and would consider a benefit to them.
18 4. All educational entities will be considered, including, but not limited to: corporate, profit,
19 non-profit, individually owned, educational institutions.
20 5. Each entity must purchase, at no expense to the AGD, an exhibit booth at an AGD scientific
21 session.
22

23 Characteristics of the educational programming
24

- 25 1. The educational programming must be congruent with AGD’s overall comprehensive
26 educational strategic plan.
27 2. The educational programming will complement current AGD educational resources or extend
28 AGD’s reach to its members and/or potential members or enhance AGD’s overall standing in
29 the arena of Dental Education.
30 3. AGD members must benefit and find value from the relationship, as assessed by survey of
31 AGD members participating in the programming.
32 4. The educational programming must give a distinct benefit to AGD members that is beyond
33 merely benefit to members of the entity(ies).
34 5. The educational programming must not be solely limited to what is already offered to
35 members of the entity(ies) without further benefit to AGD members.
36

37 Binding terms
38

39 Educational sponsorships shall be implemented by agreement between the parties. Said
40 agreement shall be memorialized in the form of binding terms captured in writing as either
41 contract or memorandum of understanding whereby binding terms are expressly indicated as
42 binding. The following criteria shall apply to said binding terms (the “contract”):
43

- 44 1. The contract shall be for a term not to exceed two (2) years.
45 2. The contract shall not be evergreen, and shall not automatically renew upon expiration of the
46 initial or any subsequent term.

3. The contract shall allow for renewal with the same or different terms, only upon the mutual agreement of all parties (or their assignees or delegates, should the benefits and duties of said parties been legally assumed by said assignees or delegates), and only to the extent that the sum of the initial term and all renewal terms does not exceed five (5) years whereby each renewal period has a term of one year.
4. The contract shall allow for either or any of the parties to terminate the contract without cause, without any termination fee, liquidated damages, or penalty to be paid by the terminating party, upon 30-days written notice to the other part(ies).
5. The contract shall set forth promotional requirements to meet the requirements of each party, including the responsibility of each party, the allocation of costs, and the timing of promotions. Subsequent revisions to said marketing terms should be reported immediately to the AGD Communications and Marketing Departments. All promotions shall require the approval of the AGD prior to implementation.
6. The contract shall expressly require that the AGD logo be included in all external communications by any party, related to the sponsorship, including the educational programming.
7. The contract shall delineate ownership of intellectual property of each party, as well as of any other property, if applicable.
8. The contract shall not bind the AGD to sponsor exclusively with any entity(ies), and shall not limit the number of agreements, including sponsorships, into which the AGD may enter.

Process of review

Educational sponsorships will be developed by the AGD Dental Education Council as follows:

1. The DE Council should be the entry place or clearinghouse for any potential educational sponsor coming to the AGD or for any educational sponsor that the AGD would consider reaching out to for an educational sponsorship.
2. A subcommittee of the DE Council will be formed to look at each potential sponsor initially and assess its prospective value. The subcommittee will also look at the costs associated with that potential sponsorship.
3. Once the above initial deliberation has been accomplished, the subcommittee shall share the opportunity with any council or committee that might need to have input. This will always include the PACE Council but will also include any other council which may be affected or have input to the particular agreement. The opportunity shall be shared concurrently with the Executive Committee (EC) for its input.
4. Because time is of the essence in the consideration of these opportunities, the DE subcommittee, through the DE Council Chair, will contact any and all other chairs of any council or committee that should have input and the EC.
5. One week (7 calendar days) will be given for each such chairperson and the EC (by the president, for the body) to respond. In the event that any such chairperson is unavailable or fails to respond within one week (7 calendar days), the AGD President or council/committee chairperson shall assign another council/committee member to respond on behalf of that council/committee, and that other council/committee member shall have three (3) calendar days from the date she/he receives the request or the remainder of said week (7 calendar days), whichever is greater, to respond to the request of the DE Council Chair.

- 1 6. Negotiations for the prospective sponsorship will proceed (with any additional information
2 provided by those chairs or the EC) unless there is reason found through this process to
3 terminate or alter them.
4 7. If the DE Council decides, through its due diligence, that an opportunity does not meet the
5 criteria to be considered for an AGD educational sponsorship and should not move forward,
6 there will be no further negotiations and the sponsorship will not be accepted.
7 8. Any and all final agreements will be routed through traditional contract review protocols
8 following negotiations.
9 9. The AGD Board is the final deciding body for each such agreement.

10
11 If an educational sponsorship opportunity fails to meet these guidelines, as determined by the DE
12 Council after its exercise of due diligence, the sponsorship will not be considered. No
13 educational sponsorship shall be considered unless it meets the approval of the DE Council and
14 its subcommittee and of the AGD Executive Committee.

15
16 **PASSED**

17
18 *Y – Bishop, Cheney, Cordero, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman,*
19 *Guter, Hanson, Lew, Shamoan, Shelly, Shepley, Stillwell, Tillman, White, Wooden, Worm*

20
21 *a - Winland*

22
23 *A – Dear, Harunani, Malterud, Uppal*

24
25 *N/A – Smith*

26
27 **VIII. AIRBII16#06 – Amendment of Code of Conduct**

28
29 **Dr. Worm moved, Dr. Dyzenhaus seconded:**

30 **“Resolved, that AIRBii16#06 – Amendment of Code of Conduct be approved as amended.”**

31
32 **“That the AGD Code of Conduct be amended by the insertion of a new paragraph three,**
33 **on page 3 of the Code of Conduct Form, with all subsequent paragraphs moved down, so**
34 **that the Code of Conduct reads:**

35
36 ...

37
38 No AGD officer, Board member, Regional Director, Council or Committee member or any other
39 leader may refer to his or her AGD title or leadership status in conjunction with any
40 ~~advertisement~~ advertising, promotion, solicitation or marketing for any other for-profit
41 or non-profit entity(s) or its product or services unless specifically authorized to do so
42 in writing by the Board ~~or Executive Committee~~. Affected leaders may refer to their
43 AGD leadership position in the context of a resume or biographical statement without
44 violation of this policy.

45
46 **PASSED**

1
2 *Y – Bishop, Cheney, Cordero, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman,*
3 *Guter, Hanson, Lew, Shamoon, Shelly, Shepley, Stillwell, Tillman, White, Winland, Wooden,*
4 *Worm*

5
6 *A – Dear, Harunani, Malterud, Uppal*

7
8 *N/A – Smith*

9
10 **IX. AIRBII16#07 – Contribution to National Children’s Oral Health Foundation**

11
12 **Dr. Donald moved, Dr. Shepley seconded:**

13 **“Resolved, that AIRBII16#07 – Contribution to National Children’s Oral Health**
14 **Foundation be referred to the Academy of General Dentistry Foundation.”**

15
16 **“Resolved, that \$2,500 from FY2016 AGD operating account be contributed to the National**
17 **Children’s Oral Health Foundation.”**

18
19 **PASSED**

20
21 *Y –Cheney, Cordero, Donald, Dubowsky, Dyzenhaus, Gehrig, Gorman, Guter, Hanson, Lew,*
22 *Shamoon, Shelly, Shepley, Stillwell, Tillman, White, Winland, Wooden, Worm*

23
24 *a – Bishop, Edgar*

25
26 *A – Dear, Gajjar, Harunani, Malterud, Uppal*

27
28 *N/A – Smith*

29
30 **X. AIRBII16#08 – Amend the Membership Council Charge to Incorporate the**
31 **AGD/ASDA and Dental School Program Charges**

32
33 **Dr. Donald moved, Dr. White seconded:**

34 **“Resolved, that AIRBII16#08 – Amend the Membership Council Charge to Incorporate the**
35 **AGD/ASDA and Dental School Program Charges be approved as amended.”**

36
37 **“Resolved, that the Board Policy Manual be amended at Policy Type II, K (H) 2 so that it**
38 **reads:**

39
40 **e. To plan, develop, and coordinate student membership recruitment and retention**
41 **programs and assist in implementing them on a national, constituent, and component level;**

42
43 **ef. To study and make recommendations upon all matters pertaining to international**
44 **activities, with the exception of those delegated to the Scientific Meeting Council in these**
45 **Bylaws;**

- 1 **fg.** To act upon an application for associate membership from those areas where there
2 is no constituent AGD;
3
4 **gh.** To determine the form to be used for membership applications.
5
6 **i. To help develop and administer, in conjunction with the International Membership**
7 **Committee and New Dentist Committee, any other programs, initiatives, and services when**
8 **so directed by the HOD, or Board;”**
9

10 **PASSED**

11
12 *Y – Bishop, Cheney, Cordero, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman,*
13 *Guter, Hanson, Lew, Shamoan, Shelly, Shepley, Stillwell, Tillman, White, Winland, Wooden,*
14 *Worm*

15
16 *A – Dear, Harunani, Malterud, Uppal*

17
18 *N/A – Smith*
19

20 **XI. AIRBII2016#08 – Creation of Howard R. Gamble Mentoring Award**

21
22 **Dr. Gehrig moved, Dr. Bishop seconded:**

23 **“Resolved, that AIRBII2016#08 – Creation of Howard R. Gamble Mentoring Award be**
24 **approved.”**

25
26 **“Resolved, that the Board Policy Manual, Policy Type V: Board Policy Statements, D.**
27 **Awards be amended to institute the AGD Howard R. Gamble Mentoring Award. And be it**
28 **further,**

29
30 **Resolved, that the Howard R. Gamble Mentoring Award be presented annually at the**
31 **House of Delegates. The AGD Mentoring Award would be chosen by the AGD Awards**
32 **Committee utilizing the following criteria:**

- 33
34 **1) Award recipient should be an AGD member in good standing for at least ten years**
35 **2) Recipient should exemplify a Servant Leader**
36 **3) Recipient be nominated by a mentee who describes the mentoring process of the mentor**
37 **award recipient**
38 **4) Recipient should exemplify character of Advisor, Counselor, Guide and Friend.**

39
40 **And be it further,**

41
42 **Resolved, that \$1,025 be allocated from the 2017 Contingency Fund, to pay for the**
43 **honoree’s airfare, one night’s hotel, ground, parking, per diem, and award costs.**

44
45 **And be further,**
46

1 **“Resolved, that the finances for the Howard R. Gamble Mentoring award be included in**
2 **the budget going forward.”**

3
4 **DEFEATED**

5
6 *Y - Dyzenhaus*

7
8 *N – Bishop, Cheney, Dubowsky, Gehrig, Gorman, Guter, Hanson, Lew, Shamoan, Shelly,*
9 *Shepley, Stillwell, Tillman, White, Worm*

10
11 *a – Cordero, Donald, Edgar, Gajjar, Winland, Wooden*

12
13 *A – Dear, Harunani, Malterud, Uppal*

14
15 *N/A – Smith*

16
17 **XII. AIRBII16#10 – Request to Approve 2016-17 Rebrand Implementation Costs**

18
19 **Dr. Winland moved, Dr. Donald seconded:**

20 **“Resolved, that AIRBII16#10 – Request to Approve 2016-17 Rebrand Implementation Cost**
21 **be approved as amended.”**

22
23 **“Resolved, that AGD approve funding request for \$487,944 from operational funds for the**
24 **implementation of a new AGD logo and complete rebrand of all the organization’s digital**
25 **and print assets.”**

26
27 **PASSED**

28
29 *Y – Bishop, Cheney, Cordero, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman,*
30 *Guter, Hanson, Lew, Shamoan, Shelly, Shepley, Tillman, White, Winland, Wooden, Worm*

31
32 *a - Stillwell*

33
34 *A – Dear, Harunani, Malterud, Uppal*

35
36 *N/A – Smith*

37
38 **Saturday November 5, 2016**

39
40 **I. Call to Order**

41 Dr. Smith called the meeting to order November 5, 2016 at 8:04 a.m. CDT.

42
43 **II. Executive Session – Update on Personnel**

44
45 **Dr. Wooden moved, Dr. Hanson seconded:**

1 **“Resolved, that the Board, along with the following staff: Daniel Buksa and Thomas**
2 **Killam, go into executive session at 11:10 a.m. CDT.”**

3
4 **PASSED**

5
6 *Y – Bishop, Cheney, Cordero, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman,*
7 *Guter, Hanson, Lew, Shamoan, Shelly, Shepley, Stillwell, Tillman, White, Winland, Wooden,*
8 *Worm*

9
10 *A – Dear, Harunani, Malterud, Uppal*

11
12 *N/A – Smith*

13
14 **Dr. Hanson moved, Dr. Shamoan seconded:**

15 **“Resolved, that the Board, along with the following staff: Daniel Buksa and Thomas**
16 **Killam, come out of executive session at 11:27 a.m. CDT.”**

17
18 **PASSED**

19
20 *Y – Bishop, Cheney, Cordero, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman,*
21 *Guter, Hanson, Lew, Shamoan, Shelly, Shepley, Stillwell, Tillman, White, Winland, Wooden,*
22 *Worm*

23
24 *A – Dear, Harunani, Malterud, Uppal*

25
26 *N/A – Smith*

27
28 **III. AIR – Moderate Sedation Task Force**

29
30 **Dr. Worm moved, Dr. Donald seconded:**

31 **“Resolved, that AIR – Moderate Sedation Task Force be approved.”**

32
33 **“Resolved, that the President appoint a task force to address the new Guidelines for the**
34 **Use of Sedation and General Anesthesia by Dentists and the Guidelines for Teaching and**
35 **Pain Control and Sedation to Dentists and Dental Students consisting of three AGD**
36 **members with the following charge:**

37
38 **Title: Moderate Sedation Task Force**

- 39
40 **1.) Study the ADA 2016 HOD Resolution 37 educational standards and capnography**
41 **mandate;**
42 **2.) Study the AAPD policy on anesthesia;**
43 **3.) Make a recommendation/tool kit that our membership will utilize in the areas of**
44 **increased educational requirements, capnography mandate, and others in**
45 **advocating to state/regulatory boards;**

- 1 4.) **Make a recommendation on the AGD devising an AGD white paper on moderate**
2 **sedation;**
3 5.) **Submit an article for publication to AGD Communication Department.**
4

5 **Timeline: 2016-2017 Board Meeting III”**
6

7 **PASSED**
8

9 *Y – Bishop, Cheney, Cordero, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman,*
10 *Guter, Hanson, Lew, Shamoan, Shelly, Shepley, Stillwell, Tillman, White, Winland, Wooden,*
11 *Worm*
12

13 *A – Dear, Harunani, Malterud, Uppal*
14

15 *N/A – Smith*
16

17 **IV. AIR – Future of Dentistry Task Force**
18

19 **Dr. Hanson moved, Dr. Bishop seconded:**

20 **“Resolved, that AIR – Future of Dentistry Task Force be approved as amended.”**
21

22 **“Resolved, that the President appoint a task force to study the changes in Section 5.H. of**
23 **the ADA Principles of Ethics and Code of Professional Conduct 5.H. ANNOUNCEMENT**
24 **OF SPECIALIZATION AND LIMITATION OF PRACTICE that was amended by the**
25 **ADA 2016 HOD. The task force will consist of three AGD members with the following**
26 **charge:**
27

28 **Title: Future of General Dentistry Task Force**
29

- 30 1.) **Study and predict how the implementation of this change will impact general**
31 **dentistry;**
32 2.) **Provide a recommendation to the AGD Board to develop proactive programs and**
33 **responses that will impact general dentistry.**
34 3.) **Make a recommendation to determine which allied groups to collaborate with in**
35 **this initiative.**
36 4.) **Investigate an interest area in general dentistry ~~as an interest area~~.**
37 5.) **Submit an article for publication to AGD Communication Department.**
38

39 **Timeline: 2016-2017 Board Meeting IV”**
40

41 **PASSED**
42

43 *Y – Bishop, Cheney, Cordero, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman,*
44 *Guter, Hanson, Lew, Shamoan, Shelly, Shepley, Stillwell, White, Winland, Wooden, Worm*
45

46 *a - Tillman*

1
2 A – Dear, Harunani, Malterud, Uppal

3
4 N/A – Smith

5
6 **V. Executive Session – Executive Director Search Committee and Staffing Concerns**

7
8 **Dr. Worm moved, Dr. Hanson seconded:**

9 **“Resolved, that the Board go into executive session at 2:05 p.m. CDT.”**

10
11 **PASSED**

12
13 Y – Bishop, Cheney, Cordero, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman,
14 Guter, Hanson, Lew, Shamoan, Shelly, Shepley, Stillwell, Tillman, White, Winland, Wooden,
15 Worm

16
17 A – Dear, Harunani, Malterud, Uppal

18
19 N/A – Smith

20
21 **Dr. Dyzenhaus moved, Dr. Bishop seconded:**

22 **“Resolved, that the Board come out of executive session at 3:57 p.m. CDT.”**

23
24 **PASSED**

25
26 Y – Bishop, Cheney, Cordero, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman,
27 Guter, Hanson, Lew, Shamoan, Shelly, Shepley, Stillwell, Tillman, White, Winland, Wooden,
28 Worm

29
30 A – Dear, Harunani, Malterud, Uppal

31
32 N/A – Smith

33
34 **VI. Adjournment**

35
36 **Dr. Bishop moved, and Dr. Tillman seconded:**

37 **“Resolved, that the Board meeting be adjourned at 3:59 p.m. CDT.”**

38
39 **PASSED**

40
41 Y – Bishop, Cheney, Cordero, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman,
42 Guter, Hanson, Lew, Shamoan, Shelly, Shepley, Stillwell, Tillman, White, Winland, Wooden,
43 Worm

44
45 A – Dear, Harunani, Malterud, Uppal

1
2 N/A – Smith

3
4 **December 21, 2016 Board Call**

5
6 **I. Agenda Approval**

7
8 **Dr. Dyzenhaus moved, Dr. Wooden seconded:**

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

10
11 **PASSED**

12
13 *Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gorman,*
14 *Hanson, Lew, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Wooden*

15
16 *A – Gehrig, Guter, Harunani, Malterud, Shamoan, Winland, Worm*

17
18 N/A – Smith

19
20 **II. Approve 2016-2017 Board Meeting II Minutes**

21
22 **Dr. Gorman moved, Dr. Dyzenhaus seconded:**

23 **“Resolved, that the 2016-2017 Board Meeting II Minutes be approved.”**

24
25 **PASSED**

26
27 *Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gorman,*
28 *Hanson, Lew, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Wooden*

29
30 *A – Gehrig, Guter, Harunani, Malterud, Shamoan, Winland, Worm*

31
32 N/A – Smith

33
34 **III. AIR – Fellowship Exam Committee Appointments**

35
36 **Dr. Shepley moved, Dr. Bishop seconded:**

37 **“Resolved, that AIR – Fellowship Exam Committee Appointments be approved.”**

38
39 **“Resolved, that the appointments to the Fellowship Examination Committee (Team A) be**
40 **approved.”**

41
42 **Fellowship Examination Committee (Team A)**

43 **Dr. Jeffery Casey, Region 17, (7/18/2016-11/TBD/2019), 2nd term, Chair**

44 **Dr. David Dickerhoff, Region 19, (6/30/2014-11/5/2017), 1st term**

45 **Dr. Daniel Boston, Region 14, (6/30/2014-11/5/2017), 1st term**

1 **Dr. Robert Mayhew, Region 18, (6/30/2014-11/5/2017), 1st term**
2 **Dr. Merlin Ohmer, Region 20, (7/18/2016-11/TBD/2019), 1st term**
3 **Dr. Benjamin Dyer, Jr., Region 19, (12/21/0016-11/TBD/2019), 1st term**
4 **Dr. Ralph Glenn Willis, Region 19, (7/18/2016-11/TBD/2019), 1st term**

5
6 **PASSED**

7
8 *Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gorman,*
9 *Hanson, Lew, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Wooden*

10
11 *A – Gehrig, Guter, Harunani, Malterud, Shamoan, Winland, Worm*

12
13 *N/A – Smith*

14
15 **IV. AIR – Approve ‘HotelStorm’ as an AGD Member Savings & Offers Provider**

16
17 **Dr. Dyzenhaus moved, Dr. Lew seconded:**

18 **“Resolved, that AIR – Approve ‘HotelStorm’ as an AGD Member Savings & Offers**
19 **Provider be postponed until the January 18, 2017 Board Conference Call be approved.”**

20
21 **“Resolved, that HotelStorm be approved as an AGD Member Savings & Offer provider.”**

22
23 **PASSED**

24
25 *Y – Bishop, Cheney, Cordero, Dear, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gorman, Hanson,*
26 *Lew, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Wooden*

27
28 *a - Donald*

29
30 *A – Gehrig, Guter, Harunani, Malterud, Shamoan, Winland, Worm*

31
32 *N/A – Smith*

33
34 **V. AIR – Enhancement to the AGD Refer a Colleague Program**

35
36 **Dr. Donald moved, Dr. Shepley seconded:**

37 **“Resolved, that AIR – Enhancement to the AGD Refer a Colleague Program be approved**
38 **as amended.”**

39
40 **“Resolved, that up to \$60,000 be allocated from the ~~2017 Contingency Fund~~ Membership**
41 **Council Budget to fund potential losses due to the Enhancement to the AGD Refer a**
42 **Colleague Program.**

1 **Resolved, that each time a new member joins the AGD as the result of recruiting by an**
2 **active member, the recruiter and new member shall each receive a \$50 credit upon**
3 **payment of the new membership.**

4
5 - **The \$50 dollars is held “on account” and can be used after joining toward any AGD**
6 **program including education (Online Learning Center, etc.), scientific session, and AGD**
7 **membership renewal for the following year – but excluding constituent programs and dues.**

8 - **This program enhancement applies to active general dentist, international, associate, and**
9 **affiliate memberships only (all categories but student membership (ST)).**

10 - **These credits apply only upon payment of full-year memberships (i.e. if a new member**
11 **joins during the half-year dues promotion (July-September), the credit will only apply if**
12 **the new member opts to pay for a full-year membership).**

13 - **Credits must be used in the membership year in which credits were earned. Any unused**
14 **balance will be applied toward the following year’s membership renewal. This potential**
15 **expiration of unused credits will incentivize members to explore the range of offerings that**
16 **AGD makes available to them.**

17 - **If using credits toward membership dues payment, the credits apply toward AGD**
18 **membership only. They do not apply to constituent or component dues, or toward**
19 **donations to the AGD Foundation or Advocacy Fund.**

20 - **Beginning October 1 of each year, referral credits earned will be honored until December**
21 **31 of the following year.**

22 - **Credits cannot be transferred to another individual.**

23 - **Referee credits for new members can only be earned once in a lifetime. (i.e., if a member**
24 **leaves the AGD then rejoins, the new member cannot receive a joiner’s credit a second**
25 **time.)**

26 - **Grand prize contest (one recruiter and that recruiter’s new recruit each receive an all-**
27 **expenses-paid trip the AGD Scientific Session, including airfare, hotel, meeting**
28 **registration, and \$200 in CE courses) will continue.**

29 - **There shall be no limit on how much credit can be earned by a recruiting member.**

30 - **AGD Board members are excluded from receiving the referral credit.**

31 - **The program enhancement shall begin on January 1, 2017 and will be reviewed at each**
32 **Membership Council meeting going forward.”**

33
34 **PASSED**

35
36 *Y – Bishop, Cheney, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gorman, Hanson,*
37 *Lew, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Wooden*

38
39 *a – Cordero*

40
41 *A – Gehrig, Guter, Harunani, Malterud, Shamoon, Winland, Worm*

42
43 *N/A – Smith*

44
45 **VI. Approve May 10, 2017 Executive Committee Call**

1 **Dr. Donald moved, Dr. White seconded:**

2 **“Resolved, that the May 10, 2017 Executive Committee Call be approved.”**

3
4 **PASSED**

5
6 *Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gorman,*
7 *Hanson, Lew, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Wooden*

8
9 *A – Gehrig, Guter, Harunani, Malterud, Shamoan, Winland, Worm*

10
11 *N/A – Smith*

12
13 **VII. Executive Session – Executive Director Search Update**

14
15 **Dr. Hanson moved, Dr. Dubowsky seconded:**

16 **“Resolved, that the Board go into executive session at 8:02 p.m. CST.”**

17
18 **PASSED**

19
20 *Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gorman,*
21 *Hanson, Lew, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Wooden*

22
23 *A – Gehrig, Guter, Harunani, Malterud, Shamoan, Winland, Worm*

24
25 *N/A – Smith*

26
27 **Dr. Hanson moved, Dr. Wooden seconded:**

28 **“Resolved, that the Board come out of executive session at 8:11 p.m. CST.”**

29
30 **PASSED**

31
32 *Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gorman,*
33 *Hanson, Lew, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Wooden*

34
35 *A – Gehrig, Guter, Harunani, Malterud, Shamoan, Winland, Worm*

36
37 *N/A – Smith*

38
39 **During executive session the following action was taken:**

40
41 **“Resolved, that the Executive Director Search Criteria be approved as amended.**

42
43 **ED/CEO Search Criteria**

- 44
 - ~~Dental professional ED/CEO~~

- 1 • **Reports to AGD Board. Responsible for all external relations and activities including**
- 2 **but not limited to:**
- 3 • **Socioeconomic matters**
- 4 • **Constituent relations**
- 5 • **External relations with the dental community**
- 6 • **External relations with other related organizations**
- 7 • **Responsible for all internal activities**
- 8 • **Individual with executive experience ~~within dentistry~~**
- 9 • **Understands AGD culture**
- 10 • **~~CEO that is a dental professional but that is not an absolute~~ ED with dental experience**
- 11 **preferred but not required**
- 12 • **No AGD past president or past/current AGD Executive Committee member**
- 13 • **Visionary individual**
- 14 • **~~CEO~~ ED reports to the Board**
- 15 • **Day-to-day activities are reported to the Executive Committee.**

16
17 **And be it further,**

18
19 **“Resolved, that Leonard Pfeiffer & Company produce additional candidates to the**

20 **Executive Director Search Committee by January 31, 2017.”**

21
22 **VIII. Adjournment**

23
24 **Dr. Donald moved, Dr. Hanson seconded:**

25 **“Resolved, that the Board call be adjourned at 8:13 p.m. CST.”**

26
27 **PASSED**

28
29 *Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gorman,*

30 *Hanson, Lew, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Wooden*

31
32 *A – Gehrig, Guter, Harunani, Malterud, Shamoan, Winland, Worm*

33
34 *N/A – Smith*

35
36 **January 18, 2017 Board Call**

37
38 **I. Agenda Approval**

39
40 **Dr. Shamoan moved, Dr. Lew seconded:**

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

42
43 **PASSED**

44

1 *Y – Bishop, Cheney, Cordero, Donald, Dubowsky, Edgar, Gajjar, Gehrig, Gorman, Guter,*
2 *Hanson, Harunani, Lew, Malterud, Shamoan, Shelly, Shepley, Stillwell, Tillman, Uppal, White,*
3 *Wooden*

4
5 *A – Dear, Dyzenhaus, Winland, Worm*

6
7 *N/A – Smith*

8
9 **II. Approve Board Call 12-21-16 Minutes**

10
11 **Dr. Shelly moved, Dr. Hanson seconded:**

12 **“Resolved, Board Call 12-21-16 Minutes be approved as amended.”**

13
14 **PASSED**

15
16 *Y – Bishop, Cheney, Cordero, Dubowsky, Edgar, Gajjar, Gehrig, Gorman, Hanson, Lew, Shelly,*
17 *Shepley, Stillwell, Tillman, Uppal, White*

18
19 *N – Donald, Wooden*

20
21 *a – Guter, Harunani, Malterud, Shamoan*

22
23 *A – Dear, Dyzenhaus, Winland, Worm*

24
25 *N/A – Smith*

26
27 **III. AIR – Change to Annual Scientific Meeting Registration Fees for AGD2016**

28
29 **Dr. Gorman moved, Dr. White seconded:**

30 **“Resolved, that AIR – Change to Annual Scientific Meeting Registration Fees for**
31 **AGD2016 be approved as amended.”**

32
33 **“Resolved, that the 2017 Scientific Meeting’s member dentist registration remain as**
34 **budgeted for Fiscal Year 2016 at \$199/\$279/\$450 (advance/regular/on-site).**

35
36 **And be it further,**

37
38 **Resolved, that the 2017 Scientific Meeting’s dental team registration rates remain as**
39 **budgeted at \$45/\$75/\$100 and that the 2017 Scientific Meeting’s lecture course registration**
40 **fee remain at \$60/\$120 (half day/full day session).**

41
42 **And be it further,**

43
44 **Resolved, that changes be made to the registration categories to better reflect the change in**
45 **the meeting brought about by the removal of the House of Delegates.”**

Changes:	Rate	Attendees	Total \$
Estimated reduction in revenue due to change in New Dentist from 1 year out to 1-5 years out from the meeting date	-\$199	100	(\$19,900)
Estimated increase in course revenue due to new dentists	\$120	84	\$10,080
Estimated reduction in revenue due to bundling Fellowship Review course and Exam	-\$100	80	(\$8,000)
Projected revenue from AGD members who are scouting	\$199	5	\$995
Projected Changes Subtotal			(\$16,825)
Subtotal Budgeted Registration			\$240,385
Total Budget			\$224,380 \$251,460

And be it further,

~~Resolved, that AGD offer a Fellowship Review Course and Exam bundled rate of \$1,299 for those registering for the Fellowship Review Course and Exam during the scientific meeting.~~

And be it further,

Resolved, that registration category 'Exhibit Hall Only FREE (Saturday Only),' be eliminated as a registration category for AGD2017."

PASSED

Y – Bishop, Cheney, Cordero, Donald, Dubowsky, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoan, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Wooden

A – Dear, Dyzenhaus, Winland, Worm

N/A – Smith

IV. AIR – Recommended Change to AGD PACE Standards

1
2 **Dr. Hanson moved, Dr. Shamoan seconded:**

3 **“Resolved, that AIR – Recommended Change to AGD PACE Standards be approved.”**

4
5 **“Resolved, that PACE Standard I Administration, be modified as follows:**

6
7 **Standard I Administration**

8 **1. Administration of the program must be consistent with: the goals of the program and**
9 **scope of activities.**

- 10 **a. ~~The goals of the program;~~**
11 **b. ~~The objectives of the planned activities.~~**

12
13 **2. The program must be under the continuous guidance of an administrative authority**
14 **and/or individual responsible for its quality, ~~content,~~ and ~~ongoing~~ content.**

15
16 **Criteria**

17 **~~A. The continuing education program must be under the ongoing supervision of an~~**
18 **~~individual or an administrative authority so that there is continuity in the program~~**
19 **~~provider’s continuing education efforts.~~**

20
21 **BA. The responsibilities and scope of authority of the individual or administrative**
22 **authority *must* be clearly defined.**

23
24 **CB. ~~The administrative authority/administrator will have the responsibility for assuring~~**
25 **~~compliance with the quality contained in these standards and guidelines. Responsibility~~**
26 **~~for compliance with PACE Standards will be assigned to an individual administrator.~~**

27
28 **DC. The CDE provider must be responsible for:**
29 **a. Establishing clear lines of authority and responsibility**
30 **b. Conducting a planning process**
31 **c. Ensuring that ~~an adequate number of~~ qualified personnel are assigned available to**
32 **manage the program**
33 **d. Ensuring continuity of administration**

34
35 **ED. ~~To maintain continuity, the program provider must develop specific procedures for~~**
36 **~~personnel changes. This is particularly important with regard to the administrator or~~**
37 **~~the administrative authority (program planner). The program provider must outline~~**
38 **~~procedures for maintaining administrative continuity when key personnel changes~~**
39 **occur.**

40
41 **FE. ~~Providers are required to have a committee that meets regularly and a majority of the~~**
42 **~~committee must be dental professionals, including at least one licensed practicing~~**
43 **~~dentist, who are independent from other responsibilities for the provider and be~~**
44 **~~broadly representative of the intended audience or constituency including the members~~**
45 **~~of the dental team for which the courses are offered. Continuity of administration and~~**
46 **~~planning is necessary for the stability and growth of the program. Program providers~~**

1 must maintain a planning committee that includes at least one licensed dentist. This
2 dentist shall represent the intended audience of the programming, and will have no
3 other responsibilities to the program provider.
4

5 ~~GF. The committee will also be required to maintain minutes from its meetings. The~~
6 ~~detailed minutes of the meetings will be attached to the PACE Application and should~~
7 ~~be from a meeting within the last approval period and reflect the development,~~
8 ~~implementation or improvement of the continuing education program. The planning~~
9 ~~committee must meet at least annually for the purpose of development, implementation~~
10 ~~and improvement of the program. The planning committee will maintain appropriate~~
11 ~~minutes documenting these activities. Minutes from the most recent meeting must~~
12 ~~accompany the PACE application.~~
13

14 ~~HG. The program planner must commit sufficient time to planning and conducting the~~
15 ~~CDE program relative to its planned size and scope of activity; be responsible for~~
16 ~~choosing the educational methods to be utilized in consultation with advisory~~
17 ~~committees, instructors, educational advisors, or potential attendees; and ensure that~~
18 ~~facilities and equipment (including those borrowed or rented) are adequate in size, safe,~~
19 ~~and in good working condition so that instruction can proceed smoothly and effectively.~~
20 ~~The program planner must assure that program facilities and equipment are in good~~
21 ~~working order. The program planner will choose the educational methods employed in~~
22 ~~consultation with the planning committee, advisors, instructors or potential attendees.~~
23

24 ~~HI. Where the size or extent of the CDE program warrants, especially when offering~~
25 ~~participation courses, there must be provision for adequate support personnel to assist~~
26 ~~with program planning and implementation. Group size must be limited in~~
27 ~~coordination with the nature of available facilities and the number of instructors/~~
28 ~~evaluators. Very careful attention to group size is mandatory when planning an activity~~
29 ~~that requires participants to perform complex tasks requiring supervision and~~
30 ~~evaluation. Refer to Standard XIII, Criterion C. Support personnel for any CDE~~
31 ~~program must be adequate for the program requirements. All participation courses are~~
32 ~~required to provide a least one Instructor for every 15 participants.~~
33

34 ~~JI. The administrative authority/administrator is required to maintain accurate records of~~
35 ~~participants' attendance. The administrative authority/administrator will be~~
36 ~~responsible for retaining information on the formal planned activities offered, including~~
37 ~~needs assessment, methods, objectives, course outlines, and evaluation procedures. This~~
38 ~~information must be available at the time of application or reapplication for program~~
39 ~~provider approval. Program planners must maintain accurate records of participant~~
40 ~~attendance for at least seven (7) years following an educational course or program.~~
41 ~~Program planners must also outline methods used to determine the needs of~~
42 ~~participants and will retain records of course or program activities, outlines and~~
43 ~~evaluation procedures. This information must accompany the PACE application.~~
44

45 ~~KJ. CE providers must assume responsibility for compliance by participants with~~
46 ~~applicable laws and regulations including local dental practice acts. The provider must~~

1 ensure that participation in its program by dentists not licensed in the jurisdiction
2 where the program is presented does not violate the state practice act. Unless
3 malpractice coverage for attendees participating in clinics is arranged by the CDE
4 provider, notice must be given to participants to obtain written commitments of
5 coverage from their carriers. Participants must be notified of any malpractice
6 insurance requirements and be required to provide written declarations of coverage if
7 appropriate.
8

9 **LK.** When two or more approved program providers act in consort for development,
10 distribution, and/or presentation of an activity, each must be equally and fully
11 responsible for assuring compliance with these PACE sStandards.
12

13 **ML.** Administrative responsibility for development, distribution, and/or presentation of
14 continuing education activities must rest with the ~~AGD-PACE-recognized~~ approved
15 provider whenever the provider acts in cooperation with providers that are not
16 recognized by the AGD-PACE. A written agreement with such providers must
17 document this understanding.
18

19 **NM.** Program providers must submit complete contact information annually to the AGD.
20 Contact information must include current provider name, address, phone number, fax
21 number, Web address (if available), name of current provider contact person and
22 address, phone number, fax number, and e-mail address of contact person.
23

24 **ON.** For protocol programs, the following requirements must be met:

25 ~~1. MasterTrack[®] program directors must be a member of a faculty in an accredited dental~~
26 ~~program or must be approved by the AGD Dental Education Council.~~

27 ~~2. Specific course objectives must be written for each subject taught.~~

28 **31.** A bibliography of current literature on the subject being taught must be assembled
29 and distributed at the initial formal lecture/demonstration session(s).

30 **42.** The initial formal course session(s) will include both lecture and demonstration of the
31 procedures to be studied and can also include direct hands-on activities.

32 **53.** For protocol courses, written instructions must be given to participants for individual
33 in-office assignments. The assignments must be commensurate in difficulty with the
34 credit hours that will be awarded and within the abilities of the participants.

35 **64.** Participants will do whatever procedures they are assigned on patients in their offices.
36 They will keep complete records on these patients, which must include at least the
37 following:

38 a. Patient consent and release form;

39 b. Preoperative medical/dental history;

40 c. Preoperative unedited radiographs, if indicated

41 d. Preoperative mounted diagnostic casts, if applicable

42 e. Preoperative unedited photographs

43 f. Preoperative dental charting.

44 **75.** During treatment, records will be kept to demonstrate:

45 a. Treatment rendered materials, methods, etc.

46 b. Mounted treatment casts, if applicable;

- c. Photographs of treatment progress, if appropriate
- d. Radiographs taken during treatment, if indicated.

86. Upon completion of treatment:

- a. Unedited photographs of completed treatment;
- b. Postoperative unedited radiographs, if indicated.

97. After an agreed-upon time needed to complete the assignment, the original group will reconvene with the program director, instructor and/or pre-designated evaluator to hear and evaluate participants' 15-20 minute case assignment presentation and guide discussion with the group and relate this discussion to current literature for that topic. The case presentation will be evaluated using a standardized evaluation form provided by the AGD.

PQ. The program provider must develop and operate In accordance with written policies, procedures or guidelines designed to ensure that all clinical and/or technical CDE activities offered include the scientific basis for the program content and an assessment of the benefits and risks associated with that content in order to promote public safety.

Where scientific basis for a clinical and/or technical CDE activity is evolving or uncertain, the presentation will describe the level of scientific evidence that is currently available and what is known of the risks and benefits associated with the clinical and/or technical CDE activity.

QP. For repeated CDE activities ~~that are repeated~~, the provider must be able to demonstrate ~~that there is a process in place~~ to ensure that the activities continue to meet all PACE Standards and Criteria, ~~including requirements to include the scientific basis for the program content and an assessment of the benefits and risks associated with that content in order to promote public safety.~~

Recommendations

A. The program planner should have background and experience appropriate to the task.

B. The size of the potential audience for any CDE activity is important in determining appropriate methods. A potentially active method can become purely passive if the group is too large.

C. Methods requiring learner involvement (seminars, discussion groups, case reviews/preparations, laboratory work, and patient treatment) have been shown to provide more effective learning experiences. Over-emphasis on purely didactic methods (lectures, panel discussions) is discouraged.

~~D. The appropriate use of films, slides, video, electronic media, and other teaching aids can support and enhance other teaching methods as integrated into a planned educational program.~~

1 **ED.** Program providers are encouraged to provide attendees with resource materials and
2 references to facilitate post-course practical application of course content, as well as
3 continued learning.
4

5 **FE.** Continuity of administration and planning is necessary for the stability and growth of
6 the program. It is required that:

- 7 1. Members of the advisory planning committee be selected for a term of longer than
8 one year.
- 9 2. Members of the advisory planning committee serve staggered terms of office.

10
11 **GF.** ~~An advisory committee increases value and guidance of your program to give greater~~
12 Additional independent consultants may add value and give guidance to your program
13 planners to your intended audience.
14

15 And be it further,

16
17 Resolved, that PACE Standard III Goals, be modified as follows:

18
19 Standard III Goals

20 ...

21
22 Criteria

23 A. The individual or authority responsible for administration of the CDE program must
24 have input into development of the overall program goals.

25
26 B. There must be a clear formulation of the program provider's: ~~overall mission and goals~~
27 ~~of the program provider institution or organization.~~

28 - Mission

29 - Organizational goals

30 - Educational goals
31

32 C. A mechanism must be provided for periodic reappraisal and revision of the program
33 provider's continuing education goals.
34

35
36 And be it further,

37
38 Resolved, that PACE Standard VIII Instructors, be modified as follows:

39
40 Standard VIII Instructors

41 1. Instructors chosen to teach courses must be qualified by education and/or experience to
42 provide instruction in the relevant subject matter.
43

44 ...
45

1 **4. The provider must have a policy that demonstrates instructors are not discriminated**
2 **against based on gender-identity, ethnicity, religion, age, disability, socioeconomic**
3 **status and/or sexual orientation.**
4

5 **Criteria**

6 **A. Program providers must assume responsibility for communicating specific course**
7 **objectives and design to instructors early in the planning process, and ensuring that**
8 **stated course objectives are addressed in the presentation.**
9 ...

10 **Recommendations**

11 **A. Program providers should work closely with instructors during course planning to**
12 **ensure that the stated objectives will be addressed by the presentation.**
13 ...

14 **F. Program providers should develop clearly defined policies on honoraria and expense**
15 **reimbursement for instructors.**

16 **G. CDE program providers should have a process in place to ensure those who are involved**
17 **in the design development and delivery of learning events remain current in subject**
18 **matter material and learning methods.**

19 **And be it further,**

20 **Resolved that the definition of Advisory Committee be changed to Planning Committee in**
21 **the PACE lexicon of terms, and be modified as follows:**

22 **ADVISORY PLANNING COMMITTEE: An objective entity that provides peer review**
23 **and direction for the program and the provider. ~~A majority of the committee must be~~**
24 **~~dental professionals, including~~ The committee must include at least one licensed ~~practicing~~**
25 **dentist who is independent from other responsibilities for the provider. The composition of**
26 **the ~~advisory~~ committee should include objective representatives of the intended audience,**
27 **including the members of the dental team for which the courses are offered. ”**

28 **PASSED**

29 *Y – Bishop, Cheney, Cordero, Donald, Dubowsky, Edgar, Gajjar, Gehrig, Gorman, Guter,*
30 *Hanson, Harunani, Lew, Malterud, Shamon, Shelly, Shepley, Stillwell, Tillman, Uppal, White,*
31 *Wooden*

32 *A – Dear, Dyzenhaus, Winland, Worm*

33 *N/A – Smith*

34
35
36
37
38
39
40
41
42
43
44
45 **V. AIR – Increase PACE Council to Fifteen (15) Members**
46

1 **Dr. Lew moved, Dr. White seconded:**

2 **“Resolved, that AIR – Increase PACE Council to Fifteen (15) Members be approved.”**

3
4 **“Resolved, that the Board Policy Manual, Policy Type II. Governance Process, K. Charges**
5 **of the Council and Committees be amended to read:**

6
7 **I. Program Approval for Continuing Education (PACE) Council**

8
9 **1. The Program Approval for Continuing Education (PACE) Council shall consist of ~~twelve~~**
10 **~~(12)~~ fifteen (15) members, including the chairperson, and up to three (3) consultants. ~~No~~**
11 **~~member of the council shall serve more than two (2) consecutive three (3) year terms.~~**
12 **Consultants of the council shall serve no more than two (2) consecutive three (3) year**
13 **terms. Consultants would not be budgeted to attend council meetings, nor would they**
14 **participate in any decisions/ recommendations made by the council. And be it further,**

15
16 **Resolved, that \$5,094.15 be appropriated from the 2017 Contingency Fund.”**

17
18 **PASSED**

19
20 *Y – Bishop, Cheney, Cordero, Donald, Dubowsky, Edgar, Gajjar, Gehrig, Gorman, Guter,*
21 *Harunani, Lew, Malterud, Shamoan, Shelly, Stillwell, Tillman, Uppal, White, Wooden*

22
23 *N - Hanson*

24
25 *a - Shepley*

26
27 *A – Dear, Dyzenhaus, Winland, Worm*

28
29 *N/A – Smith*

30
31 **VI. AIR – Approve ‘HotelStorm’ as an AGD Member Savings & Offers Provider**

32
33 **Dr. Shelly moved, Dr. White seconded:**

34 **“Resolved, that AIR – Approve ‘HotelStorm’ as an AGD Member Savings & Offers**
35 **Provider be approved.”**

36
37 **“Resolved, that HotelStorm be approved as an AGD Member Savings & Offer provider.”**

38
39 **PASSED**

40
41 *Y – Bishop, Cheney, Cordero, Donald, Dubowsky, Edgar, Gajjar, Gehrig, Gorman, Guter,*
42 *Hanson, Harunani, Lew, Malterud, Shamoan, Shelly, Shepley, Stillwell, Tillman, Uppal, White,*
43 *Wooden*

44
45 *A – Dear, Dyzenhaus, Winland, Worm*

1 *N/A – Smith*

2
3 **VII. 2017 Corporate Objectives**

4
5 **Dr. Donald moved, Dr. Hanson seconded:**

6 **“Resolved, that the 2017 Corporate Objectives be approved.”**

7
8 **PASSED**

9
10 *Y – Bishop, Cheney, Cordero, Donald, Dubowsky, Edgar, Gajjar, Gehrig, Gorman, Guter,*
11 *Harunani, Lew, Malterud, Shamoan, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Wooden*

12
13 *N - Hanson*

14
15 *A – Dear, Dyzenhaus, Winland, Worm*

16
17 *N/A – Smith*

18
19 **VIII. New Business**

20
21 **Dr. Cordero moved, Dr. Lew seconded:**

22 **“Resolved, that AIR - Approval of General Experience Specialists (GES) Contract 2017-**
23 **2018 be approved as new business.”**

24
25 **DEFEATED**

26
27 *Y – Cheney, Cordero, Donald, Edgar, Gajjar, Gehrig, Gorman, Harunani, Shamoan, Shelly,*
28 *Shepley, Uppal*

29
30 *N – Guter, Hanson, Lew, Malterud, Stillwell, Tillman, White, Wooden*

31
32 *a – Dubowsky*

33
34 *A – Bishop, Dear, Dyzenhaus, Winland, Worm*

35
36 *N/A – Smith*

37
38 **IX. Executive Session – Executive Director Search**

39
40 **Dr. Hanson moved, Dr. Wooden seconded:**

41 **“Resolved, that the Board go into executive session at 9:10 p.m. CST.”**

42
43 **PASSED**

1 *Y – Cheney, Cordero, Donald, Dubowsky, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson,*
2 *Harunani, Lew, Malterud, Shamoan, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Wooden*

3
4 *A – Bishop, Dear, Dyzenhaus, Winland, Worm*

5
6 *N/A – Smith*

7
8 **Dr. Hanson moved, Dr. Wooden seconded:**

9 **“Resolved, that the Board come out of executive session at 9:16 p.m. CST.”**

10
11 **PASSED**

12
13 *Y – Cheney, Cordero, Donald, Dubowsky, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson,*
14 *Harunani, Lew, Malterud, Shamoan, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Wooden*

15
16 *A – Bishop, Dear, Dyzenhaus, Winland, Worm*

17
18 *N/A – Smith*

19
20 **X. Adjournment**

21
22 **Dr. Hanson moved, Dr. Dubowsky seconded:**

23 **“Resolved, that the meeting be adjourned at 9:17 p.m. CST.”**

24
25 **PASSED**

26
27 *Y – Cheney, Cordero, Donald, Dubowsky, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson,*
28 *Harunani, Lew, Malterud, Shamoan, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Wooden*

29
30 *A – Bishop, Dear, Dyzenhaus, Winland, Worm*

31
32 *N/A – Smith*

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3

**2017 Corporate Objectives
(Approved 1-18-17)**

Priority

	<p><u>Advocacy A</u> – By Dec. 31, 2017, represent the policies of the AGD before standard setting groups and the ADA as follows:</p> <ul style="list-style-type: none"> • Comment on 100% of Code Maintenance Committee (CMC) submissions, with at least 75% assent of the CMC’s votes with the positions expressed by the AGD Dental Practice Council. • 90% of all resolutions upon which AGD takes a position at the ADA HOD will be acted upon favorably by the ADA HOD. • Provide written and/or verbal comment on 100% of new or revised standards, rules, or guidelines proposed by organizational bodies (such as CODA or ADA Councils) or regulatory bodies (such as EPA or FDA) and directed by AGD leadership or the appropriate councils/committees as warranting AGD comment.G2, S2.
	<p><u>Advocacy B</u> – By December 31, 2017, train 15 constituent leaders throughout the year in Chicago on best advocacy practices. The 15 leaders shall come from states preferred with pending legislative, regulatory, political, or administrative issues important to AGD. G2, S1, S2, S4; G4, S4, T3</p>
	<p><u>Rebranding</u> – Complete Phase 3 (Execution) of the rebranding implementation across all areas of the organization by June 30, 2017. G4, S1, S2, S3, S4, S5.</p>
	<p><u>Communications</u> – By December 31, 2017, begin implementation of comprehensive content strategy(ies) (digital and print) that generates greater recognition of AGD as a leader in oral health through distribution of news, stories, and information that highlight 1) educational opportunities, 2) member experiences and contributions to the profession, and 3) research and policies. G4, S1, S2, S3, S4</p>
	<p><u>Communications/Membership/Information Technology/Marketing</u> – Launch new AGD website and reskin all AGD related sub-sites by June 30, 2017. G4, S1, S2, S3, S4</p>
	<p><u>Constituent Branding/Websites</u> – 25% of constituents have their local constituent websites (including all communication methods, etc.) updated and in accordance with the AGD rebrand guidelines and policy by December 31, 2017. G4, S2</p>
	<p><u>Scientific Session</u> – By July 15, 2017, Scientific Session attendance attracted 5% of AGD’s membership, G1, S1</p>
	<p><u>Education A</u> – By December 31, 2017, migrate the self-study program to an online format and achieve a 5% increase in program revenues over the December 31, 2016 actuals. G1, S1, S2, S3</p>
	<p><u>Education B</u> – Enhance the online learning center, so that by December 31, 2017, 5% of all AGD members have registered for a course during the calendar year. G1, S2.</p>
	<p><u>Education C</u> – By December 31, 2017, increase the number of nationally-approved PACE providers by 5% over the December 31, 2016 actuals. G1, S4</p>
	<p><u>Membership</u> – By December 31, 2017, increase “active” members by 5% over the December 31, 2016 number; increase “full-dues paying members by 5% over</p>

	December 31, 2016 number; and increase student members by 5% over the December 31, 2016 number, by implementing the 2017 Membership Recruitment Annual Operations Plan. G3, S1, S2, S3, S4, S5
	<u>AGD Student Chapters</u> – By December 31, 2017, have AGD Student Chapters registered at 75% of US dental schools by offering at least three student chapter webinars, two regional student events, and six new online resources. G3, S1, S2, S4, S5
	<u>Non-Dues Revenue</u> - By December 31, 2017, increase non-dues revenue through sponsorship, advertising, exhibit sales, and affinity program 5% over the December 31, 2016 actuals. G5, S1

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January 23, 2017 Board Call

I. Agenda Approval

Dr. Gorman moved, Dr. White seconded:

“Resolved, that the agenda be approved.”

PASSED

Y – Bishop, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoan, Shelly, Shepley, Stillwell, Uppal, White, Winland, Wooden

A – Cheney, Edgar, Tillman, Worm

N/A – Smith

II. AIR – Approval of General Experience Specialists (GES) Contract 2017-2018

Dr. Hanson moved, Dr. Lew seconded:

“Resolved, that AIR - Approval of General Experience Specialists (GES) Contract 2017-2018 be approved.”

“Resolved, that Global Experience Specialists (GES) be approved as the General Contractor for AGD2017 and AGD2018.”

PASSED

Y – Bishop, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoan, Shelly, Shepley, Stillwell, Uppal, White, Winland, Wooden

A – Cheney, Edgar, Tillman, Worm

1 N/A – Smith

2
3 **III. Adjournment**

4
5 **Dr. Hanson moved, Dr. Stillwell seconded:**

6 **“Resolved, that the meeting be adjourned at 7:17 p.m. CST.”**

7
8 **PASSED**

9
10 *Y – Bishop, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Gajjar, Gehrig, Gorman, Guter,*
11 *Hanson, Harunani, Lew, Malterud, Shamoan, Shelly, Shepley, Stillwell, Uppal, White, Winland,*
12 *Wooden*

13
14 *A – Cheney, Edgar, Tillman, Worm*

15
16 *N/A – Smith*

17
18 **February 16, 2017 Board Call**

19
20 **I. Agenda Approval**

21
22 **Dr. Dyzenhaus moved, Dr. Stillwell seconded:**

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

24
25 **PASSED**

26
27 *Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig,*
28 *Gorman, Guter, Hanson, Lew, Malterud, Shamoan, Shepley, Stillwell, Tillman, White, Winland,*
29 *Wooden*

30
31 *A – Harunani, Shelly, Uppal, Worm*

32
33 *N/A – Smith*

34
35 **II. Approve Board Call 1-18-17 Minutes**

36
37 **Dr. Shamoan moved, Dr. Hanson seconded:**

38 **“Resolved, that Board Call 1-18-17 Minutes be approved.”**

39
40 **PASSED**

41
42 *Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Edgar, Gajjar, Gehrig, Gorman, Guter,*
43 *Hanson, Harunani, Lew, Malterud, Shamoan, Shepley, Stillwell, Tillman, White, Winland,*
44 *Wooden*

1 a - Dyzenhaus

2
3 A –Shelly, Uppal, Worm

4
5 N/A – Smith

6
7 **III. Approve Board Call 1-23-17 Minutes**

8
9 **Dr. Gehrig moved, Dr. Winland seconded:**

10 **“Resolved, that Board Call 1-23-17 Minutes be approved as amended.”**

11
12 **PASSED**

13
14 Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig,
15 Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoan, Shepley, Stillwell, Tillman, White,
16 Winland, Wooden

17
18 A –Shelly, Uppal, Worm

19
20 N/A – Smith

21
22 **IV. AIR – Investment Committee Appointments**

23
24 **Dr. Lew moved, Dr. Wooden seconded:**

25 **“Resolved, that AIR – Investment Committee Appointments be approved.”**

26
27 **“Resolved, that the appointments to the Investment Committee be approved.”**

28
29 **Investment Committee**

30 **Dr. John Portwood Jr., Region 12, (6/30/2014-11/5/2017), 4th term, Chair**

31 **Dr. Richard Knowlton, Region 03, (6/21/2015-11/4/2018) (2/9/2017-11/TBD/2019), 1st term,**
32 **Non-Voting Member**

33 **~~Capt. Kevin Mears, Region 17, (7/18/2016-11/TBD/2019), 4th term~~**

34 **Dr. , Region , (2/9/2017-11/4/2018), 1st term, Non-Voting Member**

35 **Dr. Bryan Edgar, Region 11, (7/18/2016-11/TBD/2019), 4th term**

36 **Dr. Mohamednazir Harunani, Region 08, (7/18/2016-11/5/2017), 3rd term, Consultant**

37
38 **PASSED**

39
40 Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig,
41 Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoan, Shepley, Stillwell, Tillman, White,
42 Winland, Wooden

43
44 A – Shelly, Uppal, Worm

1 N/A – Smith

2
3 **V. Executive Session – Advocacy Fund Utilization and HelmsBriscoe ResourceOne**
4 **Contract**

5
6 **Dr. Hanson moved, Dr. Shamoan seconded:**

7 **“Resolved, that the Board, along with the following staff: Daniel Buksa, Thomas Killam,**
8 **Christa Ojeda, Jennifer Goler, and Morgan Bishop, go into executive session at 8:16 p.m.**
9 **CST.”**

10
11 **PASSED**

12
13 *Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig,*
14 *Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoan, Shepley, Stillwell, Tillman, White,*
15 *Winland, Wooden*

16
17 *A – Shelly, Uppal, Worm*

18
19 N/A – Smith

20
21 **Dr. Cheney moved, Dr. White seconded:**

22 **“Resolved, that the Board, along with the following staff: Daniel Buksa, Thomas Killam,**
23 **Christa Ojeda, Jennifer Goler, and Morgan Bishop, come out of executive session at 9:01**
24 **p.m. CST.”**

25
26 **PASSED**

27
28 *Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig,*
29 *Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoan, Shepley, Stillwell, Tillman, White,*
30 *Winland, Wooden, Worm*

31
32 *A – Shelly, Uppal*

33
34 N/A – Smith

35
36 **During executive session, the following actions were taken:**

37
38 **“Resolved, that AIR – Advocacy Fund Distribution for State Lobbyist Regarding SB40 be**
39 **approved.”**

40
41 **“Resolved, that \$25,000 be allocated from the Advocacy Fund to retain the professional**
42 **services of a lobbyist in Connecticut to lobby against SB 40.”**

43
44 **“Resolved, that Association Management Center (AMC) be utilized for meeting planning**
45 **services for the duration of 2017, not including meetings that remain contractually**

1 obligated by HelmsBriscoe ResourceOne, and staff will do due diligence for 2018 and
2 beyond.

3
4 **And be it further,**

5
6 **Resolved, that regular updates are provided to keep the Board apprised of the AMC**
7 **expenses and the overall budget.”**

8
9 **VI. Executive Session – Compensation Committee Report and Executive Director**
10 **Search Committee Update**

11
12 **Dr. Bishop moved, Dr. Hanson seconded:**

13 **“Resolved, that the Board go into executive session at 9:02 p.m. CST.”**

14
15 **PASSED**

16
17 *Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig,*
18 *Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoan, Shepley, Stillwell, Tillman, White,*
19 *Winland, Wooden, Worm*

20
21 *A – Shelly, Uppal*

22
23 *N/A – Smith*

24
25 **Dr. Guter moved, Dr. Tillman seconded:**

26 **“Resolved, that the Board come out of executive session at 10:13 p.m. CST.”**

27
28 **PASSED**

29
30 *Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig,*
31 *Gorman, Guter, Hanson, Lew, Malterud, Shamoan, Shepley, Stillwell, Tillman, White, Winland,*
32 *Wooden, Worm*

33
34 *A – Harunani, Shelly, Uppal*

35
36 *N/A – Smith*

37
38 **During executive session, the following actions were taken:**

39
40 **“Resolved, that the Board support the recommendation of the Compensation Committee.”**

41
42 **“Resolved, that further activity with the Search Firm be suspended until the 2016-2017**
43 **Board Meeting III.**

1 **“Resolved, that the Executive Director Search Committee contact one of the candidates to**
2 **determine whether that candidate would be open to a change in the traditional duties**
3 **expected of an executive director prior to Board Meeting III.**

4
5 **And be it further,**

6
7 **Resolved, that the Executive Director Search Committee investigate these alternatives and**
8 **submit a report back to the Board at the 2016-2017 Board Meeting III.”**

9
10 **VII. Adjournment**

11
12 **Dr. Lew moved, Dr. Bishop seconded:**

13 **“Resolved, that the meeting be adjourned at 10:15 p.m. CST.”**

14
15 **PASSED**

16
17 *Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig,*
18 *Gorman, Guter, Hanson, Lew, Malterud, Shamoan, Shepley, Stillwell, Tillman, White, Winland,*
19 *Wooden, Worm*

20
21 *A – Harunani, Shelly, Uppal*

22
23 *N/A – Smith*
24

1 **2016-2017 Board Meeting III**

2
3 **I. Agenda Approval**

4
5 **Dr. Cheney moved, Dr. Bishop seconded:**

6 **“Resolved, that the agenda be approved.”**

7
8 **PASSED**

9
10 *Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig,*
11 *Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoan, Shepley, Stillwell, Tillman,*
12 *Uppal, White, Winland, Wooden, Worm*

13
14 *A – Shelly*

15
16 *N/A – Smith*

17
18 **II. Executive Session – Board Call 2-16-17 Minutes Amendments**

19
20 **Dr. Wooden moved, Dr. Dyzenhaus seconded:**

21 **“Resolved, that the Board go into executive session at 8:05 a.m. PDT.”**

22
23 **PASSED**

24
25 *Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig,*
26 *Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoan, Shepley, Stillwell, Tillman,*
27 *Uppal, White, Winland, Wooden, Worm*

28
29 *A – Shelly*

30
31 *N/A – Smith*

32
33 **Dr. Worm moved, Dr. Shamoan seconded:**

34 **“Resolved, that the Board come out of executive session at 8:50 a.m. PDT.”**

35
36 **PASSED**

37
38 *Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig,*
39 *Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoan, Shepley, Stillwell, Tillman,*
40 *Uppal, White, Winland, Wooden, Worm*

41
42 *A – Shelly*

43
44 *N/A – Smith*

1 During executive session, the following actions were taken:
2

3 **“Resolved, that the Board Call 2-16-17 Minutes be approved as amended.”**
4

5 **III. Policies Regarding Minutes**
6

7 **Dr. Gehrig moved, Dr. Wooden seconded:**

8 **“Resolved, that the Secretary, Speaker of the House, appropriate staff in consultation with**
9 **legal counsel review how minutes are promulgated and present an AIR to update policy to**
10 **the 2016-2017 Board Meeting IV.**
11

12 **And be it further,**

13 **Resolved, that all Board and House policies regarding minutes be investigated with a**
14 **report to 2016-2017 Board Meeting IV.”**
15

16
17 **PASSED**

18
19 *Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig,*
20 *Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman,*
21 *Uppal, White, Winland, Wooden, Worm*

22
23 *A – Shelly*

24
25 *N/A – Smith*
26

27 **IV. AIRBIII17#01 – Rescind HOD Policy Manual, Publishing/Production Design**
28 **Guidelines, Advertising Policies of the Academy of General Dentistry**
29

30 **Dr. Dubowsky moved, Dr. Tillman seconded:**

31 **“Resolved, that AIRBIII17#01 – Rescind HOD Policy Manual, Publishing/Production**
32 **Design Guidelines, Advertising Policies of the Academy of General Dentistry be postponed**
33 **definitely with recommendations reported to the 2016-2017 Board meeting IV.”**
34

35 **“Resolved that AGD HOD Policy Manual, Publishing/Production Design Guidelines,**
36 **Advertising Policies of the Academy of General Dentistry be rescinded.”**
37

38 **Publishing/Production Design Guidelines**

39 **Advertising Policies of the Academy of General Dentistry**

40
41
42 ~~**Advertising accepted for the publications of the Academy of General Dentistry or its Web**~~
43 ~~**site or sent to members through membership list rental should serve to inform dentists and**~~
44 ~~**others of products, services and courses that are available. In keeping with responsible**~~
45 ~~**journalistic philosophy, all advertisements must be accurate. No advertising shall**~~
46 ~~**encourage dentists or other readers to engage in practices that would conflict with**~~

standards of conduct generally adhered to by members of the dental profession. All advertisements are subject to acceptance or rejection by the Academy, based on the content of the advertisement and the nature of the product, services or courses offered.

Inclusion of advertising in AGD publications does not constitute approval or endorsement by the Academy of General Dentistry of products, services, or claims made in advertisements. Each issue of *General Dentistry* and *AGD Impact* will carry the following statement: "The publication of an advertisement in (*General Dentistry* or *AGD Impact*) does not indicate endorsement for products or services. AGD credit approval for continuing education courses or course program providers will be clearly stated."

A. General Eligibility

1. All advertisements must involve goods or services related to the dental profession, or to the mission, activities and/or functions of the Academy of General Dentistry.

2. The Academy will make advertising space available in its publications free of charge, as appropriate, in exchange for equal value under the following circumstances:

a. Advertising exchange program with a recognized dental or dentistry-related association.

b. Membership benefits program in which companies providing benefits to members under contract or agreement with the Academy are provided one full page of advertising space at no charge during the introduction of the new program or service.

Note: The Academy reserves the right to assign advertising space, as available, for the promotion of Academy and AGD Foundation products, services and events.

3. All advertisements must be accurate. Exaggerated or unsupported claims are not acceptable. The burden of proof to substantiate any statement within an advertisement rests with the company or individual proposing the advertisement.

4. All products and/or services must be available at the time the advertisement is published or mailed.

5. No advertising material will be acceptable if it is deemed to be in conflict with the laws or regulations of any federal, state, or local government or agency.

6. Advertisements that include language or devices that reflect pride and/or confidence in a product or service are acceptable. However, such promotional materials shall not include exaggerations or superlative terms or phrases that either deceive or mislead or tend to deceive or mislead or may be interpreted in any way to be in poor taste.

7. Advertisements that in any manner may be construed as being disparaging of useful competitive products or services are not acceptable.

1 ~~8. No advertisement or other promotion may use the name or logo of the Academy of~~
2 ~~General Dentistry, either in publications of the Academy or elsewhere, without prior and~~
3 ~~specific approval from the Academy. Such approval shall not be unreasonably withheld.~~
4

5 ~~9. A company or individual may be denied AGD publication advertising space and/or~~
6 ~~mailing labels for a period of six months to a year or longer on the basis of documented~~
7 ~~non-compliance with AGD advertising policy.~~
8

9 ~~10. Classified advertising in *AGD Impact* may include practice sales, practice opportunities~~
10 ~~for dentists and auxiliaries, the sale of used and new dental equipment, and other dental~~
11 ~~products.~~
12

13 ~~11. The Academy does not offer complimentary advertising of dental publications or~~
14 ~~literature through distribution at Academy meetings, but may provide such a service at~~
15 ~~reasonable cost to companies that have purchased exhibit space at the meeting.~~
16

17 **B. — Drugs, Materials and Devices**
18

19 ~~1. Acceptability of advertising of any drug, material or device may be based upon~~
20 ~~determinations or evaluations made by the American Dental Association Council on Dental~~
21 ~~Materials and Devices or the ADA Council on Dental Therapeutics, or upon research and~~
22 ~~practice currently taught in dental schools and other recognized institutions, whether~~
23 ~~published or unpublished.~~
24

25 ~~2. Performances of all drugs, materials, and devices being advertised remain the sole~~
26 ~~responsibility of the manufacturer, company, or person placing or mailing the~~
27 ~~advertisement.~~
28

29 ~~3. Advertisements may cite, through proper footnotes, appropriate references to dental or~~
30 ~~other scientific literature, provided the reference properly supports a claim.~~
31

32 **C. — Continuing Dental Education Materials and Courses**
33

34 ~~1. Advertising copy for continuing education courses must be submitted to the AGD~~
35 ~~national office for editorial review before it will be accepted for publication or for mailing~~
36 ~~to AGD members through the sale of labels.~~
37

38 ~~2. The accuracy of any statements related to continuing dental education credit availability~~
39 ~~will be determined by the AGD Department of Continuing Education.~~
40

41 ~~3. Advertising space in AGD publications and AGD membership mailing labels are~~
42 ~~available to the providers of continuing education courses only if the course being~~
43 ~~promoted is approved to offer FAGD/MAGD credit.~~
44

45 **D. — Editor's Responsibility**
46

1 ~~1. It is the responsibility of the editor of the Academy to determine acceptability of~~
2 ~~advertising materials and content under policies stated herein.~~

3
4 ~~2. The editor of the Academy is authorized to determine eligibility for advertising space or~~
5 ~~mailing labels and the period during which eligibility will be denied.~~

6
7 ~~E. — Acceptance of Advertising Copy, Materials~~

8
9 ~~1. The advertisement should clearly identify the advertiser and the product or service being~~
10 ~~offered.~~

11
12 ~~2. Layout, artwork, and format submitted for publication must avoid confusion with the~~
13 ~~editorial content of the publication. The word "advertisement" may be required by the~~
14 ~~Editor.~~

15
16 ~~3. It is the responsibility of the manufacturer to comply with the laws and regulations~~
17 ~~applicable to marketing and sale of products.~~

18
19 ~~4. Advertisements will not be accepted if they appear to violate the Principles of Ethics of~~
20 ~~the American Dental Association, are indecent or offensive in either text or artwork, or~~
21 ~~contain attacks of a personal, racial, or religious character.~~

22
23 ~~5. Advertising materials submitted for publication must in all ways conform to the~~
24 ~~specifications set forth in the advertising rate card in effect at the date of submission.~~
25 ~~Production work necessitated in order to produce new materials that conform to the~~
26 ~~specifications reflected on the advertising rate card shall be billed to the advertiser.~~

27
28 ~~F. — Rates~~

29
30 ~~1. Rates for advertising in the official publications of the Academy, including display and~~
31 ~~course listing entries, and for rental of the AGD membership list shall be established by the~~
32 ~~Executive Director in cooperation with the Director of Communications and the AGD~~
33 ~~advertising representative, and adjusted as appropriate.~~

34
35 ~~2. Rates for rental of the Annual Meeting registration list to exhibitors at the Academy's~~
36 ~~Annual Meeting shall be established by the Executive Director and Director of~~
37 ~~Communications in cooperation with the Director of Meeting Planning.~~

38
39 ~~*Note: Rates for the rental of the AGD membership list to AGD constituents shall be*~~
40 ~~*established by the Executive Director in cooperation with the Director of Membership.*~~

41
42 ~~3. Rates for classified advertising in *AGD Impact* shall be established by the Executive~~
43 ~~Director in cooperation with the Director of Communications.~~

1 ~~4. Rates for banner link advertising on the AGD Web Site shall be established by the~~
2 ~~Executive Director in cooperation with the Director of Communications, AGD Advertising~~
3 ~~Representative, Editor, and Publications Review Council, and adjusted as appropriate.~~

4
5 ~~G. Reader/Member's Rights~~

6
7 ~~As a legal requirement, AGD shall notify its members, at least twice each year, of their~~
8 ~~opportunity to delete their names from list rental.~~

9
10 ~~H. Advertisers' Right of Appeal~~

11
12 ~~A company or individual that has been denied AGD advertising space or list rental may~~
13 ~~appeal the decision to the Executive Committee of the Academy.~~

14
15 ~~J. Publishers' Disclaimer~~

16
17 ~~Advertisers and their agencies assume any liability for the content of their advertisements~~
18 ~~in Academy publications, including any claims arising therefrom. The Academy reserves~~
19 ~~the right to reject any advertisement considered unsuitable according to AGD policy.~~

20
21 ~~The Academy accepts camera-ready artwork for all advertisements, but will offer to make~~
22 ~~minor changes and adjustments to existing artwork for a nominal charge as a courtesy to~~
23 ~~its advertisers. All liability for the accuracy of these changes rests entirely with the~~
24 ~~advertiser, with the Academy's liability limited to the cost of the advertisement.~~

25
26 ~~K. Criteria for Establishing Commercial Hyperlinks from the AGD Home Page~~

27
28 ~~1. Careful consideration should be given as to whether the link conflicts with the AGD~~
29 ~~mission, vision, or policies, or with the standards of conduct generally adhered to by~~
30 ~~members of the dental profession.~~

31
32 ~~2. The hyperlink should offer content enhancement.~~

33
34 ~~3. The Academy's approval for a hyperlink request should include a request from the~~
35 ~~Academy for a reciprocal link to the AGD site.~~

36
37 ~~4. The Academy's approval for a hyperlink to a site that is not primarily dentistry-related~~
38 ~~should include a requirement that the link be a direct connection to the specific dentistry-~~
39 ~~related page on the site."~~

40
41 ~~And be it further,~~

42
43 ~~"Resolved that AGD HOD policy 2014:116C-H-6, Section F be rescinded to:~~

44
45 ~~2014:116C-H-6 "Resolved, that 98:17-H-7 be amended following approval of the separation~~
46 ~~of governance and the scientific session."~~

1
2 ~~“Resolved, that the process for scientific session registration list rental to exhibitors at the~~
3 ~~AGD’s scientific session each year be standardized to follow existing AGD list rental~~
4 ~~approval and rate-setting procedures by amending Section F of the document *Advertising*~~
5 ~~*policies of the Academy of General Dentistry* so that it reads:~~
6

7 **F. Rates**

8
9 ~~1. Rates for advertising in the official publications of the AGD, including display and~~
10 ~~course listing entries, and for the rental of AGD membership labels shall be established by~~
11 ~~the executive director in cooperation with the director of communications and the AGD~~
12 ~~advertising representative, and adjusted as appropriate.~~
13

14 ~~2. Rates for rental of the scientific session registration list to exhibitors at the AGD’s~~
15 ~~scientific session shall be established by the executive director and director of~~
16 ~~communications in cooperation with the director of meeting planning.~~
17

18 ~~Note: Rates for the rental of membership labels to AGD constituents shall be established~~
19 ~~by the executive director in cooperation with the director of membership.”~~
20

21 ~~3. Rates for classified advertising in *AGD Impact* shall be established by the executive~~
22 ~~director in cooperation with the director of communications²~~
23

24 **PASSED**

25
26 *Y – Bishop, Cheney, Cordero, Dear, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman,*
27 *Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman, Uppal, White,*
28 *Winland, Wooden, Worm*

29
30 *a - Donald*

31
32 *A –Shelly*

33
34 *N/A – Smith*
35

36 **V. AIRBIII2017#02 - Amend Board Policy Manual Board Guidelines**

37
38 **Dr. Worm moved, Dr. Dubowsky seconded:**

39 **“Resolved, that AIRBIII2017#02 - Amend Board Policy Manual Board Guidelines be**
40 **approved as amended.”**

41
42 **“Resolved, that the Board Policy Manual be amended at Policy Type: II. Governance**
43 **Process to read,**

44
45 **B. Board Guidelines**
46

1 ~~The Board has developed the following set of group guidelines.~~ As a group of dedicated
2 individuals committed to serving the AGD to the best of our ability, we ~~each agree to implement~~
3 the following guidelines:

- 4
- 5 • ~~Each trustee~~ Board member will check electronic communications within 72 hours. ~~the~~
6 ~~Board Web forum at least once a week.~~
 - 7 • All ~~Board~~ information considered privileged and confidential information sent to a Board
8 member is meant for his or her eyes only. The recipient should not forward ~~e-mail~~ Board
9 information without the consent of the originator.
 - 10 • If there is an issue with a fellow Board member ~~or with staff~~, then the concern should ~~be~~
11 ~~voiced first~~ be shared with that addressed member to member. If the matter cannot ~~be~~
12 resolved, or if the member is not comfortable with addressing the matter with the other
13 member, then the concern should be shared with to the president (if appropriate) and then the
14 who will address the issue, or if necessary, have the discretion to take the matter to the
15 Executive Committee (EC) for resolution. and/or Executive Director (ED), if necessary.
16 ~~directly. Such issues should not be initially raised before the entire group.~~
 - 17 • If there is an issue between a Board member and an AGD staff member, the concern should
18 be first shared with the president who will consult and interact with the ED in order to
19 resolve the matter.
 - 20 • When the Board makes a decision, then it is the obligation of each Board member to support
21 that decision regardless of personal opinion. unity must be shown to all groups and
22 individuals regardless of personal opinion on the matter.
 - 23 • ~~Trustees~~ Board members should follow parliamentary procedure ~~as accurately as possible~~
24 during meetings as established by the Speaker of the House whether in person or through
25 electronic communication.
 - 26 • If a ~~trustee~~ Board member is going to be unavailable for more than two (2) business days, he
27 or she must ~~inform~~ contact the ED and or the President to inform them of the absence.
 - 28 • The Board members ~~appreciate the need for electronic communication and as such~~, will
29 make every effort to remain current with technology and training. The AGD will offer
30 updates to the Board members through the Information Technology (IT) department to advise
31 them of changes occurring in electronic communication and to assist where possible in the
32 Board members ongoing training and with equipment and software upgrades.
 - 33 • Any Board member who has breached the confidentiality of the Board is subject to
34 discipline, which may include censure and notifications of the appropriate governing
35 body that person's AGD region by letter of this action.
 - 36 • Attendance at all scheduled meetings is expected. The president and ED should be notified in
37 advance of any anticipated absence.

38
39 **And be it further,**

40
41 **Resolved, that subsequent policies be updated appropriate to accommodate addition of the**
42 **new heading.”**

43
44 **PASSED**
45

1 Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig,
2 Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman,
3 Uppal, White, Winland, Wooden, Worm

4
5 A – Shelly

6
7 N/A – Smith

8
9 **VI. AIRBIII2017#03 - Amend Board Policy Manual Board Operations**

10
11 **Dr. Dubowsky moved, Dr. Malterud seconded:**

12 **“Resolved, that AIRBIII2017#03 – Amend Board Policy Manual Board Operations be**
13 **approved.”**

14
15 **“Resolved, that the Board Policy Manual be amended at Policy Type: II. Governance**
16 **Process to read,**

17
18 **C. Board Operations**

- 19
20 • At each Board meeting, at least one (1) evening will be dedicated to a social event.
21 • All materials must be made available two weeks (2) prior to a meeting, except in the case of
22 an emergency meeting.
23 • The subject line of an e-mail should begin with “AGD” in order to indicate the message
24 references AGD business. Privileged and confidential subject matter should be labeled as
25 “Privileged and Confidential”. The terms “NRN” (no response necessary), “Response
26 Requested,” and “Information Only” also should be used to indicate the level of response that
27 is expected. In order to reduce unnecessary e-mails to the entire Board, attention should be
28 made to respond only to the sender and not “respond to all” when appropriate, as in instances
29 when the sender is asking for direct feedback only.
30 • The Board minutes will be ~~provided~~ posted online for review within three (3) weeks of the
31 meeting. ~~and will be posted online for review.~~ Staff should have the minutes ready for
32 review by the Executive Director, President, Secretary and Speaker of the House two (2)
33 weeks after the meeting. The Executive Director, President, Secretary and Speaker of the
34 House should complete the review within four (4) days. ~~In any event, staff will post the~~
35 ~~minutes no later than three (3) weeks after the meeting.~~ Staff will have three (3) days to
36 finalize the minutes so the minutes can be posted online for review within three (3) weeks of
37 the meeting. There will be a one (1) week comment period, during which Board members
38 may comment or recommend editions. At the end of the week, no further comments or edits
39 will be permitted and then a survey will be posted to the Board for a vote. If the survey is not
40 completed with 100% participation one (1) week after posting, the minutes will be included
41 in the next Board agenda. If one approved, the minutes will be posted to the Board,
42 Regional Directors, House of Delegates, and Council Chairs via the AGD web platform LCC
43 within three (3) business days. If not approved, the minutes will be repopulated with the
44 Board for discussion and correction. After one (1) week of discussion and editing, the Board
45 will again vote upon the minutes. This process will repeat until the minutes are accepted.

- At the conclusion of the Board meeting the balance of the Board contingency fund will be reported in the minutes.
- The Board represents the AGD, and each ~~trustee~~ Board member individually in turn represents the AGD both to external parties and to internal components.
- Any information requested by a Board member from staff that will require more than two hours of staff time must be requested through the Executive Director or Associate Executive Director.
- New business not already on the meeting agenda will be addressed by the Board under a 2/3 majority vote of the Board.
- Travel dates and meeting location ~~A travel notice with basic arrival and departure information will be sent~~ will be posted ~~six (6)~~ 60 months prior to the Board meetings. A more detailed notice will be sent ~~60~~ 45 days prior to the meeting.

Monitoring: Board Assessment and Board Member Self-Assessment completed following Board Meeting IV

And be it further,

Resolved, that subsequent policies be updated appropriate to accommodate addition of the new heading.”

PASSED

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

A – Shelly

N/A – Smith

VII. AIRBIII17#04 - Amend Board Policy Manual Executive Committee Guidelines

Dr. Cheney moved, Dr. Shamoon seconded:

“Resolved, that AIRBIII17#04 - Amend Board Policy Manual Executive Committee Guidelines be approved.”

“Resolved, that the Board Policy Manual be amended at Policy Type: II. Governance Process to read,

E. Executive Committee Guidelines Operations

- ~~Each EC member will check the EC and the Board Web forums at least twice a week.~~

- ~~• If there is an issue with a fellow EC member or with staff, then the concern should be voiced to the President and ED respectively. Such issues should not be raised before the entire group.~~
- The EC will establish and annually review a set of EC position skills in order to inform future leaders of the qualities necessary to excel in those positions.
- Each member of the EC will read and, ~~if necessary,~~ respond to the monthly reports in a timely fashion. All submitted reports should be acknowledged as having been read.
- The EC minutes will be ~~provided~~ posted online for review within three (3) weeks of the meeting. ~~and will be posted online for review.~~ Staff should have the minutes ready for review by the Executive Director, President, Secretary and Speaker of the House two (2) weeks after the meeting. The Executive Director, President, Secretary and Speaker of the House should complete the review within four (4) days. ~~In any event, staff will post the minutes no later than three (3) weeks after the meeting.~~ Staff will have three (3) days to finalize the minutes so the minutes can be posted online for review within three (3) weeks of the meeting. There will be a one (1) week comment period, during which EC members may comment or recommend editions. At the end of the week, no further comments or edits will be permitted ~~and then~~ a survey will be posted to the EC for a vote. If the survey is not completed with 100% participation one (1) week after posting, the minutes will be included in the next EC agenda. If Once approved, the minutes will be posted to the EC and Board via the AGD web platforms LCC within three (3) business days. If not approved, the minutes will be repopulated with the EC for discussion and correction. After one (1) week of discussion and editing, the EC will again vote on the minutes.. This process will repeat until the minutes are accepted.
- ~~• When requested, a response will be provided to staff e-mails/phone calls within two (2) business days or the requested deadline.~~
- ~~• Any information requested from staff that will require more than two (2) hours of staff time is to be requested through the ED or the associate Executive Directors directly responsible to the department from which the information is sought. Any questions or concerns directed to staff should be focused on an endpoint in order to narrow down the workload created by a request for information.~~
- ~~• Any EC member who has breached the confidentiality of the Board is subject to discipline.~~

PASSED

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

A – Shelly

N/A – Smith

VIII. AIRBIII2017#05 - Amend Board Policy Manual Scientific Session Schedule Approval

Dr. Hanson moved, Dr. Guter seconded:

1 “Resolved, that AIRBIII2017#05 - Amend Board Policy Manual Scientific Session Schedule
2 Approval be approved.”

3
4 “Resolved, that the Board Policy Manual be amended at Policy Type: VI. Board Guidelines
5 to read:

6
7 **D. Scientific Session Schedule Approval**

8
9 The Scientific Meetings Council Chair, Dental Education Council Chair, and President will have
10 the authority to approve the schedule for the scientific session.”

11
12 **PASSED**

13
14 *Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig,*
15 *Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman,*
16 *Uppal, White, Winland, Wooden, Worm*

17
18 *A –Shelly*

19
20 *N/A – Smith*

21
22 **IX. AIRBIII2017#06 - Amend Board Policy Manual to Include Criteria for**
23 **International Membership Opportunities**

24
25 **Dr. Guter moved, Dr. Lew seconded:**

26 “Resolved, that AIRBIII2017#06 - Amend Board Policy Manual to Include Criteria for
27 International Membership Opportunities be approved.”

28
29 “Resolved, that the Board Policy Manual be amended at Policy Type V. Board Policy
30 Statements to read,

31
32 **X. International Membership Opportunities**

33
34 Guidelines for AGD International Membership Opportunities (IMO)

35
36 Definitions

37
38 **International Membership Opportunities:** A relationship between the AGD and another entity
39 (including but not limited to official or unofficial groups or persons who desire to establish
40 membership in the AGD are currently classified as international) for the purpose of facilitating,
41 encouraging or recruiting international members

42
43 Guidelines

44
45 General considerations of International Membership Opportunities

- All AGD costs associated with the IMO should be considered in a business plan or the equivalent before moving forward.
- The business plan or its equivalent will be developed by staff and will include, but not be limited to, staff and marketing costs, and will consider that the initial investment may be higher than ongoing costs for IMO.
- The IMO must benefit the AGD and protect the AGD name and reputation.
- The IMO should consider mutual benefits and mutual liabilities of the parties.
- The IMO should generate dues revenue, sponsorship dollars, and/or royalties for the AGD. If the IMO is of a variety such that revenue may not be generated, such as strictly Continuing Education agreement, other benefits to the AGD or its constituents must be identified.
- The IMO shall not be to the detriment of and should benefit current and established IMO.

Process of review

IMO will be developed by the AGD Membership Council as follows:

I. The Membership Council should be the entry place or clearinghouse for any potential IMO coming to the AGD or for any International Organization that the AGD would consider reaching out to for an IMO.

II. A subcommittee of the Membership Council will be formed to look at each potential IMO initially and assess its prospective value. The subcommittee will also look at the costs associated with that potential IMO.

III. Once the above initial deliberation has been accomplished, the subcommittee shall share the opportunity with any council or committee that might need to have input. This will always include any other council which may be affected or have input to the particular IMO. The opportunity shall be shared concurrently with the Executive Committee (EC) for its input.

IV. Because time is of the essence in the consideration of these opportunities, the Membership subcommittee, through the Membership Council Chair, will contact any and all other chairs of any council or committee that should have input and the EC.

V. One week (seven (7) calendar days) will be given for each such chairperson and the EC (by the President, for the body) to respond. In the event that any such chairperson is unavailable or fails to respond within one week (seven (7) calendar days), the AGD President or council/committee chairperson shall assign another council/committee member to respond on behalf of that council/committee, and that other council/committee member shall have three (3) calendar days from the date s/he receives the request or the remainder of said week (seven (7) calendar days), whichever is greater, to respond to the request of the Membership Council Chair.

VI. Negotiations for the prospective IMO will proceed (with any additional information provided by those chairs or the EC) unless there is reason found through this process to terminate or alter them.

VII. If the Membership Council decides, through its due diligence, that an opportunity does not meet the criteria to be considered for an AGD IMO and should not move forward, there will be no further negotiations and the sponsorship will not be accepted.

VIII. Any and all final agreements will be routed through traditional review protocols following negotiations when there is a cost associated with an IMO.

IX. The AGD Board is the final deciding body for each such IMO.

1
2 If the IMO fails to meet these guidelines, as determined by the Membership Council after its
3 exercise of due diligence, the IMO will not be considered. No IMO shall be considered unless it
4 meets the approval of the Membership Council, its subcommittee, and the AGD Executive
5 Committee.

6
7 **PASSED**

8
9 *Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig,*
10 *Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoan, Shepley, Stillwell, Tillman,*
11 *Uppal, White, Winland, Wooden, Worm*

12
13 *A – Shelly*

14
15 *N/A – Smith*

16
17 **X. AIRBIII2017#07 – Group Benefits Council Appointments**

18
19 **Dr. Malterud moved, Dr. Wooden seconded:**

20 **“Resolved, that AIRBIII2017#07 – Group Benefits Council Appointments be approved as**
21 **amended.”**

22
23 **“Resolved, that the appointments Group Benefits Council be approved.”**

24
25 **Group Benefits Council**

26 **Dr. Joseph Belsito, Region 15-16, (6/21/2015-11/4/2018), 2nd term, Chair**

27 **Dr. Eric Morse, Region 05, (6/21/2015-11/4/2018), 2nd term**

28 **Dr. Puneet Aulakh, Region 11, (6/21/2015-11/4/2018), 1st term**

29 **Dr. Amit Patel, Region 19, (7/18/2016-11/03TBD/2019), 1st term**

30 **Dr. Anca Bordeianu, Region 15/16, (8/16/2016-11/4/2019), 1st term**

31 **Dr. Kimberly Denton, Region 1005, (3/18/2017 – 11/5/2017, 1st term**

32
33 **PASSED**

34
35 *Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig,*
36 *Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoan, Shepley, Stillwell, Tillman,*
37 *Uppal, White, Winland, Wooden, Worm*

38
39 *A – Shelly*

40
41 *N/A – Smith*

42
43 **XI. AIRBIII2017#08 - Creation of AGD Leadership Development and Oversight**
44 **Committee**

45
46 **Dr. Donald moved, Dr. Dubowsky seconded:**

1 “Resolved, that AIRBIII2017#08 - Creation of AGD Leadership Development and
2 Oversight Committee be postponed until March 19, 2017.”
3

4 “Resolved, that a Leadership Development and Oversight Committee be created and that
5 the Board Policy Manual be amended at Policy Type: II. Governance Process, K. Charges
6 of Council and Committees,
7

8 **Leadership Development and Oversight Committee**
9

10 **1. The Leadership Development and Oversight Committee shall consist of six**
11 **members, one of which is the President.**
12

13 **The Leadership Development and Oversight Committee shall be responsible for oversight**
14 **of the AGD Leadership Academy, including:**
15

16 **a. Serving as thought-leaders for the content to be presented at the following programs:**

- 17 **i. AGD Leadership Symposium**
- 18 **ii. AGD Leadership Institute**
- 19 **iii. AGD Leadership Forum**

20 **b. Identifying gaps in training, developing an all-inclusive program to deliver**
21 **programming to address these gaps, and identifying relevant leadership topics for**
22 **programs;**

23 **c. Serving as advisors for the content to be presented at the following programs:**

- 24 **i. AGD Leadership Symposium**
- 25 **ii. AGD Leadership Institute**
- 26 **iii. AGD Leadership Forum**

27 **d. Determining program facilitators for the above;**

28 **e. Presenting activities, strategies, and plans in accordance with the approved budgets;**

29 **f. Presenting annual report to the AGD Board;**

30 **g. Reassessing leadership training needs annually;**

31 **h. Developing measurable metrics for the AGD Leadership Academy, including each**
32 **of the major components of the academy**
33

34 **PASSED**

35
36 *Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig,*
37 *Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman,*
38 *Uppal, White, Winland, Wooden, Worm*
39

40 *A – Shelly*

41
42 *N/A – Smith*
43

44 **XII. AIRBIII2017#09 - Creation of New Manager Position with Dental Education**
45 **Department**
46

1 **Dr. Shepley moved, Dr. Cheney seconded:**

2 **“Resolved, that AIRBIII2017#09 - Creation of New Manager Position with Dental**
3 **Education Department be approved.”**

4
5 **“Resolved, that \$90,000 be allocated from the 2017 Contingency Fund to compensate a**
6 **newly created “Manager, Dental Education” position within the Dental Education**
7 **Department.”**

8
9 **PASSED**

10
11 *Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig,*
12 *Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoan, Shepley, Stillwell, Tillman,*
13 *Uppal, White, Winland, Wooden, Worm*

14
15 *A –Shelly*

16
17 *N/A – Smith*

18
19 **XIII. AIRBIII2017#10 - Credentials & Elections Committee Request to Replace**
20 **HODFAT**

21
22 **Dr. Cheney moved, Dr. Hanson seconded:**

23 **“Resolved, that AIRBIII2017#10 - Credentials & Elections Committee Request to Replace**
24 **HODFAT be approved.”**

25
26 **“Resolved, that \$18,570 be allocated from the 2017 Contingency Fund to provide AGD with**
27 **the information technology necessary to monitor and track a quorum for the AGD House**
28 **of Delegates. (HOD).”**

29
30 **PASSED**

31
32 *Y – Bishop, Cheney, Donald, Dubowsky, Dyzenhaus, Gajjar, Gehrig, Gorman, Guter, Hanson,*
33 *Harunani, Malterud, Tillman, Uppal, White, Winland, Wooden, Worm*

34
35 *N – Dear, Lew, Shamoan, Stillwell*

36
37 *a – Cordero, Edgar, Shepley*

38
39 *A –Shelly*

40
41 *N/A – Smith*

42
43 **XIV. AIRBIII2017#11 – Request to Approve New Public Relations Consultant**

44
45 **Dr. Malterud moved, Dr. Bishop seconded:**

1 **“Resolved, that AIRBIII2017#11 – Request to Approve New Public Relations Consultant**
2 **be approved.”**

3
4 **“Resolved, that the Board approve the selection of Finn Partners to provide public**
5 **relations consultation as part of the AGD rebrand launch and implementation of 2017**
6 **public relations initiatives.”**

7
8 **PASSED**

9
10 *Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig,*
11 *Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoan, Shepley, Stillwell, Tillman,*
12 *Uppal, White, Winland, Wooden, Worm*

13
14 *A – Shelly*

15
16 *N/A – Smith*

17
18 **XV. AIRBIII2017#12 – Diabetes Task Force and Summit**

19
20 **Dr. Shamoan moved, Dr. Wooden seconded:**

21 **“Resolved, that AIRBIII2017#12 – Diabetes Task Force and Summit be approved.”**

22
23 **“Resolved, that the AGD identify one or two diabetes experts to represent the AGD for**
24 **development of a toolkit, with candidate recommendations from the Dental Practice**
25 **Council.**

26
27 **And be it further,**

28
29 **Resolved, the Board develop a task force of one or two member representatives with**
30 **expertise on diabetes management, from each of the AGD (representatives identified per**
31 **the first resolved clause above), the American Academy of Family Physicians (AAFP), the**
32 **American Association of Diabetes Educators (AADE), and other suitable organizations,**
33 **pending approval of these organizations, to develop a toolkit for members of each**
34 **organization on the collaborative management of diabetes in patients.**

35
36 **And be it further,**

37
38 **Resolved, that funding be sought in sponsorship and/or grants for the collaborative**
39 **diabetes projects with the AAFP, including costs for a Diabetes Summit.**

40
41 **And be it further,**

42
43 **Resolved, that up to \$10,600 be allocated from 2017 Contingency Fund (or, to the extent**
44 **that sponsorship and/or grants cannot be attained to cover these expenses) for travel costs,**
45 **food, and beverages to host up to ten (10) representatives for a Diabetes Summit at AGD**
46 **Headquarters, at the earliest occasion that is reasonable and feasible to produce effective**

1 **outcome(s), with the understanding that effective outcome(s) may include finalization of the**
2 **member toolkit on the collaborative management of diabetes.”**

3
4 **PASSED**

5
6 *Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig,*
7 *Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman,*
8 *Uppal, White, Winland, Wooden, Worm*

9
10 *A – Shelly*

11
12 *N/A – Smith*

13
14 **XVI. Moderate Sedation Task Force Report Discussion**

15
16 **Dr. Donald moved, Dr. Lew seconded:**

17 **“Resolved, that the Moderate Sedation Task Force Report be accepted.”**

18
19 **PASSED**

20
21 *Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig,*
22 *Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Uppal, White,*
23 *Winland, Wooden, Worm*

24
25 *a - Tillman*

26
27 *A – Shelly*

28
29 *N/A – Smith*

30
31 **XVII. ADA/AGD Code of Ethics Discussion**

32
33 **Dr. Donald moved, Dr. Tillman seconded:**

34 **“Resolved, that staff research AAOMS and AAO Codes of Ethics and pertinent historical**
35 **information to determine if they are derivative works of the ADA Code of Ethics, and**
36 **report to the next Board call.”**

37
38 **PASSED**

39
40 *Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig,*
41 *Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman,*
42 *Uppal, White, Winland, Wooden, Worm*

43
44 *A – Shelly*

1 N/A – Smith

2

3 **XVIII. Executive Session – Third Party Payer Discussion**

4

5 **Dr. Wooden moved, Dr. Bishop seconded:**

6 **“Resolved, that nothing in this report or in any action or discussion outlined in this report**
7 **was, is, or will be intended in any way as any effort beyond “mere attempts to influence the**
8 **passage or enforcement of laws” as permitted under the immunities against violation of the**
9 **Sherman Antitrust as provided by the Noerr-Pennington Doctrine.”**

10

11 **PASSED**

12

13 *Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig,*
14 *Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoan, Shepley, Stillwell, Tillman,*
15 *Uppal, White, Winland, Wooden, Worm*

16

17 *A – Shelly*

18

19 *N/A – Smith*

20

21 **Dr. Worm moved, Dr. Hanson seconded:**

22 **“Resolved, that the Board, along with the following staff and guests: Daniel Buksa, Thomas**
23 **Killam, Christa Ojeda, Jennifer Goler, Morgan Bishop, and Ravi Sinha, go into executive**
24 **session at 1:45 p.m. PDT.”**

25

26 **PASSED**

27

28 *Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig,*
29 *Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoan, Shepley, Stillwell, Tillman,*
30 *Uppal, White, Winland, Wooden, Worm*

31

32 *A – Shelly*

33

34 *N/A – Smith*

35

36 **Dr. Shepley moved, Dr. Dear seconded:**

37 **“Resolved, that the Board, along with the following staff and guests: Daniel Buksa, Thomas**
38 **Killam, Christa Ojeda, Jennifer Goler, Morgan Bishop, and Ravi Sinha, come out of**
39 **executive session at 2:25 p.m. PDT.”**

40

41 **PASSED**

42

43 *Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig,*
44 *Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoan, Shepley, Stillwell, Tillman,*
45 *Uppal, White, Winland, Wooden, Worm*

1
2 A –Shelly

3
4 N/A – Smith

5
6 **XIX. Executive Session – Regional Director Trustee Relationship**

7
8 **Dr. Harunani moved, Dr. Dear seconded:**

9 **“Resolved, that the Board, along with the following staff and guests: Daniel Buksa, Thomas**
10 **Killam, Christa Ojeda, Jennifer Goler, Morgan Bishop, and Ravi Sinha, go into executive**
11 **session at 2:34 p.m. PDT.”**

12
13 **PASSED**

14
15 *Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig,*
16 *Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman,*
17 *Uppal, White, Winland, Wooden, Worm*

18
19 A –Shelly

20
21 N/A – Smith

22
23 **Dr. Shepley moved, Dr. Dear seconded:**

24 **“Resolved, that the Board, along with the following staff and guests: Daniel Buksa, Thomas**
25 **Killam, Christa Ojeda, Jennifer Goler, Morgan Bishop, and Ravi Sinha, come out of**
26 **executive session at 3:29 p.m. PDT.”**

27
28 **PASSED**

29
30 *Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig,*
31 *Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman,*
32 *Uppal, White, Winland, Wooden, Worm*

33
34 A –Shelly

35
36 N/A – Smith

37
38 **During executive session the following actions were taken:**

39
40 **“Resolved, that a task force be created to survey, identify, and make suggestions in creating**
41 **a more collaborative relationship and organizational structure between the RD’s and**
42 **Trustees, with a preliminary report to the 2016-2017 Board Meeting IV and final report by**
43 **the 2016-2017 Board Meeting V.”**

44
45 **Saturday March 18, 2017**

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I. Call to Order

Dr. Smith called the meeting to order March 18, 2017 at 8:03 a.m. PDT.

II. Executive Session – Executive Director Search Committee

Dr. White moved, Dr. Shepley seconded:

“Resolved, that the Board go into executive session at 8:04 p.m. PDT.”

PASSED
Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoan, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm
A – Shelly
N/A – Smith

Dr. Shamoan moved, Dr. Shepley seconded:

“Resolved, that the Board come out of executive session at 12:00 p.m. PDT.”

PASSED
Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoan, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm
A – Shelly
N/A – Smith

III. Executive Session – Investment Committee Report

Dr. Worm moved, Dr. Cheney seconded:

“Resolved, that the Board, along with the following staff and guests: Daniel Buksa, Thomas Killam, Christa Ojeda, Jennifer Goler, Morgan Bishop, and Dr. Portwood, go into executive session at 1:06 p.m. PDT.”

PASSED
Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoan, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

1 A –Shelly

2
3 N/A – Smith

4
5 **Dr. Shepley moved, Dr. Dear seconded:**

6 **“Resolved, that the Board, along with the following staff and guests: Daniel Buksa, Thomas**
7 **Killam, Christa Ojeda, Jennifer Goler, Morgan Bishop, Ravi Sinha, and Dr. Portwood,**
8 **come out of executive session at 1:31 p.m. PDT.”**

9
10 **PASSED**

11
12 *Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig,*
13 *Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoan, Shepley, Stillwell, Tillman,*
14 *Uppal, White, Winland, Wooden, Worm*

15
16 A –Shelly

17
18 N/A – Smith

19
20 **IV. AIRBIII2017#14 - Board Approval for Commercial Development of First Floor**

21
22 **Dr. Wooden moved, Dr. Gehrig seconded;**

23 **“Resolved, that AIRBIII2017#14 - Board Approval for Commercial Development of First**
24 **Floor be approved.”**

25
26 **“Resolved, that the Board approve the commercial development of the first floor of the**
27 **AGD building.”**

28
29 **PASSED**

30
31 *Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig,*
32 *Gorman, Guter, Hanson, Lew, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden,*
33 *Worm*

34
35 *a – Harunani, Malterud*

36
37 A –Shamoan, Shelly

38
39 N/A – Smith

40
41 **V. AIRBIII2017#15 – Future of General Dentistry Task Force Meeting**

42
43 **Dr. Gehrig moved, Dr. Dubowsky seconded:**

44 **“Resolved, that AIRBIII2017#15 – Future of General Dentistry Task Force Meeting be**
45 **tabled.”**

1
2 **“Resolved, that up to \$10,600 be allocated from the 2017 AGD Contingency Fund to host a**
3 **one-day meeting of the AGD Future of General Dentistry Task Force at AGD**
4 **Headquarters.”**

5
6 **PASSED**

7
8 *Y – Bishop, Cheney, Cordero, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman,*
9 *Guter, Hanson, Malterud, Shepley, Stillwell, Tillman, Uppal, White, Winland, Worm*

10
11 *N - Harunani, Lew*

12
13 *a – Dear, Wooden*

14
15 *A –Shamoon, Shelly*

16
17 *N/A – Smith*

18
19 **VI. AIRBIII2017#16 – Approve Prioritized 2017 Corporate Objectives**

20
21 **Dr. Dyzenhaus moved, Dr. Cheney seconded:**

22 **“Resolved, that AIRBIII2017#16 – Approve Prioritized 2017 Corporate Objectives be**
23 **approved.”**

24
25 **“Resolved, that the 2017 Corporate Objectives be approved as prioritized.”**

26
27 **PASSED**

28
29 *Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig,*
30 *Gorman, Guter, Harunani, Lew, Malterud, Shepley, Stillwell, Tillman, Uppal, White, Winland,*
31 *Wooden, Worm*

32
33 *N - Hanson*

34
35 *A – Shamoon, Shelly*

36
37 *N/A – Smith*

38
39 **Dr. Gehrig moved, Dr. Cheney seconded:**

40 **“Resolved, that a workgroup of the three (3) Board members be formed to identify**
41 **discrepancies in the current strategic plan and make recommendations for potential**
42 **changes to the plan with a report to 2016-2017 Board Meeting IV.”**

43
44 **PASSED**

1 Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig,
2 Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shepley, Stillwell, Tillman, Uppal, White,
3 Winland, Wooden, Worm

4
5 A – Shamoon, Shelly

6
7 N/A – Smith

8
9 **VII. AIRBIII2017#08 - Creation of AGD Leadership Development and Oversight**
10 **Committee**

11
12 **Dr. Uppal moved, Dr. Wooden seconded:**

13 **“Resolved, that AIRBIII2017#08 - Creation of AGD Leadership Development and**
14 **Oversight Committee be approved as amended”**

15
16 **“Resolved, that a Leadership Development and Oversight Committee be created and that**
17 **the Board Policy Manual be amended at Policy Type: II. Governance Process, K. Charges**
18 **of Council and Committees,**

19
20 **Leadership Development and Oversight Committee**

21
22 **1. The Leadership Development and Oversight Committee shall consist of ~~six~~seven**
23 **members to include the President as chair, President-Elect, RD Chair, RD Vice Chair, and**
24 **other members to include a trustee to serve up to a two year term, one at large member to**
25 **serve a two year term, and one at large member to serve an initial one year term and**
26 **thereafter a two year term.**

27
28 **The Leadership Development and Oversight Committee shall be responsible for oversight**
29 **of the AGD Leadership Academy, including:**

30
31 **a. Serving as thought-leaders for the content to be presented at the following programs:**

- 32 **i. AGD Leadership Symposium**
33 **ii. AGD Leadership Institute**
34 **iii. AGD Leadership Forum**

35 **b. Identifying gaps in training, developing an all-inclusive program to deliver**
36 **programming to address these gaps, and identifying relevant leadership topics for**
37 **programs;**

38 **c. Serving as advisors for the content to be presented at the following programs:**

- 39 **i. AGD Leadership Symposium**
40 **ii. AGD Leadership Institute**
41 **iii. AGD Leadership Forum**

42 **d. Determining program facilitators for the above;**

43 **e. Presenting activities, strategies, and plans in accordance with the approved budgets;**

44 **f. Presenting annual report to the AGD Board;**

45 **g. Reassessing leadership training needs annually;**

1 **h. Developing measurable metrics for the AGD Leadership Academy, including each**
2 **of the major components of the academy**

3
4 **PASSED**

5
6 *Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig,*
7 *Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shepley, Stillwell, Tillman, Uppal, White,*
8 *Winland, Wooden, Worm*

9
10 *A – Shamoon, Shelly*

11
12 *N/A – Smith*

13
14 **VIII. Adjournment**

15
16 **Dr. Shepley moved, Dr. Dear seconded:**

17 **“Resolved, that Board meeting be adjourned at 3:20 PDT.”**

18
19 **PASSED**

20
21 *Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig,*
22 *Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shepley, Stillwell, Tillman, Uppal, White,*
23 *Winland, Wooden, Worm*

24
25 *A – Shamoon, Shelly*

26
27 *N/A – Smith*

2017 Prioritized Corporate Objectives Approved 3-18-17	
1	Membership – By December 31, 2017, increase “active” members by 5% over the December 31, 2016 number; increase “full-dues paying members by 5% over December 31, 2016 number; and increase student members by 5% over the December 31, 2016 number, by implementing the 2017 Membership Recruitment Annual Operations Plan. G3, S1, S2, S3, S4, S5
2	Non-Dues Revenue - By December 31, 2017, increase non-dues revenue through sponsorship, advertising, exhibit sales, and affinity program 5% over the December 31, 2016 actuals. G5, S1
3	Scientific Session – By July 15, 2017, Scientific Session attendance attracted 5% of AGD’s membership, G1, S1
4	Communications/Membership/Information Technology/Marketing – Launch new AGD website and reskin all AGD related sub-sites by June 30, 2017. G4, S1, S2, S3, S4
5	Communications – By December 31, 2017, begin implementation of comprehensive content strategy(ies) (digital and print) that generates greater recognition of AGD as a leader in oral health through distribution of news, stories, and information that highlight 1) educational opportunities, 2) member experiences and contributions to the profession, and 3) research and policies. G4, S1, S2, S3, S4
6	Rebranding – Complete Phase 3 (Execution) of the rebranding implementation across all areas of the organization by June 30, 2017. G4, S1, S2, S3, S4, S5.
7	Advocacy A – By Dec. 31, 2017, represent the policies of the AGD before standard setting groups and the ADA as follows: <ul style="list-style-type: none"> • Comment on 100% of Code Maintenance Committee (CMC) submissions, with at least 75% assent of the CMC’s votes with the positions expressed by the AGD Dental Practice Council. • 90% of all resolutions upon which AGD takes a position at the ADA HOD will be acted upon favorably by the ADA HOD. • Provide written and/or verbal comment on 100% of new or revised standards, rules, or guidelines proposed by organizational bodies (such as CODA or ADA Councils) or regulatory bodies (such as EPA or FDA) and directed by AGD leadership or the appropriate councils/committees as warranting AGD comment.G2, S2.
8	Constituent Branding/Websites – 25% of constituents have their local constituent websites (including all communication methods, etc.) updated and in accordance with the AGD rebrand guidelines and policy by December 31, 2017. G4, S2
9	Education B – Enhance the online learning center, so that by December 31, 2017, 5% of all AGD members have registered for a course during the calendar year. G1, S2.
10	Advocacy B – By December 31, 2017, train 15 constituent leaders throughout the year in Chicago on best advocacy practices. The 15 leaders shall come from states preferred with pending legislative, regulatory, political, or administrative issues important to AGD. G2, S1, S2, S4; G4, S4, T3
11	AGD Student Chapters – By December 31, 2017, have AGD Student Chapters registered at 75% of US dental schools by offering at least three student chapter webinars, two regional student events, and six new online resources. G3, S1, S2, S4, S5

12	Education C – By December 31, 2017, increase the number of nationally-approved PACE providers by 5% over the December 31, 2016 actuals. G1, S4
13	Education A – By December 31, 2017, migrate the self-study program to an online format and achieve a 5% increase in program revenues over the December 31, 2016 actuals. G1, S1, S2, S3

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2
3

1 **April 19, 2017 Meeting Minutes**

2
3 **I. Agenda Approval**

4
5 **Dr. Cordero moved, Dr. Shamoon seconded:**

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

7
8 **PASSED**

9
10 *Y – Bishop, Cordero, Dear, Dubowsky, Gajjar, Gehrig, Gorman, Hanson, Harunani, Lew,*
11 *Malterud, Shelly, Shepley, White, Winland, Wooden, Worm*

12
13 *A – Cheney, Donald, Dyzenhaus, Edgar, Guter, Shamoon, Stillwell, Tillman, Uppal*

14
15 *N/A – Smith*

16
17 **II. Update on Code of Ethics**

18
19 **Dr. White moved, Dr. Dubowsky seconded:**

20 **Resolved, that this discussion be postponed until the 2016-2017 Board meeting IV.**

21
22 **And be it further,**

23
24 **Resolved, that legal counsel be consulted with further information, to include potential**
25 **ramifications of conflicts for members belonging to both ADA and AGD, submitted as a**
26 **report to the 2016-2017 Board Meeting IV.**

27
28 **PASSED**

29
30 *Y – Bishop, Cheney, Cordero, Dear, Dubowsky, Dyzenhaus, Gajjar, Gehrig, Gorman, Hanson,*
31 *Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland,*
32 *Wooden, Worm*

33
34 *A – Donald, Edgar, Guter*

35
36 *N/A – Smith*

37
38 **III. Moderate Sedation Task Force Report**

39
40 **Dr. White moved, Dr. Gajjar seconded:**

41 **“Resolved, that the Moderate Sedation Task Force Report be accepted.”**

42
43 **PASSED**

1 *Y – Bishop, Cheney, Cordero, Dear, Dubowsky, Dyzenhaus, Gajjar, Gehrig, Gorman, Hanson,*
2 *Harunani, Lew, Malterud, Shamoan, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland,*
3 *Wooden, Worm*

4
5 *A –Donald, Edgar, Guter*

6
7 *N/A – Smith*

8
9 **IV. Future of General Dentistry Task Force Report**

10
11 **Dr. Dubowsky moved, Dr. Shelly seconded:**

12 **“Resolved, that the Future of General Dentistry Task Force Report be accepted.”**

13
14 **PASSED**

15
16 *Y – Bishop, Cheney, Cordero, Dear, Dubowsky, Dyzenhaus, Gajjar, Gehrig, Gorman, Hanson,*
17 *Harunani, Lew, Malterud, Shamoan, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland,*
18 *Wooden, Worm*

19
20 *A –Donald, Edgar, Guter*

21
22 *N/A – Smith*

23
24 **V. Engaging the Oral Health Community in Childhood Obesity Prevention Conference**
25 **Report**

26
27 **Dr. Shamoan moved, Dr. Lew seconded:**

28 **“Resolved, that the Engaging the Oral Health Community in Childhood Obesity**
29 **Prevention Conference Report be accepted and referred to the appropriate agencies.”**

30
31 **PASSED**

32
33 *Y – Bishop, Cheney, Cordero, Dear, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman,*
34 *Hanson, Harunani, Lew, Malterud, Shamoan, Shelly, Shepley, Stillwell, Tillman, Uppal, White,*
35 *Winland, Wooden, Worm*

36
37 *A –Donald, Guter*

38
39 *N/A – Smith*

40
41 **VI. Report on the Third North American Saliva Symposium**

42
43 **Dr. Wooden moved, Dr. Dyzenhaus seconded:**

44 **“Resolved, that the Report on the Third North American Saliva Symposium be accepted**
45 **and referred to the appropriate agencies.”**

1
2 **PASSED**

3
4 *Y – Bishop, Cheney, Cordero, Dear, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman,*
5 *Hanson, Harunani, Lew, Malterud, Shamoan, Shelly, Shepley, Stillwell, Tillman, Uppal, White,*
6 *Winland, Wooden, Worm*

7
8 *A –Donald, Guter*

9
10 *N/A – Smith*

11
12 **VII. AIR – Fund Transfer for Beacon Technology for Scientific Meeting**

13
14 **Dr. Dubowsky moved, Dr. Shepley seconded:**

15 **“Resolved, that AIR – Fund Transfer for Beacon Technology for Scientific Meeting be**
16 **approved.”**

17
18 **“Resolved, that staff research options to utilize beacon technology at the AGD 2017**
19 **Scientific Session.**

20
21 **And be it further,**

22
23 **Resolved, that the following inter-fund shifts be made to fund this project,**

- 24 • **\$10,000 from the Scientific Session Meeting budget line, Hotel Facility contingency**
25 **funds for additional space;**
26 • **\$15,000 from Audio/Visual to be utilized for technology offering in the exhibit hall;**
27 **\$19,550 from the budget line for Attendee meal coupons”**

28
29 **PASSED**

30
31 *Y – Bishop, Cheney, Cordero, Dear, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman,*
32 *Hanson, Harunani, Lew, Malterud, Shamoan, Shelly, Shepley, Stillwell, Tillman, Uppal, White,*
33 *Winland, Wooden, Worm*

34
35 *A –Donald, Guter*

36
37 *N/A – Smith*

38
39 **VIII. Division Coordinator Reports**

40
41 **Dr. Shamoan moved, Dr. Shelly seconded:**

42 **“Resolved, that the Division Coordinator Reports be accepted.”**

- 43
44 **a. Advocacy – Representation - Dr. Bromberg**
45 **b. Membership Services - Dr. Clemente**

1 **c. Public & Professional Relations - Dr. Rathee**

2
3 **PASSED**

4
5 *Y – Bishop, Cheney, Cordero, Dear, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman,*
6 *Hanson, Harunani, Malterud, Shamoan, Shelly, Shepley, Stillwell, Tillman, Uppal, White,*
7 *Winland, Wooden, Worm*

8
9 *a - Lew*

10
11 *A –Donald, Guter*

12
13 *N/A – Smith*

14
15 **IX. Executive Session –Executive Director Search Committee Update**

16
17 **Dr. Shamoan moved, Dr. Worm seconded:**

18 **“Resolved, that the Board go into executive session at 8:41 p.m. CDT.”**

19
20 **PASSED**

21
22 *Y – Bishop, Cheney, Cordero, Dear, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman,*
23 *Hanson, Harunani, Lew, Malterud, Shamoan, Shelly, Shepley, Stillwell, Tillman, Uppal, White,*
24 *Winland, Wooden, Worm*

25
26 *A –Donald, Guter*

27
28 *N/A – Smith*

29
30 **Dr. Worm moved, Dr. Cheney seconded:**

31 **“Resolved, that the Board come out of executive session at 8:50 p.m. CDT.”**

32
33 **PASSED**

34
35 *Y – Bishop, Cheney, Cordero, Dear, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman,*
36 *Hanson, Harunani, Lew, Malterud, Shamoan, Shelly, Shepley, Stillwell, Tillman, Uppal, White,*
37 *Winland, Wooden, Worm*

38
39 *A –Donald, Guter*

40
41 *N/A – Smith*

42
43 **X. Adjournment**

44
45 **Dr. Dyzenhaus moved, Dr. Cheney seconded:**

1 **“Resolved, that the meeting be adjourned at 8:51 p.m. CDT.”**

2
3 **PASSED**

4
5 *Y – Bishop, Cheney, Cordero, Dear, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman,*
6 *Hanson, Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White,*
7 *Winland, Wooden, Worm*

8
9 *A –Donald, Guter*

10
11 *N/A – Smith*

12
13

1 **May 18, 2017 Board Call**

2
3 **I. Agenda Approval**

4
5 **Dr. Hanson moved, Dr. White seconded:**

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

7
8 **PASSED**

9
10 *Y – Bishop, Cheney, Cordero, Dear, Donald, Gajjar, Gehrig, Gorman, Guter, Hanson,*
11 *Harunani, Lew, Malterud, Shamoan, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden*

12
13 *A –Dubowsky, Dyzenhaus, Edgar, Shelly, Worm*

14
15 *N/A – Smith*

16
17 **II. Minutes Approval**

18
19 **Dr. Cheney moved, Dr. Hanson seconded:**

20 **“Resolved, that the Board Meeting III minutes, held March 18 – 19, 2017, be approved.”**

21
22 **PASSED**

23
24 *Y – Bishop, Cheney, Cordero, Dear, Donald, Gajjar, Gehrig, Gorman, Guter, Hanson,*
25 *Harunani, Lew, Malterud, Shamoan, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden*

26
27 *A –Dubowsky, Dyzenhaus, Edgar, Shelly, Worm*

28
29 *N/A – Smith*

30
31 **Dr. Shamoan moved, Dr. Bishop seconded:**

32 **“Resolved, that the Board Call minutes, held April 18, 2017, be approved.”**

33 **PASSED**

34
35 *Y – Bishop, Cheney, Dear, Gajjar, Gehrig, Gorman, Hanson, Harunani, Lew, Malterud,*
36 *Shamoan, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden*

37
38 *a - Donald, Cordero, Guter*

39
40 *A –Dubowsky, Dyzenhaus, Edgar, Shelly, Worm*

41
42 *N/A – Smith*

43
44 **III. AIR – Recommended Change to AGD PACE Eligibility Requirements**

1 Dr. Cheney moved, Dr. White seconded:

2 “Resolved, that AIR – Recommended Change to AGD PACE Eligibility Requirements be
3 approved as editorially amended.”

4
5 “Resolved, that PACE Eligibility requirements be modified as follows,

6
7 **Eligibility**

8 The provider organization is approved, not speakers or individual course content. The
9 applicant may be a major unit or department within an institution. To be eligible for
10 PACE approval the following criteria must be met:

- 11
12 1. The CDE provider offers a planned program of continuing dental education activities
13 consistent with the definition of continuing dental education provided in the Lexicon of
14 Terms. The CDE provider must demonstrate oversight by an independent advisory
15 committee. CDE organizations can be granted up to a six year approval based on
16 documented experience offering courses and documented compliance to the published
17 PACE Standards and Criteria
18
19 2. The CDE provider must be located or have a permanent base in the United States,
20 Canada or their territories, or be an officially recognized agency or unit within the
21 national dental services of the United States or Canada. CDE providers that do not fit
22 within this criterion must meet the additional international eligibility requirements
23 provided in the Eligibility Requirements for International Continuing Dental Education
24 Providers section before being considered eligible to apply for ~~recognition~~ approval.
25
26 3. The program provider . . .

27
28 And be it further resolved that the following section be added to the PACE Guidelines,

29
30 **Eligibility Requirements for International Continuing Dental Education Providers**

- 31 **1. An International CDE Provider interested in obtaining AGD PACE Approval must**
32 **demonstrate that it is a dental school, continuing education program within a dental**
33 **school, a national governmental health authority or a national membership association**
34 **or society for dental professionals. The International CDE provider must be recognized**
35 **and/or accredited by the appropriate governmental or private regulatory authority that**
36 **regulates organizations to ensure that they meet the applicable standards for quality**
37 **advanced dental education, as determined in the ~~the~~ sole discretion of the AGD.**
38
39 **2. International CDE Providers applying for AGD PACE Approval must meet the same**
40 **PACE Eligibility Requirements and Standards and Criteria as providers in the United**
41 **States and Canada.**
42
43 **3. All application materials and documentation submitted by International CDE Providers**
44 **must be translated and presented to the AGD in English.**
45

1 **4. In addition to the standard PACE application, International CDE Providers MUST**
2 **complete and submit the application for International CDE Providers.**

3
4 And be it further resolved that the following definition be added to the PACE Lexicon of
5 Terms,

6
7 **International Continuing Dental Education Providers: Organizations which are not**
8 **located in and do not have a permanent base in the United States, Canada, or their**
9 **territories, and is not an official recognized agency or unit with the national dental services**
10 **of the United States or Canada.**

11
12 And be further resolved that the introductory information in the PACE Guidelines be
13 modified as follows,

14
15 **Program Approval for Continuing Education (PACE)**

16 Each year, thousands of continuing education courses are presented by hundreds of
17 program providers—dental schools, dental societies, and companies that specialize in
18 course presentations. Most provide dentists with valuable information that can be
19 successfully integrated into the dental practice. The Academy of General Dentistry (AGD)
20 Program Approval for Continuing Education (PACE) was created to assist members of the
21 AGD and the dental profession in identifying and participating in quality continuing dental
22 education (CDE). The program provider approval mechanism is an evaluation of the
23 educational processes used in designing, planning, and implementing continuing education.
24 Approval by the AGD does not imply endorsement of course content, products, or
25 therapies presented, nor does this approval imply ~~that a~~ acceptance for licensure
26 maintenance or any other purpose by any governmental or private regulatory authority
27 that regulates the practice of dentistry, including any national, state or provincial board of
28 dentistry will accept courses. Approved program providers are expected to comply with all
29 relevant state and federal laws. Continuing education offered by approved program
30 providers will be accepted by the AGD for Fellowship, Mastership and Lifelong Learning
31 & Service Recognition credit.

32
33 And be it further resolved that the disclaimer found in the PACE Guidelines be modified as
34 follows,

35
36 **Disclaimer**

37 The Academy of General Dentistry (AGD) does not endorse any course content, products,
38 processes, services or therapies presented by AGD PACE-approved providers. The views
39 and opinions of program providers expressed during education programs do not
40 necessarily state or reflect those of the AGD. AGD PACE approval may not be used for
41 product or program endorsement purposes; nor does it imply acceptance ~~by a~~ for licensure
42 maintenance or any other purpose by any governmental or private regulatory authority
43 that regulates the practice of dentistry, including any national, state or provincial board of
44 dentistry; nor does it imply accreditation of a program.

45
46 And be it further resolved that the PACE Purposes and Goals be modified as follows,

1
2 **Purposes and Goals**

3 **The Program Approval for Continuing Education (PACE) will operate:**

- 4 **1. To improve the educational quality of continuing dental education (CDE) programs**
5 **through self-evaluation conducted by program providers in relation to the Standards**
6 **and Criteria, and/or through counsel and recommendations provided to program**
7 **providers by the PACE Council.**
- 8 **2. To assure participants that approved continuing education program providers have the**
9 **organizational structure and resources necessary to provide CDE activities of**
10 **acceptable educational quality.**
- 11 **3. To achieve interstate and, where applicable, international acceptance for AGD**
12 **Fellowship and Mastership credit for activities put on by approved program providers.**
- 13 **4. To promote uniformity in identification of those CDE activities that are acceptable for**
14 **AGD Fellowship and Mastership credit.**
- 15 **5. To promote uniformity of standards for CDE that can be accepted by the dental**
16 **profession.**
- 17 **6. To promote, through consistent and meaningful application of standards, an increased**
18 **credibility for AGD’s Fellowship and Mastership awards.**

19
20 **And be it further resolved that PACE Standard VII, Criterion B be modified as follows,**

21
22 **B. Program providers must assume responsibility for assuring that participants treating**
23 **patients (~~especially those from outside the state/province where the course is held~~) are**
24 **not doing so in violation of state any applicable dental licensure laws.**

25
26 **And be it further resolved that the all PACE-approved providers use one of the two**
27 **following approved credit statements along with the current AGD PACE logo,**

28
29 **(Name of Provider) is designated as an Approved PACE Program Provider by the**
30 **Academy of General Dentistry. The formal continuing dental education programs of this**
31 **program provider are accepted by AGD for Fellowship, Mastership and membership**
32 **maintenance credit. Approval does not imply acceptance by a state or provincial board of**
33 **dentistry or any other applicable regulatory authority, or AGD endorsement. The current**
34 **term of approval extends from (DATE to DATE).**

35 **Provider ID <AGD ID Number>**

36
37 **–OR –**

38
39 **Approved PACE Program Provider**

40 **FAGD/MAGD Credit**

41 **Approval does not imply acceptance by a state or provincial board of dentistry, or any**
42 **other applicable regulatory authority, or AGD endorsement.**

43 **(DATE) to (DATE)**

44 **Provider ID <AGD ID Number> ”**

45
46 **PASSED**

1
2 *Y – Bishop, Cheney, Cordero, Dear, Donald, Gajjar, Gehrig, Gorman, Guter, Hanson,*
3 *Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden*

4
5 *A –Dubowsky, Dyzenhaus, Edgar, Shelly, Worm*

6
7 *N/A – Smith*

8
9 **IV. AIR – Recommended Change to AGD PACE Standards**

10
11 **Dr. Hanson moved, Dr. Wooden seconded:**

12 **“Resolved, that AIR – Recommended Change to AGD PACE Standards be approved as**
13 **editorially amended.”**

14
15 **“Resolved, that PACE Standard XII Commercial or Promotional Conflict of Interest, be**
16 **modified as follows:**

17
18 **Criteria**

19
20 **~~A. CDE Program providers must assume responsibility for ensuring the content quality~~**
21 **~~and scientific integrity of all CDE activities. Educational objectives, course content,~~**
22 **~~teaching methods, instructors and advisors must be selected independent of commercial~~**
23 **~~interest.~~**

24
25 **B. A. CDE program providers must operate in accordance with written guidelines and**
26 **policies that clearly place the responsibility for program content and faculty selection,**
27 **quality of the program content and scientific integrity of all CE activities on the program**
28 **provider. Educational objectives, course content, teaching methods, instructors and**
29 **advisors must be selected independent of commercial interest. These guideline must not**
30 **conflict with the PACE Standards/Criteria for Approval. Each CDE Learning Learning**
31 **experience offered must conform to this policy.**

32
33 **C.B. The ultimate decision regarding funding arrangements for CDE activities must be the**
34 **responsibility of the CDE program provider. ~~CDE activities may be supported by funds~~**
35 **~~received from external sources if such funds are unrestricted. External funding must be~~**
36 **~~disclosed to participants 1) in announcements, brochures, or other educational materials,~~**
37 **~~and 2) in the presentation itself. CE activities may be supported by funds received from~~**
38 **~~external sources if such funds are unrestricted. CE program providers must assume~~**
39 **~~responsibility for the specific content and use of instructional materials that are prepared~~**
40 **~~with outside financial support.~~**

41 **External funding, monetary support, or other special interest a program provider and/or**
42 **instructors/authors may have with any commercial entity whose products or services are**
43 **discussed in the program must be disclosed to participants in announcements, brochures,**
44 **or other educational materials, and in the presentation itself.**

1 **D.C.** CDE program providers receiving commercial support must develop and apply a written
2 statement or letter of agreement outlining the terms and conditions of the arrangement and/or
3 relationship between the program provider and the commercial supporter. **The program**
4 **provider and the organizations(s) providing support must sign the written agreement.**
5

6 **~~E.~~** ~~CDE program providers and instructors must disclose to participants any monetary~~
7 ~~or other special interest the program provider may have with any company whose products~~
8 ~~are discussed in its CDE activities. Disclosure must be made in publicity materials and at~~
9 ~~the beginning of the presentation itself.~~
10

11 **F. D.** Product-promotion material or product-specific advertisement of any type is
12 prohibited in or during CDE activities. Live promotional activities (staffed exhibits,
13 presentations) or enduring promotional activities (print or electronic advertisements) must
14 be kept separate from CDE. The juxtaposition of editorial and advertising material on the
15 same products or subjects must be avoided during CDE activities.
16

17 a. For live, face-to-face CDE, advertisements and promotional materials cannot be
18 displayed or distributed in the educational space during a CDE activity. Providers
19 cannot allow presenters or representatives of Commercial Interests to engage in sales or
20 promotional activities during the CDE activity.

21 b. For print CDE activities, advertisements and promotional materials will not be
22 interleaved within the pages of the CDE content. Advertisements and promotional
23 materials may face the first or last pages of printed CDE content as long as these
24 materials are not related to the CDE content they face and are not paid for by the
25 commercial supporters of the CDE activity.

26 c. For electronically mediated/computer based CDE activities, advertisements and
27 promotional materials will not be visible on the screen at the same time as the CDE
28 content and not interleaved between computer 'windows' or screens of the CDE content.

29 d. For audio-and video-based CDE activities, advertisements and promotional materials
30 will not be included within the CDE. There will be no 'commercial breaks.'

31 e. Educational materials that are part of a CDE activity, such as slides, abstracts and
32 handouts, cannot contain any advertising, trade name or a product-group message.

33 f. Print or electronic information distributed about the non- CDE elements of a CDE
34 activity that are not directly related to the transfer of education to the learner, such as
35 schedules and content descriptions, may include product promotion material or product-
36 specific advertisement.
37

38 **G.E.** Arrangements for commercial exhibits or advertisements must not influence planning
39 or interfere with the presentation, nor can they be a condition of the provision of
40 commercial support for CDE activities.

41 **H.F.** CDE program providers must ensure that a balanced view of therapeutic options is
42 presented. Whenever possible, generic names must be used to contribute to the impartiality
43 of the program presented.

44 **~~I.~~** ~~CDE program providers must assume responsibility for the specific content and use~~
45 ~~of instructional materials that are prepared with outside financial support.~~

1 **J.G.** CE program providers must assume responsibility for taking steps to protect against
2 and/or disclose any conflict of interest of the advisory/planning committee, CDE activity
3 planners, course directors and lecturer/author/instructors presenting courses. Signed
4 conflict of interest statements must be obtained from all advisory/planning committee
5 members, CDE activity planners, course directors and lecturer/author.

6 **K.H.** If providing electronically mediated distance learning, embedded advertising and
7 direct commercial links are inappropriate within the educational content and must be
8 avoided.

9 **L.I.** CDE providers that also offer activities designed to promote drugs, devices, services or
10 techniques must clearly disclose the promotional nature of the activity in publicity
11 materials and in the activity itself. The CDE hours awarded must not include the
12 promotional hours.

13 **M. J.** The advisory/planning committee must be involved in evaluating and taking steps to
14 protect against conflicts of interest that CDE activity planners, course directors and
15 lecturer/author/instructors may have.”

16
17 **PASSED**

18
19 *Y – Bishop, Cheney, Cordero, Dear, Donald, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson,*
20 *Harunani, Lew, Malterud, Shamoan, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden*

21
22 *A –Dubowsky, Dyzenhaus, Shelly, Worm*

23
24 *N/A – Smith*

25
26 **V. AIR – AGD Foundation Bylaws Amendment**

27
28 **Dr. Donald moved, Dr. Wooden seconded:**

29 **“Resolved, that AIR – AGD Foundation Bylaws Amendment be approved.”**

30
31 **“Resolved, that the AGD Foundation Bylaws be amended at Chapter II. Board of**
32 **Directors, Section 1, so that it reads:**

33
34 **Board of Directors**

35
36 **Section 1. Members. The affairs of the Foundation shall be managed by a Board of**
37 **Directors (hereafter referred to as the Board), consisting of twelve (12) members as follows:**

38
39 **“A minimum of ~~eight (8)~~ six (6) general dentists who are members in good standing of the**
40 **Academy of General Dentistry; ~~are members of the AGD Board (such terms of AGD~~**
41 **~~Board members on the Foundation Board shall be contingent upon said Trustee’s~~**
42 **~~continuing service on the AGD Board; once a Trustee ceases service on the AGD Board,~~**
43 **~~he/she shall be automatically resigned from the Foundation Board. Notwithstanding this~~**
44 **~~section, a former AGD Trustee may serve on the Foundation Board in one of the non-AGD~~**
45 **~~Board positions of the Foundation Board, so long as all other qualifications and numerical~~**
46 **~~criteria herein are in compliance), and four (4) individuals who through their influence, are~~**

1 capable of significantly furthering the purpose of the Foundation. a) two (2) of which are
2 current AGD Board members and b) four (4) are current or former AGD Board members
3 who have served on the AGD Board within five (5) years of their appointment to the AGD
4 Foundation Board. Six (6) members can be AGD members in good standing, a -AGD
5 Constituent Executive(s), and/or a corporate supporters who has have a passion for, and
6 has have shown a commitment to the AGD Foundation. The AGD President and President-
7 Elect shall serve as consultants without the right to vote.”
8

9 And be it further,

10 “Resolved, that the AGD Foundation Bylaws be amended at Chapter III. Elective Offices,
11 Section 1, B. Terms of Office, so that it reads:

12
13 **B. Terms of Office**

- 14
15 ~~1. All officers shall serve a term of office of one (1) year, with a limit of two (2) terms of~~
16 ~~office in any one position, even if the terms are not consecutive, with no automatic~~
17 ~~succession in offices. The office of the President and Vice-President shall serve a term of~~
18 ~~one (1) year. The office of Secretary/Treasurer shall serve a term of office of two (2) years.~~
19 ~~2. A term of office shall begin at the close of the Annual Meeting Scientific Session in which~~
20 ~~election took place and it shall end at the close of the next Annual Meeting Scientific~~
21 ~~Session. The President and Vice-President shall serve for the term of one (1) year with the~~
22 ~~Vice-President succeeding the President. The Secretary/Treasurer shall serve a two (2)~~
23 ~~year term and can be elected to a second term.~~
24 ~~3. No member of the Foundation Board shall hold more than one (1) Board office at the~~
25 ~~same time.~~
26 ~~4. All Directors must serve one-year on the Foundation Board before they are eligible for~~
27 ~~office.”~~
28

29 And be it further,

30
31 “Resolved, that the AGD Foundation Bylaws be amended at Chapter III Elective Offices,
32 Section 2, Duties, so that it reads:

33
34 **Duties**

35
36 **B. It shall be the duty of the Vice-President:**

- 37
38 **1. To assist the President in the performance of his/her duties;**
39 **2. To serve as a consultant on all committees, without the right to vote with the exception of**
40 **not playing any role on the ~~Nominating Committee~~ Board Development Committee;**
41 **3. To immediately assume the office of President and complete the term in the event of a**
42 **vacancy in that office;**
43 **4. To preside at all meetings of the Foundation Board in the temporary absence of the**
44 **President;**
45 **5. To have such other powers and perform such other duties as may be prescribed by the**
46 **Foundation Board or these Bylaws.**

1 **6. To succeed to the office of President at the close of the Scientific Session in which election**
2 **took place and it shall end at the close of the next Scientific Session.”**

3
4 And be it further,

5
6 **“Resolved, that throughout the bylaws, for consistency, Nominations Committee be**
7 **changed to Board Development Committee; and Annual Meeting be changed to Scientific**
8 **Session.”**

9
10 **PASSED**

11
12 *Y – Bishop, Cheney, Dear, Donald, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani,*
13 *Lew, Malterud, Shamoan, Shepley, Tillman, Stillwell, Uppal, White, Wooden*

14
15 *a - Cordero, Winland,*

16
17 *A –Dubowsky, Dyzenhaus, Shelly, Worm*

18
19 *N/A – Smith*

20
21 **VI. AIR – Funding Request for AGD 2017 Leadership Session Speaker**

22
23 **Dr. Hanson moved, Dr. Guter seconded:**

24 **“Resolved, that AIR – Funding Request for AGD 2017 Leadership Session Speaker be**
25 **approved as editorially amended.”**

26
27 **“Resolved, that the Board ~~allœated~~ allocate \$6,000 from the 2017 Contingency Fund to**
28 **pay, in part, for the speaker at the Leadership Session at AGD 2017.**

29
30 **PASSED**

31
32 *Y – Bishop, Cheney, Cordero, Dear, Donald, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson,*
33 *Harunani, Lew, Malterud, Shamoan, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden*

34
35 *A –Dubowsky, Dyzenhaus, Shelly, Worm*

36
37 *N/A – Smith*

38
39 **VII. AIR – PACE Council Appointments**

40
41 **Dr. Cheney moved, Dr. Hanson seconded:**

42 **“Resolved that AIR – PACE Council Appointments be approved.”**

43
44 **“Resolved, that the appointments to the PACE Council be approved.”**
45

1 **Dr. Eric Wong, Region 13, (6/30/2014-11/05/2017), 2nd term, Chair**
2 **Dr. Daniel Geare, Region 11, (6/30/2014-11/05/2017), 1st term**
3 **Dr. Jane Martone, Region 01, (6/30/2014-11/05/2017), 1st term**
4 **Dr. Russell Cyphers, Region 14, (6/21/2015-11/05/2017), 1st term**
5 **Dr. Navin Boggavarapu, Region 04, (6/21/2015-11/04/2018), 2nd term**
6 **Dr. Nahid Kashani, Region 09, (6/21/2015-11/04/2018), 2nd term**
7 **Dr. Ashley Lamay, Region 05, (7/18/2016–11/03/2019), 1st term**
8 **Dr. Ronald Giordan, Region 14, (7/18/2016-11/03/2019), 2nd term**
9 **Dr. Ronald Sawyer, Region 01, (7/18/2016-11/03/2019), 2nd term**
10 **Dr. Howard Chi, Region 13, (7/18/2016-11/03/2019), 1st term**
11 **Dr. Tomas Ballesteros, Region 04, (8/16/2016-11/05/2017), 1st term term**
12 **Dr. Jian Hong, Region 06, (8/16/2016-11/05/2017), 1st term**
13 **Dr. Steven Skurow, Region 13, (5/18/2017-11/05/2020), 1st term**
14 **Dr. Grant Quayle, Region 14, (5/18/2017-11/05/2020), 1st term**
15 **Dr. _____, Region _____, (TBD-11/05/2020), 1st term**
16 **Dr. J. Christopher Harvan, Region 14, (12/21/2015-11/4/2018), 1st term, Consultant**
17 **Dr. Dwight Duckworth, Region 12, (7/18/2016-11/4/2018), 1st term, Consultant**
18 **~~Dr. Steven Skurow, Region 13, (6/21/2015-11/04/2018), 1st term, Consultant~~**
19 **Dr. _____, Region _____, (TBD-11/05/2017), 1st term, Consultant**

20
21 **PASSED**

22
23 *Y – Bishop, Cheney, Cordero, Dear, Donald, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson,*
24 *Harunani, Lew, Malterud, Shamoan, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden*
25
26 *A –Dubowsky, Dyzenhaus, Shelly, Worm*
27
28 *N/A – Smith*

29
30 **VIII. New Business – Addition of Bank Loan Balloon Payment Discussion**

31
32 **Dr. Gehrig moved, Dr. Lew seconded:**

33 **“Resolved, that discussion on the bank loan balloon payment be added to the agenda.”**

34
35 **PASSED**

36
37 *Y – Bishop, Cheney, Cordero, Dear, Donald, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson,*
38 *Harunani, Lew, Malterud, Shamoan, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden*
39
40 *A –Dubowsky, Dyzenhaus, Shelly, Worm*
41
42 *N/A – Smith*

43
44 **Dr. Gehrig moved, Dr. Lew seconded:**

1 **“Resolved, that the final principal payment and principal balance remaining of the**
2 **previous building loan be rolled into a \$2,280,000 loan amortized over 10 years with a 5**
3 **year maturity at Chase Bank.”**

4
5 **PASSED**

6
7 *Y – Bishop, Cheney, Cordero, Dear, Donald, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson,*
8 *Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden*

9
10 *A –Dubowsky, Dyzenhaus, Shelly, Worm*

11
12 *N/A – Smith*

13
14 **IX. Adjournment**

15
16 **Dr. Lew moved, Dr. Hanson seconded:**

17 **“Resolved, that the meeting be adjourned at 7:58 p.m. CDT.”**

18
19 **PASSED**

20
21 *Y – Bishop, Cheney, Cordero, Dear, Donald, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson,*
22 *Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden*

23
24 *A –Dubowsky, Dyzenhaus, Shelly, Worm*

25
26 *N/A – Smith*

1 **2016-2017 Board Meeting IV**

2
3 **I. Agenda Approval**

4
5 **Dr. Hanson moved, Dr. White seconded:**

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

7
8 **PASSED**

9
10 *Y – Bishop, Cheney, Cordero, Dear, Donald, Gajjar, Gehrig, Gorman, Guter, Hanson,*
11 *Harunani, Lew, Malterud, Shamoan, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden*

12
13 *A –Dubowsky, Dyzenhaus, Edgar, Shelly, Worm*

14
15 *N/A – Smith*

16
17 **II. Minutes Approval**

18
19 **Dr. Cheney moved, Dr. Hanson seconded:**

20 **“Resolved, that the Board Meeting III minutes, held March 18 – 19, 2017, be approved.”**

21
22 **PASSED**

23
24 *Y – Bishop, Cheney, Cordero, Dear, Donald, Gajjar, Gehrig, Gorman, Guter, Hanson,*
25 *Harunani, Lew, Malterud, Shamoan, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden*

26
27 *A –Dubowsky, Dyzenhaus, Edgar, Shelly, Worm*

28
29 *N/A – Smith*

30
31 **Dr. Shamoan moved, Dr. Bishop seconded:**

32 **“Resolved, that the Board Call minutes, held April 18, 2017, be approved.”**

33 **PASSED**

34
35 *Y – Bishop, Cheney, Dear, Gajjar, Gehrig, Gorman, Hanson, Harunani, Lew, Malterud,*
36 *Shamoan, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden*

37
38 *a - Donald, Cordero, Guter*

39
40 *A –Dubowsky, Dyzenhaus, Edgar, Shelly, Worm*

41
42 *N/A – Smith*

43
44 **III. AIR – Recommended Change to AGD PACE Eligibility Requirements**

1 Dr. Cheney moved, Dr. White seconded:

2 “Resolved, that AIR – Recommended Change to AGD PACE Eligibility Requirements be
3 approved as editorially amended.”

4
5 “Resolved, that PACE Eligibility requirements be modified as follows,

6
7 **Eligibility**

8 The provider organization is approved, not speakers or individual course content. The
9 applicant may be a major unit or department within an institution. To be eligible for
10 PACE approval the following criteria must be met:

- 11
12 1. The CDE provider offers a planned program of continuing dental education activities
13 consistent with the definition of continuing dental education provided in the Lexicon of
14 Terms. The CDE provider must demonstrate oversight by an independent advisory
15 committee. CDE organizations can be granted up to a six year approval based on
16 documented experience offering courses and documented compliance to the published
17 PACE Standards and Criteria
18
19 2. The CDE provider must be located or have a permanent base in the United States,
20 Canada or their territories, or be an officially recognized agency or unit within the
21 national dental services of the United States or Canada. CDE providers that do not fit
22 within this criterion must meet the additional international eligibility requirements
23 provided in the Eligibility Requirements for International Continuing Dental Education
24 Providers section before being considered eligible to apply for ~~recognition~~ approval.
25
26 3. The program provider . . .

27
28 And be it further resolved that the following section be added to the PACE Guidelines,

29
30 **Eligibility Requirements for International Continuing Dental Education Providers**

- 31 **1. An International CDE Provider interested in obtaining AGD PACE Approval must**
32 **demonstrate that it is a dental school, continuing education program within a dental**
33 **school, a national governmental health authority or a national membership association**
34 **or society for dental professionals. The International CDE provider must be recognized**
35 **and/or accredited by the appropriate governmental or private regulatory authority that**
36 **regulates organizations to ensure that they meet the applicable standards for quality**
37 **advanced dental education, as determined in the ~~the~~ sole discretion of the AGD.**
38
39 **2. International CDE Providers applying for AGD PACE Approval must meet the same**
40 **PACE Eligibility Requirements and Standards and Criteria as providers in the United**
41 **States and Canada.**
42
43 **3. All application materials and documentation submitted by International CDE Providers**
44 **must be translated and presented to the AGD in English.**
45

1 **4. In addition to the standard PACE application, International CDE Providers MUST**
2 **complete and submit the application for International CDE Providers.**
3

4 And be it further resolved that the following definition be added to the PACE Lexicon of
5 Terms,
6

7 **International Continuing Dental Education Providers: Organizations which are not**
8 **located in and do not have a permanent base in the United States, Canada, or their**
9 **territories, and is not an official recognized agency or unit with the national dental services**
10 **of the United States or Canada.**
11

12 And be further resolved that the introductory information in the PACE Guidelines be
13 modified as follows,
14

15 **Program Approval for Continuing Education (PACE)**

16 Each year, thousands of continuing education courses are presented by hundreds of
17 program providers—dental schools, dental societies, and companies that specialize in
18 course presentations. Most provide dentists with valuable information that can be
19 successfully integrated into the dental practice. The Academy of General Dentistry (AGD)
20 Program Approval for Continuing Education (PACE) was created to assist members of the
21 AGD and the dental profession in identifying and participating in quality continuing dental
22 education (CDE). The program provider approval mechanism is an evaluation of the
23 educational processes used in designing, planning, and implementing continuing education.
24 Approval by the AGD does not imply endorsement of course content, products, or
25 therapies presented, nor does this approval imply ~~that a~~ acceptance for licensure
26 maintenance or any other purpose by any governmental or private regulatory authority
27 that regulates the practice of dentistry, including any national, state or provincial board of
28 dentistry will accept courses. Approved program providers are expected to comply with all
29 relevant state and federal laws. Continuing education offered by approved program
30 providers will be accepted by the AGD for Fellowship, Mastership and Lifelong Learning
31 & Service Recognition credit.
32

33 And be it further resolved that the disclaimer found in the PACE Guidelines be modified as
34 follows,
35

36 **Disclaimer**

37 The Academy of General Dentistry (AGD) does not endorse any course content, products,
38 processes, services or therapies presented by AGD PACE-approved providers. The views
39 and opinions of program providers expressed during education programs do not
40 necessarily state or reflect those of the AGD. AGD PACE approval may not be used for
41 product or program endorsement purposes; nor does it imply acceptance ~~by a~~ for licensure
42 maintenance or any other purpose by any governmental or private regulatory authority
43 that regulates the practice of dentistry, including any national, state or provincial board of
44 dentistry; nor does it imply accreditation of a program.
45

46 And be it further resolved that the PACE Purposes and Goals be modified as follows,

1
2 **Purposes and Goals**

3 **The Program Approval for Continuing Education (PACE) will operate:**

- 4 **1. To improve the educational quality of continuing dental education (CDE) programs**
5 **through self-evaluation conducted by program providers in relation to the Standards**
6 **and Criteria, and/or through counsel and recommendations provided to program**
7 **providers by the PACE Council.**
- 8 **2. To assure participants that approved continuing education program providers have the**
9 **organizational structure and resources necessary to provide CDE activities of**
10 **acceptable educational quality.**
- 11 **3. To achieve interstate and, where applicable, international acceptance for AGD**
12 **Fellowship and Mastership credit for activities put on by approved program providers.**
- 13 **4. To promote uniformity in identification of those CDE activities that are acceptable for**
14 **AGD Fellowship and Mastership credit.**
- 15 **5. To promote uniformity of standards for CDE that can be accepted by the dental**
16 **profession.**
- 17 **6. To promote, through consistent and meaningful application of standards, an increased**
18 **credibility for AGD’s Fellowship and Mastership awards.**

19
20 **And be it further resolved that PACE Standard VII, Criterion B be modified as follows,**

21
22 **B. Program providers must assume responsibility for assuring that participants treating**
23 **patients (~~especially those from outside the state/province where the course is held~~) are**
24 **not doing so in violation of state any applicable dental licensure laws.**

25
26 **And be it further resolved that the all PACE-approved providers use one of the two**
27 **following approved credit statements along with the current AGD PACE logo,**

28
29 **(Name of Provider) is designated as an Approved PACE Program Provider by the**
30 **Academy of General Dentistry. The formal continuing dental education programs of this**
31 **program provider are accepted by AGD for Fellowship, Mastership and membership**
32 **maintenance credit. Approval does not imply acceptance by a state or provincial board of**
33 **dentistry or any other applicable regulatory authority, or AGD endorsement. The current**
34 **term of approval extends from (DATE to DATE).**

35 **Provider ID <AGD ID Number>**

36
37 **–OR –**

38
39 **Approved PACE Program Provider**

40 **FAGD/MAGD Credit**

41 **Approval does not imply acceptance by a state or provincial board of dentistry, or any**
42 **other applicable regulatory authority, or AGD endorsement.**

43 **(DATE) to (DATE)**

44 **Provider ID <AGD ID Number> ”**

45
46 **PASSED**

1
2 *Y – Bishop, Cheney, Cordero, Dear, Donald, Gajjar, Gehrig, Gorman, Guter, Hanson,*
3 *Harunani, Lew, Malterud, Shamoan, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden*

4
5 *A –Dubowsky, Dyzenhaus, Edgar, Shelly, Worm*

6
7 *N/A – Smith*

8
9 **IV. AIR – Recommended Change to AGD PACE Standards**

10
11 **Dr. Hanson moved, Dr. Wooden seconded:**

12 **“Resolved, that AIR – Recommended Change to AGD PACE Standards be approved as**
13 **editorially amended.”**

14
15 **“Resolved, that PACE Standard XII Commercial or Promotional Conflict of Interest, be**
16 **modified as follows:**

17
18 **Criteria**

19
20 **~~A. CDE Program providers must assume responsibility for ensuring the content quality~~**
21 **~~and scientific integrity of all CDE activities. Educational objectives, course content,~~**
22 **~~teaching methods, instructors and advisors must be selected independent of commercial~~**
23 **~~interest.~~**

24
25 **B. A. CDE program providers must operate in accordance with written guidelines and**
26 **policies that clearly place the responsibility for program content and faculty selection,**
27 **quality of the program content and scientific integrity of all CE activities on the program**
28 **provider. Educational objectives, course content, teaching methods, instructors and**
29 **advisors must be selected independent of commercial interest. These guideline must not**
30 **conflict with the PACE Standards/Criteria for Approval. Each CDE ~~Learning~~ Learning**
31 **experience offered must conform to this policy.**

32
33 **C.B. The ultimate decision regarding funding arrangements for CDE activities must be the**
34 **responsibility of the CDE program provider. ~~CDE activities may be supported by funds~~**
35 **~~received from external sources if such funds are unrestricted. External funding must be~~**
36 **~~disclosed to participants 1) in announcements, brochures, or other educational materials,~~**
37 **~~and 2) in the presentation itself. CE activities may be supported by funds received from~~**
38 **~~external sources if such funds are unrestricted. CE program providers must assume~~**
39 **~~responsibility for the specific content and use of instructional materials that are prepared~~**
40 **~~with outside financial support.~~**

41 **External funding, monetary support, or other special interest a program provider and/or**
42 **instructors/authors may have with any commercial entity whose products or services are**
43 **discussed in the program must be disclosed to participants in announcements, brochures,**
44 **or other educational materials, and in the presentation itself.**

1 **D.C.** CDE program providers receiving commercial support must develop and apply a written
2 statement or letter of agreement outlining the terms and conditions of the arrangement and/or
3 relationship between the program provider and the commercial supporter. **The program**
4 **provider and the organizations(s) providing support must sign the written agreement.**
5

6 **~~E.~~** ~~CDE program providers and instructors must disclose to participants any monetary~~
7 ~~or other special interest the program provider may have with any company whose products~~
8 ~~are discussed in its CDE activities. Disclosure must be made in publicity materials and at~~
9 ~~the beginning of the presentation itself.~~
10

11 **F. D.** Product-promotion material or product-specific advertisement of any type is
12 prohibited in or during CDE activities. Live promotional activities (staffed exhibits,
13 presentations) or enduring promotional activities (print or electronic advertisements) must
14 be kept separate from CDE. The juxtaposition of editorial and advertising material on the
15 same products or subjects must be avoided during CDE activities.
16

17 a. For live, face-to-face CDE, advertisements and promotional materials cannot be
18 displayed or distributed in the educational space during a CDE activity. Providers
19 cannot allow presenters or representatives of Commercial Interests to engage in sales or
20 promotional activities during the CDE activity.

21 b. For print CDE activities, advertisements and promotional materials will not be
22 interleaved within the pages of the CDE content. Advertisements and promotional
23 materials may face the first or last pages of printed CDE content as long as these
24 materials are not related to the CDE content they face and are not paid for by the
25 commercial supporters of the CDE activity.

26 c. For electronically mediated/computer based CDE activities, advertisements and
27 promotional materials will not be visible on the screen at the same time as the CDE
28 content and not interleaved between computer 'windows' or screens of the CDE content.

29 d. For audio-and video-based CDE activities, advertisements and promotional materials
30 will not be included within the CDE. There will be no 'commercial breaks.'

31 e. Educational materials that are part of a CDE activity, such as slides, abstracts and
32 handouts, cannot contain any advertising, trade name or a product-group message.

33 f. Print or electronic information distributed about the non- CDE elements of a CDE
34 activity that are not directly related to the transfer of education to the learner, such as
35 schedules and content descriptions, may include product promotion material or product-
36 specific advertisement.
37

38 **G.E.** Arrangements for commercial exhibits or advertisements must not influence planning
39 or interfere with the presentation, nor can they be a condition of the provision of
40 commercial support for CDE activities.

41 **H.F.** CDE program providers must ensure that a balanced view of therapeutic options is
42 presented. Whenever possible, generic names must be used to contribute to the impartiality
43 of the program presented.

44 **~~I.~~** ~~CDE program providers must assume responsibility for the specific content and use~~
45 ~~of instructional materials that are prepared with outside financial support.~~

1 **J.G.** CE program providers must assume responsibility for taking steps to protect against
2 and/or disclose any conflict of interest of the advisory/planning committee, CDE activity
3 planners, course directors and lecturer/author/instructors presenting courses. Signed
4 conflict of interest statements must be obtained from all advisory/planning committee
5 members, CDE activity planners, course directors and lecturer/author.

6 **K.H.** If providing electronically mediated distance learning, embedded advertising and
7 direct commercial links are inappropriate within the educational content and must be
8 avoided.

9 **L.I.** CDE providers that also offer activities designed to promote drugs, devices, services or
10 techniques must clearly disclose the promotional nature of the activity in publicity
11 materials and in the activity itself. The CDE hours awarded must not include the
12 promotional hours.

13 **M. J.** The advisory/planning committee must be involved in evaluating and taking steps to
14 protect against conflicts of interest that CDE activity planners, course directors and
15 lecturer/author/instructors may have.”

16
17 **PASSED**

18
19 *Y – Bishop, Cheney, Cordero, Dear, Donald, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson,*
20 *Harunani, Lew, Malterud, Shamoan, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden*

21
22 *A –Dubowsky, Dyzenhaus, Shelly, Worm*

23
24 *N/A – Smith*

25
26 **V. AIR – AGD Foundation Bylaws Amendment**

27
28 **Dr. Donald moved, Dr. Wooden seconded:**

29 **“Resolved, that AIR – AGD Foundation Bylaws Amendment be approved.”**

30
31 **“Resolved, that the AGD Foundation Bylaws be amended at Chapter II. Board of**
32 **Directors, Section 1, so that it reads:**

33
34 **Board of Directors**

35
36 **Section 1. Members. The affairs of the Foundation shall be managed by a Board of**
37 **Directors (hereafter referred to as the Board), consisting of twelve (12) members as follows:**

38
39 **“A minimum of ~~eight (8)~~ six (6) general dentists who are members in good standing of the**
40 **Academy of General Dentistry; ~~are members of the AGD Board (such terms of AGD~~**
41 **~~Board members on the Foundation Board shall be contingent upon said Trustee’s~~**
42 **~~continuing service on the AGD Board; once a Trustee ceases service on the AGD Board,~~**
43 **~~he/she shall be automatically resigned from the Foundation Board. Notwithstanding this~~**
44 **~~section, a former AGD Trustee may serve on the Foundation Board in one of the non-AGD~~**
45 **~~Board positions of the Foundation Board, so long as all other qualifications and numerical~~**
46 **~~criteria herein are in compliance), and four (4) individuals who through their influence, are~~**

1 capable of significantly furthering the purpose of the Foundation. a) two (2) of which are
2 current AGD Board members and b) four (4) are current or former AGD Board members
3 who have served on the AGD Board within five (5) years of their appointment to the AGD
4 Foundation Board. Six (6) members can be AGD members in good standing, a -AGD
5 Constituent Executive(s), and/or a corporate supporters who has have a passion for, and
6 has have shown a commitment to the AGD Foundation. The AGD President and President-
7 Elect shall serve as consultants without the right to vote.”
8

9 And be it further,

10 “Resolved, that the AGD Foundation Bylaws be amended at Chapter III. Elective Offices,
11 Section 1, B. Terms of Office, so that it reads:

12
13 **B. Terms of Office**

- 14
15 ~~1. All officers shall serve a term of office of one (1) year, with a limit of two (2) terms of~~
16 ~~office in any one position, even if the terms are not consecutive, with no automatic~~
17 ~~succession in offices. The office of the President and Vice-President shall serve a term of~~
18 ~~one (1) year. The office of Secretary/Treasurer shall serve a term of office of two (2) years.~~
19 ~~2. A term of office shall begin at the close of the Annual Meeting Scientific Session in which~~
20 ~~election took place and it shall end at the close of the next Annual Meeting Scientific~~
21 ~~Session. The President and Vice-President shall serve for the term of one (1) year with the~~
22 ~~Vice-President succeeding the President. The Secretary/Treasurer shall serve a two (2)~~
23 ~~year term and can be elected to a second term.~~
24 ~~3. No member of the Foundation Board shall hold more than one (1) Board office at the~~
25 ~~same time.~~
26 ~~4. All Directors must serve one-year on the Foundation Board before they are eligible for~~
27 ~~office.”~~
28

29 And be it further,

30
31 “Resolved, that the AGD Foundation Bylaws be amended at Chapter III Elective Offices,
32 Section 2, Duties, so that it reads:

33
34 **Duties**

35
36 **B. It shall be the duty of the Vice-President:**

- 37
38 **1. To assist the President in the performance of his/her duties;**
39 **2. To serve as a consultant on all committees, without the right to vote with the exception of**
40 **not playing any role on the ~~Nominating Committee~~ Board Development Committee;**
41 **3. To immediately assume the office of President and complete the term in the event of a**
42 **vacancy in that office;**
43 **4. To preside at all meetings of the Foundation Board in the temporary absence of the**
44 **President;**
45 **5. To have such other powers and perform such other duties as may be prescribed by the**
46 **Foundation Board or these Bylaws.**

1 **6. To succeed to the office of President at the close of the Scientific Session in which election**
2 **took place and it shall end at the close of the next Scientific Session.”**

3
4 And be it further,

5
6 **“Resolved, that throughout the bylaws, for consistency, Nominations Committee be**
7 **changed to Board Development Committee; and Annual Meeting be changed to Scientific**
8 **Session.”**

9
10 **PASSED**

11
12 *Y – Bishop, Cheney, Dear, Donald, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani,*
13 *Lew, Malterud, Shamoan, Shepley, Tillman, Stillwell, Uppal, White, Wooden*

14
15 *a - Cordero, Winland,*

16
17 *A –Dubowsky, Dyzenhaus, Shelly, Worm*

18
19 *N/A – Smith*

20
21 **VI. AIR – Funding Request for AGD 2017 Leadership Session Speaker**

22
23 **Dr. Hanson moved, Dr. Guter seconded:**

24 **“Resolved, that AIR – Funding Request for AGD 2017 Leadership Session Speaker be**
25 **approved as editorially amended.”**

26
27 **“Resolved, that the Board ~~allœated~~ allocate \$6,000 from the 2017 Contingency Fund to**
28 **pay, in part, for the speaker at the Leadership Session at AGD 2017.**

29
30 **PASSED**

31
32 *Y – Bishop, Cheney, Cordero, Dear, Donald, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson,*
33 *Harunani, Lew, Malterud, Shamoan, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden*

34
35 *A –Dubowsky, Dyzenhaus, Shelly, Worm*

36
37 *N/A – Smith*

38
39 **VII. AIR – PACE Council Appointments**

40
41 **Dr. Cheney moved, Dr. Hanson seconded:**

42 **“Resolved that AIR – PACE Council Appointments be approved.”**

43
44 **“Resolved, that the appointments to the PACE Council be approved.”**
45

1 **Dr. Eric Wong, Region 13, (6/30/2014-11/05/2017), 2nd term, Chair**
2 **Dr. Daniel Geare, Region 11, (6/30/2014-11/05/2017), 1st term**
3 **Dr. Jane Martone, Region 01, (6/30/2014-11/05/2017), 1st term**
4 **Dr. Russell Cyphers, Region 14, (6/21/2015-11/05/2017), 1st term**
5 **Dr. Navin Boggavarapu, Region 04, (6/21/2015-11/04/2018), 2nd term**
6 **Dr. Nahid Kashani, Region 09, (6/21/2015-11/04/2018), 2nd term**
7 **Dr. Ashley Lamay, Region 05, (7/18/2016–11/03/2019), 1st term**
8 **Dr. Ronald Giordan, Region 14, (7/18/2016-11/03/2019), 2nd term**
9 **Dr. Ronald Sawyer, Region 01, (7/18/2016-11/03/2019), 2nd term**
10 **Dr. Howard Chi, Region 13, (7/18/2016-11/03/2019), 1st term**
11 **Dr. Tomas Ballesteros, Region 04, (8/16/2016-11/05/2017), 1st term term**
12 **Dr. Jian Hong, Region 06, (8/16/2016-11/05/2017), 1st term**
13 **Dr. Steven Skurow, Region 13, (5/18/2017-11/05/2020), 1st term**
14 **Dr. Grant Quayle, Region 14, (5/18/2017-11/05/2020), 1st term**
15 **Dr. _____, Region _____, (TBD-11/05/2020), 1st term**
16 **Dr. J. Christopher Harvan, Region 14, (12/21/2015-11/4/2018), 1st term, Consultant**
17 **Dr. Dwight Duckworth, Region 12, (7/18/2016-11/4/2018), 1st term, Consultant**
18 **~~Dr. Steven Skurow, Region 13, (6/21/2015-11/04/2018), 1st term, Consultant~~**
19 **Dr. _____, Region _____, (TBD-11/05/2017), 1st term, Consultant**

20
21 **PASSED**

22
23 *Y – Bishop, Cheney, Cordero, Dear, Donald, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson,*
24 *Harunani, Lew, Malterud, Shamoan, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden*
25
26 *A –Dubowsky, Dyzenhaus, Shelly, Worm*
27
28 *N/A – Smith*

29
30 **VIII. New Business – Addition of Bank Loan Balloon Payment Discussion**

31
32 **Dr. Gehrig moved, Dr. Lew seconded:**

33 **“Resolved, that discussion on the bank loan balloon payment be added to the agenda.”**

34
35 **PASSED**

36
37 *Y – Bishop, Cheney, Cordero, Dear, Donald, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson,*
38 *Harunani, Lew, Malterud, Shamoan, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden*
39
40 *A –Dubowsky, Dyzenhaus, Shelly, Worm*
41
42 *N/A – Smith*

43
44 **Dr. Gehrig moved, Dr. Lew seconded:**

1 **“Resolved, that the final principal payment and principal balance remaining of the**
2 **previous building loan be rolled into a \$2,280,000 loan amortized over 10 years with a 5**
3 **year maturity at Chase Bank.”**

4
5 **PASSED**

6
7 *Y – Bishop, Cheney, Cordero, Dear, Donald, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson,*
8 *Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden*

9
10 *A –Dubowsky, Dyzenhaus, Shelly, Worm*

11
12 *N/A – Smith*

13
14 **IX. Adjournment**

15
16 **Dr. Lew moved, Dr. Hanson seconded:**

17 **“Resolved, that the meeting be adjourned at 7:58 p.m. CDT.”**

18
19 **PASSED**

20
21 *Y – Bishop, Cheney, Cordero, Dear, Donald, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson,*
22 *Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden*

23
24 *A –Dubowsky, Dyzenhaus, Shelly, Worm*

25
26 *N/A – Smith*

1 **July 26, 2017 Board Call**

2
3 **I. Agenda Approval**

4
5 **Dr. Shamoan moved, Dr. White seconded:**

6 **“Resolved, that the agenda be approved.”**

7
8 **PASSED**

9
10 *Y – Bishop, Dear, Donald, Dubowsky, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud,*
11 *Shamoan, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden*

12
13 *A – Cheney, Cordero, Dyzenhaus, Worm*

14
15 *N/A – Smith*

16
17 **II. AIRBIV2017#08a - Amend Board Policy Type V. Board Guidelines W. Educational**
18 **Sponsorship Guidelines**

19 **Dr. Worm moved, Dr. Edgar seconded:**

20 **“Resolved, that AIRBIV2017#08a - Amend Board Policy Type V. Board Guidelines W.**
21 **Educational Sponsorship Guidelines be approved.”**

22
23 **“Resolved, that the name of the Education Sponsorship program be amended as follows.**

24
25 ***Policy Type: V. Board Guidelines***

26
27 **W. Educational Sponsorship Collaboration**
28 **Guidelines**

29
30 **Approved at 2016-2017 Board Meeting II**

31
32 **Educational Sponsorships Collaborations**

33
34 **Guidelines for AGD Educational Sponsorships Collaborations**

35
36 ***Definitions***

37
38 **Educational Sponsorship Collaboration: A relationship between the AGD and another**
39 **entity(ies) (the “parties”) for the purpose of collaboration between the parties to provide**
40 **educational programming to members of the AGD and/or members of the other entity(ies)**

41
42 ***Guidelines***

43
44 **General considerations of entering an educational sponsorship collaboration**

- 1 • All AGD costs associated with the potential contract should be considered in a business
2 plan or the equivalent – for example, a 2 or 5 year business plan - before moving
3 forward.
- 4 • The business plan or its equivalent will be developed by staff and will include, but not
5 be limited to, staff and marketing costs, and will consider that the initial investment
6 may be higher than ongoing costs for both parties.
- 7 • The educational sponsorship collaboration must benefit the AGD and protect the AGD
8 name and reputation.
- 9 • The sponsorship collaboration should consider mutual benefits and mutual liabilities of
10 the parties.
- 11 • The sponsorship collaboration should generate non-dues revenue, sponsorship dollars,
12 or royalties for the AGD. If the sponsorship collaboration is of a variety such that
13 revenue may not be generated, such as a strictly CE agreement, other benefits to the
14 AGD or its constituents must be identified.
- 15 • The sponsorship collaboration shall not be to the detriment of and should benefit
16 current educational offerings such as the Scientific Session, the Online Learning Center
17 or other AGD educational resources.

18
19 **Characteristics of the other entity(ies)**

20
21 **The AGD shall enter into educational sponsorships collaborations only with entity(ies) that**
22 **meet, or exceed if applicable, the following criteria:**

- 23
- 24 6. Each entity is a Program Approval for Continuing Education (PACE) provider that
25 maintains the standards of the PACE program and meets the standards of the AGD as
26 determined by the AGD Dental Education (DE) Council.
- 27 7. The entity(ies) have undergone evaluation by the AGD of the history and reputation of
28 the entity(ies) to assess any findings that might affect the sponsorship collaboration
29 and/or AGD members' perception of the sponsorship collaboration.
- 30 8. The entity(ies), collectively if more than one, must offer product(s) or program(s) that
31 our members want and would consider a benefit to them.
- 32 9. All educational entities will be considered, including, but not limited to: corporate,
33 profit, non-profit, individually owned, educational institutions.
- 34 10. Each entity must purchase, at no expense to the AGD, an exhibit booth at an AGD
35 scientific session.

36
37 **Characteristics of the educational programming**

- 38
- 39 6. The educational programming must be congruent with AGD's overall comprehensive
40 educational strategic plan.
- 41 7. The educational programming will complement current AGD educational resources or
42 extend AGD's reach to its members and/or potential members or enhance AGD's
43 overall standing in the arena of Dental Education.
- 44 8. AGD members must benefit and find value from the relationship, as assessed by survey
45 of AGD members participating in the programming.

- 1 9. The educational programming must give a distinct benefit to AGD members that is
2 beyond merely benefit to members of the entity(ies).
3 10. The educational programming must not be solely limited to what is already offered to
4 members of the entity(ies) without further benefit to AGD members.
5

6 **Binding terms**
7

8 **Educational ~~sponsorships~~ collaborations shall be implemented by agreement between the**
9 **parties. Said agreement shall be memorialized in the form of binding terms captured in**
10 **writing as either contract or memorandum of understanding whereby binding terms are**
11 **expressly indicated as binding. The following criteria shall apply to said binding terms (the**
12 **“contract”):**
13

- 14 9. The contract shall be for a term not to exceed two (2) years.
15 10. The contract shall not be evergreen, and shall not automatically renew upon expiration
16 of the initial or any subsequent term.
17 11. The contract shall allow for renewal with the same or different terms, only upon the
18 mutual agreement of all parties (or their assignees or delegates, should the benefits and
19 duties of said parties been legally assumed by said assignees or delegates), and only to
20 the extent that the sum of the initial term and all renewal terms does not exceed five (5)
21 years whereby each renewal period has a term of one year.
22 12. The contract shall allow for either or any of the parties to terminate the contract
23 without cause, without any termination fee, liquidated damages, or penalty to be paid
24 by the terminating party, upon 30-days written notice to the other part(ies).
25 13. The contract shall set forth promotional requirements to meet the requirements of each
26 party, including the responsibility of each party, the allocation of costs, and the timing
27 of promotions. Subsequent revisions to said marketing terms should be reported
28 immediately to the AGD Communications and Marketing Departments. All promotions
29 shall require the approval of the AGD prior to implementation.
30 14. The contract shall expressly require that the AGD logo be included in all external
31 communications by any party, related to the ~~sponsorship~~ collaboration, including the
32 educational programming.
33 15. The contract shall delineate ownership of intellectual property of each party, as well as
34 of any other property, if applicable.
35 16. The contract shall not bind the AGD to ~~sponsor~~ collaborator exclusively with any
36 entity(ies), and shall not limit the number of agreements, including ~~sponsorship~~
37 collaborations, into which the AGD may enter.
38

39 **Process of review**
40

41 **Educational ~~sponsorships~~ collaborations will be developed by the AGD Dental Education**
42 **Council as follows:**
43

- 44 10. The DE Council should be the entry place or clearinghouse for any potential
45 educational sponsor coming to the AGD or for any educational sponsor that the AGD
46 would consider reaching out to for an educational sponsorship.

- 1 **11. A subcommittee of the DE Council will be formed to look at each potential sponsor**
2 **initially and assess its prospective value. The subcommittee will also look at the costs**
3 **associated with that potential sponsorship collaboration.**
4 **12. Once the above initial deliberation has been accomplished, the subcommittee shall**
5 **share the opportunity with any council or committee that might need to have input.**
6 **This will always include the PACE Council but will also include any other council**
7 **which may be affected or have input to the particular agreement. The opportunity**
8 **shall be shared concurrently with the Executive Committee (EC) for its input.**
9 **13. Because time is of the essence in the consideration of these opportunities, the DE**
10 **subcommittee, through the DE Council Chair, will contact any and all other chairs of**
11 **any council or committee that should have input and the EC.**
12 **14. One week (7 calendar days) will be given for each such chairperson and the EC (by the**
13 **president, for the body) to respond. In the event that any such chairperson is**
14 **unavailable or fails to respond within one week (7 calendar days), the AGD President or**
15 **council/committee chairperson shall assign another council/committee member to**
16 **respond on behalf of that council/committee, and that other council/committee member**
17 **shall have three (3) calendar days from the date she/he receives the request or the**
18 **remainder of said week (7 calendar days), whichever is greater, to respond to the**
19 **request of the DE Council Chair.**
20 **15. Negotiations for the prospective sponsorship collaboration will proceed (with any**
21 **additional information provided by those chairs or the EC) unless there is reason found**
22 **through this process to terminate or alter them.**
23 **16. If the DE Council decides, through its due diligence, that an opportunity does not meet**
24 **the criteria to be considered for an AGD educational sponsorship collaboration and**
25 **should not move forward, there will be no further negotiations and the sponsorship**
26 **collaboration will not be accepted.**
27 **17. Any and all final agreements will be routed through traditional contract review**
28 **protocols following negotiations.**
29 **18. The AGD Board is the final deciding body for each such agreement.**
30
31 **If an educational sponsorship collaboration opportunity fails to meet these guidelines, as**
32 **determined by the DE Council after its exercise of due diligence, the sponsorship**
33 **collaboration will not be considered. No educational sponsorship collaboration shall be**
34 **considered unless it meets the approval of the DE Council and its subcommittee and of the**
35 **AGD Executive Committee.”**

36
37 **PASSED**

38
39 *Y – Bishop, Dear, Donald, Dubowsky, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud,*
40 *Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden*

41
42 *A – Cheney, Cordero, Dyzenhaus, Worm*

43
44 *N/A – Smith*
45

46 **III. AIRBIV2017#02 - Approve Location of AGD2019**

47 **Dr. Shamoon moved, Dr. Guter seconded:**

1 **“Resolved, that AIRBIV2017#02 - Approve Location of AGD2019 be approved.”**

2
3 **“Resolved, that Mohegan Sun Casino, Uncasville, CT, be the location for the AGD2019.**

4
5 **PASSED**

6
7 *Y – Cheney, Dubowsky, Gehrig, Gorman, Guter, Malterud, Shamoan, Shelly, Smith Winland, Wooden*

8
9 *N - Bishop, Cordero, Hanson, Harunani, Lew, Shepley, Stillwell, Tillman, Uppal, White,*

10
11 *a - Dear, Donald, Edgar, Gajjar*

12
13 *A –Dyzenhaus, Worm*

14
15 Dr. Picone thanked Jennifer Goler for her willingness and ability to assist with the creation of the
16 AIR.

17
18 **IV. AGD Connect**

19 An update on the AGD Connect logins was presented.

20
21 **V. Executive Session for Executive Director Update**

22
23 **Dr. Hanson moved, Dr. Stillwell seconded:**

24 **“Resolved, that the Board go into executive session at 8:16 p.m.”**

25 **PASSED**

26
27 *Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter,*
28 *Hanson, Harunani, Lew, Malterud, Shamoan, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden*

29
30 *A –Worm*

31
32 *N/A – Smith*

33
34 **Dr. Worm moved, Dr. Bishop seconded:**

35 **“Resolved, that the Board come out of executive session at 8:37 p.m.”**

36
37 **PASSED**

38
39 *Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter,*
40 *Hanson, Harunani, Lew, Malterud, Shamoan, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden*

41
42 *A –Worm*

43
44 *N/A – Smith*

45
46 **During Executive Session an update was given on the Executive Director Search.**

47
48 **Motion was made and Seconded that the Board Reconsider the Scientific Meeting Site for**
49 **2019. The motion was defeated**

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VI. Adjournment

Dr. Hanson moved, Dr. Bishop seconded:

“Resolved, that the meeting be adjourned at 8:37 p.m.”

PASSED

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

A – Worm

N/A – Smith

1 **August 16, 2017 Board Call**

2
3 **I. Agenda Approval**

4
5 **Dr. Shamoan moved, Dr. Dubowsky seconded:**

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

7
8 **PASSED**

9
10 *Y – Bishop, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson,*
11 *Harunani, Lew, Malterud, Shamoan, Shelly, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm*

12
13 *A – Cheney, Shepley*

14
15 *N/A – Smith*

16
17 **II. Update on Code of Ethics Issue**

18 An update of the research conducted on the Code of Ethics issue. The Credentials and
19 Elections Committee will continue to monitor the Code of Ethics issue.

20
21 **III. AIR – Approve Council Appointments**

22 **Dr. Wooden moved, Dr. Cordero seconded:**

23 **“Resolved, that AIR Approve Council Appointments be approved.”**

24
25 **“Resolved, that the appointments to the councils be approved.”**

26
27 **PACE Council**

28 **Dr. Martin Schroeder, Region 3, (8/16/2017-11/3/2019) – first term**

29 **Dr. Tomas Ballesteros, Region 04, (8/16/2016-11/5/2017) - 1st term**

30 **Dr. Navin Boggavarapu, Region 04, (6/21/2015-11/4/2018) - 2nd term**

31 **Dr. Howard Chi, Region 13, (7/18/2016-11/3/2019) - 1st term**

32 **Dr. Russell Cyphers, Region 14, (6/21/2015-11/5/2017) - 1st term**

33 **Dr. Daniel Geare, Region 11, (6/30/2014-11/5/2017) - 1st Term - Region 11**

34 **Dr. Ronald Giordan, Region 14, (7/18/2016-11/3/2019) - 2nd term**

35 **Dr. Jian Huang, Region 06, (8/16/2016-11/5/2017) - 1st term**

36 **Dr. Nahid Kashani, Region 09, (6/21/2015-11/4/2018) - 2nd term**

37 **Dr. Ashley Lamay, Region 05, (7/18/2016-11/3/2019) - 1st term**

38 **Dr. Jane Martone, Region 01, (6/30/2014-11/5/2017) - 1st term**

39 **Dr. Grant Quayle, Region 14, (5/18/2017-11/5/2020) - 1st term**

40 **Dr. Ronald Sawyer, Region 01, (7/18/2016-11/3/2019) - 2nd term**

41 **Dr. Steven Skurow, Region 13, (5/18/2017-11/5/2020) - 1st term**

42 **Dr. Eric Wong, Region 13, (6/30/2014-11/5/2017) - 2nd term, Chair**

43 **Dr. J. Christopher Harvan, Region 14, (12/21/2015-11/4/2018) - 1st term, Consultant**

44 **Dr. _____, Region __, (_____ - _____) - 1st term, Consultant**

45 **Dr. _____, Region __, (_____ - _____) - 1st term, Consultant**

46 **Dr. Dwight Duckworth, Region 12, (7/18/2016-11/5/2017) - 1st term, Exam Council Chair**

47 **Consultant**

1
2 **Legislative and Governmental Affairs Council**

3 **Dr. Steven Feldman, Region 5 (8/16/2017-11/4/2018) – first term**

4 **Dr. Brittany Dean, Region 11, (6/21/2015-1/27/2017)**

5 **Dr. Bradley Anderson, Region 10, (7/18/2016-11/3/2019) - 2nd term**

6 **Dr. Joseph Battaglia, Region 04, (6/21/2015-11/4/2018) - 2nd term**

7 **Dr. Jose Cazares, Region 18, (6/21/2015-11/4/2018) - 1st term**

8 **Dr. Garry Feldman, Region 01, (7/18/2016-11/3/2019) - 2nd term**

9 **Dr. Steven Ghareeb, Region 06, (7/18/2016-11/5/2017) - 2nd term, Consultant**

10 **Dr. Darren Greenwell, Region 06, (6/30/2014-11/5/2017) - 2nd term**

11 **Dr. Michael Kaner, Region 03, (7/18/2016-11/3/2019) - 2nd term**

12 **Dr. Melvin Kessler, Region 20, (6/30/2014-11/5/2017) - 2nd term**

13 **Dr. Gigi Meinecke, Region 05, (6/21/2015-11/4/2018) - 2nd term**

14
15 **Scientific Meeting Council**

16 **Dr. James Feldman, Region 5, (8/16/2017-11/3/2019) – first term**

17 **Dr. Courtney Brady, Region 1, (7/18/2016-6/27/2017)**

18 **Dr. Michael Blicher, Region 05, (6/30/2014-11/5/2017) - 1st term**

19 **Dr. James Feldman, Region 05, (5/17/2015-11/5/2017) – 1st term, 2017 LAC Chair**

20 **Dr. Kay Jordan, Region 12, (6/8/2016-11/4/2018) - 1st term, 2018 LAC Chair**

21 **Dr. William Nantz, Region 18, (7/18/2016-11/3/2019) - 2nd term**

22 **Dr. Joseph Picone, Region 01, (6/21/2015-11/4/2018) - 2nd term**

23 **Dr. _____, Region __, (_____ -11/3/2019) - 1st term, 2019 LAC Chair**

24
25 **PASSED**

26
27 *Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter,*
28 *Hanson, Harunani, Lew, Malterud, Shamoan, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden,*
29 *Worm*

30
31 *N/A – Smith*

32
33 **IV. Executive Session for AMC Contract and Executive Director Search**

34
35 **Dr. Wooden moved, Dr. Worm seconded:**

36 **“Resolved, that the Board go into executive session at 7:34 p.m.”**

37 **PASSED**

38
39 *Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter,*
40 *Hanson, Harunani, Lew, Malterud, Shamoan, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden,*
41 *Worm*

42
43 *N/A – Smith*

44
45 **Dr. Worm moved, Dr. Cheney seconded:**

46 **“Resolved, that the Board come out of executive session at 8:16 p.m.”**

1 **PASSED**

2
3 *Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter,*
4 *Hanson, Harunani, Lew, Malterud, Shamoan, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden,*
5 *Worm*

6
7 *N/A – Smith*

8
9 **During Executive Session an update was given on the Executive Director Search.**

10
11 **Dr. Gehrig moved, Dr. Shepley seconded:**

12 **“Resolved, that AGD terminate the sponsorship/exhibit/sales and the meeting contracts**
13 **with Association Management Center as per the terms of the contract.”**

14
15 **PASSED**

16
17 *Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter,*
18 *Hanson, Harunani, Lew, Malterud, Shamoan, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden,*
19 *Worm*

20
21 *N/A – Smith*

22
23 **V. Adjournment**

24
25 **Dr. Worm moved, Dr. Shelly seconded:**

26 **“Resolved, that the meeting be adjourned at 8:17 p.m.”**

27
28 **PASSED**

29
30 *Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter,*
31 *Hanson, Harunani, Lew, Malterud, Shamoan, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden,*
32 *Worm*

33
34 *N/A – Smith*



TREASURER'S REPORT TO THE MEMBERSHIP

Fiscal Year Ending Dec. 31, 2016



Thank you all for trusting me and giving me the opportunity to serve as your treasurer for a second term. It is an honor that you have bestowed upon me, and I take my responsibilities seriously. As AGD treasurer, I have the responsibility of regularly monitoring the finances and working with the AGD Board and staff members, as well as the Executive, Budget and Finance, Investment, Building, Audit and Advocacy committees. While these areas may not always have the same immediate needs, we all have the same end goal: to make recommendations and decisions that benefit AGD and its members.

Our net financial position for 2016 was a positive one. We ended the year with an increase in net assets from operations of \$344,705, slightly down from \$395,179 from the year before. On the other hand, our cash usage was \$1,082,339, up from \$345,851 in 2015, due to additional cash expenditures related to the building and investments in initiatives that came through as action item reports.

Although our numbers reflect a positive bottom line, a deep dive into the financials shows a more mixed picture. When comparing 2015 and 2016:

- We spent \$389,832 more in membership in 2016 in comparison to 2015, and saw a \$255,956 increase in revenue.
- There was a \$231,882 decrease in partnerships and sponsorships, and a \$235,268 loss in revenue in advertising.
- Governance expenses, along with those of the councils and committees, decreased by \$269,737.
- Annual meeting revenues were down by \$44,954, but expenses decreased by \$174,086, which gave us a positive variance.

- Our administrative expenses were \$102,164 less, primarily due to the executive director position being open.
- Our investments increased by \$1,123,963 with a return of 8.21 percent.
- Advocacy Fund contributions for the 12 months ending Dec. 31, 2016, totaled \$32,173.
- Our year-over-year revenues decreased by \$247,011, and our year-over-year expenses decreased by \$196,537, thus ending the year with a surplus from operations of \$344,705. Our Statements of Financial Position at Dec. 31, 2016, reflect total assets of \$26,960,734, a decrease of \$1,028,217 over total assets at Dec. 31, 2015 (3.67 percent). Total liabilities were \$7,561,003, a decrease of \$2,527,621 compared to Dec. 31, 2015. Thus, net assets increased by \$1,499,404.

Included in this report are the pie charts displaying the 2016 fiscal year revenue sources and expense groupings (page 10) as well as the Report of Independent Auditors (below).

Legacy Professionals LLP performed the audit of AGD's financial statements for the fiscal year ending Dec. 31, 2016, and I am pleased to report that we were given our 10th unqualified opinion with no major adjustments. This is the result of consistency, sacrifice, discipline, dedication, transparency in communications and an overwhelming sense to do what is right — exactly what our members expect from those who serve.

We have historically focused on staying within budget and have done fairly well by making quarterly adjustments to the expense side based on forward-looking performance expectations. Although we are doing well at this point, we may be facing some

REPORT OF INDEPENDENT AUDITORS

To the Board of Trustees of the Academy of General Dentistry:

REPORT ON THE FINANCIAL STATEMENTS

We have audited the accompanying financial statements of The Academy of General Dentistry (AGD), which comprise the statements of financial position as of Dec. 31, 2016 and 2015, and the related statements of activities and of

cash flows for the years then ended, and the related notes to the financial statements.

MANAGEMENT'S RESPONSIBILITY FOR THE FINANCIAL STATEMENTS

Management is responsible for the preparation and fair presentation of these financial

statements in accordance with accounting principles generally accepted in the United States; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

AUDITORS' RESPONSIBILITY

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial

challenges in the years to come due to a lack of increases from non-dues revenues. Thanks to our investment policy statement, we have a little over 80 percent of a year's worth of expenses in the reserve account for emergency situations. But given future building repairs and the fluctuations in the market, we cannot rely on these monies to keep our organization afloat in the long-term.

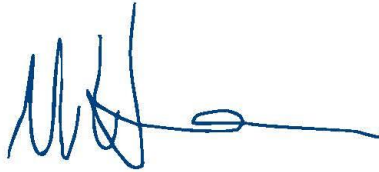
From a budgetary side, we have decreased our expenses every year, an unsustainable path for an organization that wants to grow; we cannot cut our way to growth. Because of this, we are looking at the budgeting process in a different way, focusing on revenue growth and member engagement, not just controlling expenses.

Our focus has been on increasing membership, not necessarily revenues. With higher revenues and engaged members, we can attain more members. But with unengaged members, we cannot get more revenue. Solely controlling expenses creates a shrinking organization, and, thus, we need to expand our revenue base. And we have some great opportunities to do so, such as growing our international membership, renewing our focus on non-dues revenue, refocusing our publications, creating more opportunities for web-based education and collaborating with other like-minded organizations at the Scientific Session.

I believe in accountability at all levels and am working with the budget and finance team to help bring enhanced accountability and oversight, from projecting to funding. We also have been discussing the implementation of measures of success for each area of AGD, as well as the process of projecting a couple years out in order to achieve our strategic

goals in a measured way. Being financially sound gives us the opportunity to build value for current and future members. It is my belief that AGD membership grows at a local level, which means that in order to keep growing, we need to reallocate our resources to focus more on the constituents. In order to secure our long-term viability, we need to consider new ideas such as enhanced constituent support with training, leadership development, increased marketing resources, free lectures and maybe even direct-to-consumer marketing. We need to ensure that our value proposition is strong, so that dentists continue to want to be members of AGD.

Thank you for giving me the honor and privilege to work with a remarkable team of individuals, both within our leadership and at the staff level, who have had the foresight to identify and execute specific strategies in order to deliver the financial performance that we reap today. I could not be more proud of the accomplishments of the entire AGD team, especially our Investment Committee, under the capable leadership of Dr. John Portwood. Today, we are in an enviable position to be a strong and secure organization, able and ready to support our constituents and members with additional value.



Mohamed F. Harunani, DDS, MAGD
Treasurer, Academy of General Dentistry

statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether

due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness

of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

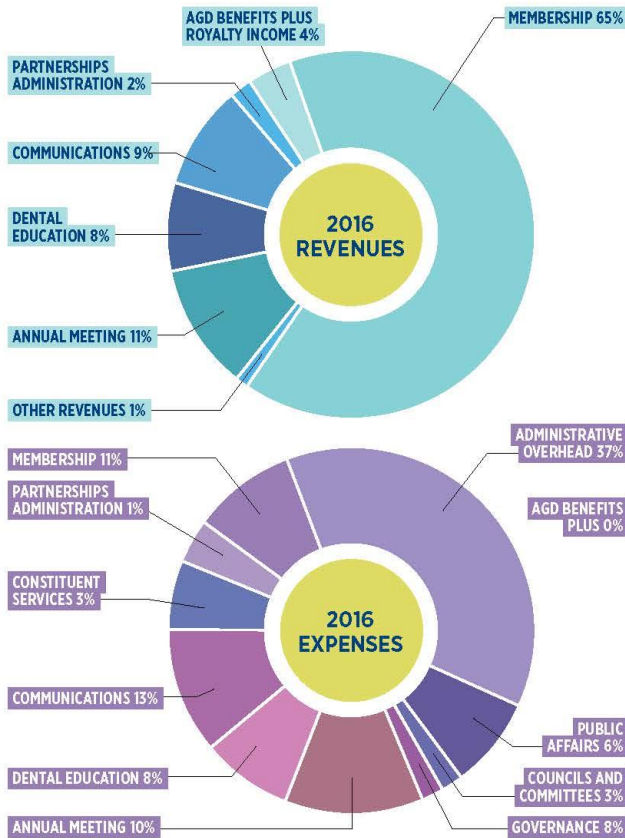
We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

OPINION

In our opinion, the financial statements referred to in the first paragraph present fairly, in all material respects, the financial position of AGD as



TREASURER'S REPORT TO THE MEMBERSHIP
Fiscal Year Ending Dec. 31, 2016



STATEMENTS OF FINANCIAL POSITION
Dec. 31, 2016

ASSETS	
Cash and cash equivalents.....	\$5,101,938
Accounts receivable, net of allowance for doubtful accounts of \$1,843 in 2016 and \$3,970 in 2015.....	270,274
Prepaid expenses and other current assets.....	866,744
Total current assets.....	6,258,956
OTHER ASSETS	
Investments.....	12,188,606
Deferred compensation obligation, investments.....	223,625
Property and equipment, net.....	8,289,547
Total other assets.....	20,701,778
TOTAL ASSETS.....	\$26,960,734
LIABILITIES AND NET ASSETS	
CURRENT LIABILITIES	
Accounts payable.....	\$395,100
Amounts held for others.....	266,345
Accrued expenses:	
Salaries.....	129,641
Other.....	656,126
Deferred revenue.....	3,235,166
Total current liabilities.....	4,682,378
LONG-TERM LIABILITIES	
Deferred compensation obligation.....	223,625
Loans payable.....	2,655,000
Total long-term liabilities.....	2,878,625
TOTAL LIABILITIES.....	7,561,003
NET ASSETS	
Unrestricted.....	19,186,395
Temporarily restricted.....	213,336
Net assets.....	19,399,731
TOTAL LIABILITIES AND NET ASSETS.....	\$26,960,734

of Dec. 31, 2016 and 2015, and the changes in its net assets and its cash flows for the years then ended, in accordance with accounting principles generally accepted in the United States.

OTHER MATTERS

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The

[supplementary information on pages 15-18 of the full report; see note on page 11 to request a copy] is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare

the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves,

and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole. We also have previously audited the financial statements of AGD as of and for the years ended Dec. 31, 2014, 2013

The statements are excerpted from a full audit report, which includes a summary of significant accounting policies and notes to the financial statements. To request a copy of the entire report, contact AGD at 888.243.3368.



STATEMENTS OF CASH FLOWS

Dec. 31, 2016

CASH FLOWS FROM OPERATING ACTIVITIES

Change in net assets	\$1,499,404
Adjustments to reconcile change in net assets to net cash provided by (used in) operating activities:	
Depreciation and amortization	510,546
Net realized (gain) loss on sale of investments	289,718
Net unrealized (gain) loss on investments	(1,197,834)
Effects of changes in operating assets and liabilities:	
Accounts receivable, net	84,700
Prepaid expenses and other current assets	(503,983)
Accounts payable	155,198
Amounts held for others	(389,012)
Accrued expenses	168,055
Deferred revenue	(1,699,131)
Net cash (used in) operating activities	(1,082,339)

CASH FLOWS FROM INVESTING ACTIVITIES

Purchase of property and equipment	(868,274)
Proceeds from sale of investments	2,902,288
Purchase of investments	(2,953,230)
Net cash (used in) investing activities	(919,216)

CASH FLOWS FROM FINANCING ACTIVITIES

Payment on loans	(755,000)
Net cash (used in) financing activities	(755,000)

NET (DECREASE) IN CASH AND

CASH EQUIVALENTS	(2,756,555)
------------------	-------------

CASH AND CASH EQUIVALENTS

Beginning of year	7,858,493
End of year	\$5,101,938

SUPPLEMENTAL DISCLOSURES

Cash paid for interest	\$82,177
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STATEMENTS OF ACTIVITIES

Dec. 31, 2016

REVENUE

Membership	\$8,998,426	Dental education	1,128,575
AGD Benefits Plus royalty income	529,824	Annual meeting	1,462,574
Partnerships administration	269,131	Other revenues	169,744
Communications	1,220,160		
Total revenue			13,778,434

EXPENSES

Membership	\$1,529,887	Annual meeting	1,376,530
AGD Benefits Plus	32,947	Public affairs	869,748
Partnerships administration	114,024	Councils and committees	393,748
Constituent services	395,166	Governance	1,004,888
Communications	1,681,775	Administrative overhead	4,925,594
Dental education	1,110,016		
Total expenses			13,433,729

INCREASE IN UNRESTRICTED NET ASSETS FROM OPERATIONS	344,705
---	---------

INVESTMENT INCOME (LOSS)

Interest and dividends on investments	233,097
Realized gain/(loss) on sales of investments	(289,718)
Unrealized gain/(loss) on investments	1,197,834
Investment fees	17,250
Total investment income (loss)	1,123,963

INCREASE IN UNRESTRICTED NET ASSETS	1,468,668
-------------------------------------	-----------

TEMPORARILY RESTRICTED NET ASSETS

Advocacy fund contributions	32,173
Net assets released from restrictions	(1,437)

INCREASE (DECREASE) IN TEMPORARILY RESTRICTED NET ASSETS	30,736
--	--------

INCREASE IN NET ASSETS	1,499,404
------------------------	-----------

NET ASSETS

Beginning of year	17,900,327
End of year	\$19,399,731

and 2012 (none of which is presented herein), and we expressed unmodified opinions on those financial statements. Those audits were conducted for purposes of forming an opinion on the financial statements as a whole. The information on page 18 [of the full report] is presented for purposes of additional analysis and is not a required part of the financial

statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the Dec. 31, 2014, 2013 and 2012, financial statements. The information has been subjected to the auditing procedures applied in the audits of those financial statements and certain

additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States. In our opinion, the information

on page 18 [of the full report] is fairly stated in all material respects in relation to the financial statements from which it has been derived.



Chicago, Illinois
July 2017

Academy of General Dentistry
House of Delegates
Minutes

- I. House of Delegates First Session
- A. The meeting of the Academy of General Dentistry's (AGD) 2016 House of Delegates (HOD) was called to order at 9:51 a.m. Eastern Daylight Time (EDT) by Dr. Bryan Edgar, Speaker of the House
- B. Dr. Robert Ryan, Chair of the Credentials & Elections Committee, announced the presence of a quorum.
- C. Dr. Bryan Edgar introduced the officers and staff seated on the dais, including Drs. W. Carter Brown, Immediate Past President; Roger Winland, Editor; Mohamed Harunani, Treasurer; Manuel Cordero, Vice President, Maria Smith, President-Elect; W. Mark Donald, President; Dr. Neil Gajjar, Secretary; Ms. Jennifer Goler, Manager, Governance; and Dr. Robert Roesch, Parliamentarian.
- D. Dr. Mark Williams delivered the invocation.
- E. The 2016 Local Advisory Committee members Drs. Courtney Brady, Risha De Leon, William Lee, and James Phelan. Dr. Courtney Brady, Chair of the 2016 Local Advisory Committee, was recognized to speak and addressed the HOD.
- F. A moment of silence in remembrance for those who the AGD lost in 2016 was observed.
- G. Dr. Bryan Edgar recognized the Past Presidents in attendance, Drs. Jeffrey Cole, Bruce DeGinder, Linda Edgar, E. Mac Edington, Fares Elias, Paula Jones, Luke Matranga, Vincent Mayher, and Dr. Robert Ryan.
- H. Dr. Bryan Edgar recognized the presence of the following dignitaries, Dr. Gary L. Roberts, DDS, president-elect, American Dental Association; Mr. Sohaib Soliman, president, and Ms. Nancy Honeycutt, executive director, American Student Dental Association; Dr. Mark D. Williams, DMD, MAGD, president; Mississippi Dental Association; Dean Dr. Bruce Donoff, Harvard School of Dental Medicine, Dean Dr. Jeffrey W. Hutter, Boston University Henry Goldman School of Dental Medicine; Dr. Carl Driscoll, American College of Prosthodontists; Dr. James Nickman, Academy of Pediatric Dentistry; Dr. Bruce Small, Academy of Operative Dentistry; Dr. Mary Martin, American Association of Women Dentists; Dr. Steven Chan, American College of Dentists; Dr. Amarilis Jacobo, Hispanic Dental Association; Dr. James M. Poyak,

1 International Association for Orthodontics; Dr. Miriam Robbins, Special Care Dentistry
2 Association; Virginia Cairrao and Claudia Gauthier, American Dental Assistants
3 Association; Dr. Frank Maggio, Dental Assisting National Board; Ricki Braswell, The
4 Pankey Institute; and Gary Price, Dental Trade Alliance
5

6 I. Dr. Gary Roberts, President-Elect of the American Dental Association, was recognized to
7 speak and addressed the HOD.
8

9 J. Mr. Sohaib Soliman, President of the American Student Dental Association, was
10 recognized to speak and addressed the HOD.
11

12 K. Dr. W. Mark Donald was recognized to speak and addressed the HOD.
13

14 L. Dr. W. Mark Donald presented Presidential Citations to the following individuals, Dr.
15 Douglas Bogan, Dr. Marcus “Ken” Randall, Dr. Carol Wooden, Mr. Tim Henney, Mr.
16 Srin Varadarajan, Mr. Daniel Buksa, Mr. Thomas Killam, Dr. Larry Williams, Dr.
17 Cheryl Mora, Dr. Dwight Duckworth and the Exam Teams.
18

19 M. Dr. A. Roddy Scarbrough and Dr. Mark Williams presented Dr. Mark Donald with a
20 framed copy of the Congressional and Mississippi state resolutions written in his honor of
21 being the 52nd AGD President.
22

23 N. Officer Nominations
24

25 1. Dr. Bryan Edgar announced that in accordance with the AGD Bylaws, the
26 following individuals have submitted petitions signed by 25 or more members
27 in good standing at least 60 days prior to this meeting: Dr. Neil Gajjar for
28 Vice President, Dr. Connie White for Secretary, and Dr. Mohamednazir
29 Harunani for Treasurer.
30

31 2. Dr. Sanjay Uppal of Region 15/16 nominated Dr. Neil Gajjar for Vice
32 President. Dr. Neil Gajjar addressed the HOD.
33

34 3. Dr. Edgar declared Dr. Neil Gajjar elected as Vice President, as the election
35 for Vice President was not contested.
36

37 4. Dr. Michael Lew of Region 13 nominated Dr. Connie White for Secretary.
38 Dr. Connie White addressed the HOD.
39

40 5. Dr. Edgar declared Dr. Connie White elected as Secretary, as the election for
41 Secretary was not contested.
42

43 6. Dr. John Portwood of Region 12 nominated Dr. Mohamednazir Harunani for
44 Treasurer. Dr. Mohamednazir Harunani addressed the HOD.
45

1 7. Dr. Edgar declared Dr. Mohamednazir Harunani elected as Treasurer, as the
2 election for Treasurer was not contested.
3

4 O. Dr. Neil Gajjar, Secretary, announced that the HOD would consider 25 resolutions and
5 shared the Reference Committee Assignments.
6

7 P. Dr. Neil Gajjar informed the Delegates of the rules for reimbursement, being on the HOD
8 floor, and housekeeping information.
9

10 Q. Dr. Edgar informed the Delegates of the upcoming Governance schedule and explained
11 the various ways new business could be introduced to the HOD.
12

13 R. Dr. Edgar presented the 2016 Membership Award to the Army AGD, Federal Services
14 Category; Alaska AGD and Nebraska AGD, Category 3; and Ontario AGD, Category 1
15 Membership Award.
16

17 S. Dr. Edgar presented the 2016 William W. Howard Academy Constituent Editor Award of
18 Excellence to the Army AGD and Navy AGD, Federal Services Category; Nebraska
19 AGD, Category 3; Alabama AGD, Category 2; and both the Georgia and Texas AGD,
20 Category 1.
21

22 T. Dr. Edgar presented the 2016 Public Information Officers Award to the Army AGD,
23 Federal Services Category; Nebraska AGD, Category 3; Iowa AGD, Category 2; Texas
24 AGD, Category 1.
25

26 U. Dr. Edgar presented the 2016 Constituent Advocacy Award to the Texas AGD.
27

28 V. Dr. Edgar presented the 2015 CE Awards of Excellence to the Army AGD, Federal
29 Services Category; Nebraska AGD, Category 3; Iowa AGD, Category 2; Texas AGD,
30 Category 1.
31

32 W. Dr. Edgar presented the 2016 Constituent of the Year Award to the Army AGD, Federal
33 Services Category; Nebraska AGD, Category 3; Iowa AGD, Category 2; Texas AGD,
34 Category 1.
35

36 X. Dr. Edgar reiterated the schedule for the Reference Committees, Candidates Forum, and
37 Town Hall.
38

39 Y. A motion was made and seconded, to recess the HOD until Sunday, July 17, at 8:00 a.m.
40 EDT. **The motion passed.**
41

42 II. House of Delegates Second Session
43

44 A. The HOD reconvened at 8:04 a.m. on Sunday, July 17, 2016, and was called to order by
45 the Speaker of the House, Dr. Bryan Edgar.
46

1 B. The AGD Singers sang God Bless America.

2
3 C. Dr. Robert Ryan, Chair of the Credentials & Elections Committee, announced the
4 presence of a quorum.

5
6 D. Dr. Bryan Edgar introduced the officers and staff seated on the dais, including Drs. W.
7 Carter Brown, Immediate Past President; Roger Winland, Editor; Mohamed Harunani,
8 Treasurer; Manuel Cordero, Vice President, Maria Smith, President-Elect; W. Mark
9 Donald, President; Dr. Neil Gajjar, Secretary; Ms. Jennifer Goler, Manager, Governance;
10 and Dr. Robert Roesch, Parliamentarian.

11
12 E. Dr. Bryan Edgar announced the results of the regional elections:

<u>Region</u>	<u>Regional Director</u>	<u>Trustee</u>
1	Dr. Bettina Laidley	Dr. Thomas Gorman
2	Dr. Ira Levine	Dr Abe Dyzenhaus
3	Dr. Kurt Laemmer	Dr. Eric Shelly
4	Dr. Shari Hyder	Dr. Scott Dubowsky
6	Dr. Michael King	Dr. David Dear
12	Dr. Susan Davis	Dr. K. David Stillwell
15/16	Dr. Kulwant Turna	Dr. Sanjay Uppal
18	Dr. Dan McCauley	Dr. David Tillman

13
14
15
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23
24 F. The outgoing Council and Committee chairs, Division Coordinators, Regional Directors,
25 Trustees, the Secretary, Speaker of the House, and the Immediate Past President were
26 recognized.

27
28 G. Dr. Bryan Edgar reviewed the parliamentary procedure for speaking from the
29 microphones and the instruction for voting system.

30
31 H. It was moved and seconded, to approve the 2015 HOD minutes as published. **With no**
32 **debate, the minutes were adopted.**

33
34 I. Report of the Reference Committee on Advocacy and Other Priorities by Dr. Jennifer
35 Bone of Texas, Chair.

- 36
37 1. Dr. Jennifer Bone, seconded by Dr. Shane Ricci moved to adopt Resolution 300 as
38 the consent calendar. **With no debate, Resolution 300 was adopted.**

39
40 **Resolution 300 ADOPTED**

41
42 **“Resolved, that Resolutions 306, 307, 308, 309, 312 and 313 be adopted as the consent**
43 **calendar.”**

44
45 **Resolution 306 ADOPTED ON CONSENT**

1 “Resolved that oral health literacy is an integral component of every individual’s health
2 and wellbeing. And be it further,

3
4 Resolved that oral health literacy is a critical issue that should be addressed in accordance
5 with the following principles:
6

- 7 1. Oral health literacy is the foundation of a lifetime of wellness and must be
8 integrated into all educational and wellness programs.
- 9 2. Oral health literacy is a shared responsibility across all sectors.
- 10 3. Critical to the advancement of oral health literacy is an established dental home.
- 11 4. The dental profession will lead the advancement of oral health literacy, in
12 collaboration with other health professionals.
- 13 5. Governmental and private resources dedicated to improving oral health should be
14 strategically directed toward programs that further oral health literacy.”

15
16 **Resolution 307 ADOPTED ON CONSENT**

17
18 “Resolved that AGD HOD policy 2008:308-H-7 be revised to include Health Savings
19 Accounts (HSA), as follows:

20
21 ‘Resolved, that the AGD support the expansion of Flexible Spending Account (FSA) and
22 Health Savings Account (HSA) reimbursable health items to include oral health items.’”

23
24 **Resolution 308 ADOPTED ON CONSENT**

25
26 “Resolved that AGD HOD policy 74:8-H-11 be rescinded:

27
28 ~~‘Resolved, that the Academy of General Dentistry take into consideration the needs of the
29 public, the various third party pre payment mechanisms, and the entire dental profession
30 in deliberating on dental health benefits programs which might be of concern to the general
31 dentists which compose its organization.’”~~

32
33 **Resolution 309 ADOPTED ON CONSENT**

34
35 “Resolved that AGD HOD policies 2000:24-H-7 and 2000:23-H-7 be revised as follows:

36
37 **2000:24-H-7**

38
39 Resolved, that if information gathered from analyzed healthcare data is used for either
40 benefit determination or dentist preferential selection, then the methodology and source of
41 funding involved in the analysis must be publicly disclosed and ~~verified by a process that~~
42 ~~ensures the quality, integrity, and validity of the analysis methodology~~ the methodology in
43 the analysis must be subject to appropriate publication and scrutiny used for accepted
44 scientific and statistical protocol.

45
46 **2000:23-H-7**

1
2 **“Resolved, that the Academy of General Dentistry supports the concept that if health care**
3 **data is analyzed, it should only be used to advance scientific knowledge or improve the oral**
4 **health of the patient, ~~while still allowing for professional judgments by practitioners,~~**
5 **recognizing that such analysis can only look at populations and not individual patients, and**
6 **be it further**

7
8 **Resolved that individual patient care must include the professional judgment of the**
9 **treating dentist, and be it further**

10
11 **Resolved, that the ~~procedures~~methodologies involved in the analysis must be publicly**
12 **disclosed and reviewed by the affected communities of interest in order to ensure the**
13 **quality, integrity, and validity of the analysis ~~methodology.~~”**

14
15 **Resolution 312 ADOPTED ON CONSENT**

16
17 **“Resolved that AGD HOD policy 97:25-H-8 be revised to recognize the current standard**
18 **committees:**

19
20 **‘Resolved, that the Academy of General Dentistry recognizes the problem of providing the**
21 **general practitioner with meaningful information upon which to base purchasing decisions,**
22 **and be it further**

23
24 **Resolved, that the following strategies be implemented in order to accomplish this purpose:**

25
26 **1. Maintain an AGD representative on ANSI MD 156 the ADA Standards Committee**
27 **on Dental Informatics (SCDI) and the ADA Standards Committee on Dental Products**
28 **(SCDP).**

29
30 **2. Recommend members to participate on ANSI subcommittees through the Dental**
31 **Practice Council Chairperson.**

32
33 **3. Relay to the ADA AGD's concerns with regard to having the practicing dentist more**
34 **informed in order to make proper purchasing decisions.**

35
36 **4. Obtain feedback from our members on materials with which they’ve experienced**
37 **problems.”**

38
39 **Resolution 313 ADOPTED ON CONSENT**

40
41 **“Resolved that AGD HOD policy 97:29-H-8 be revised as follows, for clarification:**

42
43 **‘Resolved, that the AGD’s legislative priorities with regard to dental managed care**
44 **encompass the following:**

1 Patients will have the choice to select a plan with a point-of-service option, with reasonable
2 cost-sharing requirements in premiums and per-service costs provided that those costs are
3 not excessive.

4
5 Patients in a plan will be allowed to select their dentist, and change that selection as the
6 patient feels is necessary.

7
8 The plan shall provide access to an adequate mix and number of dentists, including both
9 general dentists and specialists, to ensure access to those services covered by the plan
10 including patients in rural and dentally under-served areas.

11
12 The plan shall allow patients with special needs to be referred to appropriate providers
13 including specialists.

14
15 The plan shall provide an appropriate appeals and grievance procedure that allows for
16 timely responses to patient and/or provider complaints.

17
18 The plan shall provide a dentist, licensed to practice in that state or province where the
19 services are provided, to be responsible for dental treatment policies, protocols, and quality
20 assurance activities.

21
22 The plan shall define and disclose limitations on coverage of experimental treatments and
23 provide timely written justification for denial of such treatment to patients.

24
25 The plan shall not discriminate in participation, reimbursement, or indemnification against
26 any dentist solely on the basis of his/her license specialty.

27
28 The plan shall not prohibit or limit a dentist or other health professional from engaging in
29 communications regarding the patient's health status, health care, treatment options, or
30 utilization review requirements.

31
32 The plan shall not provide any financial incentives to dentists, other health professionals,
33 or reviewers to deny or limit care.

34
35 The plan shall provide dentists with reasonable notice of termination and allow the dentist
36 to appeal such a decision and take corrective action if necessary.

37
38 The plan shall assume any liability resulting from the plan's denying or restricting
39 treatment or referral to specialists.”

- 40
41 2. Dr. Jennifer Bone, seconded by Dr. Brooke Elmore, moved to adopt Resolution 301.
42 With no discussion, the motion to adopt Resolution 301 passed.

43
44 Resolution 301 ADOPTED
45

1 “Resolved, that the *Policy Statement on the Cost-Efficiency of Primary Oral Health Care*
2 *Delivery System* be adopted as AGD HOD Policy.”

- 3
4 3. Dr. Jennifer Bone, seconded by Dr. Shane Ricci, moved to adopt Resolution 302.
5 With no discussion, the motion to adopt Resolution 302 passed.
6

7 **Resolution 302 ADOPTED**

8
9 “Resolved, that the Election Guidelines be amended so that they read:

10
11 **AGD ELECTION GUIDELINES**

12 *(Amended House of Delegates in June 20162015)*

13
14 **I. It is in the best interest of the Academy of General Dentistry (AGD) for its leaders to be**
15 **exemplary individuals. No candidate or his/her supporters may refer disparagingly to**
16 **another candidate. All candidates should be promoted on the basis of positive attributes**
17 **rather than on any negative characteristics of the opposing candidate. The AGD**
18 **Credentials and Elections Committee (C&E) shall be the overseeing authority for all**
19 **campaign activities, questions and complaints. All AGD elections should be conducted on a**
20 **high ethical level. It is, therefore, imperative that all candidates agree to the following rules**
21 **before beginning their campaigns for election.**

22
23 **II. Commitment to Guidelines**

24 **Candidates or their representative for any contested office shall meet via teleconference or**
25 **other means as soon as possible after the deadline for filing for office has passed to discuss**
26 **the spirit of the campaign to allow for a fair and transparent campaign. An agreement to**
27 **abide by the AGD Election Guidelines will be signed by all campaigns in all elections.**
28 **Thereafter or there upon, all parties for a contested office may agree to any variances, but**
29 **they must do so in writing and those variances are only for that office for that year. No**
30 **variance shall economically impact the candidates for the other offices. Staff shall send the**
31 **changes that all candidates have agreed upon to each candidate for his or her signature.**
32 **Once every candidate has approved and signed the changes, a copy will be sent to the chair**
33 **of the Committee to be used in settling any discussions or disagreements that might arise**
34 **during the campaign. All participants in the election process shall agree to the guidelines**
35 **no matter what the status of their campaign. The aforementioned agreement, shall include,**
36 **but not be limited to:**

- 37
38 **a. Nominating speeches**
39 **b. Candidates Forum**
40 **c. Reception(s)**
41 **d. Financing**
42 **e. Advertising**
43

44 **Copies of this agreement shall be signed by each candidate and distributed to each**
45 **candidate along with the chairperson of the Committee. The C&E Committee shall be**
46 **charged with enforcing the agreement.**

1
2 **III. Participation in the Campaign**

3 **a. Because of their possible wide reaching influence, members of the Executive Committee**
4 **(EC), Division Coordinators (DCs), Past AGD Presidents, the Parliamentarian and the**
5 **C&E are prohibited to participate in any way in someone else’s campaign, including but**
6 **not limited to the following:**

7 **i. Making nominating speeches**

8 **ii. Pictures or quotations in printed material from the candidate**

9 **iii. Visiting caucuses with the candidate**

10 **iv. Calling Delegates on behalf of the candidate**

11 **v. Openly expressing opinions about the candidate or the process**

12 **vi. Open and outward support of a candidate throughout the election process. The**
13 **exception to this is that if these individuals are serving as Delegates or Alternates, then they**
14 **may ask questions of a candidate during a candidate’s visit to his/her regional caucus.**

15
16 **IV. Past AGD Presidents shall not participate in campaigns. Members of the Credentials**
17 **and Elections Committee and the Parliamentarian to the HOD shall not participate in**
18 **campaigns and are further prohibited from running for any AGD office. All other**
19 **members not mentioned above may participate in the campaigns. Campaign committee**
20 **members who are also Delegates and Alternates may submit questions to the C&E for the**
21 **Candidates Forum and can participate in questions and answers of candidates while**
22 **participating in their own caucus as a Delegate or Alternate.**

23
24 **V. Nominating Speeches:**

25 **a. A nominating speech shall be allotted for each candidate, which shall last no longer than**
26 **two minutes. There will be no seconding speeches for any of the candidates. A “speech” is**
27 **defined inclusive of a power point or other type of technologically enhanced presentation.**
28 **All visual aid presentations must be approved by the C&E at least 45 days before**
29 **presentation to the House of Delegates.**

30 **b. The nominating speech must be given by an AGD member. A candidate may choose to**
31 **have members of the same region or outside of the candidate’s region to help run the**
32 **campaign, endorse the candidate in an approved brochure, or travel with the candidate to**
33 **the caucuses.**

34 **c. Candidates Speech: Each candidate will be asked to present a speech to the House of**
35 **Delegates (HOD) lasting no longer than five minutes. A “speech” is defined inclusive of a**
36 **power point or other type of technologically enhanced presentation. All visual aid**
37 **presentations must be approved by the C&E at least 45 days before presentation to the**
38 **House of Delegates.**

39
40 **VI. Candidates Forum:**

41 **a. There will be a Candidates Forum for contested offices. The Annual Meetings Council**
42 **in consultation with both the Speaker of the House and the chair of the C&E Committee**
43 **shall be charged with determining the appropriate time and location for this forum in**
44 **consultation with the C&E Committee.**

45 **b. The Chairperson of C&E shall serve as moderator for the Candidates Forum.**

1 c. Only Delegates and Alternate Delegates may submit questions for candidates to answer
2 during the Candidates' Forum. However, any member may request a Delegate or
3 Alternate to ask a question. Delegates and Alternates will be asked to submit questions 30
4 days in advance of the HOD. Questions may be submitted in writing to the AGD office
5 before the HOD. All questions submitted will be sorted by staff. Those submitting questions
6 should specify to which office their questions apply (e.g., Vice President, Secretary,
7 Treasurer, Speaker of the House, or Editor). Delegates and Alternates may submit
8 questions at the House of Delegates annual meeting at the First Session of the HOD in
9 receptacles provided by C&E.

10 d. The Chairperson and Vice-Chairperson of C&E along with staff shall screen all
11 questions to ensure appropriateness and proper grammar. They may combine similar
12 questions.

13 e. A coin will be tossed to determine the initial order of the candidates for questioning.
14 The order will rotate thereafter.

15 f. The moderator will then select questions and pose the same questions identifying the
16 Delegate or Alternate posing the question to each candidate running for an identical office.
17 All candidates for a particular contested office will be present when questions are
18 presented, and will share alternatively the opportunity to answer first. Each candidate will
19 be given an identical amount of time to answer all questions. No candidate may take more
20 than two (2) minutes to answer a specific question.

21 VII. Candidates Reception:

22 a. The only entertaining permitted by the candidates will be in the Candidate's Reception
23 Room designated by the AGD so that the candidates may have informal dialogue with
24 those who have decision-making roles within the organization. The Candidate's Reception
25 Room shall be open only for formal entertaining during the time designated by the AGD.

26 b. All candidates will select the menu and equally fund the cost of the Candidate's
27 Reception if they choose to participate in the reception.

28 c. All signs must be approved by C&E in consultation with AGD Meeting Services
29 Department as to size, number, appropriateness, and location.

30 d. The same provisions apply to both contested and uncontested candidates.
31

32 VIII. Candidate Activity: Acceptable activity in the furtherance of a campaign shall 33 include:

34 a. The distribution of biographical, issue-oriented, and contact information on the
35 candidate to the AGD, regional, and constituent leaders and the appearance of the
36 candidate at regional caucuses held in conjunction with the AGD Annual Meeting. All
37 such materials must to be approved by the C&E Committee prior to distribution. (See X)

38 b. Commentary and/or biographical information will be posted on an
39 "Election/Candidates" page on the AGD website. Each Candidate will be given relatively
40 the same amount of space. The C&E must approve all commentary and/or biographical
41 information concerning the candidate before it is posted. Staff will upload the information.
42

43 c. Commentary and/or biographical information will be printed in one edition of *AGD*
44 *Impact* so that side by side comparisons can be made, so long as materials are submitted to
45 meet publication deadlines.

1 **d. A candidate shall only initiate contact with a Delegate or Alternate by mail, e-mail or**
2 **fax unless the Delegate or Alternate initiates contact. A candidate may not solicit a**
3 **Delegate or Alternate's phone number. If the method of contact is via e-mail, then such e-**
4 **mails shall be sent a first time, and then a second and final time with an interval of thirty**
5 **(30) days between the two e-mails, contingent upon the declaration of candidacies. AGD**
6 **staff shall send out the e-mails, of all candidates for an office, on the same day, again**
7 **subject to the declaration of candidacy. The timing of the e-mails shall be determined per**
8 **the provisions of Section II herein. Mail and fax pieces may be sent out by the candidates**
9 **or their representatives, but no more than two mail pieces and two faxes may be sent to any**
10 **individual Delegate or Alternate.**

11 **e. A candidate will formally declare his or her candidacy for the coming year's election to**
12 **constituent officers, Regional Directors, members of the Board and council and committee**
13 **chairs not earlier than the latter of the commencement of the AGD Board meeting III or**
14 **January 1st of the year in which the election is held. Notwithstanding this section, all AGD**
15 **officers are primarily subject to the provisions of the AGD Bylaws, Chapter IX, Section**
16 **1(B)4, which states " An AGD officer must declare for a new office at least (30) days before**
17 **the Board Meeting III , and resign his or her current office effective at the close of the annual**
18 **meeting. Once an AGD officer declares for a new office, said resignation is irrevocable." Such**
19 **notice may contain biographical and issue oriented information on his or her candidacy. A**
20 **candidate shall not announce or circulate petitions for signatures at the preceding annual**
21 **meeting. Nothing in these guidelines, including the filing deadline for other candidates,**
22 **shall prohibit a candidate who makes a valid declaration of candidacy from campaigning,**
23 **subject to all provisions of these guidelines.**

24
25 **f. The term "declare" in Chapter IX, Section 1(B)4 means making a written or electronic**
26 **communication to the AGD Board and officers, Regional Directors, council and committee**
27 **chairs and constituent officers.**

28
29 **g. The requirement for a candidate to "present" a "petition" in Chapter IX, Section 1(B)2**
30 **means that the candidate shall, via electronic or other mechanical means, transmit a**
31 **petition to the AGD Secretary, with a copy to the AGD Executive Director.**

32
33 **IX. All information (including electronic) to be circulated to the Delegates and Alternate**
34 **delegates must be approved by C&E prior to distribution to the Delegates and Alternates.**
35 **This does not include the verbal portion of the candidate's speech.**

36
37 **X. Staff Responsibilities:**

38 **a. Staff shall transmit all items which C&E must review to C&E within one (1) work day**
39 **of staff receiving it from a candidate. Staff shall acknowledge receipt of the candidate's**
40 **materials as articulated in Section XI(i) below by electronic means and confirming the**
41 **numerical sequence. (e.g., "Received Submission 1, item 1) Staff may also be used to aid in**
42 **forwarding e-mails to Delegates. Staff are not to be used to develop brochures, make phone**
43 **calls to delegates, or order supplies.**

44 **b. Staff will regularly update information on the website about each candidate and will be**
45 **responsible for sending out regular e-mails through the *AGD In Action* to encourage**
46 **members to go to each candidate's campaign information housed on the AGD website.**

1
2 **XI. Campaign Materials:**

3 **a. All candidates and their supporters are prohibited from using AGD stationery including**
4 **business cards, and envelopes, issued by the HQ office in supporting a particular candidate**
5 **for office. Constituent and component AGD stationery may be used only if specifically**
6 **authorized by the governing body of the particular constituent or component. Individual**
7 **candidates are prohibited from utilizing component, constituent or AGD stationery in their**
8 **campaign letters signed by themselves. The use of the AGD logo is permitted in any and all**
9 **campaign materials.**

10
11 **b. Campaign “Giveaways” of any kind are not allowed. There shall be no packaged food**
12 **or other gifts distributed by the candidates to anyone as part of the candidates’ campaigns.**

13 **c. There will be no items mailed by the candidates other than printed materials approved**
14 **by C&E.**

15 **d. Approved badges or pins, may be used to further a candidate’s campaign.**

16 **e. All campaign materials need to be submitted for approval.**

17 **f. Badges, pins, or other campaign items must be sent physically for approval. In the event**
18 **that a sample cannot be sent, then a picture showing the full detail of the campaign item**
19 **must be submitted to the C&E for approval. Once approved these will be divulged, by**
20 **staff, to the other candidates of a contested office.**

21 **g. There shall be no delineated restrictions on when or where approved campaign**
22 **materials and associated paraphernalia is distributed with the exception of the HOD floor,**
23 **where staff will place all materials prior to the commencement of the First Session of the**
24 **HOD and unless otherwise noted in these guidelines or other HOD or Board policy. Each**
25 **candidate shall certify in writing that they are providing a minimum of 270 collated**
26 **approved materials to be distributed accounting for all seated in the HOD. Candidates are**
27 **limited to 3 collated items.**

28 **h. Candidates must submit a proof copy of all campaign materials, including those that are**
29 **electronic only to the C&E Committee at least 45 days before the HOD for an initial**
30 **review. All materials shall be numerically described. (e.g., Submission 1, item 1, etc.)**
31 **Materials not submitted by the 45-day deadline may not be used. C&E must inform the**
32 **candidates whether their materials have been approved or require revision within 15 days**
33 **of their receipt by C&E, but no later than 30 days before the annual meeting. If a**
34 **candidate’s materials do not pass inspection, that candidate will have until 14 days before**
35 **the annual meeting to revise the materials and resubmit them to the C&E Committee for**
36 **approval. If materials requiring revision have not been resubmitted by the 14-day**
37 **deadline, they may not be used. If a candidate is unable to revise some or all of his or her**
38 **materials to the satisfaction of C&E by the 14-day deadline, he or she may not use the**
39 **materials that C&E has not approved.**

40 **i. In reviewing candidates’ materials, the C&E shall enforce the following:**

41 **i. Campaign materials may not use the likeness of an incumbent officer (unless the**
42 **candidate is an incumbent officer.**

43 **ii. Campaign materials may not include endorsements from existing officers, DCs,**
44 **Past AGD Presidents, the Parliamentarian or any member of C&E.**

1 iii. Existing officers, DCs, the Parliamentarian, Past AGD Presidents or any
2 member of the C&E may not endorse a candidate or participate in a candidate's campaign,
3 nor may pictures of such individuals be displayed in a candidate's campaign literature.
4

5 **XII. Financing**

6 a. Candidates are only permitted to accept funding from the following sources:

- 7 i. The treasury of their own region;
- 8 ii. The constituent and component AGD treasuries within their own region;
- 9 iii. Private individual donations;
- 10 iv. Their own private funds.

11 b. No corporate donations of any kind may be utilized. This provision does not exclude
12 donations from a dentist's own personally incorporated practice.
13

14 **XIII. Oversight**

15 a. The C&E shall be charged with the implementation and monitoring of these guidelines.

16 b. Upon receipt of a written complaint or upon initiation of its own review of campaign
17 related material, the Chairperson of the C&E Committee, in conjunction with the
18 Committee as a whole, shall determine if a violation of the guidelines has occurred.

19 c. Upon determination that a violation has occurred by a majority vote (for purposes of
20 this provision, the majority will be three votes of the five committee members) the
21 Chairperson shall forward a written letter to the candidate, notifying the candidate of the
22 violation. Upon a second offense, the AGD President shall announce from the podium
23 immediately after the candidate makes his or her speech during the First Session of the
24 HOD that said candidate has twice violated the guidelines. Upon third or subsequent
25 offenses, a written statement notifying Delegates of the number of campaign violations shall
26 be handed to each Delegate as he or she receives their ballot.

27 d. If it is determined by the Appeals Task Force that a C&E member has violated these
28 guidelines in a significant manner, they will be replaced immediately by the President.
29 Notification will be sent to the Delegates of the replacement.

30 e. Any candidate so adjudicated shall have automatic right of appeal to the Appeals Task
31 Force through expedited appeal via electronic meeting or other timely means.

32 f. All complaints and responses must be in writing and copies retained in a C&E file by the
33 Executive Director.

34 g. The C&E will certify in writing to the Executive Director at the conclusion of the
35 election and after review of any issues or appeals that a fair election was held.
36

37 **XIV Appeal Task Force**

38 a. This task force, appointed by the President, shall be made up of three (3) DCs.

39 b. All candidates shall approve of the task force prior to the beginning of the election. If
40 additional task force members are required due to candidates' lack of approval of the
41 aforementioned DC's, the President shall appoint a former AGD Trustee who is not nor
42 ever has been an AGD officer.

43 c. The three (3) DCs should, if possible, each be from a Region which has no candidates
44 participating in elections for the year in question.

45 d. The task force will dissolve after certification of a fair election by the C&E after the
46 conclusion of the annual meeting.

- 1 e. The chair shall be specified by the appointing individual.
2 f. Both the C&E, and/or the Appeal Task Force may seek counsel from the AGD attorney
3 if they desire.
4

5 **XV. Appeals:**

- 6 a. A candidate has the right to appeal a decision of C&E through expedited appeal via
7 electronic meeting.
8 b. The Appeal Task Force will make the final decisions on all appeals. They may do this
9 with the guidance of the AGD's legal counsel if they choose."

- 10
11 4. Dr. Jennifer Bone, seconded by Dr. Shane Ricci, moved to substitute Resolution
12 303R for Resolution 303. **With no discussion, the motion to adopt Resolution**
13 **303R passed.**
14

15 **Resolution 303R ADOPTED**

16
17 "Resolved, that the Bylaws be amended at Chapter IX, Section 2 (A-B), so that they read:

18
19 **Section 2. Duties**

20
21 **A. It shall be the duty of the president:**

22
23

24
25 ~~4. To appoint, subject to the final approval of the Board, members to serve on the~~
26 ~~AGD councils and committees that are listed in Chapter XIII, Sections 2 and 3 of these~~
27 ~~Bylaws, subject to the following stipulations:~~

28
29 ~~a. To have the authority with regard to AGD councils to appoint only to those~~
30 ~~positions which have an expiration date at the annual meeting at which the president~~
31 ~~assumes that office.~~

32
33 ~~b. To have the authority to fill any vacancy on an AGD council or committee which~~
34 ~~becomes known while the president is in office. Council and committee appointments, that~~
35 ~~are listed in Chapter XIII, Sections 2 and 3 of these Bylaws, are subject to approval by the~~
36 ~~Board. The Board may reject specific appointments made by the president until such time~~
37 ~~as the president provides the Board with a suitable selection.~~

38
39 ~~a. To have the authority to appoint individuals to committees, task forces, work~~
40 ~~groups and other AGD agencies that are not listed in Chapter XIII, Sections 2 and 3 of~~
41 ~~these Bylaws, without ratification by the Board. Such appointments shall expire at the~~
42 ~~conclusion of the President's tenure, unless otherwise specified in the agency's charge or~~
43 ~~so as determined by the Board.~~

44 ~~e. To appoint members to the AGD committees, that are listed in Chapter XIII,~~
45 ~~Sections 2 and 3 of these Bylaws, including committees of the Board, except where these~~
46 ~~Bylaws specifically require that the appointment be made by another officer, such as in the~~

1 ~~case of the Annual Meetings Council when both the president-elect and vice president have~~
2 ~~the responsibility to fill certain designated positions.~~

3
4 **d.b.** The House of Delegates or Board may specify criteria which the president must use in
5 naming ad hoc committees.

6
7 ~~e. Council and committee appointments, that are listed in Chapter XIII, Sections 2~~
8 ~~and 3 of these Bylaws, are subject to approval by the Board. The Board may reject specific~~
9 ~~appointments made by the president until such time as the president provides the Board~~
10 ~~with a suitable selection.~~

11
12 5.

13
14 **8.** To appoint, subject to the final approval of the Board, members to serve on the
15 AGD councils and committees that are listed in Chapter XIII, Sections 2 and 3 of these
16 Bylaws, subject to the following stipulations:

17
18 **a.** To have the authority with regard to AGD councils to appoint only to those
19 positions which have an expiration date at the annual meeting at which the president
20 assumes that office.

21
22 **b.** Council and committee appointments, that are listed in Chapter XIII, Sections 2 and 3
23 of these Bylaws, are subject to approval by the Board. The Board may reject specific
24 appointments made by the president-elect until such time as the president-elect provides
25 the Board with a suitable selection.”

26
27 5. Dr. Jennifer Bone, seconded by Dr. Brooke Elmore, moved to substitute Resolution
28 304R for Resolution 304.

29
30 **Resolution 304R**

31
32 **“Resolved, that the AGD supports third party, including medical benefit plans,**
33 **reimbursements of providing coverage for treatment approaches for sleep disorders**
34 **provided by dentists for treatment provided in the area of sleep disorders with the dentist’s**
35 **scope of practice.”**

36
37 Dr. Shari Hyder moved and was seconded, to substitute Resolution 304RS for
38 Resolution 304R. **With no discussion, the motion to substitute Resolution 304RS**
39 **for 304R passed. And with no further discussion the motion to adopt Resolution**
40 **304RS passed.**

41
42 **Resolution #304RS ADOPTED**

43
44 **“Resolved, that the AGD supports third party plans, including medical benefit**
45 **reimbursements plans, reimbursements of providing coverage for treatment approaches**

1 for sleep disorders provided by dentists for treatment provided by dentists in the area of
2 sleep related breathing disorders within the dentist's scope of practice."

- 3
4 6. Dr. Jennifer Bone, seconded by Dr. Shane Ricci, moved to substitute Resolution
5 305R for Resolution 305. **With no discussion, the motion to substitute Resolution**
6 **305R for 305 passed**
7

8 **Resolution 305R ADOPTED**

9
10 **"Resolved, that the AGD supports legislation for PPO Third Party reimbursement levels**
11 **that reflect changes in the cost of care and/or cost of living."**

- 12
13 7. Dr. Jennifer Bone, seconded by Dr. Joel Goldenberg, moved to substitute Resolution
14 310R for Resolution 310.
15

16 **Resolution 310R**

17
18 **"Resolved that AGD HOD policy 82:32 H 7 be revised for clarity, as follows:**

19
20 **Resolved, that dental benefits plans should includes coverage for all oral health care**
21 **dentistry services."**

22
23 Dr. Stuart Broth moved and was seconded, to substitute Resolution 310RS for
24 Resolution 310R. **The motion to substitute Resolution 310RS for Resolution**
25 **310R passed.**
26

27 **Resolution #310RS ADOPTED**

28
29 **"Resolved that AGD HOD policy 82:32 H 7 be revised for clarity, as follows:**

30
31 **Resolved, that dental benefits plans should includes coverage for all oral health care**
32 **dentistry services and that reimbursement payable or paid by a dental plan for covered**
33 **services be reasonable and not provide nominal reimbursement in order to claim that**
34 **services are covered services under the applicable dental plan."**

35
36 Concern was raised over adopting legalities into policy without having outside legal
37 counsel review the language.

38
39 Dr. Larry Williams moved and was seconded, to refer Resolution 310RS to legal
40 counsel.
41

42 Dr. Anita Rathee moved and was seconded, to amend Resolution 310RS to legal
43 counsel with a report to the 2017 HOD. **The motion to amend the referral of**
44 **Resolution 310RS passed. The motion to refer Resolution 310RS was defeated.**
45 **The motion to adopt Resolution 310RS passed.**
46

1 8. Dr. Jennifer Bone, seconded by Dr. Brooke Elmore, moved to substitute Resolution
2 311R for Resolution 311. **With no discussion, the motion to substitute Resolution**
3 **311R for 311 passed.**
4

5 **Resolution 311R ADOPTED**

6
7 **“Resolved that AGD HOD policy 93:23 H 7 be revised as follows:**

8
9 ~~“Resolved, that the Academy of General Dentistry adopt the American Dental~~
10 ~~Association's policies regarding waiver of copayment and overbilling, which read:~~
11 ~~“Resolved, that constituents dental societies be urged to pursue enactment of legislation~~
12 ~~that:~~

- 13
14 1) prohibits systematic non-disclosure of waiver of patient co-payment/overbilling by a
15 dentist and
16 2) prohibits bad faith insurance practices by third party payers, ~~consistent with~~
17 ~~Association policy~~ whereby bad faith insurance practices refers to the failure to deal with a
18 beneficiary of a dental benefit plan fairly and in good faith, or an activity which impairs
19 the right of the beneficiary to receive the appropriate benefit of a dental benefits plan or to
20 receive them in a timely manner, and be it further

21
22 **Resolved, that third party payers be urged to support this legislative objective.”**

23
24 9. Dr. Jennifer Bone, seconded by Dr. Brooke Elmore, moved to substitute Resolution
25 314R for Resolution 314. **With no discussion, the motion to substitute Resolution**
26 **314R for 314 passed.**
27

28 **Resolution 314R ADOPTED**

29
30 **“Resolved that Resolution 314R be adopted:**

31
32 **“Resolved, that the Academy of General Dentistry supports legislation that seeks to**
33 **increase professional and public awareness of accurate and up-to-date current information**
34 **on the link between oral health and overall health.” And be it further,**

35
36 **Resolved, that AGD HOD policy 2003:14-H-7 be rescinded:**

37
38 ~~“Resolved, that the Academy of General Dentistry supports legislation that seeks to~~
39 ~~increase accurate and up-to-date professional and public awareness of the link between~~
40 ~~periodontal disease in pregnant women and pre-term, low-birth weight babies and the~~
41 ~~maternal transmission of caries,”~~

42
43 10. Dr. Jennifer Bone, seconded by Dr. Brooke Elmore, moved to substitute Resolution
44 315R for Resolution 315. **With no discussion, the motion to substitute Resolution**
45 **315R for 315 passed.**
46

1 **Resolution 315R ADOPTED**

2
3 **“Resolved that AGD HOD policy 84:26 H 7 be revised as follows:**

4
5 **‘Resolved, that the Academy of General Dentistry use ~~whatever~~ appropriate means are**
6 **available to ensure that the following provisions are included in and made a part of any**
7 **state and/or federal law mandating and/or regulating preferred provider organizations:**
8

9 **A. Patients' freedom of choice of ~~provider~~ dentist must be guaranteed.**

10
11 **B. Preferred provider policies or contracts and preferred provider subscription**
12 **contracts shall provide the same benefits level to the patient whether rendered by non**
13 **preferred providers or preferred providers.**

14
15 **C. No dentist willing to meet the terms and conditions offered by a third party PPO**
16 **shall be excluded.**

17
18 **D. All ~~types of licensed health care providers~~ dentists whose services are required shall**
19 **have the same opportunity to qualify for payment as a preferred providers under any such**
20 **policies.**

21
22 **E. The terms and conditions of any third party PPO policies or contracts shall not**
23 **discriminate by specialty or degree against ~~or among health care providers~~ dentists.**

24
25 **F. A preferred provider subscription contract should be defined as a contract which**
26 **specifies how services are to be covered by the plan when rendered by non participating**
27 **providers and by preferred providers.**

28
29 **G. Preferred provider policies or contracts should be defined as insurance policies or**
30 **contracts which specify how services are to be covered by the plan when rendered by**
31 **preferred and non preferred providers.**

32
33 **H. When preferred provider organizations are promoted to the public, they cannot do**
34 **so with any implications of superiority, and all promotional materials used by third parties**
35 **PPOs must state if a preferred provider is a reduced fee contract.**

36
37 **I. The third party PPO shall make provision for a periodic adjustment in level of**
38 **reimbursement based on the Consumer Price Index or some other equitable basis.**

39
40 **And be it further**

41
42 **Resolved, that the Academy of General Dentistry encourage its Constituent Academies to**
43 **work toward building these safeguards into any state and/or federal law mandating and/or**
44 **regulating preferred provider organizations.**

45
46 **And be it further**

1
2 **Resolved, that the Academy of General Dentistry transmit this position to the American**
3 **Dental Association's Council on Dental Care Programs.”**

4
5 11. Dr. Jennifer Bone, seconded by Dr. Brooke Elmore, moved to refer Resolution 316 to
6 the appropriate agency.
7

8 **Resolution 316 DEFEATED**

9
10 **“Resolved, that it is unethical for a dentist to accept or tender rebates, commissions, or split**
11 **fees in business dealings between dentists and any third party, such as a firm or**
12 **corporation.”**

13
14 It was noted that this language is included within the ADA’s Code of Ethics which
15 per the Bylaws are AGD’s Code of Ethics.
16

17 **Question was called and the motion to vote immediately passed. With no**
18 **discussion, the motion to refer Resolution 316 was defeated.**

19
20 Concern was raised that fee splitting is illegal in many states.
21

22 **Question was called and the motion to vote immediately passed. With no**
23 **discussion, the motion to adopt Resolution 316 was defeated.**
24

25 12. Dr. Jennifer Bone, seconded by Dr. Brooke Elmore, moved to refer Resolution 317 to
26 the appropriate agency.
27

28 **Resolution 317**

29
30 **“Resolved, that the AGD supports qualified dentists providing treatment for obstructive**
31 **sleep apnea with custom, titratable oral appliances when prescribed by a referring**
32 **physician.**

33
34 **And be it further,**

35
36 **Resolved, that the AGD supports dentists in the oversight of patients in appliance therapy**
37 **for obstructive sleep apnea in conjunction with a sleep physician to improve or confirm**
38 **treatment efficacy.”**

39
40 Concern was raised over delaying the creation of a policy on sleep apnea and limiting
41 dentists to working with sleep physicians.
42

43 **Question was called and the motion to vote immediately passed. The motion to**
44 **refer Resolution 317 was defeated.**
45

1 Dr. Shari Hyder moved and was seconded, to amend Resolution 317 by striking the
2 word sleep.
3

4 **Resolution 317S1**

5
6 **“Resolved, that the AGD supports qualified dentists providing treatment for obstructive
7 sleep apnea with custom, titratable oral appliances when prescribed by a referring
8 physician.**

9
10 **And be it further,**

11
12 **Resolved, that the AGD supports dentists in the oversight of patients in appliance therapy
13 for obstructive sleep apnea in conjunction with a sleep physician to improve or confirm
14 treatment efficacy.”**

15
16 Concern was voiced that this amendment is in violation of all currently accepted
17 standards that relate to this matter. A sleep study needs to be read by a doctor
18 boarded in sleep but a physician may refer the patient after the results are complete.
19

20 Dr. Mohamed Attia moved and was seconded, to amend Resolution 317 by
21 substituting the word study for physician.
22

23 **Resolution 317S2 DEFEATED**

24
25 **“Resolved, that the AGD supports qualified dentists providing treatment for obstructive
26 sleep apnea with custom, titratable oral appliances when prescribed by a referring
27 physician.**

28
29 **And be it further,**

30
31 **Resolved, that the AGD supports dentists in the oversight of patients in appliance therapy
32 for obstructive sleep apnea in conjunction with a sleep study ~~physician~~ to improve or
33 confirm treatment efficacy.”**

34
35 Concern was raised that this amendment changes the intent of the resolution. The
36 American Academy of Sleep Medicine has guidelines in place and it was
37 recommended for AGD to accept their guidelines as they pertain to dental providers.
38

39 **Question was called and the motion to vote immediately passed. With no
40 discussion, the motion to adopt the amendment to Resolution 317S2 was
41 defeated.**
42

43 **Resolution 317S1 DEFEATED**
44

1 **“Resolved, that the AGD supports qualified dentists providing treatment for obstructive**
2 **sleep apnea with custom, titratable oral appliances when prescribed by a referring**
3 **physician.**

4
5 **And be it further,**

6
7 **Resolved, that the AGD supports dentists in the oversight of patients in appliance therapy**
8 **for obstructive sleep apnea in conjunction with a sleep physician to improve or confirm**
9 **treatment efficacy.”**

10
11 **Question was called and the motion to vote immediately passed. With no**
12 **discussion, the motion to adopt the amendment to Resolution 317S1 was**
13 **defeated.**

14
15 Dr. Larry Williams moved and was seconded, to substitute Resolution 317 with the
16 following language.

17
18 **Resolution 317S3 DEFEATED**

19
20 **“Resolved, that the AGD supports the guidelines of the American Academy of Sleep**
21 **Medicine pertaining to care provided by dental providers.”**

22
23 Concerns were raised over AGD referencing policies from other organizations as
24 AGD policy as AGD will not have control over the language.

25
26 **Question was called and the motion to vote immediately passed. With no**
27 **discussion, the motion to adopt the amendment to Resolution 317S3 was**
28 **defeated.**

29
30 Dr. Phillip Neal moved and was seconded to amend Resolution 317 with the
31 following language.

32
33 **Resolution 317S4 DEFEATED**

34
35 **“Resolved, that the AGD supports ~~qualified dentists~~ with a minimum of 20 continuing**
36 **education hours in dental sleep medicine providing treatment for providing treatment for**
37 **obstructive sleep apnea with custom, titratable oral appliances when patients are referred**
38 **by a ~~prescribed by a referring~~ physician.**

39
40 **And be it further resolved; that the AGD supports dentists in the oversight of patients in**
41 **appliance therapy for obstructive sleep apnea in conjunction with a sleep physician to**
42 **improve or confirm treatment efficacy.”**

43
44 Concern was raised that AGD is an organization for general dentists creating a policy
45 limiting treatment to a specialist.

1 **Question was called and the motion to vote immediately passed. With no**
2 **discussion, the motion to adopt the amendment to Resolution 317S4 was**
3 **defeated.**

4
5 **Resolution 317 ADOPTED**

6
7 **“Resolved, that the AGD supports qualified dentists providing treatment for obstructive**
8 **sleep apnea with custom, titratable oral appliances when prescribed by a referring**
9 **physician.**

10 **And be it further,**

11
12
13 **Resolved, that the AGD supports dentists in the oversight of patients in appliance therapy**
14 **for obstructive sleep apnea in conjunction with a sleep physician to improve or confirm**
15 **treatment efficacy.”**

16
17 **Question was called and the motion to vote immediately passed. With no further**
18 **discussion, the motion to adopt the amendment to Resolution 317 passed.**

19
20 J. Report of the Reference Committee on Continuing Education by Dr. John Mohler, of
21 Maryland, Chair.

22
23 1. Dr. John Mohler, seconded by Dr. Susan Mayer, moved to substitute Resolution 201R
24 for Resolution 201.

25
26 **Resolution 201R**

27
28 **“Resolved, that the Fellowship Award Guidelines Credit Limitations be amended to read:**

29
30 **Fellowship Requirements...**

31
32 ***Course Attendance Credit***

33 **A minimum of 350 hours of continuing education course credit is required for the award.**
34 **Course content must be directly related to the practice of dentistry with the exception that**
35 **10 hours are permitted for self-improvement courses. Course credit can be earned for:**

36
37 **A. Scientific Programs . . .**

38
39 **2. Postgraduate Education**

40 **A) Effective July 1, 2009. Beginning with individuals completing a one-year CODA- or**
41 **CDAC-accredited advanced dental education program (AEGD/GDR/GPR) in 2009, 150**
42 **hours of participation credit may be earned. Individuals completing a two-year CODA- or**
43 **CDAC-accredited advanced dental education program (AEGD/GDR/GPR) in 2009, 300**
44 **hours of participation credit may be earned. Credit can be received for non-concurrent**
45 **completion of both program types for a maximum of 450 hours of participation credit.**
46 **Effective August 1, 2016, additional CE credit may not be earned for completion of courses**

1 that are required as a mandatory component of a CODA or CDAC-accredited residency.
2 Any additional CE earned during a residency must include documentation from the
3 CODA- or CDAC-accredited residency director confirming that the additional CE was
4 elective and not a mandatory requirement of the CODA- or CDAC-accredited residency.
5 The DE Council may review documentation and has the authority to confirm whether the
6 CE hours will be allowed for FAGD/MAGD credit. Credits are apportioned among the
7 subject categories according to a *predetermined ratio* of subject hours based upon a survey
8 of one- and two-year AEGD/GDR/GPR programs. A copy of the certificate is required to
9 receive credit.

10
11 **B) Credit is permitted for the completion of programs as follows:**

12 **B). Effective with programs ending in June 2014, individuals completing a CODA- or**
13 **CDAC-accredited advanced specialty education program of one year or more in length, a**
14 **maximum of 150 hours of participation credit may be earned. A copy of the certificate is**
15 **required to receive credit.**

16		
17	Current member of AGD	100% of credits are awarded
18	Join AGD within one (1) year of completion of the program	100% “
19	Join AGD within two (2) years	75% “
20	Join AGD within three (3) years	50% “
21	Join AGD within four (4) years	25% “
22	Join AGD after four years	0% “
23		

24 **3. Federal Dental Service Specialty Rotation Programs**

25 **Participation in Federal Dental Service Specialty Rotation Programs earns 1 credit hour**
26 **for each working day in the program. A maximum of ~~200~~ 150 hours may be applied to the**
27 **award. ...**

28 *Other CE Activities for Credit*

29 **1. Teaching/Publications**

30
31 **A combined maximum of 150 hours of ~~lecture-teaching~~ teaching or publication credit may be**
32 **applied toward the Fellowship award for the following activities:**

33
34 **A) Full- or part-time faculty positions at CODA/CDAC-accredited institutions. Full-time**
35 **faculty may receive 100 teaching hours for the completion of the first academic year**
36 **after joining the AGD and 25 teaching hours each subsequent year; part-time faculty**
37 **may receive 50 teaching hours for the completion of the first academic year after**
38 **joining the AGD and 12.5 teaching hours each subsequent year.**

39 **B) Continuing education presentations put on by FAGD/MAGD-program providers.**
40 **Original presentations receive three hours of teaching credit for each hour of teaching.**
41 **Repeat presentations receive hour-for-hour teaching credit. *Credit will be awarded upon***
42 ***receipt of verification from the program provider.***

43 **C) Authorship of a published scientific article in a dental or scientific journal.**

44 **D) Authorship of a published dental textbook or chapter in a published textbook**

45 **E) Authorship of a case report, technique paper or clinical research report in a dental or**
46 **scientific journal published in or after July, 2000.**

- 1 F) Successfully reviewing and reporting on manuscripts submitted to General Dentistry
 2 and other refereed dental journals.
- 3 **G) Draft self-assessment quizzes for peer-reviewed scientific journals, or self-instruction**
 4 **programs from AGD PACE- or ADA CERP-approved organizations.**
- 5 **H) Draft self-assessment quizzes for FAGD/MAGD program provider-hosted webinars or**
 6 **electronically-mediated self-instruction programs**
- 7
- 8 **Publication Credit** will be awarded as follows:
- 9 Published scientific article in a refereed journal.....40 hours
- 10 Published scientific article in a non-refereed journal.....20 hours
- 11 Published dental textbook.....40 hours per chapter
- 12 up to a maximum of 150 hours
- 13 Chapter in a published textbook40 hours per chapter
- 14 Published case report, technique paper or clinical research report in a refereed
 15 journal10 hours
- 16 Published case report, technique paper or clinical research report in a non-refereed
 17 journal5 hours
- 18 Published case report, technique paper, or clinical research report in a non-refereed
 19 journal:..... 5 hours
- 20 **Review and report on General Dentistry manuscripts:3 hours each with a**
 21 **maximum of 9 hours per year**
- 22 **Review and report on non-AGD referred dental journal manuscripts: :2**
 23 **hours each with a maximum of 6 hours per year**
- 24 Draft Self-Assessment or self-instruction quizzes for a peer-reviewed scientific
 25 journal.....20 hours per quiz.
- 26 **Draft self-assessment quizzes for FAGD/MAGD program provider-hosted webinars**
 27 **or electronically-mediated self-instruction programs...3 times the length of the program**

28

29

30 And be it further,

31

32 Resolved, that the Mastership Award Guidelines be amended to read:

33

34 Mastership Requirements...

35

36 *Activities Accepted for Mastership Credit*

37 *Course Attendance Credit*

38 1. Continuing Education Courses. . .

39

40 2. Residencies

41 A) Effective July 1, 2009. Beginning with individuals completing a one-year CODA- or
 42 CDAC-accredited advanced dental education program (AEGD/GDR/GPR) in 2009, 150
 43 hours of participation credit may be earned. Individuals completing a two-year CODA- or
 44 CDAC-accredited advanced dental education program (AEGD/GDR/GPR) in 2009, 300
 45 hours of participation credit may be earned. Credit can be received for non-concurrent
 46 completion of both program types for a maximum of 450 hours of participation credit.

1 Effective July 17, 2016, additional CE credit may not be earned for completion of courses
2 that are required as a mandatory component of a CODA or CDAC-accredited residency.
3 Any additional CE earned during a residency must include documentation from the
4 CODA- or CDAC-accredited residency director confirming that the additional CE was
5 elective and not a mandatory requirement of the CODA- or CDAC-accredited residency.
6 The DE Council may review documentation and has the authority to confirm whether the
7 CE hours will be allowed for FAGD/MAGD credit. Credits are apportioned among the
8 subject categories according to a *predetermined ratio* of subject hours based upon a survey
9 of one- and two-year AEGD/GDR/GPR programs. A copy of the certificate is required to
10 receive credit.

11
12 **B) Credit is permitted for the completion of programs as follows:**

13 **B). Effective with programs ending in June 2014, individuals completing a CODA- or**
14 **CDAC-accredited advanced specialty education program of one year or more in length, a**
15 **maximum of 150 hours of participation credit may be earned. A copy of the certificate is**
16 **required to receive credit.**

17		
18	Current member of AGD	100% of credits are awarded
19	Join AGD within one (1) year of completion of the program	100% “
20	Join AGD within two (2) years	75% “
21	Join AGD within three (3) years	50% “
22	Join AGD within four (4) years	25% “
23	Join AGD after four years	0% “
24		

25 **3. Federal Dental Service Specialty Rotation Programs**

26 **Participation in Federal Dental Service Specialty Rotation Programs earns 1 credit hour**
27 **for each working day in the program. A maximum of ~~200~~ 150 hours may be applied to the**
28 **award. ...**

29 *Other CE Activities for Credit*

30 **~~2.~~ 1. Teaching/Publications**

31 **A combined maximum of 150 hours of ~~lecture-teaching or publication credit~~ may be**
32 **applied toward the Mastership award for the following activities:**

33 **A) Full- or part-time faculty positions at CODA/CDAC-accredited institutions. Full-time**
34 **faculty may receive 100 teaching hours for the completion of the first academic year**
35 **after joining the AGD and 25 teaching hours each subsequent year; part-time faculty**
36 **may receive 50 teaching hours for the completion of the first academic year after**
37 **joining the AGD and 12.5 teaching hours each subsequent year.**

38 **B) Continuing education presentations put on by FAGD/MAGD-program providers.**
39 **Original presentations receive three hours of teaching credit for each hour of teaching.**
40 **Repeat presentations receive hour-for-hour teaching credit. *Credit will be awarded upon***
41 ***receipt of verification from the program provider.***

42 **C) Authorship of a published scientific article in a dental or scientific journal.**

43 **D) Authorship of a published dental textbook or chapter in a published textbook**

44 **E) Authorship of a case report, technique paper or clinical research report in a dental or**
45 **scientific journal published in or after July, 2000.**
46

1 F) Successfully reviewing and reporting on manuscripts submitted to General Dentistry
2 and other refereed dental journals.

3 **G) Draft self-assessment quizzes for peer-reviewed scientific journals, or self-instruction**
4 **programs from AGD PACE- or ADA CERP-approved organizations.**

5 **H) Draft self-assessment quizzes for FAGD/MAGD program provider-hosted webinars or**
6 **electronically-mediated self-instruction programs**

7
8 **Publication Credit** will be awarded as follows:

9 Published scientific article in a refereed journal.....40 hours

10 Published scientific article in a non-refereed journal.....20 hours

11 Published dental textbook.....40 hours per chapter

12 up to a maximum of 150 hours

13 Chapter in a published textbook40 hours per chapter

14 Published case report, technique paper or clinical research report in a refereed
15 journal10 hours

16 Published case report, technique paper or clinical research report in a non-refereed
17 journal5 hours

18 Published case report, technique paper, or clinical research report in a non-refereed
19 journal:..... 5 hours

20 **Review and report on General Dentistry manuscripts:3 hours each with a**
21 **maximum of 9 hours per year**

22 **Review and report on non-AGD referred dental journal manuscripts: :2**
23 **hours each with a maximum of 6 hours per year**

24 Draft ~~S~~self-~~A~~assessment or self-instruction quizzes for a peer-reviewed scientific
25 journal.....20 hours per quiz.

26 **Draft self-assessment quizzes for FAGD/MAGD program provider-hosted webinars**
27 **or electronically-mediated self-instruction programs...3 times the length of the program**

28
29 And be it further,

30
31 Resolved that House Policy 75:54-H-10 be rescinded.”

32 ~~“Resolved” that the dentist be given one hour for every working day he participates in a~~
33 ~~federal dental service specialty rotation program with a maximum of 200 hours of credit~~
34 ~~towards Fellowship or Mastership.”~~

35
36 Dr. Phillip Neal moved and was seconded to substitute Resolution 201R with
37 Resolution 201RS1.
38

39 **Resolution 201RS1 ADOPTED**
40

41 *As editorially corrected*

42 **“Resolved, that the Fellowship Award Guidelines Credit Limitations be amended to read:**

43
44 **Fellowship Requirements...**

45
46 **Course Attendance Credit**

1 **A minimum of 350 hours of continuing education course credit is required for the award.**
2 **Course content must be directly related to the practice of dentistry with the exception that**
3 **10 hours are permitted for self-improvement courses. Course credit can be earned for:**

4
5 **1. Scientific Programs . . .**

6
7 **2. Postgraduate Education**

8 **A) Effective July 1, 2009. Beginning with individuals completing a one-year CODA- or**
9 **CDAC-accredited advanced dental education program (AEGD/GDR/GPR) in 2009, 150**
10 **hours of participation credit may be earned. Individuals completing a two-year CODA- or**
11 **CDAC-accredited advanced dental education program (AEGD/GDR/GPR) in 2009, 300**
12 **hours of participation credit may be earned. Credit can be received for non-concurrent**
13 **completion of both program types for a maximum of 450 hours of participation credit.**
14 **Effective August 1, 2016, additional CE credit may not be earned for completion of courses**
15 **that are required as a mandatory component of a CODA or CDAC-accredited residency.**
16 **Any additional CE earned during a residency must include documentation from the**
17 **CODA- or CDAC-accredited residency director confirming that the additional CE was**
18 **elective and not a mandatory requirement of the CODA- or CDAC-accredited residency.**
19 **The DE Council may review documentation and has the authority to confirm whether the**
20 **CE hours will be allowed for FAGD/MAGD credit.** Credits are apportioned among the
21 subject categories according to a *predetermined ratio* of subject hours based upon a survey
22 of one- and two-year AEGD/GDR/GPR programs. A copy of the certificate is required to
23 receive credit.

24
25 **B) Credit is permitted for the completion of programs as follows:**

26 **B). Effective with programs ending in June 2014, individuals completing a CODA- or**
27 **CDAC-accredited advanced specialty education program of one year or more in length, a**
28 **maximum of 150 hours of participation credit may be earned. A copy of the certificate is**
29 **required to receive credit.**

30

31 Current member of AGD	100% of credits are awarded
32 Join AGD within one (1) year of completion of the program	100% “
33 Join AGD within two (2) years	75% “
34 Join AGD within three (3) years	50% “
35 Join AGD within four (4) years	25% “
36 Join AGD after four years	0% “

37

38 **3. Federal Dental Service Specialty Rotation Programs**

39 **Participation in Federal Dental Service Specialty Rotation Programs earns 1 participation**
40 **credit hour for each working day in the program. A maximum of ~~200~~ 150 participation**
41 **hours may be applied to the award. ...**

42
43 ***Other CE Activities for Credit***

44
45 **1. Teaching/Publications**

- 1 **A combined maximum of 150 hours of lecture-teaching or publication credit may be**
 2 **applied toward the Fellowship award for the following activities:**
- 3 **A) Full- or part-time faculty positions at CODA/CDAC-accredited institutions. Full-time**
 4 **faculty may receive 100 teaching hours for the completion of the first academic year**
 5 **after joining the AGD and 25 teaching hours each subsequent year; part-time faculty**
 6 **may receive 50 teaching hours for the completion of the first academic year after**
 7 **joining the AGD and 12.5 teaching hours each subsequent year.**
 - 8 **B) Continuing education presentations put on by FAGD/MAGD-program providers.**
 9 **Original presentations receive three hours of teaching credit for each hour of teaching.**
 10 **Repeat presentations receive hour-for-hour teaching credit. *Credit will be awarded upon***
 11 ***receipt of verification from the program provider.***
 - 12 **C) Authorship of a published scientific article in a dental or scientific journal.**
 - 13 **D) Authorship of a published dental textbook or chapter in a published textbook**
 - 14 **E) Authorship of a case report, technique paper or clinical research report in a dental or**
 15 **scientific journal published in or after July, 2000.**
 - 16 **F) Successfully reviewing and reporting on manuscripts submitted to General Dentistry**
 17 **and other refereed dental journals.**
 - 18 **G) Draft self-assessment quizzes for peer-reviewed scientific journals, or self-instruction**
 19 **programs from AGD PACE- or ADA CERP-approved organizations.**
 - 20 **H) Draft self-assessment quizzes for FAGD/MAGD program provider-hosted webinars or**
 21 **electronically-mediated self-instruction programs**

22
 23 **Publication Credit will be awarded as follows:**

- 24 **Published scientific article in a refereed journal.....40 hours**
- 25 **Published scientific article in a non-refereed journal.....20 hours**
- 26 **Published dental textbook.....40 hours per chapter**
- 27 **up to a maximum of 150 hours**
- 28 **Chapter in a published textbook40 hours per chapter**
- 29 **Published case report, technique paper or clinical research report in a refereed**
 30 **journal10 hours**
- 31 **Published case report, technique paper or clinical research report in a non-refereed**
 32 **journal5 hours**
- 33 **Published case report, technique paper, or clinical research report in a non-refereed**
 34 **journal:..... 5 hours**
- 35 **Review and report on General Dentistry manuscripts:3 hours each with a**
 36 **maximum of 9 hours per year**
- 37 **Review and report on non-AGD referred dental journal manuscripts: :2**
 38 **hours each with a maximum of 6 hours per year**
- 39 **Draft ~~S~~self-Assessment or self-instruction quizzes for a peer-reviewed scientific**
 40 **journal.....20 hours per quiz.**
- 41 **Draft self-assessment quizzes for FAGD/MAGD program provider-hosted webinars**
 42 **or electronically-mediated self-instruction programs...3 times the length of the program**

43
 44
 45 **And be it further,**
 46

1 Resolved, that the Mastership Award Guidelines be amended to read:

2
3 **Mastership Requirements...**

4
5 *Activities Accepted for Mastership Credit*

6 *Course Attendance Credit*

7 **1. Continuing Education Courses. . .**

8
9 **2. Residencies**

10 **A) Effective July 1, 2009. Beginning with individuals completing a one-year CODA- or**
11 **CDAC-accredited advanced dental education program (AEGD/GDR/GPR) in 2009, 150**
12 **hours of participation credit may be earned. Individuals completing a two-year CODA- or**
13 **CDAC-accredited advanced dental education program (AEGD/GDR/GPR) in 2009, 300**
14 **hours of participation credit may be earned. Credit can be received for non-concurrent**
15 **completion of both program types for a maximum of 450 hours of participation credit.**
16 **Effective July 17, 2016, additional CE credit may not be earned for completion of courses**
17 **that are required as a mandatory component of a CODA or CDAC-accredited residency.**
18 **Any additional CE earned during a residency must include documentation from the**
19 **CODA- or CDAC-accredited residency director confirming that the additional CE was**
20 **elective and not a mandatory requirement of the CODA- or CDAC-accredited residency.**
21 **The DE Council may review documentation and has the authority to confirm whether the**
22 **CE hours will be allowed for FAGD/MAGD credit.** Credits are apportioned among the
23 subject categories according to a *predetermined ratio* of subject hours based upon a survey
24 of one- and two-year AEGD/GDR/GPR programs. A copy of the certificate is required to
25 receive credit.

26
27 **B) Credit is permitted for the completion of programs as follows:**

28 **B). Effective with programs ending in June 2014, individuals completing a CODA- or**
29 **CDAC-accredited advanced specialty education program of one year or more in length, a**
30 **maximum of 150 hours of participation credit may be earned. A copy of the certificate is**
31 **required to receive credit.**

32

33 Current member of AGD	100% of credits are awarded
34 Join AGD within one (1) year of completion of the program	100% “
35 Join AGD within two (2) years	75% “
36 Join AGD within three (3) years	50% “
37 Join AGD within four (4) years	25% “
38 Join AGD after four years	0% “

39

40 **3. Federal Dental Service Specialty Rotation Programs**

41 **Participation in Federal Dental Service Specialty Rotation Programs earns 1 participation**
42 **credit hour for each working day in the program. A maximum of ~~200~~ 150 participation**
43 **hours may be applied to the award. ...**

44
45 *Other CE Activities for Credit*

46 **~~2.~~ 1. Teaching/Publications**

- 1 **A combined maximum of 150 hours of lecture-teaching or publication credit may be**
 2 **applied toward the Mastership award for the following activities:**
- 3 **A) Full- or part-time faculty positions at CODA/CDAC-accredited institutions. Full-time**
 4 **faculty may receive 100 teaching hours for the completion of the first academic year**
 5 **after joining the AGD and 25 teaching hours each subsequent year; part-time faculty**
 6 **may receive 50 teaching hours for the completion of the first academic year after**
 7 **joining the AGD and 12.5 teaching hours each subsequent year.**
 - 8 **B) Continuing education presentations put on by FAGD/MAGD-program providers.**
 9 **Original presentations receive three hours of teaching credit for each hour of teaching.**
 10 **Repeat presentations receive hour-for-hour teaching credit. *Credit will be awarded upon***
 11 ***receipt of verification from the program provider.***
 - 12 **C) Authorship of a published scientific article in a dental or scientific journal.**
 - 13 **D) Authorship of a published dental textbook or chapter in a published textbook**
 - 14 **E) Authorship of a case report, technique paper or clinical research report in a dental or**
 15 **scientific journal published in or after July, 2000.**
 - 16 **F) Successfully reviewing and reporting on manuscripts submitted to General Dentistry**
 17 **and other refereed dental journals.**
 - 18 **G) Draft self-assessment quizzes for peer-reviewed scientific journals, or self-instruction**
 19 **programs from AGD PACE- or ADA CERP-approved organizations.**
 - 20 **H) Draft self-assessment quizzes for FAGD/MAGD program provider-hosted webinars or**
 21 **electronically-mediated self-instruction programs**

22
 23 **Publication Credit will be awarded as follows:**

- 24 **Published scientific article in a refereed journal.....40 hours**
- 25 **Published scientific article in a non-refereed journal.....20 hours**
- 26 **Published dental textbook.....40 hours per chapter**
- 27 **up to a maximum of 150 hours**
- 28 **Chapter in a published textbook40 hours per chapter**
- 29 **Published case report, technique paper or clinical research report in a refereed**
 30 **journal10 hours**
- 31 **Published case report, technique paper or clinical research report in a non-refereed**
 32 **journal5 hours**
- 33 **~~Published case report, technique paper, or clinical research report in a non-refereed~~**
 34 **~~journal:..... 5 hours~~**
- 35 **Review and report on General Dentistry manuscripts:3 hours each with a**
 36 **maximum of 9 hours per year**
- 37 **Review and report on non-AGD referred dental journal manuscripts: :2**
 38 **hours each with a maximum of 6 hours per year**
- 39 **Draft ~~S~~self-Assessment or self-instruction quizzes for a peer-reviewed scientific**
 40 **journal.....20 hours per quiz.**
- 41 **Draft self-assessment quizzes for FAGD/MAGD program provider-hosted webinars**
 42 **or electronically-mediated self-instruction programs...3 times the length of the program**

43
 44 **And be it further,**

45
 46 **Resolved that House Policy 75:54-H-10 be rescinded.”**

1 **"Resolved" that the dentist be given one hour for every working day he participates in a**
2 **federal dental service specialty rotation program with a maximum of 200 hours of credit**
3 **towards Fellowship or Mastership."**

4
5 **The motion to substitute Resolution 201RS1 for Resolution 201R passed. The**
6 **motion to adopt Resolution 201RS passed.**

- 7
8 2. Dr. John Mohler, seconded by Dr. Christy Gajewski, moved to substitute Resolution
9 202 with Resolution 202R.

10
11 **Resolution 202R REFERRED**

12
13 **"Resolved, that the Lifelong Learning & Service Guidelines be amended to read:**

14
15 **Lifelong Learning & Service Recognition Award Guidelines**

16
17 ***Why Achieve Recognition?***

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

30
31 ***A Charge to all Masters***

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

- 36 **~~1) Continue their commitment to lifelong learning~~**
37 **~~2) Be a mentor to associates and new dentists~~**
38 **~~3) Improve the quality of continuing education~~**
39 **~~4) Be a voice of the general dentist.~~**

40
41 ***LLSR Requirements***

- 42 **~~1) All applicants must be AGD Masters or previous LLSR recipients, with AGD~~**
43 **~~membership in good standing at the time of application and when recognition is received.~~**
44 **~~2) Completion of 500 credit hours of FAGD/MAGD-approved continuing education credit~~**
45 **~~with at least 300 hours in course attendance. LLSR credit begins to accrue Jan. 1 of the~~**
46 **~~year a member is approved to receive AGD Mastership are required in course attendance,~~**

1 ~~teaching or publications earned since the date Mastership was received or since a previous~~
2 ~~LLSR application was received. A breakdown of these credits can be found below in the~~
3 ~~Course Attendance section.~~

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

10 ~~4) Attendance at a Convocation Ceremony held during the AGD scientific sessions to~~
11 ~~receive the award. Successful candidates are allowed three years following approval to~~
12 ~~participate.~~

13 ~~An application must be submitted with the designated application processing fee, which is~~
14 ~~determined annually by the Dental Education Council. This fee covers direct costs, plus~~
15 ~~\$100 for overhead costs. Applications must be postmarked by December 31.~~

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

23 24 Course Attendance

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

- 28 a) At least 150 continuing education hours must be earned in participation course
29 attendance;
30 b) A maximum of 100 credits for teaching is allowed;
31 c) A maximum of 100 credits for publications is allowed.

32
33 2) Credits for course attendance, teaching or publications must be in at least eight (8) of the
34 following disciplines, although there are no minimums or maximum by discipline. Note: No
35 credits will be accepted for advanced academic education programs, such as residencies or
36 advanced degree programs.

37

Subject Category	Subject Code
Basic Science	010
Endodontics	070
Electives	130
Myofascial Pain/ Occlusion Orofacial Pain*	200
Operative Dentistry	250
Oral/Max Surgery	310
Anes/Pain Mgmt/Pharm*	340

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1	Orthodontics	370
2	Pediatrics	430
3	Periodontics	490
4	Practice Mgmt	550
5	Fixed Prosth	610
6	Removable Prosth	670
7	Implants	690
8	Oral Med/Oral Dx	730
9	Special Pt Care	750
10	Esthetics	780

11
12 **These changes go into effect January 1, 2017. Any member that has not achieved or applied*
13 *for Fellowship, Mastership, or LLSR by December 31, 2016, will be expected to meet the*
14 *updated continuing education requirements at that time.*

15
16 **Teaching and Publication Credit**

- 17 **1) Full or part-time faculty positions in ADA/CDA/CODA/CDAC-accredited institutions**
18 **are eligible for up to ten (10) credit hours each year. Verification of teaching appointments**
19 **is required from each institution and should be included with the application.**
20 **2) Teaching continuing dental education courses for organizations that are approved by**
21 **PACE, ADA-CERP or an AGD constituent are eligible for credit. Verification is required**
22 **that indicates the dental discipline and the number of hours. Credit will be given hour-for-**
23 **hour for each presentation.**
24 **3) The publication of a scientific article, case report, technique paper or clinical research**
25 **report in a scientific journal or textbook is worth ten (10) credit hours. A copy of the**
26 **articles, with dates of publication, should be submitted with the application.**

27
28 **Dental-Related Community and Volunteer Service**

- 29 **1) One community service point is equal to one hour of dental-related volunteer community**
30 **service. The Dental Education Council will determine which additional categories of service**
31 **not described in these guidelines may be eligible. Volunteer work for a for-profit**
32 **organization, such as a dental manufacturer, is not eligible.**
33 **2) To document dental-related community service, a representative of the organization for**
34 **which the community/volunteer work was done must complete and sign the provided**
35 **Volunteer Service Verification Form, which specifies the type(s) and term(s) of volunteer**
36 **service(s) provided. If additional verification is needed, please attach necessary**
37 **documentation to this form.**
38 **3) No financial remuneration or “in-kind” remuneration may be received for**
39 **service/volunteer work. Reimbursement of expenses such as airfare, transportation, meals,**
40 **etc., is allowed.**

41
42 **Categories of dental-related community and volunteer service may include, but are not**
43 **limited to:**

- 44 **a. Providing pro bono dental services through a not-for-profit organization;**
45 **b. Mentoring a dental student, emerging dentist or struggling colleague, through a**
46 **recognized dental organization;**

- 1 c. Service in a volunteer dental clinic;
2 d. Service overseas on a dental mission;
3 e. Volunteer dental-related service in a community program, such as a health fair;
4 f. Providing presentation on dental-related topics to schools, civic, church or other
5 community groups or other health professionals;
6 g. Providing oral cancer screenings at a local church, synagogue, school, health fair,
7 nursing home, retirement community, etc.;
- 8 h. Providing dental screenings to athletes through the Special Olympics Special Smiles;
9 i. Volunteer work at a local or national dental meeting, such as working at the
10 organization's booth;
11 j. Serving as an unpaid team dentist for a school, college, professional sports team or youth
12 athletic association;
13 k. Instituting a mouth guard program for a school, college, professional sports team or
14 youth athletic association;
15 l. Providing dental education programs at elementary or secondary schools;
16 m. Volunteering as a Boy/Girl Scout merit badge leader for dental health.

17
18 *Service to Organized Dentistry:*

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

22 1) A maximum of 12 points may be earned annually for serving in a national position in a
23 dental organization. Service time of less than one year will be prorated by month. Holding
24 multiple positions at the national level in the same organization is acceptable only up to the
25 12-point limit each year.

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

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

34
35 *Application Procedures and Deadline*

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

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

43 3) Only the Dental Education Council may determine the acceptability of LLSR
44 applications. Applicants are notified by letter of the Council's decision, and all decisions of
45 the Council are final. Recognition will be provided at the Convocation Ceremony at the

1 ~~AGD Annual Meeting & Exhibits through the inclusion of names of the new recipients in~~
2 ~~the Convocation program and in AGD publications.~~

3
4 4) Acceptance or denial will be communicated to applicants following review of the
5 application by the Dental Education Council. All decisions of the council are final.

6
7 5) Recipients are required to attend the annual Convocation ceremony held during the
8 AGD scientific sessions to receive the award. Successful candidates are allowed three years
9 following approval to participate. Additional recognitions of LLSR recipients may occur at
10 the constituent or regional levels and through AGD publications.

11
12
13 Direct inquiries regarding the LLSR to:

14
15 Academy of General Dentistry
16 Department of Dental Education
17 560 W. Lake Street, Sixth Floor
18 Chicago, Illinois 60661-6600
19 Phone 888.AGD.DENT (243.3368)
20 Fax 312.335.3428

21
22 Adopted HOD 7/2003
23 Amended HOD 6/2015

24
25 And be it further,

26
27 Resolved that AGD House Policy 2000:9-H-7 ~~Advertising FAGD/MAGD Credentials be~~
28 ~~modified~~ revised to allow AGD members to ~~advertise~~ announce the LLSR Award as a
29 Credential, similar to the FAGD/MAGD.

30
31 Advertising FAGD/MAGD/LLSR Credentials

32
33 Fellow, ~~or~~ Master, or Lifelong Learning & Service Recognition recipient of the Academy of
34 General Dentistry
35 General Dentist

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

40
41 _____, DDS, BDS, or DMD, FAGD, ~~or~~ MAGD, or LLSR
42 Fellow, ~~or~~ Master or Lifelong Learning & Service Recipient of the Academy of General
43 Dentistry

44
45 and be it further
46

1 Resolved, that our members be advised through AGD printed communications that our
2 Principles of Ethics allow general dentists to announce Fellowship, ~~or~~ Mastership or
3 Lifelong Learning & Service Recognition in the area of general dentistry in their
4 announcement of services to patients so long as they avoid any communication that
5 expresses specialization and clearly write out the definition of the initials, in order to not
6 lead the reasonable person to believe that the designation represents an academic degree.”
7

8 And be it further,

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

11 Resolved, that members faced...

12 C. Verification that the individual has achieved Fellowship, ~~or~~ Mastership, or Lifelong
13 Service & Recognition status in the AGD. ...
14

15 And be it further,

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

18 Approval procedures for processing FAGD, ~~and~~ MAGD, and LLSR applications
19

20 Resolved, that the AGD Board approve procedures and procedural changes related to the
21 mechanics of processing the applications for the Fellowship, ~~and~~ Mastership, and Lifelong
22 Learning & Service Recognition Awards.
23
24

25 And be it further,

26 Resolved that House Policy 96:49-H-7 Appeal of application deadline be ~~modified~~ revised to
27 read:
28

29 Appeal of application deadline

30 Resolved, that the following guided be established for considering appeals of the
31 FAGD/MAGD/LLSR application deadline:
32

33 GUIDELINES FOR APPEALS OF
34 THE FAGD/MAGD/LLSR APPLICATION DEADLINE
35

36 An application for the Fellowship, ~~or~~ Lifelong Learning & Service
37 Recognition award that is received in the ~~Chicago~~ headquarter office...
38

39 And be it further,

40 Resolved that House Policy 2002:20-H-7 Category of membership, Fellowship as a, be
41 ~~modified~~ revised to read:
42
43
44
45
46

1 **Resolved, that the AGD ~~recognize the its Fellowship, and Mastership, and Lifelong~~**
2 **Learning & Service Recognition designations are categories of membership in the**
3 **~~organization~~ that may be announced appropriately to the public but only while an**
4 **individual maintains membership in the organization, and be further**

5
6 **Resolved, that constituent academies recognize that they may report to appropriate**
7 **licensing bodies instances of non-members announcing FAGD, ~~and~~ MAGD, and LLSR**
8 **designation to the public because it is false and misleading advertising.**

9
10 **And be it further,**

11
12 **Resolved that House Policy 78:19-H-6 Changes in, be ~~modified~~revised to read:**

13
14 **Resolved, that changes made in the Fellowship, ~~or~~ Mastership, or Lifelong Learning &**
15 **Service Recognition guidelines which make those guidelines more restrictive, be made**
16 **effective for all members of the AGD five (5) years after the date of passage of such changes**
17 **by the AGD House of Delegates.**

18
19 **And be it further,**

20
21 **Resolved, that House Policy 2003:3-H-7 Lifelong Learning and Service Recognition**
22 **Program be ~~modified~~revised to read:**

23
24 **Lifelong Learning and Service Recognition Award Program**

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

28
29 **Resolved, that the document Lifelong Learning and Service Recognition Award (LLSR)**
30 **Guidelines be adopted.”**

31
32 Concern was raised that the LLSR was created as a recognition and not an
33 award. Mastership is the AGD’s highest award. If the LLSR becomes an award
34 it would be considered a higher award than Mastership. An award higher than
35 Mastership should have a larger set of requirements. There was discussion on
36 whether market research had been done to see what the AGD membership
37 preferred regarding the LLSR.

38
39 Within the resolution, there is an editorial amendment to ~~ADA/CDA~~ to read
40 CODA/CDAC. This editorial amendment will be made to the policy after the
41 close of the HOD.

42
43 A motion was made and seconded to refer Resolution 202R to the Dental
44 Education Council. **Question was called and the motion to vote immediately**
45 **passed. With no further discussion, the motion to refer Resolution 202R**
46 **passed.**

1
2 K. Dr. W. Carter Brown performed the installation of officers.
3

4 L. Dr. Maria Smith delivered her President's Address to the HOD.
5

6 M. Report of the Reference Committee on Administration, Image and Membership by Dr.
7 Frank Conaway of Mississippi, Chair.
8

- 9 1. Dr. Frank Conaway, seconded by Dr. William Herr, moved to adopt Resolution 100
10 as the consent calendar. The motion to adopt Resolution 100 passed.
11

12 **Resolution 100 ADOPTED**

13
14 **“Resolved, that Resolution 102 be adopted as the consent calendar.”**
15

16 **Resolution 102 ADOPTED ON CONSENT**

17
18 **“Resolved, that the AGD Constitution and Bylaws and House of Delegates Policy Manual**
19 **be amended in all appropriate locations to amend the names of the Board and Joint**
20 **Council meetings from Summer, Fall, Winter and Spring, to the appropriate numerically**
21 **listed meeting within the governance year. Board meetings will be numbered I, II, III, and**
22 **IV and Joint Council Meetings will be numbered I, and II under the purview of the**
23 **Speaker of the House. And be it further,**

24
25 **Resolved that during the 2016-2017 governance year there will be five Board meetings and**
26 **three Joint Council Meetings. This clause will sunset November 5, 2017.”**
27

- 28 2. Dr. Frank Conaway, seconded by Dr. Dana Onet, moved to substitute Resolution
29 101R for Resolution 101. **With no discussion, the motion to adopt Resolution**
30 **101R passed.**
31

32 **Resolution 101R ADOPTED**

33
34 **“Resolved, that the Bylaws be amended at Chapter VI, line 970, with the addition of a new**
35 **Section 5, et. seq., so that they read:**

36
37 **Student/Dental School AGD's**

38
39 **Section 5. Student/Dental School AGD's Name:**

40 **1. Name:**

41
42 **A student or dental school AGD shall take its name, as designated by the constituent**
43 **AGD, from the dental school from which it draws its members.**

44
45 **2. Organization:**
46

1 A student or dental school AGD may be organized, as a separate legal entity, upon
2 petition of twenty (20) percent or twenty-five (25) student members within the
3 dental school.

4
5 **3. Constitution and Bylaws:**

6
7 Each student or dental school AGD shall adopt and maintain a Constitution and
8 Bylaws which shall not be in conflict with, nor limit, the Constitution and Bylaws of
9 the AGD, and shall maintain a current copy on file with both the constituent AGD
10 and the AGD executive director. Furthermore, each student or dental school AGD
11 shall sign and adhere to a constituent affiliation agreement with AGD or of the
12 constituent of which it was located.

13
14 **4 Membership Requirements:**

15
16 All student members of the student or dental school AGD must also hold
17 membership in both the AGD and the appropriate constituent AGD. ~~If a student or~~
18 ~~dental school AGD allows non-AGD students to participate, those participants are~~
19 ~~to pay fees directly to the student or dental school AGD, but are not eligible to hold~~
20 ~~office or receive AGD benefits.~~

21
22 And be it further resolved, that all subsequent chapters and sections be appropriately
23 renumbered and that the Speaker of the House be authorized to make any necessary
24 editorial amendments consistent with the passage of this amendment.”

- 25
26 3. Dr. Frank Conaway, seconded by Dr. Aparna Sadineni, moved to substitute
27 Resolution 103R for Resolution 103. **With no discussion, the motion to adopt**
28 **Resolution 103R passed.**
29

30 **Resolution 103R ADOPTED**

31
32 **“Resolved, that AGD HOD policy 2004:2-H-7 be revised as follows:**

33
34 **“Resolved that the Academy of General Dentistry will not provide member e-mail**
35 **addresses or fax numbers as part of any external agreement with a Corporate Sponsor,**
36 **~~Endorsed Group Benefit Partner~~ AGD Members Savings & Offers Provider or other list**
37 **rental; and be it further,**

38
39 **Resolved, that the following guidelines, constructed with input from the AGD Executive**
40 **Director, Corporate SponsorshipsPartnerships, Group Benefits Council, ~~and~~ Membership**
41 **Council, ~~and Publications Review Council~~ and Communications Council be adopted as**
42 **further security for member contact information:**

- 43
44 **1. Each member will be encouraged to permit e-mail news and alerts from the**
45 **organization on a regularly scheduled basis, and offered the opportunity to decline this**
46 **offer at any time.**

1 **2. All AGD e-mail messages to members will be clearly and appropriately labeled in**
2 **the subject line of the e-mail and include "opt-out" instructions as well as the physical**
3 **address and contact information for the AGD.**

4 **3. The AGD Web site at www.agd.org will provide the opportunity for members to**
5 **amend their communication preferences with the AGD at any time."**

6
7 4. Dr. Frank Conaway, seconded by Dr. William Herr, moved to adopt Resolution 104.
8

9 **Resolution 104 DEFEATED**

10
11 **"Resolved, that the AGD Constitution & Bylaws, Chapter XII, Board, Section 3: Meetings**
12 **of the Board, be amended as follows:**

13
14 **Section 3. Meetings of the Board:**

15 **The Board shall meet in person at ~~least three (3) times a year~~ at the AGD headquarters in**
16 **Chicago for all its Board meetings except for Board meetings held in conjunction with the**
17 **governance and/or scientific meetings. Between such meetings, additional meetings may be**
18 **held through the use of a conference telephone or other communications equipment by**
19 **means of which all persons participating in the meeting can communicate. The Board may,**
20 **by a majority of the entire Board, cancel any meeting of the Board.**

21
22 **A majority of the Board shall constitute a quorum. The president, with the approval of the**
23 **Executive Committee, shall designate the time and place for all meetings of the Board.**
24 **Notice of the meeting shall then be mailed or transmitted by electronic means to all**
25 **members of the Board at least fifteen (15) days prior to the meeting. In an emergency,**
26 **fourteen (14) affirmative votes of the Board may waive the fifteen day notice normally**
27 **required.**

28
29 **The Board may conduct business by e-mail, mail, or fax ballot with that business being**
30 **reported at the next Board meeting. Passage of resolutions by e-mail, mail, or fax ballots**
31 **requires a unanimous vote of all twenty-seven (27) members of the Board."**

32
33 Concern was raised over the financial ramifications of existing contracts. The
34 penalties to cancel those contracts is approximately \$34,000. Additionally, the cost
35 of meeting in the headquarters building versus the offsite meeting costs were
36 discussed. Holding all meetings in Chicago would eliminate the ability to meet with
37 local constituents.

38
39 Dr. Evan Wasserman moved and was seconded to amend Resolution 104 with the
40 following language.

41
42 **Resolution 104S1 DEFEATED**

43
44 **"Resolved, that the AGD Constitution & Bylaws, Chapter XII, Board, Section 3: Meetings**
45 **of the Board, be amended as follows:**
46

1 **Section 3. Meetings of the Board:**

2 **The Board shall meet in person at least three (3) times a year at the AGD headquarters in**
3 **Chicago for all its Board meetings, where reasonably appropriate, except for Board**
4 **meetings held in conjunction with the governance and/or scientific meetings.** Between such
5 meetings, additional meetings may be held through the use of a conference telephone or
6 other communications equipment by means of which all persons participating in the
7 meeting can communicate. The Board may, by a majority of the entire Board, cancel any
8 meeting of the Board.

9
10 **A majority of the Board shall constitute a quorum. The president, with the approval of the**
11 **Executive Committee, shall designate the time and place for all meetings of the Board.**
12 **Notice of the meeting shall then be mailed or transmitted by electronic means to all**
13 **members of the Board at least fifteen (15) days prior to the meeting. In an emergency,**
14 **fourteen (14) affirmative votes of the Board may waive the fifteen day notice normally**
15 **required.**

16
17 **The Board may conduct business by e-mail, mail, or fax ballot with that business being**
18 **reported at the next Board meeting. Passage of resolutions by e-mail, mail, or fax ballots**
19 **requires a unanimous vote of all twenty-seven (27) members of the Board.”**

20
21 Per current Board Policy, there is only one meeting that may be held outside of
22 Chicago.

23
24 **The motion to amend Resolution 104 was defeated. Question was called and the**
25 **motion to vote immediately passed. The motion to adopt Resolution 104 was**
26 **defeated.**

- 27
28 5. Dr. Frank Conaway, seconded by Dr. Linda Trotter, moved to substitute Resolution
29 105R for Resolution 105. **With no discussion, the motion to adopt Resolution**
30 **105R passed.**

31
32 **Resolution 105R ADOPTED**

33
34 **“Resolved, that AGD HOD policy 2008:203R-H-7 be revised as follows:**

35
36 **“Resolved, that the following resolution be amended to read:**

37
38 **90:38-H-7 Resolved, that the CE credit start date for the Fellowship Award be defined**
39 **as the earliest date at which credit is accepted under AGD policies, i.e.:.....**

40
41 **Resolved, that resolution 2003:31-H-7 be substituted to read:**

42
43 **The AGD recognizes members who wish to resume their membership in the AGD. In**
44 **order to accommodate these members, two mechanisms are available as follows:**

1 Previous members can rejoin the AGD by paying all applicable current dues. Members
2 that rejoin will not be eligible to submit any CE acquired while not a member but they can
3 claim credit to CE earned during their previous memberships. Members rejoining will
4 receive a new join date.

5
6 Previous members can be reinstated into the AGD for up to ~~3~~ **five (5)** years by paying all
7 applicable back dues, current dues, plus a ~~-\$50 administrative fee~~ **an appropriate**
8 **administrative fee.** Reinstatement also allows these members to submit eligible CE
9 acquired during their membership lapse and have it applied to their previous membership
10 CE credits. In order to be reinstated, members must attest to meeting the current
11 membership maintenance requirements of CE credit for each year lapsed. Reinstated
12 members will be able to claim their cumulative membership time.”

- 13
14 6. Dr. Frank Conaway, seconded by Dr. Linda Trotter, moved to adopt Resolution 150.
15 **With no discussion, the motion to adopt Resolution 150 passed.**
16

17 **Resolution 150 ADOPTED**

18
19 **“Resolved, that the 2017 budget with Net Income from Operations of \$0 pre-spending and**
20 **\$0 post-spending and a capital budget of \$89,500 be approved.**

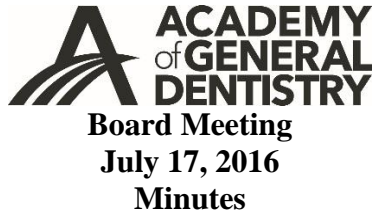
21
22 **And be it further resolved, that House Policy 2014:150-H-6 be rescinded.**

23
24 ~~2014:150-H-6 “Resolved, that the 2015 budget with Net Income Operations of \$(368,294)~~
25 ~~pre-spending and \$0 post-spending and a capital budget of \$210,065 be approved.”~~

26
27 N. Dr. Neil Gajjar requested and was granted a point of personal privilege.

28
29 O. Adjournment

- 30
31 1. Dr. Kunio Chan, moved and seconded to adjourn the HOD. **The motion passed.**
32 There being no further business, the HOD adjourned at 11:48 a.m. Eastern Daylight
33 Time.
34
35



7 **I. Call to Order**

8 Dr. Smith called the meeting to order on July 17, 2016 at 1:13 p.m. Eastern Daylight
9 Time (EDT).

10
11 **II. Executive Committee**

12 Dr. Maria A. Smith, President
13 Dr. Manuel A. Cordero, President-Elect
14 Dr. Neil J. Gajjar, Vice President
15 Dr. Connie L. White, Secretary
16 Dr. Bryan C. Edgar, Speaker of the House
17 Dr. Mohamednazir F. Harunani, Treasurer
18 Dr. Roger D. Winland, Editor
19 Dr. W. Mark Donald, Immediate Past President
20

21 **III. Trustees**

22 Dr. Sue Bordenave Bishop, Region 08
23 Dr. J. C. Cheney, Region 14
24 Dr. David J. Dear, Region 06
25 Dr. Scott M. Dubowsky, Region 04
26 Dr. Abe Dyzenhaus, Region 02
27 Dr. Robert D. Gehrig, Region 20
28 Dr. Thomas F. Gorman, Region 01
29 Dr. Hans P. Guter, Region 07
30 Dr. Guy M. Hanson, Region 11
31 Dr. Michael W. Lew, Region 13
32 Dr. Mark I. Malterud, Region 10
33 Dr. Samer G. Shamoon, Region 09
34 Dr. Eric N. Shelly, Region 03
35 Dr. George R. Shepley, Region 05
36 Dr. K. David Stillwell, Region 12
37 Dr. David D. Tillman, Region 18
38 Dr. Sanjay Uppal, Region 15/16
39 Dr. Carol A. Wooden, Region 19
40 Dr. Donald A. Worm, Jr., Region 17
41

42 **IV. Guests (for a portion of the meeting)**

43 Dr. John W. Portwood, chair, Investment Committee
44

45 **V. Staff**

1 Daniel Buksa, JD, CAE, Interim Executive Director, Associate Executive Director, Public
2 Affairs
3 Thomas Killam, CAE, Interim Executive Director, Associate Executive Director,
4 Member Services
5 Jennifer Goler, Associate Director, Governance
6 Caroline Vullmahn, CPA, Interim Chief Financial Officer
7 Steven Wiseman, Controller, Finance
8

9 **VI. Welcome**

10 Dr. Smith welcomed everyone to the meeting, outlined the agenda and introduced new
11 Board members. The President, Immediate Past President, and new officers received their
12 pins.
13

14 **VII. Agenda Approval**

15
16 **Dr. Worm moved, Dr. Bishop seconded:**

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

18
19 **PASSED**

20
21 *Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter,*
22 *Hanson, Harunani, Lew, Malterud, Shamoan, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland,*
23 *Wooden, Worm*

24
25 *N/A – Smith*

26
27 **VIII. Spear Education Proposal Discussion**

28
29 **Dr. Shepley moved, Dr. Cordero seconded:**

30 **“Resolved, that the Board go into executive session to discuss the Spear Education Proposal**
31 **at 2:34 p.m. EDT.”**

32
33 **PASSED**

34
35 *Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter,*
36 *Hanson, Harunani, Lew, Malterud, Shamoan, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland,*
37 *Wooden, Worm*

38
39 *N/A – Smith*

40
41 **Dr. Cheney moved, Dr. Lew seconded:**

42 **“Resolved, that the Board come out of executive session at 3:00 p.m. EDT.”**

43
44 **PASSED**
45

1 Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter,
2 Hanson, Harunani, Lew, Malterud, Shamoan, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland,
3 Wooden, Worm

4
5 N/A – Smith

6
7 **Dr. Gehrig moved, Dr. Bishop seconded:**

8 **“Resolved, that a task force be created to cultivate potential educational partners.**

9
10 **Members: three members**

11
12 **Charge: create a template and/or criteria for cultivating and formalizing relationships with**
13 **potential educational partners,**

14
15 **Timeline: report to the October Board conference call or 2016-2017 Board Meeting II.”**

16
17 **PASSED**

18
19 Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter,
20 Hanson, Harunani, Lew, Malterud, Shamoan, Shelly, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

21
22 a – Shepley

23
24 N/A – Smith

25
26 **IX. Financial**

- 27 A. Available 2016 Contingency Fund balance as of July 17, 2016 is \$14,727.
28 B. Available 2017 Contingency Fund balance as of July 17, 2016 \$186, 054.
29 C. Available Advocacy Fund balance as of May 31, 2016\$269,775.

30
31 **X. AIRBI2016#02 - Regional Director Additional Funding to Attend the 2016**
32 **Leadership Development Symposium**

33
34 **Dr. Dubowsky moved, Dr. Bishop seconded:**

35 **“Resolved, that AIRBI2016#02 - Regional Director Additional Funding to Attend the 2016**
36 **Leadership Development Symposium be approved.**

37
38 **“Resolved, that \$5,652 be funded from the appropriate funding mechanism to fund sixteen**
39 **(16) Regional Directors to attend the 2016 Leadership Development Symposium.”**

40
41 **PASSED**

42
43 Y – Bishop, Cheney, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani,
44 Lew, Malterud, Shamoan, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

45
46 a – Cordero

47
48 A - Dear

1
2 N/A – Smith

3
4 **XI. AIRBI2016#03 - Transfer of Funds to Conduct a Scientific Meetings Council**
5 **Meeting at Site of Scientific Sessions**

6
7 **Dr. Hanson moved, Dr. Bishop seconded:**

8 **“Resolved, that AIRBI2016#03 - Transfer of Funds to Conduct a Scientific Meetings**
9 **Council Meeting at Site of Scientific Sessions be approved.**

10
11 **“Resolved, that \$5,452 be allocated from the 2017 Contingency Fund for additional funding**
12 **to hold a face-to-face meeting/site visit of the Scientific Meeting Council in Las Vegas, NV**
13 **in lieu of attending the Joint Council Meeting II.”**

14
15 **PASSED**

16
17 *Y – Bishop, Cheney, Dubowsky, Dyzenhaus, Gajjar, Gehrig, Gorman, Guter, Hanson, Lew, Malterud, Shamoon,*
18 *Shepley, Stillwell, Uppal, White, Wooden*

19
20 *N - Donald, Worm*

21
22 *a – Cordero, Edgar, Harunani, Shelly, Tillman, Winland*

23
24 *A – Dear*

25
26 *N/A – Smith*

27
28 **XII. AIRBI2016#04 – Approve 2016-2017 Task Forces**

29
30 **Dr. Hanson moved, Dr. Wooden seconded:**

31 **“Resolved, that AIRBI2016#04 – Approve 2016-2017 Task Forces be approved.**

32
33 **“Resolved, that the 2016-2017 task forces be approved.”**

34
35 **8. AGD/ASDA Task Force**

36 **Approval Status:**

37
38 **Members:**

39
40 **Consultants:**

41
42 **Charge:**

- 43
44
45
46
47
48
- Development of the programming for the ASDA Leadership Conference and Annual Session.
 - Setting the direction for the AGD/ASDA relationship for the remainder of 2015-2016
 - To identify solutions to student issues and support/ collaborate with ASDA on legislation. Work with staff and other agencies to insure adequate budget, support and oversight on all ASDA / AGD Student activities during the AGD Washington DC Hills Visits and other advocacy efforts.

- 1 • Make recommendations for continuing a future relationship between ASDA and AGD.
2

3 **Timeline:** Report to the 2016-2017 BM III and BM IV.
4

5 **Status:**
6

7 **9. AGD Dental Student Program Task Force**

8 **Approval Status:**
9

10 **Members:**
11

12 **Charge:**

- 13 • Increase the number of schools where the AGD has a program for students with the goal of
14 having such programs in all dental schools.
15 • Collaborate with the Dental Education Council to develop and identify programs to be used
16 for student programs and organize a library of power point presentations or other forms of
17 communications from various sources from appropriate AGD agencies on suitable topics that
18 can be used as a resource when developing or enhancing a new student program in a dental
19 school.
20 • Connect current leaders in constituents who do not have student programs with ASDA or
21 student leaders who are interested in starting a new AGD Dental Student Program in their
22 school.
23 • Engage current dental schools as well as residency programs with AGD Leaders.
24 • Consult with successful AGD Student Programs to garner best practices ideas.
25 • Study the possibility of student chapters, including Bylaws changes, and governance
26 structure, etc.
27

28 **Timeline:** Report to each Board meeting.
29

30 **Status:**
31

32 **10. IT Oversight Task Force**

33 **Approval Status: Approved at 2015-2016 Board Meeting I**
34

35 **Members:**
36

37 **Charge:**

- 38 • Oversight of the efforts to remediate any IT problems
39 • Development of a plan to ensure no future problems
40 • Oversight of the integration of IT with AGD's new building
41 • Oversight of the Web site and correction of problems members are having with navigating
42 the website
43

44 **Timeline:** Report to each Board meeting
45

46 **Status:**

1
2 **11. Transitions Program Task Force**

3 **Approval Status:**

4
5 **Members:**

6
7 **Charge:**

- 8 • To develop the framework and preliminary focus and structure for a long standing branded
9 program which utilizes focused CE offerings and other services that will benefit the members
10 with the many transitional phases of their professional career.
11 • The task force will have one representative from the New Dentist Committee, the Dental
12 Education Council, the Dental Practice Council, the Annual Meeting Council, the
13 Communications Council, and two industry consultants plus a dedicated staff liaison.

14
15 **Timeline:** Report to the 2016-2017 Board Meeting III and Board Meeting V.

16
17 **Status:**

18
19 **12. Acid Erosion Guidelines Task Force**

20 **Approval Status:**

21
22 **Members:**

23
24 **Consultants:**

25
26 **Charge:** To develop clinical practice guidelines on the diagnoses and treatment of acid wear and
27 acid erosion.

28
29 **Timeline:** Report to the 2016-2017 Board Meeting III and Board Meeting V.

30
31 **Status:**

32
33 **13. Scientific Session Planning Task Force**

34 **Approval:**

35
36 **Members:**

37
38 **Consultants:**

39
40 **Charge:** Create a business plan for a new profitable scientific session.

41
42 Items to consider include but are not limited to:

- 43 1. Create a competitive analysis.
44 2. Conduct a survey and/or focus group of members and non-members.

45
46 **Timeline:** Report to the 2016-2017 Board Meeting II.

1
2 **Status:**

3
4 **14. 2017 Annual Meeting Planning Task Force**

5 **Approval:**

6
7 **Members:**

8
9 **Charge:** To look at the approved HOD schedule and evaluate any cost savings that can be
10 alleviated, or alignment of specified meetings look within the approved template, logistics,
11 potential cost savings within template, evaluation of approved format.

12
13 **Timeline:** Report to the 2016-2017 Board Meeting III.

14
15 **Status:**

16
17 **PASSED**

18
19 *Y – Bishop, Cheney, Cordero, Donald, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew,*
20 *Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm*

21
22 *A – Dear, Dubowsky, Malterud*

23
24 *N/A – Smith*

25
26 **XIII. AIRBI2016#06 - Revise HOD Policy 2002:8-H-7**

27
28 **Dr. Worm moved, Dr. Lew seconded:**

29 **“Resolved, that AIRBI2016#06 - Revise HOD Policy 2002:8-H-7 be approved.**

30
31 **“Resolved, that AGD HOD policy 2002:8-H-7 be revised as follows:**

32
33 **“Resolved, that the following system be used to guide the incoming President in making**
34 **council and committee appointments:**

35
36 **1. The incoming President will send a letter in ~~November~~April to all Constituent**
37 **Presidents, Regional Directors, and Trustees asking for council and committee**
38 **appointment recommendations. The letter will be accompanied by a suggested**
39 **geographical distribution based on the number of members in each region to help make the**
40 **appointments as geographically balanced as possible. This geographical distribution list**
41 **will be based on the present council and committee structure, not including the Local**
42 **Advisory Committees, the Professional Relations Committee, and all Board Committees.**
43 **Members of the Examination Council shall not be counted a second time if also serving on**
44 **Exam Committee A, Exam Committee B, or Exam Committee C. The deadline for**
45 **responding to this communication will be ~~February 28~~June 30 of each year.**
46

1 **2. The incoming President will make the appointments in consultation with the Vice**
2 **President, giving consideration to merit and experience.**

3
4 **3. The incoming President will see that contact is made with each newly appointed**
5 **member to see that there is a willingness to serve.**

6
7 **4. The Trustees will be given the reconstituted geographical distribution list with the**
8 **spring-Board Meeting IVbook (in the 2016-2017 governance year this will be Board**
9 **Meeting V).**

10
11 **5. Individual Trustees will give input at the time the Board approves the**
12 **appointments, and the appointments will not be publicly announced until such time as the**
13 **Board has taken action on the list of appointments.**

14
15 **6. When the Board has approved the appointments, the councils and committees will**
16 **be advised of them.**

17
18 **PASSED**

19
20 *Y – Bishop, Cheney, Cordero, Donald, Dyzenhaus, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew,*
21 *Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm*

22
23 *a – Edgar*

24
25 *A – Dear, Dubowsky, Malterud*

26
27 *N/A – Smith*

28
29 **XIV. AIRBI2016#07 - Examinations Item Bank Committee (Team C) Expansion**

30
31 **Dr. Worm moved, Dr. Bishop seconded:**

32 **“Resolved, that AIRBI2016#07 - Examinations Item Bank Committee (Team C) Expansion**
33 **be approved as amended.**

34
35 **“Resolved, that the Board Policy Manual be amended at Policy Type: II. Governance**
36 **Process, K., Section 3., Examinations Committees to read:**

37
38 **G. Examinations Items Bank Committee (Team C)**

39
40 **1. The Examination Item Bank Committee (Team C) shall be composed of ~~four(4)~~six(6)**
41 **members, each of whom have achieved Fellowship or Mastership status within the**
42 **organization, and each of whom has served a minimum of two (2) years on either Team A**
43 **or Team B of the Fellowship Examination Committee;**

44
45 **Committee members shall serve no more than two (2) consecutive three (3) year terms on**
46 **the committee;**

1 **2. It shall be the duty of the committee:**

2
3 **To ensure that each item in the item bank is appropriately and consistently categorized in**
4 **accordance with the examination content outline;**

5
6 **To ensure that the references accompanying each item in the item bank are current;**

7
8 **To review periodically the content outline for the Fellowship Examination and recommend**
9 **changes in the outline to the council;**

10
11 **To develop the Fellowship Examination Study Guide annually per the established**
12 **development guidelines set forth by the council.**

13
14 **3. To adhere to the Sunset Review Process and Schedule outlined in Policy Type V.: Board**
15 **Policy Statements.**

16
17 **4. Evaluate the pricing of all programs and services annually during the fall (at the Joint**
18 **Council Meetings I if meeting) to be included as part of the budget process and provide a**
19 **complete pricing analysis to the Board at the Board Meeting III at least every three years.**
20 **And be it further,**

21
22 **Resolved, that \$2,870 be approved from the 2017 Contingency Fund in order to fund the**
23 **two additional committee members to attend the 2017 Examinations Item Bank Committee**
24 **meeting in May in order to properly distribute the workload needed to complete the**
25 **committee duties.” ~~And be it further~~**

26
27 **~~Resolved, that funding for the additional committee members be added to the annual~~**
28 **~~committee budget process in order to maintain the amended size of the Examinations Item~~**
29 **~~Bank Committee.”~~**

30
31 **PASSED**

32
33 *Y – Bishop, Cheney, Cordero, Donald, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew,*
34 *Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm*

35
36 *A – Dear, Dubowsky, Malterud*

37
38 *N/A – Smith*

39
40 **XV. Executive Session**

41
42 **Dr. Hanson moved, Dr. Wooden seconded:**

43 **“Resolved, that the Board go into executive session to discuss the council and committee**
44 **appointments at 3:59 p.m. EDT.”**

45
46 **PASSED**

1 Y – Bishop, Cheney, Cordero, Donald, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew,
2 Shamoan, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

3
4 A – Dear, Dubowsky, Malterud

5
6 N/A – Smith

7
8 **Dr. Guter moved, Dr. Dyzenhaus seconded:**

9 **“Resolved, that the Board come out of executive session at 4:11 p.m. EDT.”**

10
11 **PASSED**

12
13 Y – Bishop, Cheney, Cordero, Donald, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew,
14 Shamoan, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

15
16 A – Dear, Dubowsky, Malterud

17
18 N/A – Smith

19
20 **During executive session the following actions were taken:**

21
22 **“Resolved, that AIRBI2016#09 – Approve Budget and Finance Committee Appointments**
23 **be approved.**

24
25 **“Resolved, that the 2016-2017 Budget and Finance Committee appointments be approved.”**

26
27 **Dr. Donald Worm, Region 17, (7/18/2016-11/5/2017), fourth term, Chair**

28 **Dr. Mohamednazir Harunani, Region 08, (7/18/2016-11/5/2017), third term, Treasurer,**
29 **Vice Chair**

30 **Dr. George Shepley, Region 05, (7/18/2016-11/5/2017), first term**

31 **Dr. Michael Lew, Region 13, (7/18/2016-11/5/2017), first term**

32 **Dr. Elizabeth Clemente, Region 04, (7/18/2016-11/5/2017), second term**

33 **AGD Executive Director, (7/18/2016-11/5/2017), Consultant**

34 **AGD Chief Finance Officer, (7/18/2016-11/5/2017), Consultant**

35
36 **“Resolved, that AIRBI2016#10 – Approve Committee Appointments be approved.”**

37
38 **“Resolved, that the appointments to the councils and committees be approved.”**

39
40 **Audit Committee**

41 **Dr. Carl B. Vorhies, Region 11, (7/18/2016-11/5/2017), Chair, 4th term**

42 **Dr. Fares M. Elias, Region 09, (7/18/2016-11/5/2017), 1st term**

43 **Dr. Louis C. Boryc, Region 09, (7/18/2016-11/5/2017), 3rd term**

44 **Dr. Mohamednazir F. Harunani, Treasurer, (7/18/2016-11/5/2017), Consultant, 2nd term**

45 **Dr. Ralph.A. Cooley, AGDF Treasurer, (7/18/2016-11/5/2017), Consultant, 1st term**

46 **Caroline Vullmahn, Interim AGD Chief Financial Officer, (7/18/2016-11/5/2017),**

47 **Consultant, 1st term**

1
2 **Building Committee**

3 **Dr. John W. Portwood, Region 12, (7/18/2016-11/TBD/2019), Chair, 1st term**

4 **Dr. Donald A. Worm, Region 17, (7/18/2016-11/TBD/2019), 1st term**

5 **Dr. Nicholas E. Panomitros, Region 08, (7/18/2016-11/TBD/2019), 1st term**

6 **Dr. Paula S. Jones, Region 19, (7/18/2016-11/TBD/2019), 1st term**

7 **Dr. Mohamednazir F. Harunani, Treasurer, (7/18/2016-11/TBD/2019), 1st term**

8 **Caroline Vullmahn, Interim AGD Chief Financial Officer, (7/18/2016-11/5/2017),**

9 **Consultant, 1st term**

10
11 **Compensation Committee**

12 **Dr. Robert D. Gehrig, Region 20, (7/18/2016-11/5/2017), 1st term, Chair**

13 **Dr. J.C. Cheney, Region 14, (7/18/2016-11/5/2017), 1st term**

14 **Dr. Donald A. Worm, Region 17, (7/18/2016-11/TBD/2019), 1st term**

15 **Dr. Guy M. Hanson, Region 11, (7/18/2016-11/5/2017), 1st term**

16 **Dr. Scott M. Dubowsky, Region 04, (7/18/2016-11/5/2017), 1st term**

17 **Dr. Mohamednazir F. Harunani, Treasurer, (7/18/2016-11/5/2017), Consultant, 2nd term**

18 **Dr. Connie L. White, Secretary, (7/18/2016-11/5/2017), Consultant, 1st term**

19 **Caroline Vullmahn, Interim AGD Chief Financial Officer, (7/18/2016-11/5/2017),**

20 **Consultant, 1st term**

21
22
23 The following AGD members have been appointed to the committees listed below for the 2016-
24 2017 governance year:

25
26 **Advocacy Fund Committee**

27 **Dr. Eric Shelly, Region 03, (7/18/2016-11/5/2017), first term, Chair**

28 **Dr. Mohamednazir F. Harunani, Region 08, (7/18/2016-11/5/2017), third term**

29 **Dr. Donald Worm, Region 17, (7/18/2016-11/5/2017), second term**

30
31 **Awards Committee**

32 **Dr. W. Carter Brown, Region 19, (7/18/2016-11/5/2017), first term, Chair**

33 **Dr. Thomas Howley, Region 03, (7/18/2016-11/5/2017), second term**

34 **Dr. Paula Jones, Region 19, (7/18/2016-11/5/2017), first term**

35 **Dr. John Olsen, Region 09, (7/18/2016-11/5/2017), first term**

36 **Dr. Scott Dubowsky, Region 04, (7/18/2016-11/5/2017), first term**

37
38 **International Membership Committee**

39 **Dr. Howard Glazer, Region 04, (7/18/2016-11/5/2017), third term, Chair**

40 **Dr. Bruce Cassis, Region 06, (7/18/2016-11/5/2017), first term**

41 **Dr. Dinu Gray, Region 13, (7/18/2016-11/5/2017), first term**

42 **Dr. Aldo Miranda-Collazo, Region 20, (7/18/2016-11/5/2017), second term**

43 **Dr. Cheryl Mora, Region 08, (7/18/2016-11/5/2017), second term**

44 **Dr _____, Region _____, (7/18/2016-11/5/2017), first term**

45
46 **New Dentist Committee**

1 Dr. Mai-Ly Duong, Region 14, (6/21/2015-11/5/2017), second term, Chair
2 Dr. Emily Hobart, Region 19, 7/18/2016-11/4/2018), second term
3 Dr. Jennifer Bell, Region 19, (6/21/2015-11/5/2017), second term
4 Dr. James Kolstad, Region 09, (6/21/2015-11/5/2017), second term
5 ASDA Representative, (7/18/2016-11/5/2017), first term

6
7 **Policy Review Committee**

8 Dr. Anita Rathee, Region 13, (7/18/2016-11/5/2017), third term, Chair
9 Dr. Jennifer Bone, Region 18, (7/18/2016-11/5/2017), first term
10 Dr. W. Mark Donald, Region 12, (1/19/2014-11/5/2017), first term

11
12 **Professional Relations Committee**

13 Dr. Vincent Mayher, Region 04, (7/18/2016-11/5/2017), first term, Chair
14 Dr _____, Region _____, (7/18/2016-11/5/2017), first term
15 Dr _____, Region _____, (7/18/2016-11/5/2017), first term
16 Dr _____, Region _____, (7/18/2016-11/5/2017), first term
17 Dr _____, Region _____, (7/18/2016-11/5/2017), first term
18 Dr _____, Region _____, (7/18/2016-11/5/2017), first term
19 Dr _____, Region _____, (7/18/2016-11/5/2017), first term
20 Dr _____, Region _____, (7/18/2016-11/5/2017), first term
21 Dr _____, Region _____, (7/18/2016-11/5/2017), first term
22 Dr. Maria Smith, Region 01, (7/18/2016-11/5/2017), third term, Consultant
23 Dr. Manuel Cordero, Region 04, (7/18/2016-11/5/2017), second term, Consultant
24 Dr. Neil Gajjar Region 15/16, (7/18/2016-11/5/2017), first term, Consultant
25 Dr. W. Mark Donald, Region 12, (7/18/2016-11/5/2017), eighth term, Consultant

26
27 The following Board members have been appointed as liaisons to the councils listed below for
28 the 2016-2017 governance year:

29
30 **Board Liaisons**

31 Scientific Meeting Council	Dr. Guy Hanson <u>George Shepley</u>
32 Communications Council	Dr. George Shepley <u>J.C. Cheney</u>
33 Constitution, Bylaws & Judicial Affairs Council	Dr. Scott Dubowsky
34 Dental Education Council	Dr. Sanjay Uppal
35 Dental Practice Council	Dr. Robert Gehrig
36 Examinations Council	Dr. Carol Wooden
37 Group Benefits Council	Dr. Samer Shamoon
38 Legislative and Governmental Affairs Council	Dr. Eric Shelley
39 Membership Council	Dr. Michael Lew
40 PACE Council	Dr. Hans Guter
41 Regional Directors	Dr. Neil Gajjar

42
43 **XVI. Executive Session**

44
45 **Dr. Lew moved, Dr. Hanson seconded:**

1 **“Resolved, that the Board go into executive session to discuss the executive director search**
2 **at 4:15 p.m. EDT.”**

3
4 **PASSED**

5
6 *Y – Bishop, Cheney, Cordero, Donald, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew,*
7 *Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm*

8
9 *A – Dear, Dubowsky, Malterud*

10
11 *N/A – Smith*

12
13 **Dr. Lew moved, Dr. Bishop seconded:**

14 **“Resolved, that the Board come out of executive session at 4:40 p.m. EDT.”**

15
16 **PASSED**

17
18 *Y – Bishop, Cheney, Cordero, Donald, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew,*
19 *Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm*

20
21 *A – Dear, Dubowsky, Malterud*

22
23 *N/A – Smith*

24
25 **XVII. Adjournment**

26
27 **Dr. Hanson moved, Dr. Wooden seconded:**

28 **“Resolved, that the meeting be adjourned at 4:45 p.m. PDT.”**

29
30 **PASSED**

31
32 *Y – Bishop, Cheney, Cordero, Donald, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew,*
33 *Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm*

34
35 *A – Dear, Dubowsky, Malterud*

36
37 *N/A – Smith*



Board Meeting
August 16, 2016
Minutes

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45

I. Call to Order

Dr. Smith called the meeting to order on August 16, 2016 at 7:02 p.m. Central Daylight Time (CDT).

II. Executive Committee

- Dr. Maria A. Smith, President
- Dr. Manuel A. Cordero, President-Elect
- Dr. Connie L. White, Secretary
- Dr. Bryan C. Edgar, Speaker of the House
- Dr. Mohamednazir F. Harunani, Treasurer
- Dr. Roger D. Winland, Editor
- Dr. W. Mark Donald, Immediate Past President

III. Trustees

- Dr. Sue Bordenave Bishop, Region 08
- Dr. David J. Dear, Region 06
- Dr. Scott M. Dubowsky, Region 04
- Dr. Abe Dyzenhaus, Region 02
- Dr. Robert D. Gehrig, Region 20
- Dr. Thomas F. Gorman, Region 01
- Dr. Hans P. Guter, Region 07
- Dr. Guy M. Hanson, Region 11
- Dr. Michael W. Lew, Region 13
- Dr. Mark I. Malterud, Region 10
- Dr. Samer G. Shamoon, Region 09
- Dr. Eric N. Shelly, Region 03
- Dr. George R. Shepley, Region 05
- Dr. K. David Stillwell, Region 12
- Dr. David D. Tillman, Region 18
- Dr. Carol A. Wooden, Region 19
- Dr. Donald A. Worm, Jr., Region 17

IV. Absent Members

- Dr. Neil J. Gajjar, Vice President
- Dr. J. C. Cheney, Region 14
- Dr. Sanjay Uppal, Region 15/16

V. Staff

Thomas Killam, CAE, Interim Executive Director, Associate Executive Director, Member Services (for a portion of the meeting)

1 Jennifer Goler, Associate Director, Governance

2
3 **VI. Welcome**

4 Dr. Smith welcomed everyone to the meeting.

5
6 **VII. Agenda Approval**

7
8 **Dr. Guter moved, Dr. Shamoon seconded:**

9 **“Resolved, that the agenda be approved.”**

10
11 **PASSED**

12
13 *Y – Bishop, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gehrig, Gorman, Guter, Hanson, Harunani,*
14 *Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman, White, Winland, Wooden, Worm*

15
16 *A - Gajjar, Cheney, Uppal*

17
18 *N/A – Smith*

19
20 **VIII. AIR - Approve Hyatt Regency McCormick Place for the 2017 and 2018 Annual**
21 **Meetings**

22
23 **Dr. Shamoon moved, Dr. Dyzenhaus seconded:**

24 **“Resolved, that AIR - Approve Hyatt Regency McCormick Place for the 2017 and 2018**
25 **Annual Meetings be approved.”**

26
27 **PASSED**

28
29 *Y – Bishop, Cordero, Dear, Donald, Dyzenhaus, Edgar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew,*
30 *Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman, White, Winland, Wooden, Worm*

31
32 *a – Dubowsky*

33
34 *A - Gajjar, Cheney, Uppal*

35
36 *N/A – Smith*

37
38 **IX. Executive Session**

39
40 **Dr. Guter moved, Dr. Hanson seconded:**

41 **“Resolved, that the Board go into executive session to discuss the council and committee**
42 **appointments, and the AGDF Board of Directors at 7:42 p.m. CDT.”**

43
44 **PASSED**

45
46 *Y – Bishop, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gehrig, Gorman, Guter, Hanson, Harunani,*
47 *Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman, White, Winland, Wooden, Worm*

1 A - Gajjar, Cheney, Uppal
2
3 N/A – Smith

4
5 **Dr. Guter moved, Dr. Dyzenhaus seconded:**

6 **“Resolved, that the Board come out of executive session at 4:11 p.m. EDT.”**

7
8 **PASSED**
9
10 Y – Bishop, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gehrig, Gorman, Guter, Hanson, Harunani,
11 Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman, White, Winland, Wooden, Worm
12
13 A - Gajjar, Cheney, Uppal
14
15 N/A – Smith

16
17 **X. Adjournment**

18
19 **Dr. Hanson moved, Dr. Wooden seconded:**

20 **“Resolved, that the meeting be adjourned at 4:20 p.m. PDT.”**

21
22 **PASSED**
23
24 Y – Bishop, Cheney, Cordero, Donald, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew,
25 Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm
26
27 A – Dear, Dubowsky, Malterud
28
29 N/A – Smith

30
31
32



**ACADEMY
of GENERAL
DENTISTRY**
**Board Meeting
September 14, 2016
Minutes**

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45

I. Call to Order

Dr. Smith called the meeting to order on August 16, 2016 at 7:02 p.m. Central Daylight Time (CDT).

II. Executive Committee

Dr. Maria A. Smith, President
Dr. Manuel A. Cordero, President-Elect
Dr. Neil J. Gajjar, Vice President
Dr. Connie L. White, Secretary
Dr. Bryan C. Edgar, Speaker of the House
Dr. Mohamednazir F. Harunani, Treasurer
Dr. W. Mark Donald, Immediate Past President

III. Trustees

Dr. David J. Dear, Region 06
Dr. Scott M. Dubowsky, Region 04
Dr. Abe Dyzenhaus, Region 02
Dr. Thomas F. Gorman, Region 01
Dr. Hans P. Guter, Region 07
Dr. Guy M. Hanson, Region 11
Dr. Michael W. Lew, Region 13
Dr. Samer G. Shamoon, Region 09
Dr. Eric N. Shelly, Region 03
Dr. George R. Shepley, Region 05
Dr. K. David Stillwell, Region 12
Dr. Sanjay Uppal, Region 15/16
Dr. Carol A. Wooden, Region 19
Dr. Donald A. Worm, Jr., Region 17

IV. Absent Members

Dr. Sue Bordenave Bishop, Region 08
Dr. J. C. Cheney, Region 14
Dr. Robert D. Gehrig, Region 20
Dr. Mark I. Malterud, Region 10
Dr. David D. Tillman, Region 18
Dr. Roger D. Winland, Editor

V. Guests

Dr. Joseph Picone, Scientific Meetings Council Chair

1 **VI. Staff**

2 Daniel Buksa, JD, CAE, Interim Executive Director, Associate Executive Director,
3 Public Affairs

4 Thomas Killam, CAE, Interim Executive Director, Associate Executive Director,
5 Member Services

6 Jennifer Goler, Associate Director, Governance

7 George Boyle, Director, Information Technology

8
9 **VII. Welcome**

10 Dr. Smith welcomed everyone to the meeting.

11
12 **VIII. Agenda Approval**

13
14 **Dr. Guter moved, Dr. Shamoon seconded:**

15 **“Resolved, that the agenda be approved.”**

16
17 **PASSED**

18
19 *Y – Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gorman, Guter, Hanson, Harunani, Lew,*
20 *Shamoon, Shelly, Shepley, Stillwell, Uppal, White, Wooden, Worm*

21
22 *A - Bishop, Cheney, Gehrig, Malterud, Tillman, Winland*

23
24 *N/A – Smith*

25
26 **IX. Executive Session**

27
28 **Dr. Guter moved, Dr. White seconded:**

29 **“Resolved, that the Board, along with the following staff and guests: Dan Buksa, Thomas**
30 **Killam, Jennifer Goler, George Boyle, and Dr. Joseph Picone, go into executive session to**
31 **discuss Meetings Services vendors, and the AGDF Board of Directors at 7:33 p.m. CDT.”**

32
33 **PASSED**

34
35 *Y – Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gorman, Guter, Hanson, Harunani, Lew,*
36 *Shamoon, Shelly, Shepley, Stillwell, Uppal, White, Wooden, Worm*

37
38 *A - Bishop, Cheney, Gehrig, Malterud, Tillman, Winland*

39
40 *N/A – Smith*

41
42 **Dr. Hanson moved, Dr. White seconded:**

43 **“Resolved, that the Board, along with the following staff and guests: Dan Buksa, Thomas**
44 **Killam, Jennifer Goler, George Boyle, and Dr. Joseph Picone, come out of executive session**
45 **at 7:44 p.m. CDT.”**

46
47 **PASSED**

1
2 *Y – Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gorman, Guter, Hanson, Harunani, Lew,*
3 *Shamoon, Shelly, Shepley, Stillwell, Uppal, White, Wooden, Worm*
4
5 *A - Bishop, Cheney, Gehrig, Malterud, Tillman, Winland*
6
7 *N/A – Smith*

8
9 **X. AIR – Approve Helms Briscoe as AGD’s Vendor for Meetings Services**

10
11 **Dr. Shamoon moved, Dr. White seconded:**

12 **“Resolved, that AIR – Approve Helms Briscoe as AGD’s Vendor for Meetings Services be**
13 **approved.”**

14
15 **“Resolved, that Helms Briscoe is approved as AGD’s vendor for meetings services.”**

16
17 **PASSED**

18
19 *Y – Bishop, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gorman, Guter, Hanson, Harunani,*
20 *Lew, Shamoon, Shelly, Shepley, Stillwell, Uppal, White, Wooden, Worm*
21
22 *A - Cheney, Gehrig, Malterud, Tillman, Winland*
23
24 *N/A – Smith*

25
26 **XI. AIR – Approval of Office Services Department Contract Extension with IST**

27
28 **Dr. Harunani moved, Dr. Hanson seconded:**

29 **“Resolved, that AIR – Approve of Office Services Department Contract Extension with**
30 **IST be postponed until the next Board call in order to receive information regarding the**
31 **RFP process.”**

32
33 **“Resolved, that the AGD extend the IST service contract for a period of three years.”**

34
35 **PASSED**

36
37 *Y – Bishop, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gorman, Guter, Hanson, Harunani,*
38 *Lew, Shamoon, Shelly, Shepley, Stillwell, Uppal, White, Wooden, Worm*
39
40 *A - Cheney, Gehrig, Malterud, Tillman, Winland*
41
42 *N/A – Smith*

43
44 **XII. AIR – Approve Council Appointments**

45
46 **Dr. Worm moved, Dr. Hanson seconded:**

47 **“Resolved, that AIR – Approve Council Appointments be approved.”**
48

1 “Resolved, that the appointments to the councils be approved.”

2
3 **Dental Practice Council**

4 **Dr. Steven Ghareeb, Region 06, (6/21/2015-11/4/2018), 2nd term, Chair**

5 **Dr. Ralph Cooley, Region 18, (6/21/2015-11/4/2018), 1st term**

6 **Dr. Joseph Hagenbruch, Region 08, (6/21/2015-11/4/2018), 1st term**

7 **Dr. Daniel Hickey, Region 17, (6/30/2014-11/5/2017), 2nd term**

8 **Dr. Mark Jurkovich, Region 10, (6/30/2014-11/5/2017), 1st term**

9 **Dr. Rocky Napier, Region 19, (6/30/2014-11/5/2017), 2nd term**

10 **Dr. Janice Pliszcak, Region 02, (6/30/2014-11/5/2017), 2nd term**

11 **Dr. Tyler Scott, Region 07, (7/18/2016-11/3/2019), 1st term**

12 **Dr. David Williams, Region 05, (6/21/2015-11/4/2018), 2nd term**

13 **Dr. Joseph Battaglia, Region 04, (7/18/2016-11/5/2017), 3rd term, Consultant**

14 **Dr. Pedro Castro, Region 20, (9/14/16-11/4/2019), 1st term**

15
16 **Examinations Item Bank Committee (Team C)**

17 **Dr. Leslie Hayes, Region 11, (6/30/2014-11/5/2017), 1st term, Chair**

18 **Dr. Terry Box, Region 12, (6/30/2014-11/5/2017), 1st term**

19 **Dr. Ernest DeWald, Region 06, (6/30/2014-11/5/2017), 2nd term**

20 **Dr. Robert Manga, Region 17, (7/18/2016-11/5/2017), 1st term**

21 **Dr. James Phelan, Region 1, (9/14/2016-11/3/2019), 1st term**

22 **Dr. Susan O’Connor, Region 5, (9/14/2016-11/3/2019), 1st term**

23
24 **PASSED**

25
26 *Y – Bishop, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gorman, Guter, Hanson, Harunani,*
27 *Lew, Shamoon, Shelly, Shepley, Stillwell, Uppal, White, Wooden, Worm*

28
29 *A - Cheney, Gehrig, Malterud, Tillman, Winland*

30
31 *N/A – Smith*

32
33 **XIII. AIR - Amend Board Policy Type II, K, Section 3.L., to Revise Policy Review**
34 **Committee Charge**

35
36 **Dr. Shepley moved, Dr. Wooden seconded:**

37 **“Resolved, that AIR - Amend Board Policy Type II, K, Section 3.L., to Revise Policy**
38 **Review Committee Charge be approved.”**

39
40 **“Resolved, that Board Policy Type II, K., Section 3.L., be revised as follows:**

41
42 **L. Policy Review Committee**

43
44 **1. The Policy Review Committee shall consist of three (3) persons, including the**
45 **chairperson.**

1 **2. It shall be the duty of the committee to continually review AGD House of Delegates**
2 **(HOD) policies, and develop recommendations on their maintenance, development, and**
3 **strategic implementation.**

4
5 **3. It shall be the duty of the committee to establish, maintain, and/or clarify policy lexicon**
6 **to ensure consistent use of terms in the HOD policy manual.**

7
8 **34. This committee shall be a committee of the Board and not merely a committee**
9 **contained within the Dental Practice Council or LGA Council.”**

10
11 **PASSED**

12
13 *Y – Bishop, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gorman, Guter, Hanson, Harunani,*
14 *Lew, Shamoon, Shelly, Shepley, Stillwell, Uppal, White, Wooden, Worm*

15
16 *A - Cheney, Gehrig, Malterud, Tillman, Winland*

17
18 *N/A – Smith*

19
20 **XIV. Executive Session**

21
22 **Dr. White moved, Dr. Shepley seconded:**

23 **“Resolved, that the Board go into executive session in regard to the Executive Director**
24 **Search at 8:15 p.m. CDT.”**

25
26 **PASSED**

27
28 *Y – Bishop, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gorman, Guter, Hanson, Harunani,*
29 *Lew, Shamoon, Shelly, Shepley, Stillwell, Uppal, White, Wooden, Worm*

30
31 *A - Cheney, Gehrig, Malterud, Tillman, Winland*

32
33 *N/A – Smith*

34
35 **Dr. White moved, Dr. Bishop seconded:**

36 **“Resolved, that the Board come out of executive session at 8:27 p.m. CDT.”**

37
38 **PASSED**

39
40 *Y – Bishop, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gorman, Guter, Hanson, Harunani,*
41 *Lew, Shamoon, Shelly, Shepley, Stillwell, Uppal, White, Wooden, Worm*

42
43 *A - Cheney, Gehrig, Malterud, Tillman, Winland*

44
45 *N/A – Smith*

46
47 **XV. Adjournment**

1 **Dr. White moved, Dr. Bishop seconded:**

2 **“Resolved, that the Board call be adjourned at 8:27 p.m. CDT.”**

3

4 **PASSED**

5

6 *Y – Bishop, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gorman, Guter, Hanson, Harunani,*
7 *Lew, Shamoon, Shelly, Shepley, Stillwell, Uppal, White, Wooden, Worm*

8

9 *A - Cheney, Gehrig, Malterud, Tillman, Winland*

10

11 *N/A – Smith*

12

13



Board Meeting
October 13, 2016
Minutes

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I. Call to Order

Dr. Smith called the meeting to order on October 13, 2016 at 7:02 p.m. Central Daylight Time (CDT).

II. Executive Committee

- Dr. Maria A. Smith, President
- Dr. Neil J. Gajjar, Vice President
- Dr. Bryan C. Edgar, Speaker of the House
- Dr. Roger D. Winland, Editor

III. Trustees

- Dr. Sue Bordenave Bishop, Region 08
- Dr. J. C. Cheney, Region 14
- Dr. David J. Dear, Region 06
- Dr. Scott M. Dubowsky, Region 04
- Dr. Abe Dyzenhaus, Region 02
- Dr. Robert D. Gehrig, Region 20
- Dr. Thomas F. Gorman, Region 01
- Dr. Hans P. Guter, Region 07
- Dr. Guy M. Hanson, Region 11
- Dr. Michael W. Lew, Region 13
- Dr. Mark I. Malterud, Region 10
- Dr. Samer G. Shamoon, Region 09
- Dr. Eric N. Shelly, Region 03
- Dr. George R. Shepley, Region 05
- Dr. K. David Stillwell, Region 12
- Dr. David D. Tillman, Region 18
- Dr. Sanjay Uppal, Region 15/16
- Dr. Carol A. Wooden, Region 19
- Dr. Donald A. Worm, Jr., Region 17

IV. Absent Members

- Dr. Manuel A. Cordero, President-Elect
- Dr. W. Mark Donald, Immediate Past President
- Dr. Mohamednazir F. Harunani, Treasurer
- Dr. Connie L. White, Secretary

V. Guests

- Dr. Vincent Mayher, Professional Relations Committee Chair

1 **VI. Staff**

2 Daniel Buksa, JD, CAE, Interim Executive Director, Associate Executive Director, Public
3 Affairs

4 Thomas Killam, CAE, Interim Executive Director, Associate Executive Director,
5 Member Services

6 Jennifer Goler, Associate Director, Governance

7 Morgan Bishop, Governance Administrator

8
9 **VII. Welcome**

10 Dr. Smith welcomed everyone to the meeting.

11
12 **VIII. Agenda Approval**

13
14 **Dr. Shamoon moved, Dr. Dyzenhaus seconded:**

15 **“Resolved, that the agenda be approved.”**

16
17 **PASSED**

18
19 *Y – Bishop, Cheney, Dear, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Lew, Malterud,*
20 *Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, Winland, Wooden, Worm*

21
22 *A – Cordero, Donald, Harunani, White*

23
24 *N/A – Smith*

25
26 **IX. Consent Agenda Approval**

27
28 **Dr. Guter moved, Dr. Bishop seconded:**

29 **“Resolved, that the Consent Agenda be approved.”**

30
31 **i. Board Call 8-16-16 Minutes**

32 **ii. Board Call 9-14-16 Minutes**

33
34 **PASSED**

35
36 *Y – Bishop, Cheney, Dear, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Lew, Malterud,*
37 *Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, Winland, Wooden, Worm*

38
39 *A – Cordero, Donald, Harunani, White*

40
41 *N/A – Smith*

42
43 **Board Call 8-16-16 Minutes**

44 **“Resolved, that the Board Call 8-16-16 Minutes be approved.”**

45
46 **Board Call 9-14-16 Minutes**

47 **“Resolved, that the Board Call 9-14-16 Minutes be approved.”**

1
2 **X. 2016 ADA House of Delegates Resolutions**

3
4 **Dr. Hanson moved, Dr. Cheney seconded:**

5 **“Resolved, that the AIR – Recommendations on 2016 ADA HOD Resolutions be**
6 **approved.”**

7
8 **“Resolved, that the recommended positions of the Professional Relations Committee (PRC)**
9 **to take on the ADA HOD resolutions as detailed in their report, PRC *Recommendations on***
10 ***2016 ADA HOD Resolutions*, to the Board be approved, and be it further,**

11
12 **Resolved, that the PRC, in consultation with the AGD Presidents, be authorized to take**
13 **positions on amendments and new resolutions at the 2016 ADA HOD.”**

14
15 **PASSED**

16
17 *Y – Bishop, Cheney, Dear, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Lew, Malterud,*
18 *Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, Winland, Wooden, Worm*

19
20 *A – Cordero, Donald, Harunani, White*

21
22 *N/A – Smith*

23
24 **XI. AIR – Approval of Office Services Department Contract Extension with IST**

25
26 **Dr. Hanson moved, Dr. Lew seconded:**

27 **“Resolved, that AIR – Approval of Office Services Department Contract Extension with**
28 **IST be approved.”**

29
30 **“Resolved, that the AGD extend the IST service contract for a period of two years.”**

31
32 **PASSED**

33
34 *Y – Bishop, Cheney, Dear, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Lew, Malterud,*
35 *Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, Winland, Wooden, Worm*

36
37 *A – Cordero, Donald, Harunani, White*

38
39 *N/A – Smith*

40
41 **XII. AIR – Approve Association Management Center as AGD’s Vendor for Exhibit**
42 **Sales, Advertisement Sales, Corporate Sponsorship Sales and Development**

43
44 **Dr. Dubowsky moved, Dr. Shelly seconded:**

45 **“Resolved, that AIR – Approve Association Management Center as AGD’s Vendor for**
46 **Exhibit Sales, Advertisement Sales, Corporate Sponsorship Sales and Development be**
47 **approved.”**

1
2 **“Resolved, that Association Management Center (AMC) is approved as AGD’s vendor for**
3 **exhibit sales, advertisement sales, and corporate sponsorship sales and development.”**
4

5 **PASSED**

6
7 *Y – Bishop, Cheney, Dear, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Lew, Malterud,*
8 *Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, Winland, Wooden, Worm*

9
10 *A – Cordero, Donald, Harunani, White*

11
12 *N/A – Smith*
13

14 **XIII. Adjournment**

15
16 **Dr. Dyzenhaus moved, Dr. Bishop seconded:**

17 **“Resolved, that the Board call be adjourned at 8:07 p.m. CDT.”**
18

19 **PASSED**

20
21 *Y – Bishop, Cheney, Dear, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Lew, Malterud,*
22 *Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, Winland, Wooden, Worm*

23
24 *A – Cordero, Donald, Harunani, White*

25
26 *N/A – Smith*
27
28



Board Meeting
December 21, 2016
Minutes

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45

I. Call to Order

Dr. Smith called the meeting to order on December 21, 2016 at 7:11 p.m. Central Standard Time (CST).

II. Executive Committee

- Dr. Maria A. Smith, President
- Dr. Manuel A. Cordero, President-Elect
- Dr. Neil J. Gajjar, Vice President
- Dr. Connie L. White, Secretary
- Dr. Bryan C. Edgar, Speaker of the House
- Dr. W. Mark Donald, Immediate Past President

III. Trustees

- Dr. Sue Bordenave Bishop, Region 08
- Dr. J. C. Cheney, Region 14
- Dr. David J. Dear, Region 06
- Dr. Scott M. Dubowsky, Region 04
- Dr. Abe Dyzenhaus, Region 02
- Dr. Thomas F. Gorman, Region 01
- Dr. Guy M. Hanson, Region 11
- Dr. Michael W. Lew, Region 13
- Dr. Eric N. Shelly, Region 03
- Dr. George R. Shepley, Region 05
- Dr. K. David Stillwell, Region 12
- Dr. David D. Tillman, Region 18
- Dr. Sanjay Uppal, Region 15/16
- Dr. Carol A. Wooden, Region 19

IV. Absent Members

- Dr. Robert D. Gehrig, Region 20
- Dr. Hans P. Guter, Region 07
- Dr. Mohamednazir F. Harunani, Treasurer
- Dr. Mark I. Malterud, Region 10
- Dr. Samer G. Shamoon, Region 09
- Dr. Roger D. Winland, Editor
- Dr. Donald A. Worm, Jr., Region 17

V. Staff

Daniel Buksa, JD, CAE, Interim Executive Director, Associate Executive Director, Public Affairs

1 Thomas Killam, CAE, Interim Executive Director, Associate Executive Director,
2 Member Services
3 Jennifer Goler, Associate Director, Governance
4 Morgan Bishop, Governance Administrator
5

6 **VI. Welcome**

7 Dr. Smith welcomed everyone to the meeting.
8

9 **VII. Agenda Approval**

10
11 **Dr. Dyzenhaus moved, Dr. Wooden seconded:**

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

13
14 **PASSED**

15
16 *Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gorman, Hanson, Lew, Shelly,*
17 *Shepley, Stillwell, Tillman, Uppal, White, Wooden*

18
19 *A – Gehrig, Guter, Harunani, Malterud, Shamoan, Winland, Worm*

20
21 *N/A – Smith*
22

23 **VIII. Approve 2016-2017 Board Meeting II Minutes**

24
25 **Dr. Gorman moved, Dr. Dyzenhaus seconded:**

26 **“Resolved, that the 2016-2017 Board Meeting II Minutes be approved.”**

27
28 **PASSED**

29
30 *Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gorman, Hanson, Lew, Shelly,*
31 *Shepley, Stillwell, Tillman, Uppal, White, Wooden*

32
33 *A – Gehrig, Guter, Harunani, Malterud, Shamoan, Winland, Worm*

34
35 *N/A – Smith*
36

37 **IX. AIR – Fellowship Exam Committee Appointments**

38
39 **Dr. Shepley moved, Dr. Bishop seconded:**

40 **“Resolved, that AIR – Fellowship Exam Committee Appointments be approved.”**

41
42 **“Resolved, that the appointments to the Fellowship Examination Committee (Team A) be**
43 **approved.”**

44
45 **Fellowship Examination Committee (Team A)**

46 **Dr. Jeffery Casey, Region 17, (7/18/2016-11/TBD/2019), 2nd term, Chair**

47 **Dr. David Dickerhoff, Region 19, (6/30/2014-11/5/2017), 1st term**

1 **Dr. Daniel Boston, Region 14, (6/30/2014-11/5/2017), 1st term**
2 **Dr. Robert Mayhew, Region 18, (6/30/2014-11/5/2017), 1st term**
3 **Dr. Merlin Ohmer, Region 20, (7/18/2016-11/TBD/2019), 1st term**
4 **Dr. Benjamin Dyer, Jr., Region 19, (12/21/0016-11/TBD/2019), 1st term**
5 **Dr. Ralph Glenn Willis, Region 19, (7/18/2016-11/TBD/2019), 1st term**

6
7 **PASSED**

8
9 *Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gorman, Hanson, Lew, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Wooden*

10
11 *A – Gehrig, Guter, Harunani, Malterud, Shamoan, Winland, Worm*

12
13 *N/A – Smith*
14

15
16 **X. AIR – Approve ‘HotelStorm’ as an AGD Member Savings & Offers Provider**

17
18 **Dr. Dyzenhaus moved, Dr. Lew seconded:**

19 **“Resolved, that AIR – Approve ‘HotelStorm’ as an AGD Member Savings & Offers
20 Provider be postponed until the January 18, 2017 Board Conference Call be approved.”**

21
22 **“Resolved, that HotelStorm be approved as an AGD Member Savings & Offer provider.”**

23
24 **PASSED**

25
26 *Y – Bishop, Cheney, Cordero, Dear, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gorman, Hanson, Lew, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Wooden*

27
28 *a - Donald*

29
30 *A – Gehrig, Guter, Harunani, Malterud, Shamoan, Winland, Worm*

31
32 *N/A – Smith*
33

34
35 **XI. AIR – Enhancement to the AGD Refer a Colleague Program**

36
37 **Dr. Donald moved, Dr. Shepley seconded:**

38 **“Resolved, that AIR – Enhancement to the AGD Refer a Colleague Program be approved
39 as amended.”**

40
41 **“Resolved, that up to \$60,000 be allocated from the ~~2017 Contingency Fund~~ Membership
42 Council Budget to fund potential losses due to the Enhancement to the AGD Refer a
43 Colleague Program.**

44
45 **Resolved, that each time a new member joins the AGD as the result of recruiting by an
46 active member, the recruiter and new member shall each receive a \$50 credit upon
47 payment of the new membership.**
48

- 1 - The \$50 dollars is held “on account” and can be used after joining toward any AGD
2 program including education (Online Learning Center, etc.), scientific session, and AGD
3 membership renewal for the following year – but excluding constituent programs and dues.
4 - This program enhancement applies to active general dentist, international, associate, and
5 affiliate memberships only (all categories but student membership (ST)).
6 - These credits apply only upon payment of full-year memberships (i.e. if a new member
7 joins during the half-year dues promotion (July-September), the credit will only apply if
8 the new member opts to pay for a full-year membership).
9 - Credits must be used in the membership year in which credits were earned. Any unused
10 balance will be applied toward the following year’s membership renewal. This potential
11 expiration of unused credits will incentivize members to explore the range of offerings that
12 AGD makes available to them.
13 - If using credits toward membership dues payment, the credits apply toward AGD
14 membership only. They do not apply to constituent or component dues, or toward
15 donations to the AGD Foundation or Advocacy Fund.
16 - Beginning October 1 of each year, referral credits earned will be honored until December
17 31 of the following year.
18 - Credits cannot be transferred to another individual.
19 - Referee credits for new members can only be earned once in a lifetime. (i.e., if a member
20 leaves the AGD then rejoins, the new member cannot receive a joiner’s credit a second
21 time.)
22 - Grand prize contest (one recruiter and that recruiter’s new recruit each receive an all-
23 expenses-paid trip the AGD Scientific Session, including airfare, hotel, meeting
24 registration, and \$200 in CE courses) will continue.
25 - There shall be no limit on how much credit can be earned by a recruiting member.
26 - AGD Board members are excluded from receiving the referral credit.
27 - The program enhancement shall begin on January 1, 2017 and will be reviewed at each
28 Membership Council meeting going forward.”

29
30 **PASSED**

31
32 *Y – Bishop, Cheney, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gorman, Hanson, Lew, Shelly, Shepley,*
33 *Stillwell, Tillman, Uppal, White, Wooden*

34
35 *a – Cordero*

36
37 *A – Gehrig, Guter, Harunani, Malterud, Shamoon, Winland, Worm*

38
39 *N/A – Smith*

40
41 **XII. Approve May 10, 2017 Executive Committee Call**

42
43 **Dr. Donald moved, Dr. White seconded:**

44 **“Resolved, that the May 10, 2017 Executive Committee Call be approved.”**

45
46 **PASSED**
47

1 *Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gorman, Hanson, Lew, Shelly,*
2 *Shepley, Stillwell, Tillman, Uppal, White, Wooden*

3
4 *A – Gehrig, Guter, Harunani, Malterud, Shamoon, Winland, Worm*

5
6 *N/A – Smith*

7
8 **XIII. Executive Session – Executive Director Search Update**

9
10 **Dr. Hanson moved, Dr. Dubowsky seconded:**

11 **“Resolved, that the Board go into executive session at 8:02 p.m. CST.”**

12
13 **PASSED**

14
15 *Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gorman, Hanson, Lew, Shelly,*
16 *Shepley, Stillwell, Tillman, Uppal, White, Wooden*

17
18 *A – Gehrig, Guter, Harunani, Malterud, Shamoon, Winland, Worm*

19
20 *N/A – Smith*

21
22 **Dr. Hanson moved, Dr. Wooden seconded:**

23 **“Resolved, that the Board come out of executive session at 8:11 p.m. CST.”**

24
25 **PASSED**

26
27 *Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gorman, Hanson, Lew, Shelly,*
28 *Shepley, Stillwell, Tillman, Uppal, White, Wooden*

29
30 *A – Gehrig, Guter, Harunani, Malterud, Shamoon, Winland, Worm*

31
32 *N/A – Smith*

33
34 **During executive session the following action was taken:**

35
36 **“Resolved, that the Executive Director Search Criteria be approved as amended.**

37
38 **ED/CEO Search Criteria**

- 39 • ~~Dental professional ED/CEO~~
- 40 • **Reports to AGD Board. Responsible for all external relations and activities including**
41 **but not limited to:**
- 42 • **Socioeconomic matters**
- 43 • **Constituent relations**
- 44 • **External relations with the dental community**
- 45 • **External relations with other related organizations**
- 46 • **Responsible for all internal activities**
- 47 • **Individual with executive experience ~~within dentistry~~**
- 48 • **Understands AGD culture**

- 1 • ~~CEO that is a dental professional but that is not an absolute~~ ED with dental experience
2 preferred but not required
3 • No AGD past president or past/current AGD Executive Committee member
4 • Visionary individual
5 • ~~CEO~~ ED reports to the Board
6 • Day-to-day activities are reported to the Executive Committee.
7

8 And be it further,
9

10 “Resolved, that Leonard Pfeiffer & Company produce additional candidates to the
11 Executive Director Search Committee by January 31, 2017.”
12

13 **XIV. Adjournment**
14

15 **Dr. Donald moved, Dr. Hanson seconded:**

16 “Resolved, that the Board call be adjourned at 8:13 p.m. CST.”
17

18 **PASSED**

19
20 *Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gorman, Hanson, Lew, Shelly,*
21 *Shepley, Stillwell, Tillman, Uppal, White, Wooden*
22

23 *A – Gehrig, Guter, Harunani, Malterud, Shamoan, Winland, Worm*
24

25 *N/A – Smith*
26
27



**Board Meeting
January 18, 2017
Minutes**

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I. Call to Order

Dr. Smith called the meeting to order on January 18, 2017 at 7:04 p.m. Central Standard Time (CST).

II. Executive Committee

- Dr. Maria A. Smith, President
- Dr. Manuel A. Cordero, President-Elect
- Dr. Neil J. Gajjar, Vice President
- Dr. Connie L. White, Secretary
- Dr. Bryan C. Edgar, Speaker of the House
- Dr. Mohamednazir F. Harunani, Treasurer
- Dr. W. Mark Donald, Immediate Past President

III. Trustees

- Dr. Sue Bordenave Bishop, Region 08
- Dr. J. C. Cheney, Region 14
- Dr. Scott M. Dubowsky, Region 04 (portion of the meeting)
- Dr. Robert D. Gehrig, Region 20
- Dr. Thomas F. Gorman, Region 01
- Dr. Hans P. Guter, Region 07
- Dr. Guy M. Hanson, Region 11
- Dr. Michael W. Lew, Region 13
- Dr. Mark I. Malterud, Region 10
- Dr. Samer G. Shamoon, Region 09
- Dr. Eric N. Shelly, Region 03
- Dr. George R. Shepley, Region 05
- Dr. K. David Stillwell, Region 12
- Dr. David D. Tillman, Region 18
- Dr. Sanjay Uppal, Region 15/16
- Dr. Carol A. Wooden, Region 19

IV. Absent Members

- Dr. David J. Dear, Region 06
- Dr. Abe Dyzenhaus, Region 02
- Dr. Roger D. Winland, Editor
- Dr. Donald A. Worm, Jr., Region 17

V. Staff

Daniel Buksa, JD, CAE, Interim Executive Director, Associate Executive Director, Public Affairs

1 Thomas Killam, CAE, Interim Executive Director, Associate Executive Director,
2 Member Services
3 Jennifer Goler, Associate Director, Governance
4 Morgan Bishop, Governance Administrator
5 Dale Gibbons, Director, Education
6

7 **VI. Welcome**

8 Dr. Smith welcomed everyone to the meeting.
9

10 **VII. Agenda Approval**

11
12 **Dr. Shamoan moved, Dr. Lew seconded:**

13 **“Resolved, that the agenda be approved as amended.”**
14

15 **PASSED**

16
17 *Y – Bishop, Cheney, Cordero, Donald, Dubowsky, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew,*
18 *Malterud, Shamoan, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Wooden*

19
20 *A – Dear, Dyzenhaus, Winland, Worm*

21
22 *N/A – Smith*
23

24 **VIII. Approve Board Call 12-21-16 Minutes**

25
26 **Dr. Shelly moved, Dr. Hanson seconded:**

27 **“Resolved, Board Call 12-21-16 Minutes be approved as amended.”**
28

29 **PASSED**

30
31 *Y – Bishop, Cheney, Cordero, Dubowsky, Edgar, Gajjar, Gehrig, Gorman, Hanson, Lew, Shelly, Shepley, Stillwell,*
32 *Tillman, Uppal, White*

33
34 *N – Donald, Wooden*

35
36 *a – Guter, Harunani, Malterud, Shamoan*

37
38 *A – Dear, Dyzenhaus, Winland, Worm*

39
40 *N/A – Smith*
41

42 **IX. AIR – Change to Annual Scientific Meeting Registration Fees for AGD2016**

43
44 **Dr. Gorman moved, Dr. White seconded:**

45 **“Resolved, that AIR – Change to Annual Scientific Meeting Registration Fees for**
46 **AGD2016 be approved as amended.”**
47

1 “Resolved, that the 2017 Scientific Meeting’s member dentist registration remain as
 2 budgeted for Fiscal Year 2016 at \$199/\$279/\$450 (advance/regular/on-site).
 3

4 And be it further,
 5

6 Resolved, that the 2017 Scientific Meeting’s dental team registration rates remain as
 7 budgeted at \$45/\$75/\$100 and that the 2017 Scientific Meeting’s lecture course registration
 8 fee remain at \$60/\$120 (half day/full day session).
 9

10 And be it further,
 11

12 Resolved, that changes be made to the registration categories to better reflect the change in
 13 the meeting brought about by the removal of the House of Delegates.”
 14

<u>Changes:</u>	<u>Rate</u>	<u>Attendees</u>	<u>Total \$</u>
<u>Estimated reduction in revenue due to change in New Dentist from 1 year out to 1-5 years out from the meeting date</u>	<u>\$199</u>	<u>100</u>	<u>(\$19,900)</u>
<u>Estimated increase in course revenue due to new dentists</u>	<u>\$120</u>	<u>84</u>	<u>\$10,080</u>
<u>Estimated reduction in revenue due to bundling Fellowship Review course and Exam</u>	<u>\$100</u>	<u>80</u>	<u>(\$8,000)</u>
<u>Projected revenue from AGD members who are scouting</u>	<u>\$199</u>	<u>5</u>	<u>\$995</u>
<u>Projected Changes Subtotal</u>			<u>(\$16,825)</u>
<u>Subtotal Budgeted Registration</u>			<u>\$240,385</u>
<u>Total Budget</u>			<u>\$224,380</u>
			<u>\$251,460</u>

15
 16
 17 And be it further,
 18

19 Resolved, that AGD offer a Fellowship Review Course and Exam bundled rate of \$1,299
 20 for those registering for the Fellowship Review Course and Exam during the scientific
 21 meeting.
 22

23 And be it further,
 24

1 **Resolved, that registration category ‘Exhibit Hall Only FREE (Saturday Only),’ be**
2 **eliminated as a registration category for AGD2017.”**

3
4 **PASSED**

5
6 *Y – Bishop, Cheney, Cordero, Donald, Dubowsky, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew,*
7 *Malterud, Shamoan, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Wooden*

8
9 *A – Dear, Dyzenhaus, Winland, Worm*

10
11 *N/A – Smith*

12
13 **X. AIR – Recommended Change to AGD PACE Standards**

14
15 **Dr. Hanson moved, Dr. Shamoan seconded:**

16 **“Resolved, that AIR – Recommended Change to AGD PACE Standards be approved.”**

17
18 **“Resolved, that PACE Standard I Administration, be modified as follows:**

19
20 **Standard I Administration**

21 **1. Administration of the program must be consistent with: the goals of the program and**
22 **scope of activities.**

23 **~~a. The goals of the program;~~**

24 **~~b. The objectives of the planned activities.~~**

25
26 **2. The program must be under the continuous guidance of an administrative authority**
27 **and/or individual responsible for its quality, ~~content,~~ and ~~ongoing content.~~**

28
29 **Criteria**

30 **~~A. The continuing education program must be under the ongoing supervision of an~~**
31 **~~individual or an administrative authority so that there is continuity in the program~~**
32 **~~provider’s continuing education efforts.~~**

33
34 **BA. The responsibilities and scope of authority of the individual or administrative**
35 **authority *must* be clearly defined.**

36
37 **~~CB. The administrative authority/administrator will have the responsibility for assuring~~**
38 **~~compliance with the quality contained in these standards and guidelines. Responsibility~~**
39 **~~for compliance with PACE Standards will be assigned to an individual administrator.~~**

40
41 **DC. The CDE provider must be responsible for:**

42 **a. Establishing clear lines of authority and responsibility**

43 **b. Conducting a planning process**

44 **c. Ensuring ~~that an adequate number of~~ qualified personnel are assigned available to**
45 **manage the program**

46 **d. Ensuring continuity of administration**

1 **ED.** ~~To maintain continuity, the program provider must develop specific procedures for~~
2 ~~personnel changes. This is particularly important with regard to the administrator or~~
3 ~~the administrative authority (program planner).~~ **The program provider must outline**
4 **procedures for maintaining administrative continuity when key personnel changes**
5 **occur.**
6

7 **FE.** ~~Providers are required to have a committee that meets regularly and a majority of the~~
8 ~~committee must be dental professionals, including at least one licensed practicing~~
9 ~~dentist, who are independent from other responsibilities for the provider and be~~
10 ~~broadly representative of the intended audience or constituency including the members~~
11 ~~of the dental team for which the courses are offered. Continuity of administration and~~
12 ~~planning is necessary for the stability and growth of the program. Program providers~~
13 **must maintain a planning committee that includes at least one licensed dentist. This**
14 **dentist shall represent the intended audience of the programming, and will have no**
15 **other responsibilities to the program provider.**
16

17 **GF.** ~~The committee will also be required to maintain minutes from its meetings. The~~
18 ~~detailed minutes of the meetings will be attached to the PACE Application and should~~
19 ~~be from a meeting within the last approval period and reflect the development,~~
20 ~~implementation or improvement of the continuing education program. The planning~~
21 **committee must meet at least annually for the purpose of development, implementation**
22 **and improvement of the program. The planning committee will maintain appropriate**
23 **minutes documenting these activities. Minutes from the most recent meeting must**
24 **accompany the PACE application.**
25

26 **HG.** ~~The program planner must commit sufficient time to planning and conducting the~~
27 ~~CDE program relative to its planned size and scope of activity; be responsible for~~
28 ~~choosing the educational methods to be utilized in consultation with advisory~~
29 ~~committees, instructors, educational advisors, or potential attendees; and ensure that~~
30 ~~facilities and equipment (including those borrowed or rented) are adequate in size, safe,~~
31 ~~and in good working condition so that instruction can proceed smoothly and effectively.~~
32 **The program planner must assure that program facilities and equipment are in good**
33 **working order. The program planner will choose the educational methods employed in**
34 **consultation with the planning committee, advisors, instructors or potential attendees.**
35

36 **IH.** ~~Where the size or extent of the CDE program warrants, especially when offering~~
37 ~~participation courses, there must be provision for adequate support personnel to assist~~
38 ~~with program planning and implementation. Group size must be limited in~~
39 ~~coordination with the nature of available facilities and the number of instructors/~~
40 ~~evaluators. Very careful attention to group size is mandatory when planning an activity~~
41 ~~that requires participants to perform complex tasks requiring supervision and~~
42 ~~evaluation. Refer to Standard XIII, Criterion C. Support personnel for any CDE~~
43 **program must be adequate for the program requirements. All participation courses are**
44 **required to provide a least one Instructor for every 15 participants.**
45

1 **JL.** ~~The administrative authority/administrator is required to maintain accurate records of~~
2 ~~participants' attendance. The administrative authority/administrator will be~~
3 ~~responsible for retaining information on the formal planned activities offered, including~~
4 ~~needs assessment, methods, objectives, course outlines, and evaluation procedures. This~~
5 ~~information must be available at the time of application or reapplication for program~~
6 ~~provider approval. Program planners must maintain accurate records of participant~~
7 ~~attendance for at least seven (7) years following an educational course or program.~~
8 ~~Program planners must also outline methods used to determine the needs of~~
9 ~~participants and will retain records of course or program activities, outlines and~~
10 ~~evaluation procedures. This information must accompany the PACE application.~~
11

12 **KJ.** CE providers must assume responsibility for compliance by participants with
13 applicable laws and regulations including local dental practice acts. ~~The provider must~~
14 ~~ensure that participation in its program by dentists not licensed in the jurisdiction~~
15 ~~where the program is presented does not violate the state practice act. Unless~~
16 ~~malpractice coverage for attendees participating in clinics is arranged by the CDE~~
17 ~~provider, notice must be given to participants to obtain written commitments of~~
18 ~~coverage from their carriers. Participants must be notified of any malpractice~~
19 ~~insurance requirements and be required to provide written declarations of coverage if~~
20 ~~appropriate.~~
21

22 **LK.** When two or more approved program providers act in consort for development,
23 distribution, and/or presentation of an activity, each must be equally and fully
24 responsible for assuring compliance with these PACE sStandards.
25

26 **ML.** Administrative responsibility for development, distribution, and/or presentation of
27 continuing education activities must rest with the AGD-PACE-recognized approved
28 provider whenever the provider acts in cooperation with providers that are not
29 recognized by the AGD-PACE. A written agreement with such providers must
30 document this understanding.
31

32 **NM.** Program providers must submit complete contact information annually to the AGD.
33 Contact information must include current provider name, address, phone number, fax
34 number, Web address (if available), name of current provider contact person and
35 address, phone number, fax number, and e-mail address of contact person.
36

37 **ON.** For protocol programs, the following requirements must be met:

38 ~~1. MasterTrack[®] program directors must be a member of a faculty in an accredited dental~~
39 ~~program or must be approved by the AGD Dental Education Council.~~

40 ~~2. Specific course objectives must be written for each subject taught.~~

41 **31.** A bibliography of current literature on the subject being taught must be assembled
42 and distributed at the initial formal lecture/demonstration session(s).

43 **42.** The initial formal course session(s) will include both lecture and demonstration of the
44 procedures to be studied and can also include direct hands-on activities.

- 1 **53.** For protocol courses, written instructions must be given to participants for individual
2 in-office assignments. The assignments must be commensurate in difficulty with the
3 credit hours that will be awarded and within the abilities of the participants.
- 4 **64.** Participants will do whatever procedures they are assigned on patients in their offices.
5 They will keep complete records on these patients, which must include at least the
6 following:
- 7 a. Patient consent and release form;
 - 8 b. Preoperative medical/dental history;
 - 9 c. Preoperative unedited radiographs, if indicated
 - 10 d. Preoperative mounted diagnostic casts, if applicable
 - 11 e. Preoperative unedited photographs
 - 12 f. Preoperative dental charting.
- 13 **75.** During treatment, records will be kept to demonstrate:
- 14 a. Treatment rendered materials, methods, etc.
 - 15 b. Mounted treatment casts, if applicable;
 - 16 c. Photographs of treatment progress, if appropriate
 - 17 d. Radiographs taken during treatment, if indicated.
- 18 **86.** Upon completion of treatment:
- 19 a. Unedited photographs of completed treatment;
 - 20 b. Postoperative unedited radiographs, if indicated.
- 21 **97.** After an agreed-upon time needed to complete the assignment, the original group will
22 reconvene with the program director, instructor and/or pre-designated evaluator to
23 hear and evaluate participants' 15-20 minute case assignment presentation and guide
24 discussion with the group and relate this discussion to current literature for that topic.
25 The case presentation will be evaluated using a standardized evaluation form provided
26 by the AGD.

27
28 **PQ.** The program provider must develop and operate In accordance with written policies,
29 procedures or guidelines designed to ensure that all clinical and/or technical CDE
30 activities offered include the scientific basis for the program content and an assessment
31 of the benefits and risks associated with that content in order to promote public safety.
32

33 Where scientific basis for a clinical and/or technical CDE activity is evolving or uncertain,
34 the presentation will describe the level of scientific evidence that is currently available
35 and what is known of the risks and benefits associated with the clinical and/or technical
36 CDE activity.
37

38 **QP.** For repeated CDE activities ~~that are repeated~~, the provider must be able to
39 demonstrate ~~that there is~~ a process in place to ensure that the activities continue to meet
40 all PACE Standards and Criteria, ~~including requirements to include the scientific basis~~
41 ~~for the program content and an assessment of the benefits and risks associated with that~~
42 ~~content in order to promote public safety.~~
43

44 Recommendations

45 **A.** The program planner should have background and experience appropriate to the task.
46

1 **B. The size of the potential audience for any CDE activity is important in determining**
2 **appropriate methods. A potentially active method can become purely passive if the**
3 **group is too large.**

4
5 **C. Methods requiring learner involvement (seminars, discussion groups, case**
6 **reviews/preparations, laboratory work, and patient treatment) have been shown to**
7 **provide more effective learning experiences. Over-emphasis on purely didactic methods**
8 **(lectures, panel discussions) is discouraged.**

9
10 ~~**D. The appropriate use of films, slides, video, electronic media, and other teaching aids can**~~
11 ~~**support and enhance other teaching methods as integrated into a planned educational**~~
12 ~~**program.**~~

13
14 **ED. Program providers are encouraged to provide attendees with resource materials and**
15 **references to facilitate post-course practical application of course content, as well as**
16 **continued learning.**

17
18 **FE. Continuity of administration and planning is necessary for the stability and growth of**
19 **the program. It is required that:**

- 20 1. **Members of the advisory planning committee be selected for a term of longer than**
21 **one year.**
22 2. **Members of the advisory planning committee serve staggered terms of office.**

23
24 ~~**GF. An advisory committee increases value and guidance of your program to give greater**~~
25 ~~**Additional independent consultants may add value and give guidance to your program**~~
26 ~~**planners to your intended audience.**~~

27
28 **And be it further,**

29
30 **Resolved, that PACE Standard III Goals, be modified as follows:**

31
32 **Standard III Goals**

33 **...**

34
35 **Criteria**

36 **A. The individual or authority responsible for administration of the CDE program must**
37 **have input into development of the overall program goals.**

38
39 **B. There must be a clear formulation of the program provider's: ~~overall mission and goals~~**
40 **~~of the program provider institution or organization.~~**

41 **- Mission**

42 **- Organizational goals**

43 **- Educational goals**

44
45 **C. A mechanism must be provided for periodic reappraisal and revision of the program**
46 **provider's continuing education goals.**

1
2
3 **And be it further,**

4
5 **Resolved, that PACE Standard VIII Instructors, be modified as follows:**

6
7 **Standard VIII Instructors**

8 **1. Instructors chosen to teach courses must be qualified by education and/or experience to**
9 **provide instruction in the relevant subject matter.**

10
11 ...

12
13 **4. The provider must have a policy that demonstrates instructors are not discriminated**
14 **against based on gender-identity, ethnicity, religion, age, disability, socioeconomic**
15 **status and/or sexual orientation.**

16
17 **Criteria**

18 **A. Program providers must assume responsibility for communicating specific course**
19 **objectives and design to instructors early in the planning process, and ensuring that**
20 **stated course objectives are addressed in the presentation.**

21 ...

22
23 **Recommendations**

24 **A. Program providers should work closely with instructors during course planning to**
25 **ensure that the stated objectives will be addressed by the presentation.**

26 ...

27
28 **F. Program providers should develop clearly defined policies on honoraria and expense**
29 **reimbursement for instructors.**

30
31 **G. CDE program providers should have a process in place to ensure those who are involved**
32 **in the design development and delivery of learning events remain current in subject**
33 **matter material and learning methods.**

34
35 **And be it further,**

36
37 **Resolved that the definition of Advisory Committee be changed to Planning Committee in**
38 **the PACE lexicon of terms, and be modified as follows:**

39
40 **ADVISORY PLANNING COMMITTEE: An objective entity that provides peer review**
41 **and direction for the program and the provider. ~~A majority of the committee must be~~**
42 **dental professionals, including The committee must include at least one licensed practicing**
43 **dentist who is independent from other responsibilities for the provider. The composition of**
44 **the advisory committee should include objective representatives of the intended audience,**
45 **including the members of the dental team for which the courses are offered.**
46

1 **PASSED**

2
3 *Y – Bishop, Cheney, Cordero, Donald, Dubowsky, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew,*
4 *Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Wooden*

5
6 *A – Dear, Dyzenhaus, Winland, Worm*

7
8 *N/A – Smith*

9
10 **XI. AIR – Increase PACE Council to Fifteen (15) Members**

11
12 **Dr. Lew moved, Dr. White seconded:**

13 **“Resolved, that AIR – Increase PACE Council to Fifteen (15) Members be approved.”**

14
15 **“Resolved, that the Board Policy Manual, Policy Type II. Governance Process, K. Charges**
16 **of the Council and Committees be amended to read:**

17
18 **I. Program Approval for Continuing Education (PACE) Council**

19
20 **1. The Program Approval for Continuing Education (PACE) Council shall consist of ~~twelve~~**
21 **~~(12)~~ fifteen (15) members, including the chairperson, and up to three (3) consultants. ~~No~~**
22 **~~member of the council shall serve more than two (2) consecutive three (3) year terms.~~**
23 **Consultants of the council shall serve no more than two (2) consecutive three (3) year**
24 **terms. Consultants would not be budgeted to attend council meetings, nor would they**
25 **participate in any decisions/ recommendations made by the council. And be it further,**

26
27 **Resolved, that \$5,094.15 be appropriated from the 2017 Contingency Fund.”**

28
29 **PASSED**

30
31 *Y – Bishop, Cheney, Cordero, Donald, Dubowsky, Edgar, Gajjar, Gehrig, Gorman, Guter, Harunani, Lew,*
32 *Malterud, Shamoon, Shelly, Stillwell, Tillman, Uppal, White, Wooden*

33
34 *N - Hanson*

35
36 *a - Shepley*

37
38 *A – Dear, Dyzenhaus, Winland, Worm*

39
40 *N/A – Smith*

41
42 **XII. AIR – Approve ‘HotelStorm’ as an AGD Member Savings & Offers Provider**

43
44 **Dr. Shelly moved, Dr. White seconded:**

45 **“Resolved, that AIR – Approve ‘HotelStorm’ as an AGD Member Savings & Offers**
46 **Provider be approved.”**

47
48 **“Resolved, that HotelStorm be approved as an AGD Member Savings & Offer provider.”**

1
2 **PASSED**

3
4 *Y – Bishop, Cheney, Cordero, Donald, Dubowsky, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew,*
5 *Malterud, Shamoan, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Wooden*

6
7 *A – Dear, Dyzenhaus, Winland, Worm*

8
9 *N/A – Smith*

10
11 **XIII. 2017 Corporate Objectives**

12
13 **Dr. Donald moved, Dr. Hanson seconded:**

14 **“Resolved, that the 2017 Corporate Objectives be approved.”**

15
16 **PASSED**

17
18 *Y – Bishop, Cheney, Cordero, Donald, Dubowsky, Edgar, Gajjar, Gehrig, Gorman, Guter, Harunani, Lew,*
19 *Malterud, Shamoan, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Wooden*

20
21 *N - Hanson*

22
23 *A – Dear, Dyzenhaus, Winland, Worm*

24
25 *N/A – Smith*

26
27 **XIV. New Business**

28
29 **Dr. Cordero moved, Dr. Lew seconded:**

30 **“Resolved, that AIR - Approval of General Experience Specialists (GES) Contract 2017-**
31 **2018 be approved as new business.”**

32
33 **DEFEATED**

34
35 *Y – Cheney, Cordero, Donald, Edgar, Gajjar, Gehrig, Gorman, Harunani, Shamoan, Shelly, Shepley, Uppal*

36
37 *N – Guter, Hanson, Lew, Malterud, Stillwell, Tillman, White, Wooden*

38
39 *a – Dubowsky*

40
41 *A – Bishop, Dear, Dyzenhaus, Winland, Worm*

42
43 *N/A – Smith*

44
45 **XV. Executive Session – Executive Director Search**

46
47 **Dr. Hanson moved, Dr. Wooden seconded:**

48 **“Resolved, that the Board go into executive session at 9:10 p.m. CST.”**

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PASSED

Y – Cheney, Cordero, Donald, Dubowsky, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoan, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Wooden

A – Bishop, Dear, Dyzenhaus, Winland, Worm

N/A – Smith

Dr. Hanson moved, Dr. Wooden seconded:
“Resolved, that the Board come out of executive session at 9:16 p.m. CST.”

PASSED

Y – Cheney, Cordero, Donald, Dubowsky, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoan, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Wooden

A – Bishop, Dear, Dyzenhaus, Winland, Worm

N/A – Smith

XVI. Adjournment

Dr. Hanson moved, Dr. Dubowsky seconded:
“Resolved, that the meeting be adjourned at 9:17 p.m. CST.”

PASSED

Y – Cheney, Cordero, Donald, Dubowsky, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoan, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Wooden

A – Bishop, Dear, Dyzenhaus, Winland, Worm

N/A – Smith

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2017 Corporate Objectives
(Approved 1-18-17)

Priority

	<p><u>Advocacy A</u> – By Dec. 31, 2017, represent the policies of the AGD before standard setting groups and the ADA as follows:</p> <ul style="list-style-type: none"> • Comment on 100% of Code Maintenance Committee (CMC) submissions, with at least 75% assent of the CMC’s votes with the positions expressed by the AGD Dental Practice Council. • 90% of all resolutions upon which AGD takes a position at the ADA HOD will be acted upon favorably by the ADA HOD. • Provide written and/or verbal comment on 100% of new or revised standards, rules, or guidelines proposed by organizational bodies (such as CODA or ADA Councils) or regulatory bodies (such as EPA or FDA) and directed by AGD leadership or the appropriate councils/committees as warranting AGD comment.G2, S2.
	<p><u>Advocacy B</u> – By December 31, 2017, train 15 constituent leaders throughout the year in Chicago on best advocacy practices. The 15 leaders shall come from states preferred with pending legislative, regulatory, political, or administrative issues important to AGD. G2, S1, S2, S4; G4, S4, T3</p>
	<p><u>Rebranding</u> – Complete Phase 3 (Execution) of the rebranding implementation across all areas of the organization by June 30, 2017. G4, S1, S2, S3, S4, S5.</p>
	<p><u>Communications</u> – By December 31, 2017, begin implementation of comprehensive content strategy(ies) (digital and print) that generates greater recognition of AGD as a leader in oral health through distribution of news, stories, and information that highlight 1) educational opportunities, 2) member experiences and contributions to the profession, and 3) research and policies. G4, S1, S2, S3, S4</p>
	<p><u>Communications/Membership/Information Technology/Marketing</u> – Launch new AGD website and reskin all AGD related sub-sites by June 30, 2017. G4, S1, S2, S3, S4</p>
	<p><u>Constituent Branding/Websites</u> – 25% of constituents have their local constituent websites (including all communication methods, etc.) updated and in accordance with the AGD rebrand guidelines and policy by December 31, 2017. G4, S2</p>
	<p><u>Scientific Session</u> – By July 15, 2017, Scientific Session attendance attracted 5% of AGD’s membership, G1, S1</p>
	<p><u>Education A</u> – By December 31, 2017, migrate the self-study program to an online format and achieve a 5% increase in program revenues over the December 31, 2016 actuals. G1, S1, S2, S3</p>
	<p><u>Education B</u> – Enhance the online learning center, so that by December 31, 2017, 5% of all AGD members have registered for a course during the calendar year. G1, S2.</p>
	<p><u>Education C</u> – By December 31, 2017, increase the number of nationally-approved PACE providers by 5% over the December 31, 2016 actuals. G1, S4</p>
	<p><u>Membership</u> – By December 31, 2017, increase “active” members by 5% over the December 31, 2016 number; increase “full-dues paying members by 5% over December 31, 2016 number; and increase student members by 5% over the</p>

	December 31, 2016 number, by implementing the 2017 Membership Recruitment Annual Operations Plan. G3, S1, S2, S3, S4, S5
	<u>AGD Student Chapters</u> – By December 31, 2017, have AGD Student Chapters registered at 75% of US dental schools by offering at least three student chapter webinars, two regional student events, and six new online resources. G3, S1, S2, S4, S5
	<u>Non-Dues Revenue</u> - By December 31, 2017, increase non-dues revenue through sponsorship, advertising, exhibit sales, and affinity program 5% over the December 31, 2016 actuals. G5, S1

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**Board Meeting
January 23, 2017
Minutes**

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I. Call to Order

Dr. Smith called the meeting to order on January 23, 2017 at 7:06 p.m. Central Standard Time (CST).

II. Executive Committee

- Dr. Maria A. Smith, President
- Dr. Manuel A. Cordero, President-Elect
- Dr. Neil J. Gajjar, Vice President
- Dr. Connie L. White, Secretary
- Dr. Mohamednazir F. Harunani, Treasurer
- Dr. Roger D. Winland, Editor
- Dr. W. Mark Donald, Immediate Past President

III. Trustees

- Dr. Sue Bordenave Bishop, Region 08
- Dr. David J. Dear, Region 06
- Dr. Scott M. Dubowsky, Region 04
- Dr. Abe Dyzenhaus, Region 02
- Dr. Robert D. Gehrig, Region 20
- Dr. Thomas F. Gorman, Region 01
- Dr. Hans P. Guter, Region 07
- Dr. Guy M. Hanson, Region 11
- Dr. Michael W. Lew, Region 13
- Dr. Mark I. Malterud, Region 10
- Dr. Samer G. Shamoon, Region 09
- Dr. Eric N. Shelly, Region 03
- Dr. George R. Shepley, Region 05
- Dr. K. David Stillwell, Region 12
- Dr. Sanjay Uppal, Region 15/16
- Dr. Carol A. Wooden, Region 19

IV. Absent Members

- Dr. J. C. Cheney, Region 14
- Dr. Bryan C. Edgar, Speaker of the House
- Dr. David D. Tillman, Region 18
- Dr. Donald A. Worm, Jr., Region 17

V. Staff

Daniel Buksa, JD, CAE, Interim Executive Director, Associate Executive Director, Public Affairs

1 Thomas Killam, CAE, Interim Executive Director, Associate Executive Director,
2 Member Services
3 Jennifer Goler, Associate Director, Governance
4 Morgan Bishop, Governance Administrator
5 Dale Gibbons, Director, Education
6

7 **VI. Welcome**

8 Dr. Smith welcomed everyone to the meeting.
9

10 **VII. Agenda Approval**

11
12 **Dr. Gorman moved, Dr. White seconded:**

13 **“Resolved, that the agenda be approved.”**

14
15 **PASSED**

16
17 *Y – Bishop, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani,*
18 *Lew, Malterud, Shamoan, Shelly, Shepley, Stillwell, Uppal, White, Winland, Wooden*

19
20 *A – Cheney, Edgar, Tillman, Worm*

21
22 *N/A – Smith*
23

24 **VIII. AIR – Approval of General Experience Specialists (GES) Contract 2017-2018**

25
26 **Dr. Hanson moved, Dr. Lew seconded:**

27 **“Resolved, that AIR - Approval of General Experience Specialists (GES) Contract 2017-**
28 **2018 be approved.”**

29
30 **“Resolved, that Global Experience Specialists (GES) be approved as the General**
31 **Contractor for AGD2017 and AGD2018.”**

32
33 **PASSED**

34
35 *Y – Bishop, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani,*
36 *Lew, Malterud, Shamoan, Shelly, Shepley, Stillwell, Uppal, White, Winland, Wooden*

37
38 *A – Cheney, Edgar, Tillman, Worm*

39
40 *N/A – Smith*
41

42 **IX. Adjournment**

43
44 **Dr. Hanson moved, Dr. Stillwell seconded:**

45 **“Resolved, that the meeting be adjourned at 7:17 p.m. CST.”**

46
47 **PASSED**

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9

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

A – Cheney, Edgar, Tillman, Worm

N/A – Smith



Board Meeting
February 16, 2017
Minutes

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5
6 **I. Call to Order**

7 Dr. Smith called the meeting to order on February 16, 2017 at 8:03 p.m. Central Standard
8 Time (CST).
9

10 **II. Executive Committee**

11 Dr. Maria A. Smith, President
12 Dr. Manuel A. Cordero, President-Elect
13 Dr. Neil J. Gajjar, Vice President
14 Dr. Connie L. White, Secretary
15 Dr. Bryan C. Edgar, Speaker of the House
16 Dr. Mohamednazir F. Harunani, Treasurer (for a portion of the meeting)
17 Dr. Roger D. Winland, Editor
18 Dr. W. Mark Donald, Immediate Past President
19

20 **III. Trustees**

21 Dr. Sue Bordenave Bishop, Region 08
22 Dr. J. C. Cheney, Region 14
23 Dr. David J. Dear, Region 06
24 Dr. Scott M. Dubowsky, Region 04
25 Dr. Abe Dyzenhaus, Region 02
26 Dr. Robert D. Gehrig, Region 20
27 Dr. Thomas F. Gorman, Region 01
28 Dr. Hans P. Guter, Region 07
29 Dr. Guy M. Hanson, Region 11
30 Dr. Michael W. Lew, Region 13
31 Dr. Mark I. Malterud, Region 10
32 Dr. Samer G. Shamoon, Region 09
33 Dr. George R. Shepley, Region 05
34 Dr. K. David Stillwell, Region 12
35 Dr. David D. Tillman, Region 18
36 Dr. Carol A. Wooden, Region 19
37 Dr. Donald A. Worm, Jr., Region 17 (for a portion of the meeting)
38

39 **IV. Absent Members**

40 Dr. Eric N. Shelly, Region 03
41 Dr. Sanjay Uppal, Region 15/16
42

43 **V. Staff**

44 Daniel Buksa, JD, CAE, Interim Executive Director, Associate Executive Director,
45 Public Affairs

1 Thomas Killam, CAE, Interim Executive Director, Associate Executive Director,
2 Member Services
3 Christa Ojeda, CPA, Chief Financial Officer
4 Jennifer Goler, Associate Director, Governance
5 Morgan Bishop, Governance Administrator
6

7 **VI. Welcome**

8 Dr. Smith welcomed everyone to the meeting.
9

10 **VII. Agenda Approval**

11
12 **Dr. Dyzenhaus moved, Dr. Stillwell seconded:**

13 **“Resolved, that the agenda be approved as amended.”**
14

15 **PASSED**

16
17 *Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter,*
18 *Hanson, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman, White, Winland, Wooden*

19
20 *A –Harunani, Shelly, Uppal, Worm*

21
22 *N/A – Smith*
23

24 **VIII. Approve Board Call 1-18-17 Minutes**

25
26 **Dr. Shamoon moved, Dr. Hanson seconded:**

27 **“Resolved, that Board Call 1-18-17 Minutes be approved.”**
28

29 **PASSED**

30
31 *Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson,*
32 *Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman, White, Winland, Wooden*

33
34 *a - Dyzenhaus*

35
36 *A –Shelly, Uppal, Worm*

37
38 *N/A – Smith*
39

40 **IX. Approve Board Call 1-23-17 Minutes**

41
42 **Dr. Gehrig moved, Dr. Winland seconded:**

43 **“Resolved, that Board Call 1-23-17 Minutes be approved as amended.”**
44

45 **PASSED**

46
47 *Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter,*
48 *Hanson, Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman, White, Winland, Wooden*

1
2 A –Shelly, Uppal, Worm

3
4 N/A – Smith

5
6 **X. AIR – Investment Committee Appointments**

7
8 **Dr. Lew moved, Dr. Wooden seconded:**

9 **“Resolved, that AIR – Investment Committee Appointments be approved.”**

10
11 **“Resolved, that the appointments to the Investment Committee be approved.”**

12
13 **Investment Committee**

14 **Dr. John Portwood Jr., Region 12, (6/30/2014-11/5/2017), 4th term, Chair**

15 **Dr. Richard Knowlton, Region 03, (~~6/21/2015-11/4/2018~~) (2/9/2017-11/TBD/2019), 1st term,**
16 **~~Non-Voting Member~~**

17 **~~Capt. Kevin Mears, Region 17, (7/18/2016-11/TBD/2019), 4th term~~**

18 **Dr. , Region , (2/9/2017-11/4/2018), 1st term, Non-Voting Member**

19 **Dr. Bryan Edgar, Region 11, (7/18/2016-11/TBD/2019), 4th term**

20 **Dr. Mohamednazir Harunani, Region 08, (7/18/2016-11/5/2017), 3rd term, Consultant**

21
22 **PASSED**

23
24 *Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter,*
25 *Hanson, Harunani, Lew, Malterud, Shamoan, Shepley, Stillwell, Tillman, White, Winland, Wooden*

26
27 *A – Shelly, Uppal, Worm*

28
29 *N/A – Smith*

30
31 **XI. Executive Session – Advocacy Fund Utilization and HelmsBriscoe ResourceOne**
32 **Contract**

33
34 **Dr. Hanson moved, Dr. Shamoan seconded:**

35 **“Resolved, that the Board, along with the following staff: Daniel Buksa, Thomas Killam,**
36 **Christa Ojeda, Jennifer Goler, and Morgan Bishop, go into executive session at 8:16 p.m.**
37 **CST.”**

38
39 **PASSED**

40
41 *Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter,*
42 *Hanson, Harunani, Lew, Malterud, Shamoan, Shepley, Stillwell, Tillman, White, Winland, Wooden*

43
44 *A –Shelly, Uppal, Worm*

45
46 *N/A – Smith*

47
48 **Dr. Cheney moved, Dr. White seconded:**

1 **“Resolved, that the Board, along with the following staff: Daniel Buksa, Thomas Killam,**
2 **Christa Ojeda, Jennifer Goler, and Morgan Bishop, come out of executive session at 9:01**
3 **p.m. CST.”**

4
5 **PASSED**

6
7 *Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter,*
8 *Hanson, Harunani, Lew, Malterud, Shamoan, Shepley, Stillwell, Tillman, White, Winland, Wooden, Worm*

9
10 *A –Shelly, Uppal*

11
12 *N/A – Smith*

13
14 **During executive session, the following actions were taken:**

15
16 **“Resolved, that AIR – Advocacy Fund Distribution for State Lobbyist Regarding SB40 be**
17 **approved.”**

18
19 **“Resolved, that \$25,000 be allocated from the Advocacy Fund to retain the professional**
20 **services of a lobbyist in Connecticut to lobby against SB 40.”**

21
22 **“Resolved, that Association Management Center (AMC) be utilized for meeting planning**
23 **services for the duration of 2017, not including meetings that remain contractually**
24 **obligated by HelmsBriscoe ResourceOne, and staff will do due diligence for 2018 and**
25 **beyond.”**

26
27 **XII. Executive Session – Compensation Committee Report and Executive Director**
28 **Search Committee Update**

29
30 **Dr. Bishop moved, Dr. Hanson seconded:**

31 **“Resolved, that the Board go into executive session at 9:02 p.m. CST.”**

32
33 **PASSED**

34
35 *Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter,*
36 *Hanson, Harunani, Lew, Malterud, Shamoan, Shepley, Stillwell, Tillman, White, Winland, Wooden, Worm*

37
38 *A –Shelly, Uppal*

39
40 *N/A – Smith*

41
42 **Dr. Guter moved, Dr. Tillman seconded:**

43 **“Resolved, that the Board come out of executive session at 10:13 p.m. CST.”**

44
45 **PASSED**

1 *Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter,*
2 *Hanson, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman, White, Winland, Wooden, Worm*

3
4 *A – Harunani, Shelly, Uppal*

5
6 *N/A – Smith*

7
8 **During executive session, the following actions were taken:**
9

10 **“Resolved, that the Board support the recommendation of the Compensation Committee.”**

11
12 **“Resolved, that further activity with the Search Firm be suspended until the 2016-2017**
13 **Board Meeting III.**

14
15 **"Resolved, that the Executive Director Search Committee contact the two individuals**
16 **discussed to determine whether these individuals would be open to a change in the**
17 **traditional duties expected of an executive director prior to the Board Meeting III.**

18
19 **And be it further,**

20
21 **Resolved, that the Executive Director Search Committee submit a report back to the Board**
22 **at the 2016-2017 Board Meeting III.”**

23
24 **XIII. Adjournment**

25
26 **Dr. Lew moved, Dr. Bishop seconded:**

27 **“Resolved, that the meeting be adjourned at 10:15 p.m. CST.”**

28
29 **PASSED**

30
31 *Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter,*
32 *Hanson, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman, White, Winland, Wooden, Worm*

33
34 *A – Harunani, Shelly, Uppal*

35
36 *N/A – Smith*



Board Meeting
March 18-19, 2017
Minutes

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45

I. Call to Order

Dr. Smith called the meeting to order on March 18, 2017 at 8:05 a.m. Pacific Daylight Time (PDT).

II. Executive Committee

- Dr. Maria A. Smith, President
- Dr. Manuel A. Cordero, President-Elect
- Dr. Neil J. Gajjar, Vice President
- Dr. Connie L. White, Secretary
- Dr. Bryan C. Edgar, Speaker of the House
- Dr. Mohamednazir F. Harunani, Treasurer
- Dr. Roger D. Winland, Editor
- Dr. W. Mark Donald, Immediate Past President

III. Trustees

- Dr. Sue Bordenave Bishop, Region 08
- Dr. J. C. Cheney, Region 14
- Dr. David J. Dear, Region 06
- Dr. Scott M. Dubowsky, Region 04
- Dr. Abe Dyzenhaus, Region 02
- Dr. Robert D. Gehrig, Region 20
- Dr. Thomas F. Gorman, Region 01
- Dr. Hans P. Guter, Region 07
- Dr. Guy M. Hanson, Region 11
- Dr. Michael W. Lew, Region 13
- Dr. Mark I. Malterud, Region 10
- Dr. Samer G. Shamoon, Region 09
- Dr. George R. Shepley, Region 05
- Dr. K. David Stillwell, Region 12
- Dr. David D. Tillman, Region 18
- Dr. Sanjay Uppal, Region 15/16
- Dr. Carol A. Wooden, Region 19
- Dr. Donald A. Worm, Jr., Region 17

IV. Absent Members

- Dr. Eric N. Shelly, Region 03

V. Guests

- Dr. John Portwood, DDS, MAGD, Investment Committee Chair
- Dr. Ravi Sinha, DDS, Regional Director, Region 11

1 Mr. Shawn Dunning, Director Adventure Associates

2
3 **VI. Staff**

4 Daniel Buksa, JD, CAE, Interim Executive Director, Associate Executive Director,
5 Public Affairs

6 Thomas Killam, CAE, Interim Executive Director, Associate Executive Director,
7 Member Services

8 Christa Ojeda, CPA, Chief Financial Officer

9 Jennifer Goler, Associate Director, Governance

10 Morgan Bishop, Governance Administrator

11
12 **VII. Welcome**

13 Dr. Smith welcomed everyone to the meeting.

14
15 **VIII. Agenda Approval**

16
17 **Dr. Cheney moved, Dr. Bishop seconded:**

18 **“Resolved, that the agenda be approved.”**

19
20 **PASSED**

21
22 *Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter,*
23 *Hanson, Harunani, Lew, Malterud, Shamoan, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm*

24
25 *A – Shelly*

26
27 *N/A – Smith*

28
29 **IX. Executive Session – Board Call 2-16-17 Minutes Amendments**

30
31 **Dr. Wooden moved, Dr. Dyzenhaus seconded:**

32 **“Resolved, that the Board go into executive session at 8:05 a.m. PDT.”**

33
34 **PASSED**

35
36 *Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter,*
37 *Hanson, Harunani, Lew, Malterud, Shamoan, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm*

38
39 *A – Shelly*

40
41 *N/A – Smith*

42
43 **Dr. Worm moved, Dr. Shamoan seconded:**

44 **“Resolved, that the Board come out of executive session at 8:50 a.m. PDT.”**

45
46 **PASSED**

1 *Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter,*
2 *Hanson, Harunani, Lew, Malterud, Shamoan, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm*

3
4 *A –Shelly*

5
6 *N/A – Smith*

7
8 **During executive session, the following actions were taken:**
9

10 **“Resolved, that the Board Call 2-16-17 Minutes be approved as amended.”**

11
12 **X. Policies Regarding Minutes**

13
14 **Dr. Gehrig moved, Dr. Wooden seconded:**

15 **“Resolved, that the Secretary, Speaker of the House, appropriate staff in consultation with**
16 **legal counsel review how minutes are promulgated and present an AIR to update policy to**
17 **the 2016-2017 Board Meeting IV.**

18
19 **And be it further,**

20
21 **Resolved, that all Board and House policies regarding minutes be investigated with a**
22 **report to 2016-2017 Board Meeting IV.”**

23
24 **PASSED**

25
26 *Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter,*
27 *Hanson, Harunani, Lew, Malterud, Shamoan, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm*

28
29 *A –Shelly*

30
31 *N/A – Smith*

32
33 **XI. AIRBIII17#01 – Rescind HOD Policy Manual, Publishing/Production Design**
34 **Guidelines, Advertising Policies of the Academy of General Dentistry**

35
36 **Dr. Dubowsky moved, Dr. Tillman seconded:**

37 **“Resolved, that AIRBIII17#01 – Rescind HOD Policy Manual, Publishing/Production**
38 **Design Guidelines, Advertising Policies of the Academy of General Dentistry be postponed**
39 **definitely with recommendations reported to the 2016-2017 Board meeting IV.”**

40
41 **“Resolved that AGD HOD Policy Manual, Publishing/Production Design Guidelines,**
42 **Advertising Policies of the Academy of General Dentistry be rescinded.”**

43
44 **Publishing/Production Design Guidelines**

45
46 **Advertising Policies of the Academy of General Dentistry**
47

1 ~~Advertising accepted for the publications of the Academy of General Dentistry or its Web~~
2 ~~site or sent to members through membership list rental should serve to inform dentists and~~
3 ~~others of products, services and courses that are available. In keeping with responsible~~
4 ~~journalistic philosophy, all advertisements must be accurate. No advertising shall~~
5 ~~encourage dentists or other readers to engage in practices that would conflict with~~
6 ~~standards of conduct generally adhered to by members of the dental profession. All~~
7 ~~advertisements are subject to acceptance or rejection by the Academy, based on the content~~
8 ~~of the advertisement and the nature of the product, services or courses offered.~~

9
10 ~~Inclusion of advertising in AGD publications does not constitute approval or endorsement~~
11 ~~by the Academy of General Dentistry of products, services, or claims made in~~
12 ~~advertisements. Each issue of *General Dentistry* and *AGD Impact* will carry the following~~
13 ~~statement: "The publication of an advertisement in (*General Dentistry* or *AGD Impact*)~~
14 ~~does not indicate endorsement for products or services. AGD credit approval for~~
15 ~~continuing education courses or course program providers will be clearly stated."~~

16
17 ~~A. — General Eligibility~~

18
19 ~~1. All advertisements must involve goods or services related to the dental profession, or to~~
20 ~~the mission, activities and/or functions of the Academy of General Dentistry.~~

21
22 ~~2. The Academy will make advertising space available in its publications free of charge, as~~
23 ~~appropriate, in exchange for equal value under the following circumstances:~~

24
25 ~~a. Advertising exchange program with a recognized dental or dentistry-related association.~~

26
27 ~~b. Membership benefits program in which companies providing benefits to members under~~
28 ~~contract or agreement with the Academy are provided one full page of advertising space at~~
29 ~~no charge during the introduction of the new program or service.~~

30
31 ~~Note: The Academy reserves the right to assign advertising space, as available, for the~~
32 ~~promotion of Academy and AGD Foundation products, services and events.~~

33
34 ~~3. All advertisements must be accurate. Exaggerated or unsupported claims are not~~
35 ~~acceptable. The burden of proof to substantiate any statement within an advertisement~~
36 ~~rests with the company or individual proposing the advertisement.~~

37
38 ~~4. All products and/or services must be available at the time the advertisement is published~~
39 ~~or mailed.~~

40
41 ~~5. No advertising material will be acceptable if it is deemed to be in conflict with the laws or~~
42 ~~regulations of any federal, state, or local government or agency.~~

43
44 ~~6. Advertisements that include language or devices that reflect pride and/or confidence in a~~
45 ~~product or service are acceptable. However, such promotional materials shall not include~~

1 ~~exaggerations or superlative terms or phrases that either deceive or mislead or tend to~~
2 ~~deceive or mislead or may be interpreted in any way to be in poor taste.~~

3
4 ~~7. Advertisements that in any manner may be construed as being disparaging of useful~~
5 ~~competitive products or services are not acceptable.~~

6
7 ~~8. No advertisement or other promotion may use the name or logo of the Academy of~~
8 ~~General Dentistry, either in publications of the Academy or elsewhere, without prior and~~
9 ~~specific approval from the Academy. Such approval shall not be unreasonably withheld.~~

10
11 ~~9. A company or individual may be denied AGD publication advertising space and/or~~
12 ~~mailing labels for a period of six months to a year or longer on the basis of documented~~
13 ~~non-compliance with AGD advertising policy.~~

14
15 ~~10. Classified advertising in AGD Impact may include practice sales, practice opportunities~~
16 ~~for dentists and auxiliaries, the sale of used and new dental equipment, and other dental~~
17 ~~products.~~

18
19 ~~11. The Academy does not offer complimentary advertising of dental publications or~~
20 ~~literature through distribution at Academy meetings, but may provide such a service at~~
21 ~~reasonable cost to companies that have purchased exhibit space at the meeting.~~

22
23 **B. — Drugs, Materials and Devices**

24
25 ~~1. Acceptability of advertising of any drug, material or device may be based upon~~
26 ~~determinations or evaluations made by the American Dental Association Council on Dental~~
27 ~~Materials and Devices or the ADA Council on Dental Therapeutics, or upon research and~~
28 ~~practice currently taught in dental schools and other recognized institutions, whether~~
29 ~~published or unpublished.~~

30
31 ~~2. Performances of all drugs, materials, and devices being advertised remain the sole~~
32 ~~responsibility of the manufacturer, company, or person placing or mailing the~~
33 ~~advertisement.~~

34
35 ~~3. Advertisements may cite, through proper footnotes, appropriate references to dental or~~
36 ~~other scientific literature, provided the reference properly supports a claim.~~

37
38 **C. — Continuing Dental Education Materials and Courses**

39
40 ~~1. Advertising copy for continuing education courses must be submitted to the AGD~~
41 ~~national office for editorial review before it will be accepted for publication or for mailing~~
42 ~~to AGD members through the sale of labels.~~

43
44 ~~2. The accuracy of any statements related to continuing dental education credit availability~~
45 ~~will be determined by the AGD Department of Continuing Education.~~

1 ~~3. Advertising space in AGD publications and AGD membership mailing labels are~~
2 ~~available to the providers of continuing education courses only if the course being~~
3 ~~promoted is approved to offer FAGD/MAGD credit.~~

4
5 ~~D. Editor's Responsibility~~

6
7 ~~1. It is the responsibility of the editor of the Academy to determine acceptability of~~
8 ~~advertising materials and content under policies stated herein.~~

9
10 ~~2. The editor of the Academy is authorized to determine eligibility for advertising space or~~
11 ~~mailing labels and the period during which eligibility will be denied.~~

12
13 ~~E. Acceptance of Advertising Copy, Materials~~

14
15 ~~1. The advertisement should clearly identify the advertiser and the product or service being~~
16 ~~offered.~~

17
18 ~~2. Layout, artwork, and format submitted for publication must avoid confusion with the~~
19 ~~editorial content of the publication. The word "advertisement" may be required by the~~
20 ~~Editor.~~

21
22 ~~3. It is the responsibility of the manufacturer to comply with the laws and regulations~~
23 ~~applicable to marketing and sale of products.~~

24
25 ~~4. Advertisements will not be accepted if they appear to violate the Principles of Ethics of~~
26 ~~the American Dental Association, are indecent or offensive in either text or artwork, or~~
27 ~~contain attacks of a personal, racial, or religious character.~~

28
29 ~~5. Advertising materials submitted for publication must in all ways conform to the~~
30 ~~specifications set forth in the advertising rate card in effect at the date of submission.~~
31 ~~Production work necessitated in order to produce new materials that conform to the~~
32 ~~specifications reflected on the advertising rate card shall be billed to the advertiser.~~

33
34 ~~F. Rates~~

35
36 ~~1. Rates for advertising in the official publications of the Academy, including display and~~
37 ~~course listing entries, and for rental of the AGD membership list shall be established by the~~
38 ~~Executive Director in cooperation with the Director of Communications and the AGD~~
39 ~~advertising representative, and adjusted as appropriate.~~

40
41 ~~2. Rates for rental of the Annual Meeting registration list to exhibitors at the Academy's~~
42 ~~Annual Meeting shall be established by the Executive Director and Director of~~
43 ~~Communications in cooperation with the Director of Meeting Planning.~~

44
45 ~~*Note: Rates for the rental of the AGD membership list to AGD constituents shall be*~~
46 ~~*established by the Executive Director in cooperation with the Director of Membership.*~~

1
2 **~~3. Rates for classified advertising in *AGD Impact* shall be established by the Executive~~**
3 **~~Director in cooperation with the Director of Communications.~~**

4
5 **~~4. Rates for banner link advertising on the AGD Web Site shall be established by the~~**
6 **~~Executive Director in cooperation with the Director of Communications, AGD Advertising~~**
7 **~~Representative, Editor, and Publications Review Council, and adjusted as appropriate.~~**

8
9 **G. — Reader/Member's Rights**

10
11 **~~As a legal requirement, AGD shall notify its members, at least twice each year, of their~~**
12 **~~opportunity to delete their names from list rental.~~**

13
14 **H. — Advertisers' Right of Appeal**

15
16 **~~A company or individual that has been denied AGD advertising space or list rental may~~**
17 **~~appeal the decision to the Executive Committee of the Academy.~~**

18
19 **J. — Publishers' Disclaimer**

20
21 **~~Advertisers and their agencies assume any liability for the content of their advertisements~~**
22 **~~in Academy publications, including any claims arising therefrom. The Academy reserves~~**
23 **~~the right to reject any advertisement considered unsuitable according to AGD policy.~~**

24
25 **~~The Academy accepts camera-ready artwork for all advertisements, but will offer to make~~**
26 **~~minor changes and adjustments to existing artwork for a nominal charge as a courtesy to~~**
27 **~~its advertisers. All liability for the accuracy of these changes rests entirely with the~~**
28 **~~advertiser, with the Academy's liability limited to the cost of the advertisement.~~**

29
30 **K. — Criteria for Establishing Commercial Hyperlinks from the AGD Home Page**

31
32 **~~1. Careful consideration should be given as to whether the link conflicts with the AGD~~**
33 **~~mission, vision, or policies, or with the standards of conduct generally adhered to by~~**
34 **~~members of the dental profession.~~**

35
36 **~~2. The hyperlink should offer content enhancement.~~**

37
38 **~~3. The Academy's approval for a hyperlink request should include a request from the~~**
39 **~~Academy for a reciprocal link to the AGD site.~~**

40
41 **~~4. The Academy's approval for a hyperlink to a site that is not primarily dentistry-related~~**
42 **~~should include a requirement that the link be a direct connection to the specific dentistry-~~**
43 **~~related page on the site."~~**

44
45 **And be it further,**

1 “Resolved that AGD HOD policy 2014:116C-H-6, Section F be rescinded to:

2
3 ~~2014:116C-H-6 “Resolved, that 98:17-H-7 be amended following approval of the separation~~
4 ~~of governance and the scientific session.”~~

5
6 ~~“Resolved, that the process for scientific session registration list rental to exhibitors at the~~
7 ~~AGD’s scientific session each year be standardized to follow existing AGD list rental~~
8 ~~approval and rate-setting procedures by amending Section F of the document *Advertising*~~
9 ~~*policies of the Academy of General Dentistry* so that it reads:~~

10
11 **F. Rates**

12
13 ~~1. Rates for advertising in the official publications of the AGD, including display and~~
14 ~~course listing entries, and for the rental of AGD membership labels shall be established by~~
15 ~~the executive director in cooperation with the director of communications and the AGD~~
16 ~~advertising representative, and adjusted as appropriate.~~

17
18 ~~2. Rates for rental of the scientific session registration list to exhibitors at the AGD’s~~
19 ~~scientific session shall be established by the executive director and director of~~
20 ~~communications in cooperation with the director of meeting planning.~~

21
22 ~~Note: Rates for the rental of membership labels to AGD constituents shall be established~~
23 ~~by the executive director in cooperation with the director of membership.”~~

24
25 ~~3. Rates for classified advertising in *AGD Impact* shall be established by the executive~~
26 ~~director in cooperation with the director of communications²~~

27
28 **PASSED**

29
30 *Y – Bishop, Cheney, Cordero, Dear, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson,*
31 *Harunani, Lew, Malterud, Shamoan, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm*

32
33 *a - Donald*

34
35 *A –Shelly*

36
37 *N/A – Smith*

38
39 **XII. AIRBIII2017#02 - Amend Board Policy Manual Board Guidelines**

40
41 **Dr. Worm moved, Dr. Dubowsky seconded:**

42 “Resolved, that AIRBIII2017#02 - Amend Board Policy Manual Board Guidelines be
43 approved as amended.”

44
45 “Resolved, that the Board Policy Manual be amended at Policy Type: II. Governance
46 Process to read,

B. Board Guidelines

The Board has developed the following set of group guidelines. As a group of dedicated individuals committed to serving the AGD to the best of our ability, we each agree to implement the following guidelines:

- Each ~~trustee~~ Board member will check electronic communications within 72 hours. ~~the Board Web forum at least once a week.~~
- All Board information considered privileged and confidential information sent to a Board member is meant for his or her eyes only. The recipient should not forward ~~e-mail~~ Board information without the consent of the originator.
- If there is an issue with a fellow Board member ~~or with staff~~, then the concern should be ~~voiced first~~ be shared with that addressed member to member. If the matter cannot be resolved, or if the member is not comfortable with addressing the matter with the other member, then the concern should be shared with ~~to the president (if appropriate) and then the who will address the issue, or if necessary, have the discretion to take the matter to the Executive Committee (EC) for resolution. and/or Executive Director (ED), if necessary.~~ directly. Such issues should not be initially raised before the entire group.
- If there is an issue between a Board member and an AGD staff member, the concern should be first shared with the president who will consult and interact with the ED in order to resolve the matter.
- When the Board makes a decision, then it is the obligation of each Board member to support that decision regardless of personal opinion. unity must be shown to all groups and individuals regardless of personal opinion on the matter.
- ~~Trustees~~Board members should follow parliamentary procedure as accurately as possible during meetings as established by the Speaker of the House whether in person or through electronic communication.
- If a ~~trustee~~ Board member is going to be unavailable for more than two (2) business days, he or she must inform~~contact~~ the ED and ~~or the President to inform them~~ of the absence.
- The Board members ~~appreciate the need for electronic communication and as such,~~ will make every effort to remain current with technology and training. The AGD will offer updates to the Board members through the Information Technology (IT) department to advise them of changes occurring in electronic communication and to assist where possible in the Board members ongoing training and with equipment and software upgrades.
- Any Board member who has breached the confidentiality of the Board is subject to discipline, which may include censure and notifications of the appropriate governing body~~that person's AGD region by letter of this action.~~
- Attendance at all scheduled meetings is expected. The president and ED should be notified in advance of any anticipated absence.

And be it further,

Resolved, that subsequent policies be updated appropriate to accommodate addition of the new heading.”

PASSED

1
2 *Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter,*
3 *Hanson, Harunani, Lew, Malterud, Shamoan, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm*

4
5 *A – Shelly*

6
7 *N/A – Smith*
8

9 **XIII. AIRBIII2017#03 - Amend Board Policy Manual Board Operations**

10
11 **Dr. Dubowsky moved, Dr. Malterud seconded:**

12 **“Resolved, that AIRBIII2017#03 – Amend Board Policy Manual Board Operations be**
13 **approved.”**

14
15 **“Resolved, that the Board Policy Manual be amended at Policy Type: II. Governance**
16 **Process to read,**

17
18 **C. Board Operations**

- 19
20 • At each Board meeting, at least one (1) evening will be dedicated to a social event.
21 • All materials must be made available two weeks (2) prior to a meeting, except in the case of
22 an emergency meeting.
23 • The subject line of an e-mail should begin with “AGD” in order to indicate the message
24 references AGD business. Privileged and confidential subject matter should be labeled as
25 “Privileged and Confidential”. The terms “NRN” (no response necessary), “Response
26 Requested,” and “Information Only” also should be used to indicate the level of response that
27 is expected. In order to reduce unnecessary e-mails to the entire Board, attention should be
28 made to respond only to the sender and not “respond to all” when appropriate, as in instances
29 when the sender is asking for direct feedback only.
30 • The Board minutes will be ~~provided~~ posted online for review within three (3) weeks of the
31 meeting. ~~and will be posted online for review.~~ Staff should have the minutes ready for
32 review by the Executive Director, President, Secretary and Speaker of the House two (2)
33 weeks after the meeting. The Executive Director, President, Secretary and Speaker of the
34 House should complete the review within four (4) days. ~~In any event, staff will post the~~
35 ~~minutes no later than three (3) weeks after the meeting.~~ Staff will have three (3) days to
36 finalize the minutes so the minutes can be posted online for review within three (3) weeks of
37 the meeting. There will be a one (1) week comment period, during which Board members
38 may comment or recommend editions. At the end of the week, no further comments or edits
39 will be permitted and ~~then~~ a survey will be posted to the Board for a vote. If the survey is not
40 completed with 100% participation one (1) week after posting, the minutes will be included
41 in the next Board agenda. ~~If~~ One approved, the minutes will be posted to the Board,
42 Regional Directors, House of Delegates, and Council Chairs via the AGD web platform
43 within three (3) business days. If not approved, the minutes will be repopulated with the
44 Board for discussion and correction. After one (1) week of discussion and editing, the Board
45 will again vote upon the minutes. This process will repeat until the minutes are accepted.

- At the conclusion of the Board meeting the balance of the Board contingency fund will be reported in the minutes.
- The Board represents the AGD, and each ~~trustee~~ Board member individually in turn represents the AGD both to external parties and to internal components.
- Any information requested by a Board member from staff that will require more than two hours of staff time must be requested through the Executive Director or Associate Executive Director.
- New business not already on the meeting agenda will be addressed by the Board under a 2/3 majority vote of the Board.
- Travel dates and meeting location ~~A travel notice with basic arrival and departure information will be sent~~ will be posted ~~six (6)~~ 60 months prior to the Board meetings. A more detailed notice will be sent ~~60~~ 45 days prior to the meeting.

Monitoring: Board Assessment and Board Member Self-Assessment completed following Board Meeting IV

And be it further,

Resolved, that subsequent policies be updated appropriate to accommodate addition of the new heading.”

PASSED

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

A – Shelly

N/A – Smith

XIV. AIRBIII17#04 - Amend Board Policy Manual Executive Committee Guidelines

Dr. Cheney moved, Dr. Shamoan seconded:

“Resolved, that AIRBIII17#04 - Amend Board Policy Manual Executive Committee Guidelines be approved.”

“Resolved, that the Board Policy Manual be amended at Policy Type: II. Governance Process to read,

E. Executive Committee Guidelines Operations

- ~~Each EC member will check the EC and the Board Web forums at least twice a week.~~
- ~~If there is an issue with a fellow EC member or with staff, then the concern should be voiced to the President and ED respectively. Such issues should not be raised before the entire group.~~

- The EC will establish and annually review a set of EC position skills in order to inform future leaders of the qualities necessary to excel in those positions.
- Each member of the EC will read and, ~~if necessary,~~ respond to the monthly reports in a timely fashion. All submitted reports should be acknowledged as having been read.
- The EC minutes will be ~~provided~~ posted online for review within three (3) weeks of the meeting. and will be posted online for review. Staff should have the minutes ready for review by the Executive Director, President, Secretary and Speaker of the House two (2) weeks after the meeting. The Executive Director, President, Secretary and Speaker of the House should complete the review within four (4) days. ~~In any event, staff will post the minutes no later than three (3) weeks after the meeting.~~ Staff will have three (3) days to finalize the minutes so the minutes can be posted online for review within three (3) weeks of the meeting. There will be a one (1) week comment period, during which EC members may comment or recommend editions. At the end of the week, no further comments or edits will be permitted and then a survey will be posted to the EC for a vote. If the survey is not completed with 100% participation one (1) week after posting, the minutes will be included in the next EC agenda. If ~~Once~~ approved, the minutes will be posted to the EC and Board via the AGD web platforms ~~EC~~ within three (3) business days. If not approved, the minutes will be repopulated with the EC for discussion and correction. After one (1) week of discussion and editing, the EC will again vote on the minutes.. This process will repeat until the minutes are accepted.
- ~~When requested, a response will be provided to staff e-mails/phone calls within two (2) business days or the requested deadline.~~
- ~~Any information requested from staff that will require more than two (2) hours of staff time is to be requested through the ED or the associate Executive Directors directly responsible to the department from which the information is sought. Any questions or concerns directed to staff should be focused on an endpoint in order to narrow down the workload created by a request for information.~~
- ~~Any EC member who has breached the confidentiality of the Board is subject to discipline.~~

PASSED

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

A – Shelly

N/A – Smith

**XV. AIRBIII2017#05 - Amend Board Policy Manual Scientific Session Schedule
Approval**

Dr. Hanson moved, Dr. Guter seconded:

“Resolved, that AIRBIII2017#05 - Amend Board Policy Manual Scientific Session Schedule Approval be approved.”

“Resolved, that the Board Policy Manual be amended at Policy Type: VI. Board Guidelines to read:

1
2 **D. Scientific Session Schedule Approval**
3

4 The Scientific Meetings Council Chair, Dental Education Council Chair, and President will have
5 the authority to approve the schedule for the scientific session.”
6

7 **PASSED**

8
9 *Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter,*
10 *Hanson, Harunani, Lew, Malterud, Shamoan, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm*

11
12 *A – Shelly*

13
14 *N/A – Smith*
15

16 **XVI. AIRBIII2017#06 - Amend Board Policy Manual to Include Criteria for**
17 **International Membership Opportunities**
18

19 **Dr. Guter moved, Dr. Lew seconded:**

20 **“Resolved, that AIRBIII2017#06 - Amend Board Policy Manual to Include Criteria for**
21 **International Membership Opportunities be approved.”**
22

23 **“Resolved, that the Board Policy Manual be amended at Policy Type V. Board Policy**
24 **Statements to read,**

25
26 **X. International Membership Opportunities**
27

28 Guidelines for AGD International Membership Opportunities (IMO)

29
30 Definitions
31

32 **International Membership Opportunities: A relationship between the AGD and another entity**
33 **(including but not limited to official or unofficial groups or persons who desire to establish**
34 **membership in the AGD are currently classified as international) for the purpose of facilitating,**
35 **encouraging or recruiting international members**
36

37 Guidelines
38

39 General considerations of International Membership Opportunities
40

- 41 • All AGD costs associated with the IMO should be considered in a business plan or the
42 equivalent before moving forward.
43 • The business plan or its equivalent will be developed by staff and will include, but not be
44 limited to, staff and marketing costs, and will consider that the initial investment may be
45 higher than ongoing costs for IMO.

- 1 • The IMO must benefit the AGD and protect the AGD name and reputation.
- 2 • The IMO should consider mutual benefits and mutual liabilities of the parties.
- 3 • The IMO should generate dues revenue, sponsorship dollars, and/or royalties for the AGD.
- 4 If the IMO is of a variety such that revenue may not be generated, such as strictly Continuing
- 5 Education agreement, other benefits to the AGD or its constituents must be identified.
- 6 • The IMO shall not be to the detriment of and should benefit current and established IMO.

7
8 Process of review

9
10 IMO will be developed by the AGD Membership Council as follows:

11
12 I. The Membership Council should be the entry place or clearinghouse for any potential

13 IMO coming to the AGD or for any International Organization that the AGD would consider

14 reaching out to for an IMO.

15 II. A subcommittee of the Membership Council will be formed to look at each potential

16 IMO initially and assess its prospective value. The subcommittee will also look at the costs

17 associated with that potential IMO.

18 III. Once the above initial deliberation has been accomplished, the subcommittee shall share

19 the opportunity with any council or committee that might need to have input. This will always

20 include any other council which may be affected or have input to the particular IMO. The

21 opportunity shall be shared concurrently with the Executive Committee (EC) for its input.

22 IV. Because time is of the essence in the consideration of these opportunities, the

23 Membership subcommittee, through the Membership Council Chair, will contact any and all

24 other chairs of any council or committee that should have input and the EC.

25 V. One week (seven (7) calendar days) will be given for each such chairperson and the EC

26 (by the President, for the body) to respond. In the event that any such chairperson is unavailable

27 or fails to respond within one week (seven (7) calendar days), the AGD President or

28 council/committee chairperson shall assign another council/committee member to respond on

29 behalf of that council/committee, and that other council/committee member shall have three (3)

30 calendar days from the date s/he receives the request or the remainder of said week (seven (7)

31 calendar days), whichever is greater, to respond to the request of the Membership Council Chair.

32 VI. Negotiations for the prospective IMO will proceed (with any additional information

33 provided by those chairs or the EC) unless there is reason found through this process to terminate

34 or alter them.

35 VII. If the Membership Council decides, through its due diligence, that an opportunity does

36 not meet the criteria to be considered for an AGD IMO and should not move forward, there will

37 be no further negotiations and the sponsorship will not be accepted.

38 VIII. Any and all final agreements will be routed through traditional review protocols

39 following negotiations when there is a cost associated with an IMO.

40 IX. The AGD Board is the final deciding body for each such IMO.

41
42 If the IMO fails to meet these guidelines, as determined by the Membership Council after its

43 exercise of due diligence, the IMO will not be considered. No IMO shall be considered unless it

44 meets the approval of the Membership Council, its subcommittee, and the AGD Executive

45 Committee.

1 **PASSED**

2
3 *Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter,*
4 *Hanson, Harunani, Lew, Malterud, Shamoan, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm*

5
6 *A – Shelly*

7
8 *N/A – Smith*

9
10 **XVII. AIRBIII2017#07 – Group Benefits Council Appointments**

11
12 **Dr. Malterud moved, Dr. Wooden seconded:**

13 **“Resolved, that AIRBIII2017#07 – Group Benefits Council Appointments be approved as**
14 **amended.”**

15
16 **“Resolved, that the appointments Group Benefits Council be approved.”**

17
18 **Group Benefits Council**

19 **Dr. Joseph Belsito, Region 15-16, (6/21/2015-11/4/2018), 2nd term, Chair**

20 **Dr. Eric Morse, Region 05, (6/21/2015-11/4/2018), 2nd term**

21 **Dr. Puneet Aulakh, Region 11, (6/21/2015-11/4/2018), 1st term**

22 **Dr. Amit Patel, Region 19, (7/18/2016-11/03TBD/2019), 1st term**

23 **Dr. Anca Bordeianu, Region 15/16, (8/16/2016-11/4/2019), 1st term**

24 **Dr. Kimberly Denton, Region 1005, (3/18/2017 – 11/5/2017, 1st term**

25
26 **PASSED**

27
28 *Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter,*
29 *Hanson, Harunani, Lew, Malterud, Shamoan, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm*

30
31 *A – Shelly*

32
33 *N/A – Smith*

34
35 **XVIII. AIRBIII2017#08 - Creation of AGD Leadership Development and Oversight**
36 **Committee**

37
38 **Dr. Donald moved, Dr. Dubowsky seconded:**

39 **“Resolved, that AIRBIII2017#08 - Creation of AGD Leadership Development and**
40 **Oversight Committee be postponed until March 19, 2017.”**

41
42 **“Resolved, that a Leadership Development and Oversight Committee be created and that**
43 **the Board Policy Manual be amended at Policy Type: II. Governance Process, K. Charges**
44 **of Council and Committees,**

45
46 **Leadership Development and Oversight Committee**
47

1 **1. The Leadership Development and Oversight Committee shall consist of six**
2 **members, one of which is the President.**

3
4 **The Leadership Development and Oversight Committee shall be responsible for oversight**
5 **of the AGD Leadership Academy, including:**

6
7 **a. Serving as thought-leaders for the content to be presented at the following programs:**

- 8 **i. AGD Leadership Symposium**
- 9 **ii. AGD Leadership Institute**
- 10 **iii. AGD Leadership Forum**

11 **b. Identifying gaps in training, developing an all-inclusive program to deliver**
12 **programming to address these gaps, and identifying relevant leadership topics for**
13 **programs;**

14 **c. Serving as advisors for the content to be presented at the following programs:**

- 15 **i. AGD Leadership Symposium**
- 16 **ii. AGD Leadership Institute**
- 17 **iii. AGD Leadership Forum**

18 **d. Determining program facilitators for the above;**

19 **e. Presenting activities, strategies, and plans in accordance with the approved budgets;**

20 **f. Presenting annual report to the AGD Board;**

21 **g. Reassessing leadership training needs annually;**

22 **h. Developing measurable metrics for the AGD Leadership Academy, including each**
23 **of the major components of the academy**

24
25 **PASSED**

26
27 *Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter,*
28 *Hanson, Harunani, Lew, Malterud, Shamoan, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm*

29
30 *A – Shelly*

31
32 *N/A – Smith*

33
34 **XIX. AIRBIII2017#09 - Creation of New Manager Position with Dental Education**
35 **Department**

36
37 **Dr. Shepley moved, Dr. Cheney seconded:**

38 **“Resolved, that AIRBIII2017#09 - Creation of New Manager Position with Dental**
39 **Education Department be approved.”**

40
41 **“Resolved, that \$90,000 be allocated from the 2017 Contingency Fund to compensate a**
42 **newly created “Manager, Dental Education” position within the Dental Education**
43 **Department.”**

44
45 **PASSED**

1 *Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter,*
2 *Hanson, Harunani, Lew, Malterud, Shamoan, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm*

3
4 *A –Shelly*

5
6 *N/A – Smith*

7
8 **XX. AIRBIII2017#10 - Credentials & Elections Committee Request to Replace**
9 **HODEFAT**

10
11 **Dr. Cheney moved, Dr. Hanson seconded:**

12 **“Resolved, that AIRBIII2017#10 - Credentials & Elections Committee Request to Replace**
13 **HODEFAT be approved.”**

14
15 **“Resolved, that \$18,570 be allocated from the 2017 Contingency Fund to provide AGD with**
16 **the information technology necessary to monitor and track a quorum for the AGD House**
17 **of Delegates. (HOD).”**

18
19 **PASSED**

20
21 *Y – Bishop, Cheney, Donald, Dubowsky, Dyzenhaus, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Malterud,*
22 *Tillman, Uppal, White, Winland, Wooden, Worm*

23
24 *N – Dear, Lew, Shamoan, Stillwell*

25
26 *a – Cordero, Edgar, Shepley*

27
28 *A –Shelly*

29
30 *N/A – Smith*

31
32 **XXI. AIRBIII2017#11 – Request to Approve New Public Relations Consultant**

33
34 **Dr. Malterud moved, Dr. Bishop seconded:**

35 **“Resolved, that AIRBIII2017#11 – Request to Approve New Public Relations Consultant**
36 **be approved.”**

37
38 **“Resolved, that the Board approve the selection of Finn Partners to provide public**
39 **relations consultation as part of the AGD rebrand launch and implementation of 2017**
40 **public relations initiatives.”**

41
42 **PASSED**

43
44 *Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter,*
45 *Hanson, Harunani, Lew, Malterud, Shamoan, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm*

46
47 *A –Shelly*

48
49 *N/A – Smith*

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XXII. AIRBIII2017#12 – Diabetes Task Force and Summit

Dr. Shamoan moved, Dr. Wooden seconded:

“Resolved, that AIRBIII2017#12 – Diabetes Task Force and Summit be approved.”

“Resolved, that the AGD identify one or two diabetes experts to represent the AGD for development of a toolkit, with candidate recommendations from the Dental Practice Council.

And be it further,

Resolved, the Board develop a task force of one or two member representatives with expertise on diabetes management, from each of the AGD (representatives identified per the first resolved clause above), the American Academy of Family Physicians (AAFP), the American Association of Diabetes Educators (AADE), and other suitable organizations, pending approval of these organizations, to develop a toolkit for members of each organization on the collaborative management of diabetes in patients.

And be it further,

Resolved, that funding be sought in sponsorship and/or grants for the collaborative diabetes projects with the AAFP, including costs for a Diabetes Summit.

And be it further,

Resolved, that up to \$10,600 be allocated from 2017 Contingency Fund (or, to the extent that sponsorship and/or grants cannot be attained to cover these expenses) for travel costs, food, and beverages to host up to ten (10) representatives for a Diabetes Summit at AGD Headquarters, at the earliest occasion that is reasonable and feasible to produce effective outcome(s), with the understanding that effective outcome(s) may include finalization of the member toolkit on the collaborative management of diabetes.”

PASSED

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

A – Shelly

N/A – Smith

XXIII. Moderate Sedation Task Force Report Discussion

Dr. Donald moved, Dr. Lew seconded:

“Resolved, that the Moderate Sedation Task Force Report be accepted.”

1 **PASSED**

2
3 *Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter,*
4 *Hanson, Harunani, Lew, Malterud, Shamoan, Shepley, Stillwell, Uppal, White, Winland, Wooden, Worm*

5
6 *a - Tillman*

7
8 *A –Shelly*

9
10 *N/A – Smith*

11
12 **XXIV. ADA/AGD Code of Ethics Discussion**

13
14 **Dr. Donald moved, Dr. Tillman seconded:**

15 **“Resolved, that staff research AAOMS and AAO Codes of Ethics and pertinent historical**
16 **information to determine if they are derivative works of the ADA Code of Ethics, and**
17 **report to the next Board call.”**

18
19 **PASSED**

20
21 *Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter,*
22 *Hanson, Harunani, Lew, Malterud, Shamoan, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm*

23
24 *A –Shelly*

25
26 *N/A – Smith*

27
28 **XXV. Executive Session – Third Party Payer Discussion**

29
30 **Dr. Wooden moved, Dr. Bishop seconded:**

31 **“Resolved, that nothing in this report or in any action or discussion outlined in this report**
32 **was, is, or will be intended in any way as any effort beyond “mere attempts to influence the**
33 **passage or enforcement of laws” as permitted under the immunities against violation of the**
34 **Sherman Antitrust as provided by the Noerr-Pennington Doctrine.”**

35
36 **PASSED**

37
38 *Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter,*
39 *Hanson, Harunani, Lew, Malterud, Shamoan, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm*

40
41 *A –Shelly*

42
43 *N/A – Smith*

44
45 **Dr. Worm moved, Dr. Hanson seconded:**

46 **“Resolved, that the Board, along with the following staff and guests: Daniel Buksa, Thomas**
47 **Killam, Christa Ojeda, Jennifer Goler, Morgan Bishop, and Ravi Sinha, go into executive**
48 **session at 1:45 p.m. PDT.”**

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PASSED

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

A – Shelly

N/A – Smith

Dr. Shepley moved, Dr. Dear seconded:

“Resolved, that the Board, along with the following staff and guests: Daniel Buksa, Thomas Killam, Christa Ojeda, Jennifer Goler, Morgan Bishop, and Ravi Sinha, come out of executive session at 2:25 p.m. PDT.”

PASSED

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

A – Shelly

N/A – Smith

XXVI. Executive Session – Regional Director Trustee Relationship

Dr. Harunani moved, Dr. Dear seconded:

“Resolved, that the Board, along with the following staff and guests: Daniel Buksa, Thomas Killam, Christa Ojeda, Jennifer Goler, Morgan Bishop, and Ravi Sinha, go into executive session at 2:34 p.m. PDT.”

PASSED

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

A – Shelly

N/A – Smith

Dr. Shepley moved, Dr. Dear seconded:

“Resolved, that the Board, along with the following staff and guests: Daniel Buksa, Thomas Killam, Christa Ojeda, Jennifer Goler, Morgan Bishop, and Ravi Sinha, come out of executive session at 3:29 p.m. PDT.”

PASSED

1 *Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter,*
2 *Hanson, Harunani, Lew, Malterud, Shamoan, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm*

3
4 *A –Shelly*

5
6 *N/A – Smith*

7
8 **During executive session the following actions were taken:**
9

10 **“Resolved, that a task force be created to survey, identify, and make suggestions in creating**
11 **a more collaborative relationship and organizational structure between the RD’s and**
12 **Trustees, with a preliminary report to the 2016-2017 Board Meeting IV and final report by**
13 **the 2016-2017 Board Meeting V.”**

14
15 **Saturday March 18, 2017**

16
17 **IX. Call to Order**

18 Dr. Smith called the meeting to order March 18, 2017 at 8:03 a.m. PDT.

19

20 **X. Executive Session – Executive Director Search Committee**

21

22 **Dr. White moved, Dr. Shepley seconded:**

23 **“Resolved, that the Board go into executive session at 8:04 p.m. PDT.”**

24

25 **PASSED**

26
27 *Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter,*
28 *Hanson, Harunani, Lew, Malterud, Shamoan, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm*

29
30 *A –Shelly*

31
32 *N/A – Smith*

33

34 **Dr. Shamoan moved, Dr. Shepley seconded:**

35 **“Resolved, that the Board come out of executive session at 12:00 p.m. PDT.”**

36

37 **PASSED**

38
39 *Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter,*
40 *Hanson, Harunani, Lew, Malterud, Shamoan, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm*

41
42 *A –Shelly*

43
44 *N/A – Smith*

45

46 **XI. Executive Session – Investment Committee Report**

47

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

1 **“Resolved, that the Board, along with the following staff and guests: Daniel Buksa, Thomas**
2 **Killam, Christa Ojeda, Jennifer Goler, Morgan Bishop, and Dr. Portwood, go into**
3 **executive session at 1:06 p.m. PDT.”**

4
5 **PASSED**

6
7 *Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter,*
8 *Hanson, Harunani, Lew, Malterud, Shamoan, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm*

9
10 *A – Shelly*

11
12 *N/A – Smith*

13
14 **Dr. Shepley moved, Dr. Dear seconded:**

15 **“Resolved, that the Board, along with the following staff and guests: Daniel Buksa, Thomas**
16 **Killam, Christa Ojeda, Jennifer Goler, Morgan Bishop, Ravi Sinha, and Dr. Portwood,**
17 **come out of executive session at 1:31 p.m. PDT.”**

18
19 **PASSED**

20
21 *Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter,*
22 *Hanson, Harunani, Lew, Malterud, Shamoan, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm*

23
24 *A – Shelly*

25
26 *N/A – Smith*

27
28 **XII. AIRBIII2017#14 - Board Approval for Commercial Development of First Floor**

29
30 **Dr. Wooden moved, Dr. Gehrig seconded;**

31 **“Resolved, that AIRBIII2017#14 - Board Approval for Commercial Development of First**
32 **Floor be approved.”**

33
34 **“Resolved, that the Board approve the commercial development of the first floor of the**
35 **AGD building.”**

36
37 **PASSED**

38
39 *Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter,*
40 *Hanson, Lew, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm*

41
42 *a – Harunani, Malterud*

43
44 *A – Shamoan, Shelly*

45
46 *N/A – Smith*

47
48 **XIII. AIRBIII2017#15 – Future of General Dentistry Task Force Meeting**

1
2 **Dr. Gehrig moved, Dr. Dubowsky seconded:**

3 **“Resolved, that AIRBIII2017#15 – Future of General Dentistry Task Force Meeting be**
4 **tabled.”**

5
6 **“Resolved, that up to \$10,600 be allocated from the 2017 AGD Contingency Fund to host a**
7 **one-day meeting of the AGD Future of General Dentistry Task Force at AGD**
8 **Headquarters.”**

9
10 **PASSED**

11
12 *Y – Bishop, Cheney, Cordero, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson,*
13 *Malterud, Shepley, Stillwell, Tillman, Uppal, White, Winland, Worm*

14
15 *N - Harunani, Lew*

16
17 *a – Dear, Wooden*

18
19 *A –Shamoon, Shelly*

20
21 *N/A – Smith*

22
23 **2XIV. AIRBIII2017#16 – Approve Prioritized 2017 Corporate Objectives**

24
25 **Dr. Dyzenhaus moved, Dr. Cheney seconded:**

26 **“Resolved, that AIRBIII2017#16 – Approve Prioritized 2017 Corporate Objectives be**
27 **approved.”**

28
29 **“Resolved, that the 2017 Corporate Objectives be approved as prioritized.”**

30
31 **PASSED**

32
33 *Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter,*
34 *Harunani, Lew, Malterud, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm*

35
36 *N - Hanson*

37
38 *A – Shamoon, Shelly*

39
40 *N/A – Smith*

41
42 **Dr. Gehrig moved, Dr. Cheney seconded:**

43 **“Resolved, that a workgroup of the three (3) Board members be formed to identify**
44 **discrepancies in the current strategic plan and make recommendations for potential**
45 **changes to the plan with a report to 2016-2017 Board Meeting IV.”**

46
47 **PASSED**

1 Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter,
2 Hanson, Harunani, Lew, Malterud, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm
3

4 A – Shamoan, Shelly
5

6 N/A – Smith
7

8 **XXV. AIRBIII2017#08 - Creation of AGD Leadership Development and Oversight**
9 **Committee**

10
11 **Dr. Uppal moved, Dr. Wooden seconded:**

12 **“Resolved, that AIRBIII2017#08 - Creation of AGD Leadership Development and**
13 **Oversight Committee be approved as amended”**
14

15 **“Resolved, that a Leadership Development and Oversight Committee be created and that**
16 **the Board Policy Manual be amended at Policy Type: II. Governance Process, K. Charges**
17 **of Council and Committees,**
18

19 **Leadership Development and Oversight Committee**
20

21 **1. The Leadership Development and Oversight Committee shall consist of six-seven**
22 **members to include the President as chair, President-Elect, RD Chair, RD Vice Chair, and**
23 **other members to include a trustee to serve up to a two year term, one at large member to**
24 **serve a two year term, and one at large member to serve an initial one year term and**
25 **thereafter a two year term.**
26

27 **The Leadership Development and Oversight Committee shall be responsible for oversight**
28 **of the AGD Leadership Academy, including:**
29

30 **a. Serving as thought-leaders for the content to be presented at the following programs:**

- 31 **i. AGD Leadership Symposium**
- 32 **ii. AGD Leadership Institute**
- 33 **iii. AGD Leadership Forum**

34 **b. Identifying gaps in training, developing an all-inclusive program to deliver**
35 **programming to address these gaps, and identifying relevant leadership topics for**
36 **programs;**

37 **c. Serving as advisors for the content to be presented at the following programs:**

- 38 **i. AGD Leadership Symposium**
- 39 **ii. AGD Leadership Institute**
- 40 **iii. AGD Leadership Forum**

41 **d. Determining program facilitators for the above;**

42 **e. Presenting activities, strategies, and plans in accordance with the approved budgets;**

43 **f. Presenting annual report to the AGD Board;**

44 **g. Reassessing leadership training needs annually;**

45 **h. Developing measurable metrics for the AGD Leadership Academy, including each**
46 **of the major components of the academy**
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PASSED
Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm
A – Shamoon, Shelly
N/A – Smith

VI. Adjournment

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Dr. Shepley moved, Dr. Dear seconded:
“Resolved, that Board meeting be adjourned at 3:20 PDT.”

PASSED
Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm
A – Shamoon, Shelly
N/A – Smith

2017 Prioritized Corporate Objectives

Approved 3-18-17

1	Membership – By December 31, 2017, increase “active” members by 5% over the December 31, 2016 number; increase “full-dues paying members by 5% over December 31, 2016 number; and increase student members by 5% over the December 31, 2016 number, by implementing the 2017 Membership Recruitment Annual Operations Plan. G3, S1, S2, S3, S4, S5
2	Non-Dues Revenue - By December 31, 2017, increase non-dues revenue through sponsorship, advertising, exhibit sales, and affinity program 5% over the December 31, 2016 actuals. G5, S1
3	Scientific Session – By July 15, 2017, Scientific Session attendance attracted 5% of AGD’s membership, G1, S1
4	Communications/Membership/Information Technology/Marketing – Launch new AGD website and reskin all AGD related sub-sites by June 30, 2017. G4, S1, S2, S3, S4
5	Communications – By December 31, 2017, begin implementation of comprehensive content strategy(ies) (digital and print) that generates greater recognition of AGD as a leader in oral health through distribution of news, stories, and information that highlight 1) educational opportunities, 2) member experiences and contributions to the profession, and 3) research and policies. G4, S1, S2, S3, S4
6	Rebranding – Complete Phase 3 (Execution) of the rebranding implementation across all areas of the organization by June 30, 2017. G4, S1, S2, S3, S4, S5.
7	Advocacy A – By Dec. 31, 2017, represent the policies of the AGD before standard setting groups and the ADA as follows: <ul style="list-style-type: none"> • Comment on 100% of Code Maintenance Committee (CMC) submissions, with at least 75% assent of the CMC’s votes with the positions expressed by the AGD Dental Practice Council. • 90% of all resolutions upon which AGD takes a position at the ADA HOD will be acted upon favorably by the ADA HOD. • Provide written and/or verbal comment on 100% of new or revised standards, rules, or guidelines proposed by organizational bodies (such as CODA or ADA Councils) or regulatory bodies (such as EPA or FDA) and directed by AGD leadership or the appropriate councils/committees as warranting AGD comment.G2, S2.
8	Constituent Branding/Websites – 25% of constituents have their local constituent websites (including all communication methods, etc.) updated and in accordance with the AGD rebrand guidelines and policy by December 31, 2017. G4, S2
9	Education B – Enhance the online learning center, so that by December 31, 2017, 5% of all AGD members have registered for a course during the calendar year. G1, S2.
10	Advocacy B – By December 31, 2017, train 15 constituent leaders throughout the year in Chicago on best advocacy practices. The 15 leaders shall come from states preferred with pending legislative, regulatory, political, or administrative issues important to AGD. G2, S1, S2, S4; G4, S4, T3
11	AGD Student Chapters – By December 31, 2017, have AGD Student Chapters registered at 75% of US dental schools by offering at least three student chapter webinars, two regional student events, and six new online resources. G3, S1, S2, S4, S5

12	Education C – By December 31, 2017, increase the number of nationally-approved PACE providers by 5% over the December 31, 2016 actuals. G1, S4
13	Education A – By December 31, 2017, migrate the self-study program to an online format and achieve a 5% increase in program revenues over the December 31, 2016 actuals. G1, S1, S2, S3

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Board Meeting
April 19, 2017
Minutes

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I. Call to Order

Dr. Smith called the meeting to order on April 19, 2017 at 7:08 p.m. Central Daylight Time (CDT).

II. Executive Committee

- Dr. Maria A. Smith, President
- Dr. Manuel A. Cordero, President-Elect
- Dr. Neil J. Gajjar, Vice President
- Dr. Connie L. White, Secretary
- Dr. Bryan C. Edgar, Speaker of the House (for a portion of the meeting)
- Dr. Mohamednazir F. Harunani, Treasurer
- Dr. Roger D. Winland, Editor

III. Trustees

- Dr. Sue Bordenave Bishop, Region 08
- Dr. J. C. Cheney, Region 14 (for a portion of the meeting)
- Dr. David J. Dear, Region 06
- Dr. Scott M. Dubowsky, Region 04
- Dr. Abe Dyzenhaus, Region 02 (for a portion of the meeting)
- Dr. Robert D. Gehrig, Region 20
- Dr. Thomas F. Gorman, Region 01
- Dr. Guy M. Hanson, Region 11
- Dr. Michael W. Lew, Region 13
- Dr. Mark I. Malterud, Region 10
- Dr. Samer G. Shamoon, Region 09 (for a portion of the meeting)
- Dr. Eric N. Shelly, Region 03
- Dr. George R. Shepley, Region 05
- Dr. K. David Stillwell, Region 12(for a portion of the meeting)
- Dr. David D. Tillman, Region 18(for a portion of the meeting)
- Dr. Sanjay Uppal, Region 15/16(for a portion of the meeting)
- Dr. Carol A. Wooden, Region 19
- Dr. Donald A. Worm, Jr., Region 17

IV. Absent Members

- Dr. W. Mark Donald, Immediate Past President
- Dr. Hans P. Guter, Region 07

V. Staff

- Daniel Buksa, JD, CAE, Interim Executive Director, Associate Executive Director, Public Affairs

1 Thomas Killam, CAE, Interim Executive Director, Associate Executive Director,
2 Member Services
3 Christa Ojeda, CPA, Chief Financial Officer
4 Art Huenecke, Director, Information Technology (for a portion of the meeting)
5 Kristin Gover, Director, Communications (for a portion of the meeting)
6 Jennifer Goler, Associate Director, Governance
7 Rebecca Missaggia, Manager, Education
8 Morgan Bishop, Governance Administrator
9

10 **VI. Welcome**

11 Dr. Smith welcomed everyone to the meeting.
12

13 **VII. Agenda Approval**

14
15 **Dr. Cordero moved, Dr. Shamoon seconded:**

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

17
18 **PASSED**

19
20 *Y – Bishop, Cordero, Dear, Dubowsky, Gajjar, Gehrig, Gorman, Hanson, Harunani, Lew, Malterud, Shelly,*
21 *Shepley, White, Winland, Wooden, Worm*

22
23 *A – Cheney, Donald, Dyzenhaus, Edgar, Guter, Shamoon, Stillwell, Tillman, Uppal*

24
25 *N/A – Smith*
26

27 **VIII. Update on Code of Ethics**

28
29 **Dr. White moved, Dr. Dubowsky seconded:**

30 **Resolved, that this discussion be postponed until the 2016-2017 Board meeting IV.**

31
32 **And be it further,**

33
34 **Resolved, that legal counsel be consulted with further information, to include potential**
35 **ramifications of conflicts for members belonging to both ADA and AGD, submitted as a**
36 **report to the 2016-2017 Board Meeting IV.**

37
38 **PASSED**

39
40 *Y – Bishop, Cheney, Cordero, Dear, Dubowsky, Dyzenhaus, Gajjar, Gehrig, Gorman, Hanson, Harunani, Lew,*
41 *Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm*

42
43 *A – Donald, Edgar, Guter*

44
45 *N/A – Smith*
46

47 **IX. Moderate Sedation Task Force Report**

1 **Dr. White moved, Dr. Gajjar seconded:**

2 **“Resolved, that the Moderate Sedation Task Force Report be accepted.”**

3
4 **PASSED**

5
6 *Y – Bishop, Cheney, Cordero, Dear, Dubowsky, Dyzenhaus, Gajjar, Gehrig, Gorman, Hanson, Harunani, Lew,*
7 *Malterud, Shamoan, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm*

8
9 *A –Donald, Edgar, Guter*

10
11 *N/A – Smith*

12
13 **X. Future of General Dentistry Task Force Report**

14
15 **Dr. Dubowsky moved, Dr. Shelly seconded:**

16 **“Resolved, that the Future of General Dentistry Task Force Report be accepted.”**

17
18 **PASSED**

19
20 *Y – Bishop, Cheney, Cordero, Dear, Dubowsky, Dyzenhaus, Gajjar, Gehrig, Gorman, Hanson, Harunani, Lew,*
21 *Malterud, Shamoan, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm*

22
23 *A –Donald, Edgar, Guter*

24
25 *N/A – Smith*

26
27 **XI. Engaging the Oral Health Community in Childhood Obesity Prevention Conference**
28 **Report**

29
30 **Dr. Shamoan moved, Dr. Lew seconded:**

31 **“Resolved, that the Engaging the Oral Health Community in Childhood Obesity**
32 **Prevention Conference Report be accepted and referred to the appropriate agencies.”**

33
34 **PASSED**

35
36 *Y – Bishop, Cheney, Cordero, Dear, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Hanson, Harunani,*
37 *Lew, Malterud, Shamoan, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm*

38
39 *A –Donald, Guter*

40
41 *N/A – Smith*

42
43 **XII. Report on the Third North American Saliva Symposium**

44
45 **Dr. Wooden moved, Dr. Dyzenhaus seconded:**

46 **“Resolved, that the Report on the Third North American Saliva Symposium be accepted**
47 **and referred to the appropriate agencies.”**

1 **PASSED**

2
3 *Y – Bishop, Cheney, Cordero, Dear, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Hanson, Harunani,*
4 *Lew, Malterud, Shamoan, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm*

5
6 *A –Donald, Guter*

7
8 *N/A – Smith*

9
10 **XIII. AIR – Fund Transfer for Beacon Technology for Scientific Meeting**

11
12 **Dr. Dubowsky moved, Dr. Shepley seconded:**

13 **“Resolved, that AIR – Fund Transfer for Beacon Technology for Scientific Meeting be**
14 **approved.”**

15
16 **“Resolved, that staff research options to utilize beacon technology at the AGD 2017**
17 **Scientific Session.**

18
19 **And be it further,**

20
21 **Resolved, that the following inter-fund shifts be made to fund this project,**

- 22 • **\$10,000 from the Scientific Session Meeting budget line, Hotel Facility contingency**
23 **funds for additional space;**
- 24 • **\$15,000 from Audio/Visual to be utilized for technology offering in the exhibit hall;**
25 **\$19,550 from the budget line for Attendee meal coupons”**

26
27 **PASSED**

28
29 *Y – Bishop, Cheney, Cordero, Dear, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Hanson, Harunani,*
30 *Lew, Malterud, Shamoan, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm*

31
32 *A –Donald, Guter*

33
34 *N/A – Smith*

35
36 **XIV. Division Coordinator Reports**

37
38 **Dr. Shamoan moved, Dr. Shelly seconded:**

39 **“Resolved, that the Division Coordinator Reports be accepted.”**

- 40
- 41 **a. Advocacy – Representation - Dr. Bromberg**
- 42 **b. Membership Services - Dr. Clemente**
- 43 **c. Public & Professional Relations - Dr. Rathee**

44
45 **PASSED**

46
47 *Y – Bishop, Cheney, Cordero, Dear, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Hanson, Harunani,*
48 *Malterud, Shamoan, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm*

1
2 *a - Lew*
3
4 *A –Donald, Guter*
5
6 *N/A – Smith*

7
8 **XV. Executive Session –Executive Director Search Committee Update**

9
10 **Dr. Shamoan moved, Dr. Worm seconded:**

11 **“Resolved, that the Board go into executive session at 8:41 p.m. CDT.”**

12
13 **PASSED**

14
15 *Y – Bishop, Cheney, Cordero, Dear, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Hanson, Harunani,*
16 *Lew, Malterud, Shamoan, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm*

17
18 *A –Donald, Guter*

19
20 *N/A – Smith*

21
22 **Dr. Worm moved, Dr. Cheney seconded:**

23 **“Resolved, that the Board come out of executive session at 8:50 p.m. CDT.”**

24
25 **PASSED**

26
27 *Y – Bishop, Cheney, Cordero, Dear, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Hanson, Harunani,*
28 *Lew, Malterud, Shamoan, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm*

29
30 *A –Donald, Guter*

31
32 *N/A – Smith*

33
34 **XVI. Adjournment**

35
36 **Dr. Dyzenhaus moved, Dr. Cheney seconded:**

37 **“Resolved, that the meeting be adjourned at 8:51 p.m. CDT.”**

38
39 **PASSED**

40
41 *Y – Bishop, Cheney, Cordero, Dear, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Hanson, Harunani,*
42 *Lew, Malterud, Shamoan, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm*

43
44 *A –Donald, Guter*

45
46 *N/A – Smith*



Board Meeting
May 18, 2017
Minutes

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I. Call to Order

Dr. Smith called the meeting to order on May 18, 2017 at 7:03 p.m. Central Daylight Time (CDT).

II. Executive Committee

- Dr. Maria A. Smith, President
- Dr. Manuel A. Cordero, President-Elect
- Dr. W. Mark Donald, Immediate Past President
- Dr. Neil J. Gajjar, Vice President (for a portion of the meeting)
- Dr. Connie L. White, Secretary
- Dr. Bryan C. Edgar, Speaker of the House (for a portion of the meeting)
- Dr. Mohamednazir F. Harunani, Treasurer
- Dr. Roger D. Winland, Editor

III. Trustees

- Dr. Sue Bordenave Bishop, Region 08
- Dr. J. C. Cheney, Region 14
- Dr. David J. Dear, Region 06
- Dr. Robert D. Gehrig, Region 20
- Dr. Thomas F. Gorman, Region 01
- Dr. Hans P. Guter, Region 07
- Dr. Guy M. Hanson, Region 11
- Dr. Michael W. Lew, Region 13
- Dr. Mark I. Malterud, Region 10
- Dr. Samer G. Shamoon, Region 09
- Dr. George R. Shepley, Region 05
- Dr. K. David Stillwell, Region 12
- Dr. David D. Tillman, Region 18
- Dr. Sanjay Uppal, Region 15/16
- Dr. Carol A. Wooden, Region 19

IV. Absent Members

- Dr. Scott M. Dubowsky, Region 04
- Dr. Abe Dyzenhaus, Region 02
- Dr. Eric N. Shelly, Region 03
- Dr. Donald A. Worm, Jr., Region 17

V. Staff

Daniel Buksa, JD, CAE, Interim Executive Director, Associate Executive Director, Public Affairs

1 Thomas Killam, CAE, Interim Executive Director, Associate Executive Director,
2 Member Services
3 Christa Ojeda, CPA, Chief Financial Officer
4 Jennifer Goler, Associate Director, Governance
5 Lynda Lipske, Manager PACE (for a portion of the meeting)
6 Shea Felde, Federal Government Relations Coordinator
7

8 **VI. Welcome**

9 Dr. Smith welcomed everyone to the meeting.
10

11 **VII. Agenda Approval**

12
13 **Dr. Hanson moved, Dr. White seconded:**

14 **“Resolved, that the agenda be approved as amended.”**
15

16 **PASSED**

17
18 *Y – Bishop, Cheney, Cordero, Dear, Donald, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud,*
19 *Shamoon, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden*

20
21 *A –Dubowsky, Dyzenhaus, Edgar, Shelly, Worm*

22
23 *N/A – Smith*
24

25 **VIII. Minutes Approval**

26
27 **Dr. Cheney moved, Dr. Hanson seconded:**

28 **“Resolved, that the Board Meeting III minutes, held March 18 – 19, 2017, be approved.”**
29

30 **PASSED**

31
32 *Y – Bishop, Cheney, Cordero, Dear, Donald, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud,*
33 *Shamoon, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden*

34
35 *A –Dubowsky, Dyzenhaus, Edgar, Shelly, Worm*

36
37 *N/A – Smith*
38

39 **Dr. Shamoon moved, Dr. Bishop seconded:**

40 **“Resolved, that the Board Call minutes, held April 18, 2017, be approved.”**

41 **PASSED**

42
43 *Y – Bishop, Cheney, Dear, Gajjar, Gehrig, Gorman, Hanson, Harunani, Lew, Malterud, Shamoon, Shepley,*
44 *Stillwell, Tillman, Uppal, White, Winland, Wooden*

45
46 *a - Donald, Cordero, Guter*

47
48 *A –Dubowsky, Dyzenhaus, Edgar, Shelly, Worm*
49

2
3 **IX. AIR – Recommended Change to AGD PACE Eligibility Requirements**

4
5 **Dr. Cheney moved, Dr. White seconded:**

6 **“Resolved, that AIR – Recommended Change to AGD PACE Eligibility Requirements be**
7 **approved as editorially amended.”**

8
9 **“Resolved, that PACE Eligibility requirements be modified as follows,**

10
11 **Eligibility**

12 **The provider organization is approved, not speakers or individual course content. The**
13 **applicant may be a major unit or department within an institution. To be eligible for**
14 **PACE approval the following criteria must be met:**

- 15
16 **1. The CDE provider offers a planned program of continuing dental education activities**
17 **consistent with the definition of continuing dental education provided in the Lexicon of**
18 **Terms. The CDE provider must demonstrate oversight by an independent advisory**
19 **committee. CDE organizations can be granted up to a six year approval based on**
20 **documented experience offering courses and documented compliance to the published**
21 **PACE Standards and Criteria**
- 22
23 **2. The CDE provider must be located or have a permanent base in the United States,**
24 **Canada or their territories, or be an officially recognized agency or unit within the**
25 **national dental services of the United States or Canada. CDE providers that do not fit**
26 **within this criterion must meet the additional international eligibility requirements**
27 **provided in the Eligibility Requirements for International Continuing Dental Education**
28 **Providers section before being considered eligible to apply for ~~recognition~~ approval.**
- 29
30 **3. The program provider . . .**

31
32 **And be it further resolved that the following section be added to the PACE Guidelines,**

33
34 **Eligibility Requirements for International Continuing Dental Education Providers**

- 35 **1. An International CDE Provider interested in obtaining AGD PACE Approval must**
36 **demonstrate that it is a dental school, continuing education program within a dental**
37 **school, a national governmental health authority or a national membership association**
38 **or society for dental professionals. The International CDE provider must be recognized**
39 **and/or accredited by the appropriate governmental or private regulatory authority that**
40 **regulates organizations to ensure that they meet the applicable standards for quality**
41 **advanced dental education, as determined in the ~~the~~ sole discretion of the AGD.**
- 42
43 **2. International CDE Providers applying for AGD PACE Approval must meet the same**
44 **PACE Eligibility Requirements and Standards and Criteria as providers in the United**
45 **States and Canada.**
- 46

1 **3. All application materials and documentation submitted by International CDE Providers**
2 **must be translated and presented to the AGD in English.**
3

4 **4. In addition to the standard PACE application, International CDE Providers MUST**
5 **complete and submit the application for International CDE Providers.**
6

7 And be it further resolved that the following definition be added to the PACE Lexicon of
8 Terms,
9

10 **International Continuing Dental Education Providers: Organizations which are not**
11 **located in and do not have a permanent base in the United States, Canada, or their**
12 **territories, and is not an official recognized agency or unit with the national dental services**
13 **of the United States or Canada.**
14

15 And be further resolved that the introductory information in the PACE Guidelines be
16 modified as follows,
17

18 **Program Approval for Continuing Education (PACE)**

19 Each year, thousands of continuing education courses are presented by hundreds of
20 program providers—dental schools, dental societies, and companies that specialize in
21 course presentations. Most provide dentists with valuable information that can be
22 successfully integrated into the dental practice. The Academy of General Dentistry (AGD)
23 Program Approval for Continuing Education (PACE) was created to assist members of the
24 AGD and the dental profession in identifying and participating in quality continuing dental
25 education (CDE). The program provider approval mechanism is an evaluation of the
26 educational processes used in designing, planning, and implementing continuing education.
27 Approval by the AGD does not imply endorsement of course content, products, or
28 therapies presented, nor does this approval imply ~~that a~~ acceptance for licensure
29 maintenance or any other purpose by any governmental or private regulatory authority
30 that regulates the practice of dentistry, including any national, state or provincial board of
31 dentistry will accept courses. Approved program providers are expected to comply with all
32 relevant state and federal laws. Continuing education offered by approved program
33 providers will be accepted by the AGD for Fellowship, Mastership and Lifelong Learning
34 & Service Recognition credit.
35

36 And be it further resolved that the disclaimer found in the PACE Guidelines be modified as
37 follows,
38

39 **Disclaimer**

40 The Academy of General Dentistry (AGD) does not endorse any course content, products,
41 processes, services or therapies presented by AGD PACE-approved providers. The views
42 and opinions of program providers expressed during education programs do not
43 necessarily state or reflect those of the AGD. AGD PACE approval may not be used for
44 product or program endorsement purposes; nor does it imply acceptance ~~by a~~ for licensure
45 maintenance or any other purpose by any governmental or private regulatory authority

1 **that regulates the practice of dentistry, including any national, state or provincial board of**
2 **dentistry; nor does it imply accreditation of a program.**

3
4 **And be it further resolved that the PACE Purposes and Goals be modified as follows,**

5
6 **Purposes and Goals**

7 **The Program Approval for Continuing Education (PACE) will operate:**

- 8 **1. To improve the educational quality of continuing dental education (CDE) programs**
9 **through self-evaluation conducted by program providers in relation to the Standards**
10 **and Criteria, and/or through counsel and recommendations provided to program**
11 **providers by the PACE Council.**
- 12 **2. To assure participants that approved continuing education program providers have the**
13 **organizational structure and resources necessary to provide CDE activities of**
14 **acceptable educational quality.**
- 15 **3. To achieve interstate and, where applicable, international acceptance for AGD**
16 **Fellowship and Mastership credit for activities put on by approved program providers.**
- 17 **4. To promote uniformity in identification of those CDE activities that are acceptable for**
18 **AGD Fellowship and Mastership credit.**
- 19 **5. To promote uniformity of standards for CDE that can be accepted by the dental**
20 **profession.**
- 21 **6. To promote, through consistent and meaningful application of standards, an increased**
22 **credibility for AGD's Fellowship and Mastership awards.**

23
24 **And be it further resolved that PACE Standard VII, Criterion B be modified as follows,**

25
26 **B. Program providers must assume responsibility for assuring that participants treating**
27 **patients (~~especially those from outside the state/province where the course is held~~) are**
28 **not doing so in violation of state any applicable dental licensure laws.**

29
30 **And be it further resolved that the all PACE-approved providers use one of the two**
31 **following approved credit statements along with the current AGD PACE logo,**

32
33 **(Name of Provider) is designated as an Approved PACE Program Provider by the**
34 **Academy of General Dentistry. The formal continuing dental education programs of this**
35 **program provider are accepted by AGD for Fellowship, Mastership and membership**
36 **maintenance credit. Approval does not imply acceptance by a state or provincial board of**
37 **dentistry or any other applicable regulatory authority, or AGD endorsement. The current**
38 **term of approval extends from (DATE to DATE).**

39 **Provider ID <AGD ID Number>**

40
41 **-OR -**

42
43 **Approved PACE Program Provider**
44 **FAGD/MAGD Credit**

1 **Approval does not imply acceptance by a state or provincial board of dentistry, or any**
2 **other applicable regulatory authority, or AGD endorsement.**

3 **(DATE) to (DATE)**

4 **Provider ID <AGD ID Number> ”**

5
6 **PASSED**

7
8 *Y – Bishop, Cheney, Cordero, Dear, Donald, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud,*
9 *Shamoon, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden*

10
11 *A –Dubowsky, Dyzenhaus, Edgar, Shelly, Worm*

12
13 *N/A – Smith*

14
15 **X. AIR – Recommended Change to AGD PACE Standards**

16
17 **Dr. Hanson moved, Dr. Wooden seconded:**

18 **“Resolved, that AIR – Recommended Change to AGD PACE Standards be approved as**
19 **editorially amended.”**

20
21 **“Resolved, that PACE Standard XII Commercial or Promotional Conflict of Interest, be**
22 **modified as follows:**

23
24 **Criteria**

25
26 **~~A. CDE Program providers must assume responsibility for ensuring the content quality~~**
27 **~~and scientific integrity of all CDE activities. Educational objectives, course content,~~**
28 **~~teaching methods, instructors and advisors must be selected independent of commercial~~**
29 **~~interest.~~**

30
31 **~~B. A. CDE program providers must operate in accordance with written guidelines and~~**
32 **~~policies that clearly place the responsibility for program content and faculty selection,~~**
33 **quality of the program content and scientific integrity of all CE activities on the program**
34 **provider. Educational objectives, course content, teaching methods, instructors and**
35 **advisors must be selected independent of commercial interest. These guideline must not**
36 **conflict with the PACE Standards/Criteria for Approval. Each CDE ~~Learning~~ Learning**
37 **experience offered must conform to this policy.**

38
39 **~~C.B. The ultimate decision regarding funding arrangements for CDE activities must be the~~**
40 **~~responsibility of the CDE program provider. CDE activities may be supported by funds~~**
41 **~~received from external sources if such funds are unrestricted. External funding must be~~**
42 **~~disclosed to participants 1) in announcements, brochures, or other educational materials,~~**
43 **~~and 2) in the presentation itself. CE activities may be supported by funds received from~~**
44 **external sources if such funds are unrestricted. CE program providers must assume**
45 **responsibility for the specific content and use of instructional materials that are prepared**
46 **with outside financial support.**

1 **External funding, monetary support, or other special interest a program provider and/or**
2 **instructors/authors may have with any commercial entity whose products or services are**
3 **discussed in the program must be disclosed to participants in announcements, brochures,**
4 **or other educational materials, and in the presentation itself.**

5
6 **D.C.** CDE program providers receiving commercial support must develop and apply a written
7 statement or letter of agreement outlining the terms and conditions of the arrangement and/or
8 relationship between the program provider and the commercial supporter. **The program**
9 **provider and the organizations(s) providing support must sign the written agreement.**

10
11 ~~**E.** CDE program providers and instructors must disclose to participants any monetary
12 or other special interest the program provider may have with any company whose products
13 are discussed in its CDE activities. Disclosure must be made in publicity materials and at
14 the beginning of the presentation itself.~~

15
16 ~~**F. D.** Product-promotion material or product-specific advertisement of any type is
17 prohibited in or during CDE activities. Live promotional activities (staffed exhibits,
18 presentations) or enduring promotional activities (print or electronic advertisements) must
19 be kept separate from CDE. The juxtaposition of editorial and advertising material on the
20 same products or subjects must be avoided during CDE activities.~~

21
22 a. For live, face-to-face CDE, advertisements and promotional materials cannot be
23 displayed or distributed in the educational space during a CDE activity. Providers
24 cannot allow presenters or representatives of Commercial Interests to engage in sales or
25 promotional activities during the CDE activity.

26 b. For print CDE activities, advertisements and promotional materials will not be
27 interleaved within the pages of the CDE content. Advertisements and promotional
28 materials may face the first or last pages of printed CDE content as long as these
29 materials are not related to the CDE content they face and are not paid for by the
30 commercial supporters of the CDE activity.

31 c. For electronically mediated/computer based CDE activities, advertisements and
32 promotional materials will not be visible on the screen at the same time as the CDE
33 content and not interleaved between computer 'windows' or screens of the CDE content.

34 d. For audio-and video-based CDE activities, advertisements and promotional materials
35 will not be included within the CDE. There will be no 'commercial breaks.'

36 e. Educational materials that are part of a CDE activity, such as slides, abstracts and
37 handouts, cannot contain any advertising, trade name or a product-group message.

38 f. Print or electronic information distributed about the non- CDE elements of a CDE
39 activity that are not directly related to the transfer of education to the learner, such as
40 schedules and content descriptions, may include product promotion material or product-
41 specific advertisement.

42
43 ~~**G.E.** Arrangements for commercial exhibits or advertisements must not influence planning
44 or interfere with the presentation, nor can they be a condition of the provision of
45 commercial support for CDE activities.~~

1 **H.F.** CDE program providers must ensure that a balanced view of therapeutic options is
2 presented. Whenever possible, generic names must be used to contribute to the impartiality
3 of the program presented.

4 ~~I.. CDE program providers must assume responsibility for the specific content and use
5 of instructional materials that are prepared with outside financial support.~~

6 **J.G.** CE program providers must assume responsibility for taking steps to protect against
7 and/or disclose any conflict of interest of the advisory/planning committee, CDE activity
8 planners, course directors and lecturer/author/instructors presenting courses. Signed
9 conflict of interest statements must be obtained from all advisory/planning committee
10 members, CDE activity planners, course directors and lecturer/author.

11 ~~K.H.~~ If providing electronically mediated distance learning, embedded advertising and
12 direct commercial links are inappropriate within the educational content and must be
13 avoided.

14 ~~L.I.~~ CDE providers that also offer activities designed to promote drugs, devices, services or
15 techniques must clearly disclose the promotional nature of the activity in publicity
16 materials and in the activity itself. The CDE hours awarded must not include the
17 promotional hours.

18 ~~M. J.~~ The advisory/planning committee must be involved in evaluating and taking steps to
19 protect against conflicts of interest that CDE activity planners, course directors and
20 lecturer/author/instructors may have. ”

21
22 **PASSED**

23
24 *Y – Bishop, Cheney, Cordero, Dear, Donald, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew,*
25 *Malterud, Shamoon, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden*

26
27 *A –Dubowsky, Dyzenhaus, Shelly, Worm*

28
29 *N/A – Smith*

30
31 **XI. AIR – AGD Foundation Bylaws Amendment**

32
33 **Dr. Donald moved, Dr. Wooden seconded:**

34 **“Resolved, that AIR – AGD Foundation Bylaws Amendment be approved.”**

35
36 **“Resolved, that the AGD Foundation Bylaws be amended at Chapter II. Board of**
37 **Directors, Section 1, so that it reads:**

38
39 **Board of Directors**

40
41 **Section 1. Members. The affairs of the Foundation shall be managed by a Board of**
42 **Directors (hereafter referred to as the Board), consisting of twelve (12) members as follows:**

43
44 **“A minimum of ~~eight (8)~~ six (6) general dentists who are members in good standing of the**
45 **Academy of General Dentistry; ~~are members of the AGD Board (such terms of AGD~~**
46 **~~Board members on the Foundation Board shall be contingent upon said Trustee’s~~**
47 **~~continuing service on the AGD Board; once a Trustee ceases service on the AGD Board,~~**

1 ~~he/she shall be automatically resigned from the Foundation Board. Notwithstanding this~~
2 ~~section, a former AGD Trustee may serve on the Foundation Board in one of the non-AGD~~
3 ~~Board positions of the Foundation Board, so long as all other qualifications and numerical~~
4 ~~criteria herein are in compliance), and four (4) individuals who through their influence, are~~
5 ~~capable of significantly furthering the purpose of the Foundation. a) two (2) of which are~~
6 ~~current AGD Board members and b) four (4) are current or former AGD Board members~~
7 ~~who have served on the AGD Board within five (5) years of their appointment to the AGD~~
8 ~~Foundation Board. Six (6) members can be AGD members in good standing, a -AGD~~
9 ~~Constituent Executive(s), and/or a corporate supporters who has have a passion for, and~~
10 ~~has have shown a commitment to the AGD Foundation. The AGD President and President-~~
11 ~~Elect shall serve as consultants without the right to vote.”~~

12
13 And be it further,

14 “Resolved, that the AGD Foundation Bylaws be amended at Chapter III. Elective Offices,
15 Section 1, B. Terms of Office, so that it reads:

16
17 **B. Terms of Office**

- 18
19 ~~1. All officers shall serve a term of office of one (1) year, with a limit of two (2) terms of~~
20 ~~office in any one position, even if the terms are not consecutive, with no automatic~~
21 ~~succession in offices. The office of the President and Vice-President shall serve a term of~~
22 ~~one (1) year. The office of Secretary/Treasurer shall serve a term of office of two (2) years.~~
23 ~~2. A term of office shall begin at the close of the ~~Annual Meeting~~ Scientific Session in which~~
24 ~~election took place and it shall end at the close of the next ~~Annual Meeting~~ Scientific~~
25 ~~Session. The President and Vice-President shall serve for the term of one (1) year with the~~
26 ~~Vice-President succeeding the President. The Secretary/Treasurer shall serve a two (2)~~
27 ~~year term and can be elected to a second term.~~
28 ~~3. No member of the Foundation Board shall hold more than one (1) Board office at the~~
29 ~~same time.~~
30 ~~4. All Directors must serve one-year on the Foundation Board before they are eligible for~~
31 ~~office.”~~

32
33 And be it further,

34
35 “Resolved, that the AGD Foundation Bylaws be amended at Chapter III Elective Offices,
36 Section 2, Duties, so that it reads:

37
38 **Duties**

39
40 **B. It shall be the duty of the Vice-President:**

- 41
42 **1. To assist the President in the performance of his/her duties;**
43 **2. To serve as a consultant on all committees, without the right to vote with the exception of**
44 **not playing any role on the ~~Nominating Committee~~ Board Development Committee;**
45 **3. To immediately assume the office of President and complete the term in the event of a**
46 **vacancy in that office;**

1 **4. To preside at all meetings of the Foundation Board in the temporary absence of the**
2 **President;**
3 **5. To have such other powers and perform such other duties as may be prescribed by the**
4 **Foundation Board or these Bylaws.**
5 **6. To succeed to the office of President at the close of the Scientific Session in which election**
6 **took place and it shall end at the close of the next Scientific Session.”**
7

8 **And be it further,**
9

10 **“Resolved, that throughout the bylaws, for consistency, Nominations Committee be**
11 **changed to Board Development Committee; and Annual Meeting be changed to Scientific**
12 **Session.”**

13
14 **PASSED**

15
16 *Y – Bishop, Cheney, Dear, Donald, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud,*
17 *Shamoon, Shepley, Tillman, Stillwell, Uppal, White, Wooden*

18
19 *a - Cordero, Winland,*

20
21 *A –Dubowsky, Dyzenhaus, Shelly, Worm*

22
23 *N/A – Smith*

24
25 **XII. AIR – Funding Request for AGD 2017 Leadership Session Speaker**

26
27 **Dr. Hanson moved, Dr. Guter seconded:**

28 **“Resolved, that AIR – Funding Request for AGD 2017 Leadership Session Speaker be**
29 **approved as editorially amended.”**

30
31 **“Resolved, that the Board ~~alløeated~~ allocate \$6,000 from the 2017 Contingency Fund to**
32 **pay, in part, for the speaker at the Leadership Session at AGD 2017.**

33
34 **PASSED**

35
36 *Y – Bishop, Cheney, Cordero, Dear, Donald, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew,*
37 *Malterud, Shamoon, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden*

38
39 *A –Dubowsky, Dyzenhaus, Shelly, Worm*

40
41 *N/A – Smith*

42
43 **XIII. AIR – PACE Council Appointments**

44
45 **Dr. Cheney moved, Dr. Hanson seconded:**

46 **“Resolved that AIR – PACE Council Appointments be approved.”**

47
48 **“Resolved, that the appointments to the PACE Council be approved.”**

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Dr. Eric Wong, Region 13, (6/30/2014-11/05/2017), 2nd term, Chair
Dr. Daniel Geare, Region 11, (6/30/2014-11/05/2017), 1st term
Dr. Jane Martone, Region 01, (6/30/2014-11/05/2017), 1st term
Dr. Russell Cyphers, Region 14, (6/21/2015-11/05/2017), 1st term
Dr. Navin Boggavarapu, Region 04, (6/21/2015-11/04/2018), 2nd term
Dr. Nahid Kashani, Region 09, (6/21/2015-11/04/2018), 2nd term
Dr. Ashley Lamay, Region 05, (7/18/2016–11/03/2019), 1st term
Dr. Ronald Giordan, Region 14, (7/18/2016-11/03/2019), 2nd term
Dr. Ronald Sawyer, Region 01, (7/18/2016-11/03/2019), 2nd term
Dr. Howard Chi, Region 13, (7/18/2016-11/03/2019), 1st term
Dr. Tomas Ballesteros, Region 04, (8/16/2016-11/05/2017), 1st term term
Dr. Jian Hong, Region 06, (8/16/2016-11/05/2017), 1st term
Dr. Steven Skurow, Region 13, (5/18/2017-11/05/2020), 1st term
Dr. Grant Quayle, Region 14, (5/18/2017-11/05/2020), 1st term
Dr. _____, Region _____, (TBD-11/05/2020), 1st term
Dr. J. Christopher Harvan, Region 14, (12/21/2015-11/4/2018), 1st term, Consultant
Dr. Dwight Duckworth, Region 12, (7/18/2016-11/4/2018), 1st term, Consultant
~~Dr. Steven Skurow, Region 13, (6/21/2015-11/04/2018), 1st term, Consultant~~
Dr. _____, Region _____, (TBD-11/05/2017), 1st term, Consultant

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden

A –Dubowsky, Dyzenhaus, Shelly, Worm

N/A – Smith

XIV. New Business – Addition of Bank Loan Balloon Payment Discussion

Dr. Gehrig moved, Dr. Lew seconded:

“Resolved, that discussion on the bank loan balloon payment be added to the agenda.”

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden

A –Dubowsky, Dyzenhaus, Shelly, Worm

N/A – Smith

Dr. Gehrig moved, Dr. Lew seconded:

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“Resolved, that the final principal payment and principal balance remaining of the previous building loan be rolled into a \$2,280,000 loan amortized over 10 years with a 5 year maturity at Chase Bank.”

PASSED
Y – Bishop, Cheney, Cordero, Dear, Donald, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden
A –Dubowsky, Dyzenhaus, Shelly, Worm
N/A – Smith

XV. Adjournment

Dr. Lew moved, Dr. Hanson seconded:

“Resolved, that the meeting be adjourned at 7:58 p.m. CDT.”

PASSED
Y – Bishop, Cheney, Cordero, Dear, Donald, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden
A –Dubowsky, Dyzenhaus, Shelly, Worm
N/A – Smith



**Board Meeting
June 30-July 1, 2017
Minutes**

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I. Call to Order

Dr. Smith called the meeting to order on June 29, 2017 at 8:05 a.m. Central Daylight Time (CDT).

II. Executive Committee

- Dr. Maria A. Smith, President
- Dr. Manuel A. Cordero, President-Elect
- Dr. Neil J. Gajjar, Vice President
- Dr. Connie L. White, Secretary
- Dr. Bryan C. Edgar, Speaker of the House
- Dr. Mohamednazir F. Harunani, Treasurer
- Dr. Roger D. Winland, Editor
- Dr. W. Mark Donald, Immediate Past President

III. Trustees

- Dr. Sue Bordenave Bishop, Region 08
- Dr. David J. Dear, Region 06
- Dr. Scott M. Dubowsky, Region 04
- Dr. Abe Dyzenhaus, Region 02
- Dr. Robert D. Gehrig, Region 20
- Dr. Thomas F. Gorman, Region 01
- Dr. Hans P. Guter, Region 07
- Dr. Guy M. Hanson, Region 11
- Dr. Michael W. Lew, Region 13
- Dr. Mark I. Malterud, Region 10
- Dr. Samer G. Shamoon, Region 09
- Dr. Eric N. Shelly, Region 03
- Dr. George R. Shepley, Region 05
- Dr. K. David Stillwell, Region 12
- Dr. David D. Tillman, Region 18
- Dr. Sanjay Uppal, Region 15/16
- Dr. Carol A. Wooden, Region 19
- Dr. Donald A. Worm, Jr., Region 17

IV. Absent Members

- Dr. J. C. Cheney, Region 14

V. Guests

- Dr. John Olsen, Regional Director Chair, RD, Region 9
- Dr. Joseph Picone, Chair, Scientific Meeting Council (for a portion of the meeting)

1 Dr. Richard Knowlton, Chair, Dental Education Council (for a portion of the meeting)
2 Mr. Shawn Dunning, Director Adventure Associates (for a portion of the meeting)

3
4 **VI. Staff**

5 Daniel Buksa, JD, CAE, Interim Executive Director, Associate Executive Director,
6 Public Affairs

7 Thomas Killam, CAE, Interim Executive Director, Associate Executive Director,
8 Member Services

9 Christa Ojeda, CPA, Chief Financial Officer

10 Jennifer Goler, Associate Director, Governance

11 La June Davis-Wiley, Head of Human Resources (for a portion of the meeting)

12 Srini Varadarajan, Director, Dental Practice & Policy (for a portion of the meeting)

13
14 **VII. Welcome**

15 Dr. Smith welcomed everyone to the meeting.

16
17 **VIII. Agenda Approval**

18
19 **Dr. Dubowsky moved, Dr. Worm seconded:**

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

21
22 **PASSED**

23
24 *Y – Bishop, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson,*
25 *Harunani, Lew, Malterud, Shamoan, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm*

26
27 *A – Cheney*

28
29 *N/A – Smith*

30
31 **IX. Amend Board Policy Manual Board Meeting Location**

32
33 **Dr. Worm moved, Dr. Edgar seconded:**

34 **“Resolved, that in keeping with current policy and the original intent of the meeting location**
35 **resolution, that Policy Type: V. Board Policy Statements, E. Board Meetings be amended to**
36 **read:**

37
38 ...

39 **Approved 2014 Board Meeting III**

40 **Resolved, that beginning with the 2017-2018 governance year, ~~2015 Board Meeting II~~, all**
41 **Board Meetings ~~II~~ III and IV be held at the AGD Headquarters building.”**

42
43
44 **PASSED**

45
46 *Y – Bishop, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud,*
47 *Shamoan, Shelly, Shepley, Tillman, Uppal, White, Winland, Worm*

1
2 *a - Cordero, Dear, Donald, Stillwell, Wooden*

3
4 *A – Cheney*

5
6 *N/A – Smith*

7
8 **X. Executive Session for Executive Director Interviews**

9
10 **Dr. Hanson moved, Dr. Bishop seconded:**

11 **“Resolved, that the Board go into executive session at 8:21 a.m.”**

12
13 **PASSED**

14
15 *Y – Bishop, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson,*
16 *Harunani, Lew, Malterud, Shamoan, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm*

17
18 *A – Cheney*

19
20 *N/A – Smith*

21
22 **Dr. Worm moved, Dr. Bishop seconded:**

23 **“Resolved, that the Board come out of executive session at 1:25 p.m.”**

24
25 **PASSED**

26
27 *Y – Bishop, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson,*
28 *Harunani, Lew, Malterud, Shamoan, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm*

29
30 *A – Cheney*

31
32 *N/A – Smith*

33
34 **XI. Board Training with Adventure Associates**

35 *Shawn Dunning presented a training session to the Board.*

36
37 **XII. Recess**

38 **Dr. Worm moved, Dr. Bishop seconded:**

39 **“Resolved, that the Board meeting recess adjourn at 5:06 p.m.”**

40
41 **PASSED**

42
43 *Y – Bishop, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson,*
44 *Harunani, Lew, Malterud, Shamoan, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm*

45
46 *A – Cheney*

47
48 *N/A – Smith*

1 **XIII. Executive Session Executive Director Discussion**

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Dr. Uppal moved, Dr. Dear seconded:

“Resolved, that the Board go into executive session at 8:25 a.m.”

PASSED

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

A – Cheney

N/A – Smith

Dr. Shamoan moved, Dr. Stillwell seconded:

“Resolved, that the Board come out of executive session at 9:20 a.m.”

PASSED

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

A – Cheney

N/A – Smith

During Executive Session the Board Selected an Executive Director Candidate and negotiations will Begin immediately.

XIV. May 18, 2017 Board Call Minutes

Dr. Dear moved, Dr. Shelly seconded:

“Resolved, that the May 18, 2017 Board Minutes be approved as amended.”

PASSED

Y – Bishop, Cordero, Dear, Donald, Dubowsky, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoan, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

a – Dyzenhaus

A – Cheney

N/A – Smith

XV. Report and Recommendations of the AGD Future of General Dentistry Task Force

1 **Dr. Hanson moved, Dr. Dear seconded:**

2 **“Resolved, that the Report and Recommendations of the AGD Future of General Dentistry**
3 **Task Force be approved.”**

4
5 **PASSED**

6
7 *Y – Bishop, Cordero, Dear, Donald, Dubowsky, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew,*
8 *Malterud, Shamoan, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm*

9
10 *a – Dyzenhaus*

11
12 *A – Cheney*

13
14 *N/A – Smith*

15
16 **XVI. AIRBIV2017#01 – Future of General Dentistry Committee**

17
18 **Dr. Donald moved, Dr. Gehrig seconded:**

19 **“Resolved, that AIRBIV2017#01 – Future of General Dentistry Committee be postponed**
20 **until after lunch.”**

21
22 **PASSED**

23
24 *Y – Bishop, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson,*
25 *Harunani, Lew, Malterud, Shamoan, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm*

26
27 *A – Cheney*

28
29 *N/A – Smith*

30
31 **XVII. AIRBIV2017#02 - Approve Location of AGD2019**

32
33 **Dr. Bishop moved, Dr. Dyzenhaus seconded:**

34 **“Resolved, that the SMC be charged with augmenting the financials for both sites, the**
35 **availability of alternative dates for Mohegan Sun and vendor’s information with the report**
36 **to be submitted to the July 26 Board call, if not earlier.”**

37
38 **PASSED**

39
40 *Y – Bishop, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gehrig, Gorman, Guter, Hanson, Lew, Malterud,*
41 *Shamoan, Shelly, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm*

42
43 *N – Cordero*

44
45 *a - Gajjar, Harunani, Shepley*

46
47 *A – Cheney*

48
49 *N/A – Smith*

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XVIII. ADA/AGD Code of Ethics Discussion

Dr. Donald moved, Dr. Gehrig seconded:

“Resolved, that AGD approach ADA for consideration in creation of a derivative version of the ADA Code of Ethics specific to advertising FAGD and MAGD awards and specialty recognition.”

PASSED

Y – Bishop, Cordero, Donald, Dubowsky, Dyzenhaus, Gehrig, Gorman, Guter, Lew, Malterud, Shamoan, Stillwell, Tillman, Uppal, Winland, Wooden, Worm
N - Dear, Edgar, Harunani, Shelly, White
a - Gajjar, Hanson, Shepley
A – Cheney
N/A – Smith

XIX. AIRBIV2017#03 - Rescind HOD Policy 2002:7-H-7 on Minutes

Dr. Shamoan moved, Dr. Bishop seconded:

“Resolved, that AIRBIV2017#03 - Rescind HOD Policy 2002:7-H-7 on Minutes be approved.

Resolved, that HOD Policy 2002:7-H-7 be rescinded.

~~**2002:7-H-7 “Resolved, that the minutes for AGD meetings include only the actions of the body and the relevant considerations to the actions and omit attributing comments to specific individuals in the room with the exception of the makers of the motions.”**~~

DEFEATED

N - Bishop, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoan, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Wooden, Worm
a – Winland
A – Cheney
N/A – Smith

XX. AIRBIV2017#04 - Amend Board Policy Manual Minutes Provisions

Dr. Gehrig moved, Dr. Bishop seconded:

1 “Resolved, that AIRBIV2017#04 - Amend Board Policy Manual Minutes Provisions be
2 approved as amended.”
3

4 “Resolved, that the Board Policy Manual be amended at the following places:
5
6

7 *Policy Type: V. Board Policy Statements*
8

9 **E. Board Meetings**

10 ...
11

- 12
- 13 2. The Board minutes shall comport with the current AGD parliamentary authority, as well as advice of
14 outside general counsel, so that they only and include:
- 15 a. Action items stemming from an AIR or resolution duly voted upon by the Board;
 - 16 b. Notice of any duly submitted reports from any Officer, Board member, staff, and agency of the AGD;
 - 17 c. Administrative and Housekeeping details such as those in attendance, call to order, introductions,
18 date/location/time;
 - 19 d. Items required by HOD policy, including the roll call on all votes;
 - 20 e. A summary of all reports presented at the meeting;
 - 21 ~~f. A general summary (not verbatim or a transcript) of all discussion on all agenda items and any other~~
22 ~~germane discussion;~~
 - 23 g. The Secretary shall take and retain notes on executive sessions. No executive session actions shall be
24 reported, except when the Board so authorizes via a majority vote to do so during the executive
25 session.

26 ~~Approved 2012 Board Meeting IV~~

27 ~~Approved 2017 Board Meeting IV~~
28
29

30 *Policy Type: V. Board Policy Statements*
31

32 **S. Management of Records used in Preparation** 33 **of Minutes**

34
35
36 Upon approval of any agency (House of Delegates, Board, Executive Committee, council, committee or task
37 force, etc.) minutes, any and all audio, digital, video, written or other type of recordings of the business
38 portion of such meetings will be purged by staff, in a manner consistent with all state and federal law, ~~within~~
39 ~~one week of the aforementioned approval~~ within one month after the subsequent meeting of the agency,
40 wheretofore the preceding minutes have been approved.
41

42 ~~Approved 2014 Board Meeting II~~

43 ~~Approved 2017 Board Meeting IV”~~
44

45 **PASSED**
46

1 Y – Bishop, Cordero, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Harunani, Lew, Malterud,
2 Shamoon, Shelly, Tillman, Uppal, White, Wooden, Worm

3
4 a - Dear, Donald, Hanson, Shepley, Winland

5
6 A – Cheney, Stillwell,

7
8 N/A – Smith

9
10 **XXI. AIRBIV2017#01 – Future of General Dentistry Committee**

11 **Dr. Donald moved, Dr. Lew seconded,**

12
13 **“Resolved, that the AGD Board ~~Policy Manual~~ be amended to establish a Future of**
14 **General Dentistry ~~Sub~~Committee of the Board, as follows:**

15
16 **1. The Future of General Dentistry Committee shall consist of three (3) Trustees of the**
17 **Board appointed by the President, including the Chair, with the following consultants:**

- 18 1.) AGD President,
19 2.) President-Elect,
20 3.) Vice President,
21 4.) a member of the Dental Practice Council,
22 5.) a member of the Legislative and Governmental Council,
23 6.) a member of the Membership Council,
24 7.) a member of the Dental Education Council,
25 8.) a member of the New Dentist Committee,
26 9.) the chair of the 2017 Future of General Dentistry Task Force

27
28 ~~, serving as consultants.~~

29
30 **2. It shall be the duty of the Committee to explore the challenges and opportunities to the**
31 **profession of general dentistry and develop a comprehensive approach to explore and**
32 **proactively address issues and ramifications with regard to the future of general dentistry.**

33 **3. The Committee shall meet face-to-face either before or after an existing meeting where all**
34 **the trustees are present with consultants participating electronically. The subcommittee**
35 **will meet electronically when deemed necessary. ~~on a periodic basis to execute its charge.~~**

36 **4. The Committee shall have a duration of at least a 3 years from its formation.**

37 ~~5. To adhere to the Sunset Review Process and Schedule outlined in Policy Type V.: Board~~
38 ~~Policy Statements.~~

39 **5.) File a report to the Board at least annually for Board meeting II.**

40 ~~6. Evaluate the pricing of all programs and services annually during the fall (at the Joint~~
41 ~~Council Meetings I if meeting) to be included as part of the budget process and provide a~~
42 ~~complete pricing analysis to the Board at the Board Meeting III at least every three years.~~

43
44 **And be it further,**

45
46 **Resolved, that \$12,720 be sought from the 2017 AGD Contingency Fund for two one-day**
47 **in-person meetings of the committee and its consultants.**

1
2 **And be it further,**

3
4 **Resolved, that Policy Type: V. Board Policy Statements, Q. Sunset Review Process and**
5 **Schedule be amended as follows.**

6
7 **Sunset Review Process schedule**

8
9 ...

10
11 **2019-2020**

12 **Advocacy Fund Committee**

13 **Budget and Finance Committee**

14 **Dental Practice Council**

15 **Future of General Dentistry Committee**

16 **Investment Committee**

17 **Legislative and Governmental Affairs Council²**

18
19 **And it further be,**

20
21 **Resolved, that the Board Policy Manual be amended to reflect this resolution.**

22
23 **PASSED**

24
25 *Y – Bishop, Dear, Donald, Dubowsky, Dyzenhaus, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud,*
26 *Shamoon, Shelly, Shepley, Tillman, Uppal, White, Wooden, Worm*

27
28 *a – Cordero, Edgar, Gajjar, Winland*

29
30 *A – Cheney, Stillwell*

31
32 *N/A – Smith*

33
34 **XXII. Report and Recommendations of the AGD Moderate Sedation Task Force**

35
36 **Dr. Worm moved, Dr. Dyzenhaus seconded:**

37 **“Resolved, that the Report and Recommendations of the AGD Moderate Sedation Task**
38 **Force be accepted for approval.”**

39
40 **PASSED**

41
42 *Y – Bishop, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani,*
43 *Lew, Malterud, Shamoon, Shelly, Shepley, Tillman, Uppal, White, Winland, Wooden, Worm*

44
45 *a – Edgar*

46
47 *A – Cheney, Stillwell*

1 N/A – Smith

2

3 **XXIII. Financials**

4 The April 30, 2017 financial statement was presented.

5

6 **XXIV. AGD Educational Three Year Plan**

7

8 **Dr. Shelly moved, Dr. Lew seconded:**

9

“Resolved, that the following reports be accepted as interim reports.

- 10 • **Background and Environmental Scan for the Educational Strategy for the Dental Education Council and the AGD for 2017-2020**
- 11
- 12 • **The Educational Strategy and Phasing for the Dental Education Council and AGD for 2017-2020**
- 13
- 14 • **Dental Education Council June Status Update**
- 15

16

And be it further,

17

18 **Resolved, that final reports be submitted to 16-17 Board Meeting V including but not limited to the following updates.**

19

20

- 21 • **Update timeline**
- 22 • **Proper business plan**
- 23 • **Financials and staffing resources**
- 24 • **State Board acceptance pending electronic CE submission**
- 25 • **PACE”**

26

PASSED

27

28

Y – Bishop, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoan, Shelly, Shepley, Tillman, Uppal, White, Winland, Wooden, Worm

29

30

31

a – Gajjar

32

33

A – Cheney, Stillwell

34

35

N/A – Smith

36

37

XXV. AIRBIV2017#05 - Amend BPM Trustee Allotment Toolkit

38

39

Dr. Hanson moved, Dr. Wooden seconded:

40

“Resolved, that AIRBIV2017#05 - Amend BPM Trustee Allotment Toolkit be approved.”

41

42

“Resolved, that the Board Policy Manual be amended at Policy Type: V. Board Policy Statements, L. Trustee and EC Funding and Allotment Toolkit,

43

44

45

\$2,000 Allotment per Trustee and EC Member

1 The second source of funding comes from the Trustee Allotment and ED Allotment. The Trustee
2 and EC Member Allotment is composed of annual funds reimbursed to trustees and the EC
3 members. The year starts and ends at the AGD annual meeting. The allotments may be increased
4 at or below the level of inflation (as defined by the previous 12 months CPI) annually by the Budget
5 and Finance Committee. Reimbursable expenses are:

- 6 1. Actual expenses in visiting the constituent AGD's within his or her region. If an
7 automobile is used in traveling to the constituents, the trustee /EC member is to be
8 reimbursed at the designated IRS rate.
- 9 2. The cost of communicating with officers and various members of the constituent AGDs.
- 10 3. The cost of attending meetings of the officers of the constituent AGDs within the region
11 or a caucus of delegates held prior to the annual meeting or governance meetings.
- 12 4. AGD activities relating to his or her function as a trustee or EC member; the allotment
13 may be used for attendance at Joint Council, Leadership, and Advocacy Conference
14 meetings.
- 15 5. The allotment may also be used by the EC members for meetings with other allied
16 organizations or other AGD related meetings.

17
18 **If all of a Trustee's regional responsibilities as articulated infra, are met, then a Trustee**
19 **may use his/her allotment to fund travel to the AGD Scientific Session. Under no**
20 **circumstance shall a Trustee use his/her allotment to fund travel and/or expenses of anyone**
21 **other than him or herself."**

22
23 **DEFEATED**

24
25 *N - Bishop, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Gehrig, Gorman, Guter, Harunani, Lew, Malterud,*
26 *Shelly, Tillman, Uppal, White, Wooden, Worm*

27
28 *a - Edgar, Gajjar, Hanson, Shamoon, Shepley, Winland*

29
30 *A - Cheney, Stillwell*

31
32 *N/A - Smith*

33
34 **XXVI. AIRBIV2017#06 - Revise the Charge of the Group Benefits Council**

35
36 **Dr. Worm moved, Dr. Bishop seconded:**

37 **"Resolved, that AIRBIV2017#06 - Revise the Charge of the Group Benefits Council be**
38 **approved."**

39
40 **"Resolved, that Board Policy Type II K. Section 2. F. be revised as follows:**

41
42 **F. Group Benefits Council**

43
44 **1. The Group Benefits Council shall consist of six (6) members, including the**
45 **chairperson.**

46
47 **2. It shall be the duty of the council:**

1
2 **a. To monitor on a continual basis those group membership benefits offered by the**
3 **AGD to determine their appropriateness for inclusion in the group benefit programs;**
4

5 **b. To identify, evaluate, and recommend group benefit programs to the Board**
6 **which will provide added value to AGD membership;**
7

8 **c. To choose the vendors for the AGD’s group benefit programs subject to the**
9 **approval of the AGD’s Board.**

10
11 **d. Group Benefits may be in the form of a member discount, special availability, or**
12 **revenue to the AGD.**
13

14 **e. To collaborate with input from other Councils when considering AGD member**
15 **benefits to be a part of the affinity program.**
16

17 **3. To adhere to the Sunset Review Process and Schedule outlined in Policy Type V.: Board**
18 **Policy Statements.**
19

20 **4. Evaluate the pricing of all programs and services annually during the fall (at the Joint**
21 **Council Meetings I if meeting) to be included as part of the budget process and provide a**
22 **complete pricing analysis to the Board at the Board Meeting III at least every three years.”**
23

24 **PASSED**

25
26 *Y – Bishop, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson,*
27 *Harunani, Lew, Malterud, Shamoan, Shelly, Shepley, Tillman, Uppal, White, Wooden, Worm*

28
29 *a – Winland*

30
31 *A – Cheney, Stillwell*

32
33 *N/A – Smith*
34

35 **XXVII. Executive Session for AIRBIV2017#07 - Awards Committee Nomination**

36
37 **Dr. Hanson moved, Dr. Bishop seconded:**

38 **“Resolved, that the Board go into executive session at 2:34 p.m.”**
39

40 **PASSED**

41
42 *Y – Bishop, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson,*
43 *Harunani, Lew, Malterud, Shamoan, Shelly, Shepley, Tillman, Uppal, White, Winland, Wooden, Worm*
44

45 *A – Cheney, Stillwell*

46
47 *N/A – Smith*
48

1 **Dr. Worm moved, Dr. Bishop seconded:**

2 **“Resolved, that the Board come out of executive session at 2:45 p.m.”**

3
4 **PASSED**

5
6 *Y – Bishop, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson,*
7 *Harunani, Lew, Malterud, Shamoan, Shelly, Shepley, Tillman, Uppal, White, Winland, Wooden, Worm*

8
9 *A – Cheney, Stillwell*

10
11 *N/A – Smith*

12
13 During the executive session the following action was taken.

14
15 **“Resolved, that AIRBIV2017#07 - Awards Committee Nomination be approved.”**

16
17 **“Resolved, that the AGD Awards Committee be allowed to bring forward nominees for**
18 **consideration in addition to the current nomination process.”**

19
20 **And be it further,**

21
22 **Resolved that the Board Policy Manual be amended at Policy Type: II. Governance**
23 **Process, M. Charges of Council and Committees to read as follows.**

24
25 **C. Awards Committee**

26
27 1. The Awards Committee shall consist of five (5) members, including the chairperson. The
28 committee shall be composed of an AGD Past President serving as chairperson, three (3)
29 AGD past Presidents, the Regional Director chair, and a trustee (non-voting member).

30 2. **It shall be the duty of the committee:**

31
32 a. **To be responsible for all aspects of the AGD Achievement Awards*;**

33 **1. Review/add or delete award categories;**

34 **2. Develop award criteria;**

35 **3. Recommend nominees;**

36 **34. Select award nominees to be considered by the Board.**

37
38 b. **Approve marketing plan and other items as determined;**

39 c. **Evaluate nominations and recommend the top two (2) or three (3) candidates for the award to**
40 **the Board for final selection.**

41
42 3. **To adhere to the Sunset Review Process and Schedule outlined in Policy Type V.: Board Policy**
43 **Statements.**

44
45 4. **Evaluate the pricing of all programs and services annually during the fall (at the Joint Council**
46 **Meetings I if meeting) to be included as part of the budget process and provide a complete**
47 **pricing analysis to the Board at the Board Meeting III at least every three years.**

48
49 ****The Dental Education Council will continue to select the Weclaw Award winner.***

1
2 **And be it further,**

3
4 **Resolved that the Board Policy Manual be amended at Policy Type: V. Board Policy Statements**

5
6 **D. Awards**

7
8 **Awards Committee**

9 **The Awards Committee will be responsible for the following aspects of the AGD Achievement**
10 **Awards.* The responsibilities include: review, add, or delete award categories; develop award**
11 **criteria; nominate and select award nominees to be considered by the Board; approve**
12 **marketing plan and other items as determined; and create a recognition plan for award**
13 **recipients to include a formal presentation at the annual meeting.**

14
15 **The Dental Education Council will continue to select the Weclaw award winner and will submit the*
16 *winner's name to the Awards Committee to be forwarded to the Board for final approval."*

17
18 **DEFEATED**

19
20 *N – Bishop, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson,*
21 *Harunani, Lew, Malterud, Shamoan, Shelly, Shepley, Tillman, Uppal, White, Wooden, Worm*

22
23 *a – Winland*

24
25 *A – Cheney, Stillwell*

26
27 *N/A – Smith*

28
29 **Dr. Tillman moved, Dr. Wooden seconded:**

30 **“Resolved, that the AGD Awards Committee review and update the existing AGD**
31 **Achievement Awards and criteria associated with the awards with a report back to 17-18**
32 **Board Meeting I.**

33
34 **PASSED**

35
36 *Y – Bishop, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson,*
37 *Harunani, Malterud, Shamoan, Shelly, Shepley, Tillman, Uppal, White, Wooden, Worm*

38
39 *a – Lew, Winland*

40
41 *A – Cheney, Stillwell*

42
43 *N/A – Smith*

44
45 **XXVIII. AIRBIV2017#08 - Amend Board Policy Type V. Board Guidelines W. Educational**
46 **Sponsorship Guidelines**

47
48 **Dr. Wooden moved, Dr. White seconded:**

1 “Resolved, that AIRBIV2017#08a - Amend Board Policy Type V. Board Guidelines W.
2 Educational Sponsorship Guidelines be postponed pending review by outside legal
3 counsel.”

5 “Resolved, that AIRBIV2017#08a - Amend Board Policy Type V. Board Guidelines W.
6 Educational Sponsorship Guidelines be postponed pending review by outside legal
7 counsel.”

9 “Resolved, that the name of the Education Sponsorship program be amended as follows.

11 *Policy Type: V. Board Guidelines*

13 **W. Educational Sponsorship Collaboration** 14 **Guidelines**

16 Approved at 2016-2017 Board Meeting II

18 **Educational Sponsorships Collaborations**

20 **Guidelines for AGD Educational Sponsorships Collaborations**

22 *Definitions*

24 **Educational Sponsorship Collaboration**: A relationship between the AGD and another
25 entity(ies) (the “parties”) for the purpose of collaboration between the parties to provide
26 educational programming to members of the AGD and/or members of the other entity(ies)

28 *Guidelines*

30 **General considerations of entering an educational sponsorship collaboration**

- 32 • All AGD costs associated with the potential contract should be considered in a business
33 plan or the equivalent – for example, a 2 or 5 year business plan - before moving
34 forward.
- 35 • The business plan or its equivalent will be developed by staff and will include, but not
36 be limited to, staff and marketing costs, and will consider that the initial investment
37 may be higher than ongoing costs for both parties.
- 38 • The educational sponsorship collaboration must benefit the AGD and protect the AGD
39 name and reputation.
- 40 • The sponsorship collaboration should consider mutual benefits and mutual liabilities of
41 the parties.
- 42 • The sponsorship collaboration should generate non-dues revenue, sponsorship dollars,
43 or royalties for the AGD. If the sponsorship collaboration is of a variety such that
44 revenue may not be generated, such as a strictly CE agreement, other benefits to the
45 AGD or its constituents must be identified.

- 1 • **The sponsorship collaboration shall not be to the detriment of and should benefit**
2 **current educational offerings such as the Scientific Session, the Online Learning Center**
3 **or other AGD educational resources.**

4
5 **Characteristics of the other entity(ies)**
6

7 **The AGD shall enter into educational sponsorships collaborations only with entity(ies) that**
8 **meet, or exceed if applicable, the following criteria:**
9

- 10 11. **Each entity is a Program Approval for Continuing Education (PACE) provider that**
11 **maintains the standards of the PACE program and meets the standards of the AGD as**
12 **determined by the AGD Dental Education (DE) Council.**
13 12. **The entity(ies) have undergone evaluation by the AGD of the history and reputation of**
14 **the entity(ies) to assess any findings that might affect the sponsorship collaboration**
15 **and/or AGD members' perception of the sponsorship collaboration.**
16 13. **The entity(ies), collectively if more than one, must offer product(s) or program(s) that**
17 **our members want and would consider a benefit to them.**
18 14. **All educational entities will be considered, including, but not limited to: corporate,**
19 **profit, non-profit, individually owned, educational institutions.**
20 15. **Each entity must purchase, at no expense to the AGD, an exhibit booth at an AGD**
21 **scientific session.**
22

23 **Characteristics of the educational programming**
24

- 25 11. **The educational programming must be congruent with AGD's overall comprehensive**
26 **educational strategic plan.**
27 12. **The educational programming will complement current AGD educational resources or**
28 **extend AGD's reach to its members and/or potential members or enhance AGD's**
29 **overall standing in the arena of Dental Education.**
30 13. **AGD members must benefit and find value from the relationship, as assessed by survey**
31 **of AGD members participating in the programming.**
32 14. **The educational programming must give a distinct benefit to AGD members that is**
33 **beyond merely benefit to members of the entity(ies).**
34 15. **The educational programming must not be solely limited to what is already offered to**
35 **members of the entity(ies) without further benefit to AGD members.**
36

37 **Binding terms**
38

39 **Educational sponsorships collaborations shall be implemented by agreement between the**
40 **parties. Said agreement shall be memorialized in the form of binding terms captured in**
41 **writing as either contract or memorandum of understanding whereby binding terms are**
42 **expressly indicated as binding. The following criteria shall apply to said binding terms (the**
43 **"contract"):**
44

- 45 17. **The contract shall be for a term not to exceed two (2) years.**

- 1 18. The contract shall not be evergreen, and shall not automatically renew upon expiration
2 of the initial or any subsequent term.
- 3 19. The contract shall allow for renewal with the same or different terms, only upon the
4 mutual agreement of all parties (or their assignees or delegates, should the benefits and
5 duties of said parties been legally assumed by said assignees or delegates), and only to
6 the extent that the sum of the initial term and all renewal terms does not exceed five (5)
7 years whereby each renewal period has a term of one year.
- 8 20. The contract shall allow for either or any of the parties to terminate the contract
9 without cause, without any termination fee, liquidated damages, or penalty to be paid
10 by the terminating party, upon 30-days written notice to the other part(ies).
- 11 21. The contract shall set forth promotional requirements to meet the requirements of each
12 party, including the responsibility of each party, the allocation of costs, and the timing
13 of promotions. Subsequent revisions to said marketing terms should be reported
14 immediately to the AGD Communications and Marketing Departments. All promotions
15 shall require the approval of the AGD prior to implementation.
- 16 22. The contract shall expressly require that the AGD logo be included in all external
17 communications by any party, related to the sponsorship collaboration, including the
18 educational programming.
- 19 23. The contract shall delineate ownership of intellectual property of each party, as well as
20 of any other property, if applicable.
- 21 24. The contract shall not bind the AGD to sponsor collaborator exclusively with any
22 entity(ies), and shall not limit the number of agreements, including sponsorship
23 collaborations, into which the AGD may enter.

24
25 **Process of review**

26
27 **Educational sponsorships collaborations will be developed by the AGD Dental Education**
28 **Council as follows:**

- 29
30 19. The DE Council should be the entry place or clearinghouse for any potential
31 educational sponsor collaborator coming to the AGD or for any educational sponsor
32 collaborator that the AGD would consider reaching out to for an educational
33 sponsorship collaboration.
- 34 20. The Dental Education Council will be provided flexibility in negotiations based on
35 tangible and/or in-kind benefits discussed, and contingent on appropriate council
36 approval.
- 37 21. A subcommittee of the DE Council will be formed to look at each potential sponsor
38 initially and assess its prospective value. The subcommittee will also look at the costs
39 associated with that potential sponsorship collaboration.
- 40 22. Once the above initial deliberation has been accomplished, the subcommittee shall
41 share the opportunity with any council or committee that might need to have input.
42 This will always include the PACE Council but will also include any other council
43 which may be affected or have input to the particular agreement. The opportunity
44 shall be shared concurrently with the Executive Committee (EC) for its input.

- 1 **23. Because time is of the essence in the consideration of these opportunities, the DE**
2 **subcommittee, through the DE Council Chair, will contact any and all other chairs of**
3 **any council or committee that should have input and the EC.**
4 **24. One week (7 calendar days) will be given for each such chairperson and the EC (by the**
5 **president, for the body) to respond. In the event that any such chairperson is**
6 **unavailable or fails to respond within one week (7 calendar days), the AGD President or**
7 **council/committee chairperson shall assign another council/committee member to**
8 **respond on behalf of that council/committee, and that other council/committee member**
9 **shall have three (3) calendar days from the date she/he receives the request or the**
10 **remainder of said week (7 calendar days), whichever is greater, to respond to the**
11 **request of the DE Council Chair.**
12 **25. Negotiations for the prospective sponsorship collaboration will proceed (with any**
13 **additional information provided by those chairs or the EC) unless there is reason found**
14 **through this process to terminate or alter them.**
15 **26. If the DE Council decides, through its due diligence, that an opportunity does not meet**
16 **the criteria to be considered for an AGD educational sponsorship collaboration and**
17 **should not move forward, there will be no further negotiations and the sponsorship**
18 **collaboration will not be accepted.**
19 **27. Any and all final agreements will be routed through traditional contract review**
20 **protocols following negotiations.**
21 **28. The AGD Board is the final deciding body for each such agreement.**

22
23 **If an educational sponsorship collaboration opportunity fails to meet these guidelines, as**
24 **determined by the DE Council after its exercise of due diligence, the sponsorship**
25 **collaboration will not be considered. No educational sponsorship collaboration shall be**
26 **considered unless it meets the approval of the DE Council and its subcommittee and of the**
27 **AGD Executive Committee.”**

28
29 **PASSED**

30
31 *Y – Bishop, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew,*
32 *Malterud, Shamoon, Shelly, Shepley, Tillman, Uppal, White, Winland Wooden, Worm*

33
34 *A – Cheney, Cordero, Stillwell*

35
36 *N/A – Smith*

37
38 **“Resolved, that AIRBIV2017#08b - Amend Board Policy Type V. Board Guidelines W.**
39 **Educational Sponsorship Guidelines be approved.**

40
41 **Process of review**

42
43 **Educational sponsorships will be developed by the AGD Dental Education Council as**
44 **follows:**

45
46 **1. ...**

- 1 **2. The Dental Education Council will be provided flexibility in negotiations based on**
2 **tangible and/or in-kind benefits discussed, and contingent on appropriate council**
3 **approval.**
4 **3. ...**

5
6 **DEFEATED**

7
8 *N – Bishop, Dear, Donald, Dubowsky, Dyzenhaus, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew,*
9 *Malterud, Shamoon, Shelly, Shepley, Tillman, White, Wooden, Worm*

10
11 *a – Edgar, Uppal, Winland*

12
13 *A – Cheney, Cordero, Stillwell*

14
15 *N/A – Smith*

16
17 **XXIX. AIRBIV2017#09 - Amend BPM to create a Congressional Liaison**

18 **Dr. Donald moved, Dr. White seconded:**

19 **“Resolved, that the amended AIRBIV2017#09 - Amend BPM to create a Congressional**
20 **Liaison be referred to the Budget and Finance Committee and the Legislative and**
21 **Governmental Affairs Council.”**

22
23 **“Resolved, that the Board Policy Manual be amended by the addition of a new section,**
24 **Policy Type II, Section 7, so that it reads:**

25
26 **Section 7. Congressional Liaison”**

27
28 **The Congressional Liaison will be an AGD member in good standing with the following**
29 **experience and credentials: and with appropriate experience and credentials may be**
30 **appointed as AGD’s Congressional Liaison**

31 **1.) has served on the Legislative and Governmental Affairs Council,**

32 **2.) has attended each AGD Hill/Lobby day,**

33 **3.) has lobbied Congresssional members, Congressional Staff and/or Governmental**
34 **Agencies in person in DC specifically for the AGD on at least 10 occaisions in the past 5**
35 **years,**

36
37 **A stipend, as determined by the Executive Committee, shall be paid to the AGD’s**
38 **Congressional Liaison, under contractual arrangements approved by the Executive**
39 **Committee. The terms of the contract shall include the length of the term, procedures for**
40 **renewal and the method of payment of the stipend. The stipend level will be reviewed by**
41 **the Budget and Finance Committee every two years.**

42
43 **The duties of the Congressional Liaison shall be:**

44 **1.) Works collaboratively with AGD’s contract lobbyist in Washington D.C. on strategies to**
45 **achieve AGD’s legislative priorities.**

46 **2.) Develops and maintains a cadre of AGD members who have close personal contact with**
47 **top federal elected legislators from their respective states, and relays this information to the**

1 Associate Executive Director, Public Affairs for continued growth of the AGD's advocacy
2 network

3 3.) Represents the AGD at appropriate events in Washington, D.C. and locally in order to
4 further promote and build relationships with legislators.

5 4.) Promotes AGD's position on legislative and regulatory issues directly with top federal
6 elected legislators and senior appointed officials.

7 5.) Serves as an ex-officio member of the Legislative and Governmental Affairs Council.

8 6.) Brings issues of importance to the Executive Committee and the Board in a timely
9 manner.

10 7.) Accompanies the AGD President and other AGD officers on Congressional visits when
11 appropriate.

12
13 Serves as AGD's representative to ADPAC, when so qualified to do so (subject to ADPAC
14 rules)

15
16 To perform such other duties as prescribed by the President

17
18 Resolved, that in consultation with the AGD Lobby Firm, the President-Elect recommend
19 to the AGD Board a qualified individual for approval to begin service in 2018.

20
21 And be further

22
23 Resolved that this appointment continue for three years and be re-evaluated by the board
24 every three years"

25
26 And be it further,

27
28 Resolved, that the FY2018 budget incorporate funding for the Congressional Liaison,

29
30 And be it further,

31
32 Resolved, that the President-Elect, recommend to the AGD Board, a qualified individual
33 for approval to begin service in 2018."

34
35 **PASSED**

36
37 *Y – Bishop, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew,*
38 *Shamoon, Shelly, Shepley, Tillman, Uppal, White, Winland, Wooden, Worm*

39
40 *A – Cheney, Cordero, Malterud, Stillwell*

41
42 *N/A – Smith*

43
44 **XXX. AIRBIV2017#10 – Dental Benefits Strategy Task Force**

45
46 **Dr. Shamoon moved, Dr. Worm:**

1 **“Resolved, that the Board supports the concept of AIRBIV2017#10 – Dental Benefits**
2 **Strategy Task Force.**

3
4 **And be it further,**

5
6 **Resolved that AIRBIV2017#10 – Dental Benefits Strategy Task Force be referred to the**
7 **Legislative and Governmental Affairs and Dental Practice Councils and their Division**
8 **Coordinator with its recommendation to form a workgroup of both councils with the**
9 **appropriate consultants to address issues on dental benefits matters.**

10
11 **And be it further**

12
13 **Resolved, that a preliminary report be submitted to 17-18BMI and a final report to 17-**
14 **18BMII.**

15
16 **“Resolved, that a Dental Benefits Strategy Task Force be created, as follows:**

17
18 **Title: Dental Benefits Strategy Task Force**

19
20 **Members: The Task Force shall include one or more persons with expertise in dental**
21 **benefits matters, such as expertise in contemporary healthcare economics and payment**
22 **systems, and may additionally include representation from each of the Dental Practice and**
23 **Legislative & Governmental Affairs Councils as either members or consultants thereto.**

24
25 **Charge:**

26 **1. It shall be the duty of the Task Force to:**

- 27 **a) Analyze trends in the dental benefits industry**
28 **b) Develop strategies to help AGD members deal with the dental benefits landscape.**
29 **c) Strategies may include but are not limited to consideration of development of a**
30 **standing AGD staff and/or volunteer entity, such as an ombudsman, committee,**
31 **staff position, or department, to continually address dental benefits matters.**

32
33
34 **Timeline: Preliminary Report to 2016-2017 Board Meeting V”**

35
36 **PASSED**

37
38 *Y – Bishop, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew,*
39 *Shamoon, Shelly, Shepley, Tillman, Uppal, White, Winland, Wooden, Worm*

40
41 *A – Cheney, Cordero, Malterud, Stillwell*

42
43 *N/A – Smith*

44
45 **XXXI. AIRBIV2017#11 - Amendment to Election Guidelines**

46
47 **Dr. Bishop moved, Dr. Guter seconded:**

1 “Resolved, that AIRBIV2017#11 - Amendment to Election Guidelines be approved as
2 amended.”
3

4 “Resolved, that the AGD Election Guidelines be amended at Section VIII, e., so that they
5 read:
6

7 **VIII. Candidate Activity: Acceptable activity in the furtherance of a campaign shall
8 include:**

- 9 **a. The distribution of biographical, issue-oriented, and contact information on the
10 candidate to the AGD, regional, and constituent leaders and the appearance of the
11 candidate at regional caucuses held in conjunction with the AGD Annual Meeting. All
12 such materials must to be approved by the C&E Committee prior to distribution. (See
13 X)
14**
- 15 **b. Commentary and/or biographical information will be posted on an
16 “Election/Candidates” page on the AGD website. Each Candidate will be given
17 relatively the same amount of space. The C&E must approve all commentary and/or
18 biographical information concerning the candidate before it is posted. Staff will upload
19 the information.
20**
- 21 **c. Commentary and/or biographical information will be printed in one edition of *AGD
22 Impact* so that side by side comparisons can be made, so long as materials are submitted
23 to meet publication deadlines.
24**
- 25 **d. A candidate shall only initiate contact with a Delegate or Alternate by mail, e-mail or
26 fax unless the Delegate or Alternate initiates contact. A candidate may not solicit a
27 Delegate or Alternate’s phone number. If the method of contact is via e-mail, then such
28 e-mails shall be sent a first time, and then a second and final time with an interval of
29 thirty (30) days between the two e-mails, contingent upon the declaration of candidacies.
30 AGD staff shall send out the e-mails, of all candidates for an office, on the same day,
31 again subject to the declaration of candidacy. The timing of the e-mails shall be
32 determined per the provisions of Section II herein. Mail and fax pieces may be sent out
33 by the candidates or their representatives, but no more than two mail pieces and two
34 faxes may be sent to any individual Delegate or Alternate.
35**
- 36 **e. A candidate will formally declare his or her candidacy for the coming year’s election to
37 constituent officers, Regional Directors, members of the Board and council and
38 committee chairs not earlier than the latter of the commencement of the AGD Board
39 Meeting III or January 1st of the year in which the election is held. Notwithstanding this
40 section, all AGD officers are primarily subject to the provisions of the AGD Bylaws,
41 Chapter IX, Section 1(B)4, which states " *An AGD officer must declare for a new office
42 at least (30) days before the Board Meeting III , and resign his or her current office
43 effective at the close of the annual meeting. Once an AGD officer declares for a new office,
44 said resignation is irrevocable.* “Such notice may contain biographical and issue oriented
45 information on his or her candidacy. A candidate shall not announce or circulate
46 petitions for signatures at the preceding annual meeting. Nothing in these guidelines,**

1 including the filing deadline for other candidates, shall prohibit a candidate who makes
2 a valid declaration of candidacy from campaigning, subject to all provisions of these
3 guidelines.”

4
5 **DEFEATED**

6
7 *Y – Bishop, Edgar, Gajjar, Guter, Harunani, Shelly, Uppal, Worm*

8
9 *N - Dear, Donald, Dubowsky, Dyzenhaus, Gorman, Hanson, Shamoan, Shepley, Tillman, Wooden*

10
11 *a – Gehrig, Lew, White, Winland*

12
13 *A – Cheney, Cordero, Malterud, Stillwell*

14
15 *N/A – Smith*

16
17 **XXXII. AIRBIV2017#12 - Amend Bylaws to Reflect Term-limits for Editor and Speaker**

18
19 **Dr. Shelly moved, Dr. Hanson seconded:**

20 **“Resolved, that AIRBIV2017#12 - Amend Bylaws to Reflect Term-limits for Editor and**
21 **Speaker be approved.”**

22
23 **“Resolved, that the Bylaws be amended at Chapter IX, Section 1 (D) 2, so that they read:**

- 24
25 **2. The president, president-elect, and vice president shall serve for the term of one (1)**
26 **year. The editor shall serve for a three-year term, and the secretary, treasurer, and**
27 **speaker of the House of Delegates shall each serve for two-year terms, with the**
28 **treasurer elected during the even-numbered years, and the secretary and the speaker of**
29 **the House of Delegates elected during the odd-numbered years, starting with the 1975**
30 **annual meeting of the House. No officer shall hold more than one (1) AGD office at the**
31 **same time. No officer may serve as secretary or treasurer for more than two (2) terms**
32 **of two (2) years each. No officer may serve as Speaker of the House of Delegates for**
33 **more than three (3) terms of two (2) years each. No officer may serve as editor for more**
34 **than two (2) terms of three (3) years each.”**

35
36 **PASSED**

37
38 *Y – Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Guter, Hanson, Harunani, Shamoan, Shelly,*
39 *Shepley, Tillman, Uppal, White, Wooden, Worm*

40
41 *N - Bishop, Gorman*

42
43 *a - Lew, Winland*

44
45 *A – Cheney, Cordero, Malterud, Stillwell*

46
47 *N/A – Smith*

48
49 **XXXIII. AIRBIV2017#13 - 2019 LAC Chair Appointment**

1 **Dr. Bishop moved, Dr. Hanson seconded:**

2 **“Resolved, that VII. AIRBIV2017#13 - 2019 LAC Chair Appointment be postponed until**
3 **the July 26, 2017 Board call.”**

4
5 **“Resolved, that the 2019 LAC Chair appointment be approved.”**

6
7 **Local Arrangements Committee:**

8 **Dr. Elio F. Filice, Region 15-16, (7/1/2017-6/TBD/2019), Chair”**

9
10 **PASSED**

11
12 *Y – Bishop, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew,*
13 *Shamoon, Shelly, Shepley, Tillman, Uppal, White, Winland, Wooden, Worm*

14
15 *A – Cheney, Cordero, Malterud, Stillwell*

16
17 *N/A – Smith*

18
19 **XXXIV. AIRBIV2017#14 - Amendment to HOD Policy 2013:314RB-H-6 on Selection of**
20 **Student Delegates/Alternates**

21
22 **Dr. Harunani moved, Dr. White seconded:**

23 **“Resolved, that AIRBIV2017#14 - Amendment to HOD Policy 2013:314RB-H-6 on**
24 **Selection of Student Delegates/Alternates be referred to the Dental School Program Task**
25 **Force to establish the criteria for the selection of the student member delegate process with**
26 **a report back to 16-17 BMV.”**

27
28 **“Resolved, that AGD HOD policy 2013:314RB-H-6 be amended, so that it reads:**

29
30 **Resolved, that the New Dentist Committee coordinate the AGD Student Member Delegate**
31 **Program, and be it further,**

32
33 **Resolved, that the two (2) AGD Student Member Delegates and the two (2) AGD student**
34 **member Alternate Delegates be recommended by the American Student Dental Association**
35 **leadership through the solicitation of AGD dental school chapters to the Executive**
36 **Committee of AGD for approval and assignment of Caucus attendance to begin by the 2014**
37 **HOD, and be it further,**

38
39 **Resolved, that the House of Delegates continues to be calculated on the basis of 200**
40 **members from the constituents and the addition of the two students shall not affect the**
41 **proportionality of constituent representation to the HOD.”**

42
43 **PASSED**

44
45 *Y – Bishop, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew,*
46 *Shamoon, Shelly, Shepley, Tillman, Uppal, Winland, Wooden, Worm*

1 a - White
2
3 A – Cheney, Cordero, Malterud, Stillwell
4
5 N/A – Smith

6
7 **XXXV. Officer Reports**

8 The officer reports were presented to the Board.

9

10 **XXXVI. 2017 Contingency Fund Balance**

11 The 2017 Contingency Fund balance is \$75,392.

12

13 **XXXVII. Adjournment**

14 **Dr. Dear moved, Dr. Lew seconded:**

15 **“Resolved, that the Board meeting adjourn at 4:43 p.m.”**

16

17 **PASSED**

18

19 *Y – Bishop, Dear, Donald, Dubowsky, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Shelly,*
20 *Shepley, Tillman, Uppal, White, Winland, Wooden, Worm*

21

22 *A – Cheney, Cordero, Dyzenhaus, Malterud, Shamoan, Stillwell*

23

24 *N/A – Smith*

25

26

27



**Board Meeting
July 26, 2017
Minutes**

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I. Call to Order

Dr. Smith called the meeting to order on July 26, 2017 at 7:01 p.m. Central Daylight Time (CDT).

II. Executive Committee

- Dr. Maria A. Smith, President
- Dr. Manuel A. Cordero, President-Elect (for a portion of the meeting)
- Dr. Neil J. Gajjar, Vice President
- Dr. Connie L. White, Secretary
- Dr. Bryan C. Edgar, Speaker of the House (for a portion of the meeting)
- Dr. Mohamednazir F. Harunani, Treasurer
- Dr. Roger D. Winland, Editor
- Dr. W. Mark Donald, Immediate Past President

III. Trustees

- Dr. Sue Bordenave Bishop, Region 08
- Dr. J. C. Cheney, Region 14 (for a portion of the meeting)
- Dr. David J. Dear, Region 06
- Dr. Scott M. Dubowsky, Region 04
- Dr. Abe Dyzenhaus, Region 02 (for a portion of the meeting)
- Dr. Robert D. Gehrig, Region 20
- Dr. Thomas F. Gorman, Region 01
- Dr. Hans P. Guter, Region 07
- Dr. Guy M. Hanson, Region 11
- Dr. Michael W. Lew, Region 13
- Dr. Mark I. Malterud, Region 10
- Dr. Samer G. Shamoan, Region 09
- Dr. Eric N. Shelly, Region 03
- Dr. George R. Shepley, Region 05
- Dr. K. David Stillwell, Region 12
- Dr. David D. Tillman, Region 18 (for a portion of the meeting)
- Dr. Sanjay Uppal, Region 15/16
- Dr. Carol A. Wooden, Region 19

IV. Absent Members

- Dr. Donald A. Worm, Jr., Region 17

V. Guests

- Dr. Joseph Picone, Chair, Scientific Meeting Council (for a portion of the meeting)
- Ms. Paula Goedert, Barnes and Thornburg LLP

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VI. Staff

Daniel Buksa, JD, CAE, Interim Executive Director, Associate Executive Director,
Public Affairs
Christa Ojeda, CPA, Chief Financial Officer
Jennifer Goler, Associate Director, Governance
La June Davis-Wiley, Head of Human Resources (for a portion of the meeting)

VII. Welcome

Dr. Smith welcomed everyone to the meeting.

VIII. Agenda Approval

Dr. Shamoon moved, Dr. White seconded:

“Resolved, that the agenda be approved.”

PASSED

Y – Bishop, Dear, Donald, Dubowsky, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden

A – Cheney, Cordero, Dyzenhaus, Worm

N/A – Smith

IX. AIRBIV2017#08a - Amend Board Policy Type V. Board Guidelines W. Educational Sponsorship Guidelines

Dr. Worm moved, Dr. Edgar seconded:

“Resolved, that AIRBIV2017#08a - Amend Board Policy Type V. Board Guidelines W. Educational Sponsorship Guidelines be approved.”

“Resolved, that the name of the Education Sponsorship program be amended as follows.

Policy Type: V. Board Guidelines

W. Educational Sponsorship Collaboration Guidelines

Approved at 2016-2017 Board Meeting II

Educational Sponsorships Collaborations

Guidelines for AGD Educational Sponsorships Collaborations

Definitions

1 **Educational Sponsorship Collaboration:** A relationship between the AGD and another
2 entity(ies) (the “parties”) for the purpose of collaboration between the parties to provide
3 educational programming to members of the AGD and/or members of the other entity(ies)
4

5 *Guidelines*
6

7 **General considerations of entering an educational sponsorship collaboration**
8

- 9
- 10 • All AGD costs associated with the potential contract should be considered in a business
11 plan or the equivalent – for example, a 2 or 5 year business plan - before moving
12 forward.
 - 13 • The business plan or its equivalent will be developed by staff and will include, but not
14 be limited to, staff and marketing costs, and will consider that the initial investment
15 may be higher than ongoing costs for both parties.
 - 16 • The educational sponsorship collaboration must benefit the AGD and protect the AGD
17 name and reputation.
 - 18 • The sponsorship collaboration should consider mutual benefits and mutual liabilities of
19 the parties.
 - 20 • The sponsorship collaboration should generate non-dues revenue, sponsorship dollars,
21 or royalties for the AGD. If the sponsorship collaboration is of a variety such that
22 revenue may not be generated, such as a strictly CE agreement, other benefits to the
23 AGD or its constituents must be identified.
 - 24 • The sponsorship collaboration shall not be to the detriment of and should benefit
25 current educational offerings such as the Scientific Session, the Online Learning Center
26 or other AGD educational resources.

27 **Characteristics of the other entity(ies)**
28

29 **The AGD shall enter into educational sponsorships collaborations only with entity(ies) that**
30 **meet, or exceed if applicable, the following criteria:**
31

- 32 16. Each entity is a Program Approval for Continuing Education (PACE) provider that
33 maintains the standards of the PACE program and meets the standards of the AGD as
34 determined by the AGD Dental Education (DE) Council.
- 35 17. The entity(ies) have undergone evaluation by the AGD of the history and reputation of
36 the entity(ies) to assess any findings that might affect the sponsorship collaboration
37 and/or AGD members’ perception of the sponsorship collaboration.
- 38 18. The entity(ies), collectively if more than one, must offer product(s) or program(s) that
39 our members want and would consider a benefit to them.
- 40 19. All educational entities will be considered, including, but not limited to: corporate,
41 profit, non-profit, individually owned, educational institutions.
- 42 20. Each entity must purchase, at no expense to the AGD, an exhibit booth at an AGD
43 scientific session.
44

45 **Characteristics of the educational programming**
46

- 1 16. The educational programming must be congruent with AGD’s overall comprehensive
2 educational strategic plan.
- 3 17. The educational programming will complement current AGD educational resources or
4 extend AGD’s reach to its members and/or potential members or enhance AGD’s
5 overall standing in the arena of Dental Education.
- 6 18. AGD members must benefit and find value from the relationship, as assessed by survey
7 of AGD members participating in the programming.
- 8 19. The educational programming must give a distinct benefit to AGD members that is
9 beyond merely benefit to members of the entity(ies).
- 10 20. The educational programming must not be solely limited to what is already offered to
11 members of the entity(ies) without further benefit to AGD members.

12
13 **Binding terms**

14
15 **Educational ~~sponsorships~~ collaborations shall be implemented by agreement between the**
16 **parties. Said agreement shall be memorialized in the form of binding terms captured in**
17 **writing as either contract or memorandum of understanding whereby binding terms are**
18 **expressly indicated as binding. The following criteria shall apply to said binding terms (the**
19 **“contract”):**

- 20
- 21 25. The contract shall be for a term not to exceed two (2) years.
- 22 26. The contract shall not be evergreen, and shall not automatically renew upon expiration
23 of the initial or any subsequent term.
- 24 27. The contract shall allow for renewal with the same or different terms, only upon the
25 mutual agreement of all parties (or their assignees or delegates, should the benefits and
26 duties of said parties been legally assumed by said assignees or delegates), and only to
27 the extent that the sum of the initial term and all renewal terms does not exceed five (5)
28 years whereby each renewal period has a term of one year.
- 29 28. The contract shall allow for either or any of the parties to terminate the contract
30 without cause, without any termination fee, liquidated damages, or penalty to be paid
31 by the terminating party, upon 30-days written notice to the other part(ies).
- 32 29. The contract shall set forth promotional requirements to meet the requirements of each
33 party, including the responsibility of each party, the allocation of costs, and the timing
34 of promotions. Subsequent revisions to said marketing terms should be reported
35 immediately to the AGD Communications and Marketing Departments. All promotions
36 shall require the approval of the AGD prior to implementation.
- 37 30. The contract shall expressly require that the AGD logo be included in all external
38 communications by any party, related to the ~~sponsorship~~ collaboration, including the
39 educational programming.
- 40 31. The contract shall delineate ownership of intellectual property of each party, as well as
41 of any other property, if applicable.
- 42 32. The contract shall not bind the AGD to ~~sponsor~~ collaborator exclusively with any
43 entity(ies), and shall not limit the number of agreements, including ~~sponsorship~~
44 collaborations, into which the AGD may enter.

45
46 **Process of review**

1
2 Educational sponsorships collaborations will be developed by the AGD Dental Education
3 Council as follows:
4

5 29. The DE Council should be the entry place or clearinghouse for any potential
6 educational sponsor coming to the AGD or for any educational sponsor that the AGD
7 would consider reaching out to for an educational sponsorship.

8 30. A subcommittee of the DE Council will be formed to look at each potential sponsor
9 initially and assess its prospective value. The subcommittee will also look at the costs
10 associated with that potential sponsorship collaboration.

11 31. Once the above initial deliberation has been accomplished, the subcommittee shall
12 share the opportunity with any council or committee that might need to have input.
13 This will always include the PACE Council but will also include any other council
14 which may be affected or have input to the particular agreement. The opportunity
15 shall be shared concurrently with the Executive Committee (EC) for its input.

16 32. Because time is of the essence in the consideration of these opportunities, the DE
17 subcommittee, through the DE Council Chair, will contact any and all other chairs of
18 any council or committee that should have input and the EC.

19 33. One week (7 calendar days) will be given for each such chairperson and the EC (by the
20 president, for the body) to respond. In the event that any such chairperson is
21 unavailable or fails to respond within one week (7 calendar days), the AGD President or
22 council/committee chairperson shall assign another council/committee member to
23 respond on behalf of that council/committee, and that other council/committee member
24 shall have three (3) calendar days from the date she/he receives the request or the
25 remainder of said week (7 calendar days), whichever is greater, to respond to the
26 request of the DE Council Chair.

27 34. Negotiations for the prospective sponsorship collaboration will proceed (with any
28 additional information provided by those chairs or the EC) unless there is reason found
29 through this process to terminate or alter them.

30 35. If the DE Council decides, through its due diligence, that an opportunity does not meet
31 the criteria to be considered for an AGD educational sponsorship collaboration and
32 should not move forward, there will be no further negotiations and the sponsorship
33 collaboration will not be accepted.

34 36. Any and all final agreements will be routed through traditional contract review
35 protocols following negotiations.

36 37. The AGD Board is the final deciding body for each such agreement.
37

38 If an educational sponsorship collaboration opportunity fails to meet these guidelines, as
39 determined by the DE Council after its exercise of due diligence, the sponsorship
40 collaboration will not be considered. No educational sponsorship collaboration shall be
41 considered unless it meets the approval of the DE Council and its subcommittee and of the
42 AGD Executive Committee.”

43
44 PASSED
45

1 *Y – Bishop, Dear, Donald, Dubowsky, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud,*
2 *Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden*

3
4 *A – Cheney, Cordero, Dyzenhaus, Worm*

5
6 *N/A – Smith*

7
8 **X. AIRBIV2017#02 - Approve Location of AGD2019**

9 **Dr. Shamoon moved, Dr. Guter seconded:**

10 **“Resolved, that AIRBIV2017#02 - Approve Location of AGD2019 be approved.”**

11
12 **“Resolved, that Mohegan Sun Casino, Uncasville, CT, be the location for the AGD2019.**

13
14 **PASSED**

15
16 *Y – Cheney, Dubowsky, Gehrig, Gorman, Guter, Malterud, Shamoon, Shelly, Smith Winland, Wooden*

17
18 *N - Bishop, Cordero, Hanson, Harunani, Lew, Shepley, Stillwell, Tillman, Uppal, White,*

19
20 *a - Dear, Donald, Edgar, Gajjar*

21
22 *A –Dyzenhaus, Worm*

23
24 Dr. Picone thanked Jennifer Goler for her willingness and ability to assist with the creation of the
25 AIR.

26
27 **XI. AGD Connect**

28 An update on the AGD Connect logins was presented.

29
30 **XII. Executive Session for Executive Director Update**

31
32 **Dr. Hanson moved, Dr. Stillwell seconded:**

33 **“Resolved, that the Board go into executive session at 8:16 p.m.”**

34 **PASSED**

35
36 *Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter,*
37 *Hanson, Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden*

38
39 *A –Worm*

40
41 *N/A – Smith*

42
43 **Dr. Worm moved, Dr. Bishop seconded:**

44 **“Resolved, that the Board come out of executive session at 8:37 p.m.”**

45
46 **PASSED**

47
48 *Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter,*
49 *Hanson, Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden*

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A –Worm
N/A – Smith

During Executive Session an update was given on the Executive Director Search.

Motion was made and Seconded that the Board Reconsider the Scientific Meeting Site for 2019. The motion was defeated

XIII. Adjournment

Dr. Hanson moved, Dr. Bishop seconded:

“Resolved, that the meeting be adjourned at 8:37 p.m.”

PASSED
Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoan, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden
A –Worm
N/A – Smith



**Board Meeting
August 16, 2017
Minutes**

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I. Call to Order

Dr. Smith called the meeting to order on August 16, 2017 at 7:03 p.m. Central Daylight Time (CDT).

II. Executive Committee

- Dr. Maria A. Smith, President
- Dr. Manuel A. Cordero, President-Elect
- Dr. Neil J. Gajjar, Vice President
- Dr. Connie L. White, Secretary
- Dr. Bryan C. Edgar, Speaker of the House
- Dr. Mohamednazir F. Harunani, Treasurer
- Dr. Roger D. Winland, Editor
- Dr. W. Mark Donald, Immediate Past President

III. Trustees

- Dr. Sue Bordenave Bishop, Region 08
- Dr. J. C. Cheney, Region 14 (for a portion of the meeting)
- Dr. David J. Dear, Region 06
- Dr. Scott M. Dubowsky, Region 04
- Dr. Abe Dyzenhaus, Region 02
- Dr. Robert D. Gehrig, Region 20
- Dr. Thomas F. Gorman, Region 01
- Dr. Hans P. Guter, Region 07
- Dr. Guy M. Hanson, Region 11
- Dr. Michael W. Lew, Region 13
- Dr. Mark I. Malterud, Region 10
- Dr. Samer G. Shamoon, Region 09
- Dr. Eric N. Shelly, Region 03
- Dr. George R. Shepley, Region 05(for a portion of the meeting)
- Dr. K. David Stillwell, Region 12
- Dr. David D. Tillman, Region 18
- Dr. Sanjay Uppal, Region 15/16
- Dr. Carol A. Wooden, Region 19
- Dr. Donald A. Worm, Jr., Region 17

IV. Staff

Daniel Buksa, JD, CAE, Interim Executive Director, Associate Executive Director, Public Affairs

1 Thomas D. Killam, CAE, Interim Executive Director, Associate Executive Director,
2 Member Services
3 Christa Ojeda, CPA, Chief Financial Officer
4 Jennifer Goler, Associate Director, Governance
5

6 **V. Welcome**

7 Dr. Smith welcomed everyone to the meeting.
8

9 **VI. Agenda Approval**

10
11 **Dr. Shamoan moved, Dr. Dubowsky seconded:**

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

13
14 **PASSED**

15
16 *Y – Bishop, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson,*
17 *Harunani, Lew, Malterud, Shamoan, Shelly, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm*

18
19 *A – Cheney, Shepley*

20
21 *N/A – Smith*
22

23 **VII. Update on Code of Ethics Issue**

24 An update of the research conducted on the Code of Ethics issue. The Credentials and
25 Elections Committee will continue to monitor the Code of Ethics issue.
26

27 **VIII. AIR – Approve Council Appointments**

28 **Dr. Wooden moved, Dr. Cordero seconded:**

29 **“Resolved, that AIR Approve Council Appointments be approved.”**

30
31 **“Resolved, that the appointments to the councils be approved.”**
32

33 **PACE Council**

34 **Dr. Martin Schroeder, Region 3, (8/16/2017-11/3/2019) – first term**

35 **Dr. Tomas Ballesteros, Region 04, (8/16/2016-11/5/2017) - 1st term**

36 **Dr. Navin Boggavarapu, Region 04, (6/21/2015-11/4/2018) - 2nd term**

37 **Dr. Howard Chi, Region 13, (7/18/2016-11/3/2019) - 1st term**

38 **Dr. Russell Cyphers, Region 14, (6/21/2015-11/5/2017) - 1st term**

39 **Dr. Daniel Geare, Region 11, (6/30/2014-11/5/2017) - 1st Term - Region 11**

40 **Dr. Ronald Giordan, Region 14, (7/18/2016-11/3/2019) - 2nd term**

41 **Dr. Jian Huang, Region 06, (8/16/2016-11/5/2017) - 1st term**

42 **Dr. Nahid Kashani, Region 09, (6/21/2015-11/4/2018) - 2nd term**

43 **Dr. Ashley Lamay, Region 05, (7/18/2016-11/3/2019) - 1st term**

44 **Dr. Jane Martone, Region 01, (6/30/2014-11/5/2017) - 1st term**

45 **Dr. Grant Quayle, Region 14, (5/18/2017-11/5/2020) - 1st term**

46 **Dr. Ronald Sawyer, Region 01, (7/18/2016-11/3/2019) - 2nd term**

47 **Dr. Steven Skurow, Region 13, (5/18/2017-11/5/2020) - 1st term**

1 **Dr. Eric Wong, Region 13, (6/30/2014-11/5/2017) - 2nd term, Chair**
2 **Dr. J. Christopher Harvan, Region 14, (12/21/2015-11/4/2018) - 1st term, Consultant**
3 **Dr. _____, Region __, (_____ - _____) - 1st term, Consultant**
4 **Dr. _____, Region __, (_____ - _____) - 1st term, Consultant**
5 **Dr. Dwight Duckworth, Region 12, (7/18/2016-11/5/2017) - 1st term, Exam Council Chair**
6 **Consultant**

7
8 **Legislative and Governmental Affairs Council**

9 **Dr. Steven Feldman, Region 5 (8/16/2017-11/4/2018) – first term**

10 **~~Dr. Brittany Dean, Region 11, (6/21/2015-1/27/2017)~~**

11 **Dr. Bradley Anderson, Region 10, (7/18/2016-11/3/2019) - 2nd term**

12 **Dr. Joseph Battaglia, Region 04, (6/21/2015-11/4/2018) - 2nd term**

13 **Dr. Jose Cazares, Region 18, (6/21/2015-11/4/2018) - 1st term**

14 **Dr. Garry Feldman, Region 01, (7/18/2016-11/3/2019) - 2nd term**

15 **Dr. Steven Ghareeb, Region 06, (7/18/2016-11/5/2017) - 2nd term, Consultant**

16 **Dr. Darren Greenwell, Region 06, (6/30/2014-11/5/2017) - 2nd term**

17 **Dr. Michael Kaner, Region 03, (7/18/2016-11/3/2019) - 2nd term**

18 **Dr. Melvin Kessler, Region 20, (6/30/2014-11/5/2017) - 2nd term**

19 **Dr. Gigi Meinecke, Region 05, (6/21/2015-11/4/2018) - 2nd term**

20
21 **Scientific Meeting Council**

22 **Dr. James Feldman, Region 5, (8/16/2017-11/3/2019) – first term**

23 **~~Dr. Courtney Brady, Region 1, (7/18/2016-6/27/2017)~~**

24 **Dr. Michael Blicher, Region 05, (6/30/2014-11/5/2017) - 1st term**

25 **~~Dr. James Feldman, Region 05, (5/17/2015-11/5/2017) – 1st term, 2017 LAC Chair~~**

26 **Dr. Kay Jordan, Region 12, (6/8/2016-11/4/2018) - 1st term, 2018 LAC Chair**

27 **Dr. William Nantz, Region 18, (7/18/2016-11/3/2019) - 2nd term**

28 **Dr. Joseph Picone, Region 01, (6/21/2015-11/4/2018) - 2nd term**

29 **Dr. _____, Region __, (_____ -11/3/2019) - 1st term, 2019 LAC Chair**

30
31 **PASSED**

32
33 *Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter,*
34 *Hanson, Harunani, Lew, Malterud, Shamoan, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden,*
35 *Worm*

36
37 *N/A – Smith*

38
39 **IX. Executive Session for AMC Contract and Executive Director Search**

40
41 **Dr. Wooden moved, Dr. Worm seconded:**

42 **“Resolved, that the Board go into executive session at 7:34 p.m.”**

43 **PASSED**

44
45 *Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter,*
46 *Hanson, Harunani, Lew, Malterud, Shamoan, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden,*
47 *Worm*

1
2 N/A – Smith

3
4 **Dr. Worm moved, Dr. Cheney seconded:**

5 **“Resolved, that the Board come out of executive session at 8:16 p.m.”**

6
7 **PASSED**

8
9 *Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter,*
10 *Hanson, Harunani, Lew, Malterud, Shamoan, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden,*
11 *Worm*

12
13 N/A – Smith

14
15 **During Executive Session an update was given on the Executive Director Search.**

16
17 **Dr. Gehrig moved, Dr. Shepley seconded:**

18 **“Resolved, that AGD terminate the sponsorship/exhibit/sales and the meeting contracts**
19 **with Association Management Center as per the terms of the contract.”**

20
21 **PASSED**

22
23 *Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter,*
24 *Hanson, Harunani, Lew, Malterud, Shamoan, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden,*
25 *Worm*

26
27 N/A – Smith

28
29 **X. Adjournment**

30
31 **Dr. Worm moved, Dr. Shelly seconded:**

32 **“Resolved, that the meeting be adjourned at 8:17 p.m.”**

33
34 **PASSED**

35
36 *Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter,*
37 *Hanson, Harunani, Lew, Malterud, Shamoan, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden,*
38 *Worm*

39
40 N/A – Smith

1 **AGD Constitution & Bylaws**



AGD Constitution & Bylaws

Amended:

July 17, 2016

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1 CONSTITUTION OF THE ACADEMY OF GENERAL
2 DENTISTRY
3
4 ARTICLE I,
5
6 Name
7
8 The name of this organization (hereinafter referred to as
9 "the AGD") shall be "The Academy of General
10 Dentistry."
11
12 ARTICLE II, Core Purpose
13
14 Core Purpose
15
16 Section 1. Advance the value and excellence of general
17 dentistry.
18
19 Section 2. To accomplish this purpose this AGD shall:
20
21 A. Grant charters to state, provincial or regional units
22 located in the United States, Canada, or territories
23 of the United States in such manner as provided in
24 the Bylaws;
25
26 B. Have the power to acquire, own, and convey real
27 and personal property;
28
29 C. Carry on research;
30
31 D. Grant certificates in recognition of achievement in
32 the science and practice of dentistry;
33
34 E. Issue publications;
35
36 F. Establish and operate courses, museums, and
37 libraries;
38
39 G. Create other incentives and provisions for
40 continuing education courses in dentistry;
41
42 H. Use all appropriate means for attainment of its
43 objectives which from time to time may seem to it
44 desirable.
45
46 ARTICLE III
47
48 Organization
49
50 Section 1. Incorporation:
51 The AGD shall be incorporated in the State of Illinois as
52 a not-for-profit organization; no part of its property or
53 earnings shall inure to the benefit of any member
54 thereof.
55
56 Section 2. Headquarters Office:
57 The registered office of this AGD shall be known as the
58 Headquarters Office and shall be located in the State of
59 Illinois, United States of America.
60
61 Section 3. Constituents:
62 A constituent AGD may be organized and chartered
63 subject to the provision in the Bylaws.
64
65 Section 4. Components:
66 A component AGD may be organized by a constituent
67 AGD in accordance with the provisions in the Bylaws.
68
69 Section 5. Regions:
70 Constituent AGDs shall be grouped into regions as
71 provided in Chapter VII of the Bylaws.
72
73 Section 6. Dissolution of Regions or Constituents:
74 A region or constituent AGD may be dissolved by the
75 House of Delegates by a resolution approved by at least

76 two-thirds (2/3) of the delegates present and voting at
77 the annual meeting,
78
79 ARTICLE IV
80
81 Membership
82
83 The active, emeritus, and retired members of this AGD
84 shall be dentists whose qualifications, classification
85 rights, obligations, and method of acceptance and
86 election shall be established in Chapter I of the Bylaws.
87
88 ARTICLE V
89
90 Government
91
92 Section 1. Legislative body:
93 The legislative and supreme governing body of this
94 AGD shall be the House of Delegates as provided in
95 Chapter VIII of the Bylaws.
96
97 Section 2. Administrative body:
98 The administrative body of this AGD shall be the Board
99 as provided in Chapter XII of the Bylaws.
100
101 ARTICLE VI
102
103 Officers
104
105 Section 1. Elective officers:
106 The elective officers of this AGD shall be a president, a
107 president-elect, a vice president, a secretary, a
108 treasurer, a speaker of the House of Delegates, and an
109 editor. The powers, duties, terms of office, and method
110 of election shall be as set forth in the Bylaws.
111
112 Section 2. Appointive officers:
113 The appointive officer of the AGD shall be an executive
114 director who shall be appointed by the Board as
115 provided in Chapter XI of the Bylaws.
116
117 ARTICLE VII
118
119 Meetings
120
121 Section 1. The annual meeting of this AGD shall be
122 composed of the annual session of the House of
123 Delegates as provided in Chapter VIII, Section 4 of the
124 Bylaws, and the election of officers as provided in
125 Chapter IX, Section 1 of the Bylaws. Other meetings
126 may be held at a time and place as shall be approved by
127 two-thirds (2/3) vote of the Board. Notice of such
128 meetings shall be published at least sixty (60) days
129 before the date fixed.
130
131 Section 2. A scientific session and convocation
132 ceremony shall be held annually.
133
134 ARTICLE VIII
135
136 Journal
137
138 The AGD shall publish a journal and a newsletter.
139
140 ARTICLE IX
141
142 Principles of Ethics
143
144 The Principles of Ethics of the AGD shall be the
145 Principles of Ethics of the American Dental Association.
146
147 ARTICLE X
148
149 Revisions and Amendments of the Constitution
150
151 Section 1. The Constitution may be amended by an

151 affirmative vote of at least two-thirds (2/3) of the
152 delegates present and voting at the annual meeting of
153 the AGD, provided that a copy of the proposed
154 amendment shall be sent to the members of the AGD at
155 least thirty (30) days before the meeting at which such
156 action is proposed to be taken.

157
158 **Section 2.** Amendments of this Constitution shall be
159 proposed only by the Board, the Constitution and
160 Bylaws and Judicial Procedures Council, any
161 constituent or component AGD, or any twenty-five (25)
162 active or emeriti members, provided submission is
163 made to the secretary at least sixty (60) days, but no
164 more than one hundred and twenty (120) days prior to
165 the annual meeting of the House of Delegates.

166
167 **Section 3.** The secretary shall be responsible for the
168 notification of all members of the AGD of proposed
169 amendments at least thirty (30) days prior to the annual
170 meeting of the House of Delegates.

171 BYLAWS OF THE ACADEMY OF GENERAL DENTISTRY

172 CHAPTER I,

173 Membership

174 **Section 1. Classification of Membership:**
175 The members of this AGD shall be classified as follows:

- 176 A. Active General Dentist Members
- 177 B. Emeritus Members
- 178 C. Honorary Members
- 179 D. Associate Members
- 180 E. Student Members
- 181 F. Retired Members
- 182 G. Affiliates
- 183 H. International Members

184 A. Active General Dentist Members

- 185 1. The active general dentist members of this
186 AGD shall be general dentists in good
187 standing with dues and assessments having
188 been paid.
- 189 2. All applications for membership shall meet the
190 guidelines established by the AGD and those
191 applicants who meet the following eligibility
192 requirements shall be approved for active
193 general dentist membership by AGD staff.
- 194 3. Eligibility: In order to be eligible for active
195 general dentist membership, a dentist must
196 meet the following qualifications:
 - 197 a. Shall have graduated from a school of
198 dentistry accredited by the Commission
199 on Dental Accreditation (CODA) or the
200 Commission on Dental Accreditation of
201 Canada (CDAC), or have successfully
202 completed a CODA or CDAC-accredited
203 general practice residency (GPR) or
204 advanced education in general dentistry
205 (AEGD) program, or hold a license to
206 practice dentistry in any state or territory
207 in the United States or province or
208 territory of Canada. Dentists who are in a
209 country outside the United States or
210 Canada are eligible for active general
211 dentist membership if they meet one or
212 more of the above-referenced educational
213 requirements and hold a license to
214 practice dentistry in that country;
 - 215 b. Shall be a general dentist (the term

227 general dentist shall be defined to mean
228 those who have not limited themselves to
229 a recognized specialty of dentistry); and

- 230 c. Shall be of high moral and professional
231 character and agree to abide by the
232 Principles of Ethics of the American
233 Dental Association.

234 4. To maintain active general dentist 235 membership, a member shall:

- 236 a. Accumulate a minimum of seventy-five
237 (75) hours of continuing education credit
238 every three (3) years.
- 239 b. Abide by the Principles of Ethics of the
240 American Dental Association; and
- 241 c. Not have license revoked or under
242 suspension in any jurisdiction.

243 5. There shall be issued to each active general 244 dentist member a certificate of membership in 245 such form as determined by the AGD. Upon 246 resignation or termination of membership, an 247 individual shall forfeit the rights associated 248 with an active general dentist membership:

- 249 6. An active general dentist member shall be
250 entitled to vote, and shall be eligible to run for
251 office in the AGD, to serve in the House of
252 Delegates, and to serve on councils and
253 committees.

254 B. Emeritus Members

- 255 1. Effective beginning with the 2014 dues year,
256 an active general dentist member, associate,
257 or retired member in good standing with dues
258 and assessments having been paid, who has
259 been a continuous member for thirty-five (35)
260 consecutive years or forty (40) non-
261 consecutive years, may, upon attaining the
262 age of sixty-five (65), be classified as a
263 member emeritus, upon application to the
264 Membership Council, verified with AGD's
265 records, followed by subsequent notification
266 of the constituent AGD. Special
267 circumstances will be considered by the
268 Membership Council.

- 269 2. An emeritus member may voluntarily
270 relinquish a license to practice dentistry upon
271 becoming fully retired from dental practice,
272 but at such time, in order to maintain emeritus
273 status, the member must not have a license
274 which is currently revoked or under
275 suspension in any jurisdiction.

- 276 3. A member emeritus shall be entitled to all of
277 the rights and privileges of an active general
278 dentist member.

- 279 4. There shall be issued to each emeritus
280 member a certificate of membership in such
281 form as determined by the AGD. Upon
282 resignation or termination of membership, an
283 individual shall forfeit the rights and privileges
284 associated with emeritus membership.

285 C. Honorary Members

- 286 1. Persons of distinction who have rendered
287 outstanding service to the dental profession,
288 may be elected by the AGD to honorary

303 membership by a majority vote of the Board. 379

304 380

305 2. An honorary member shall be entitled to all 381

306 the rights and privileges of an active general 382

307 dentist member except the right to vote, hold 383

308 office in the AGD, or serve on the House of 384

309 Delegates. Honorary members may serve and 385

310 vote on councils and committees at all levels 386

311 of the organization. 387

312 388

313 3. There shall be issued to each honorary 389

314 member a certificate of membership in such 390

315 form as determined by the AGD. Upon 391

316 resignation or termination of membership, an 392

317 individual shall forfeit the rights and privileges 393

318 associated with honorary membership. 394

319 395

320 4. In the event that an active general dentist 396

321 member is nominated for honorary 397

322 membership, the active general dentist 398

323 membership rights and privileges will be 399

324 adhered to. 400

325 401

326 D. Associate Members 402

327 403

328 1. The associate members of this AGD shall be 404

329 dentists practicing as specialists rather than 405

330 general dentists in good standing with dues 406

331 and assessments having been paid. 407

332 408

333 2. All applications for membership shall meet the 409

334 guidelines established by the AGD and those 410

335 applicants who meet the following eligibility 411

336 requirements shall be approved for associate 412

337 membership by AGD staff. 413

338 414

339 3. In order to be eligible for associate 415

340 membership, a dentist must meet the 416

341 following qualifications: 417

342 418

343 a. Shall have graduated from a school of 419

344 dentistry accredited by the Commission 420

345 on Dental Accreditation (CODA) or the 421

346 Commission on Dental Accreditation of 422

347 Canada (CDAC), or have successfully 423

348 completed a CODA or CDAC-accredited 424

349 specialty residency program, or hold a 425

350 license to practice dentistry in any state 426

351 or territory in the United States or 427

352 province or territory of Canada. Dentists 428

353 in a country outside the United States or 429

354 Canada are eligible for associate 430

355 membership if they meet the above- 431

356 referenced educational requirement and 432

357 hold a license to practice dentistry in that 433

358 country; 434

359 435

360 b. Shall be of high moral and professional 436

361 character and agree to abide by the 437

362 Principles of Ethics of the American 438

363 Dental Association. 439

364 440

365 4. To maintain associate membership, a member 441

366 shall: 442

367 443

368 a. Accumulate a minimum of seventy-five 444

369 (75) hours of continuing education credit 445

370 every three (3) years. 446

371 447

372 b. Abide by the Principles of Ethics of the 448

373 American Dental Association and; 449

374 450

375 c. Not have a license revoked or under 451

376 suspension in any jurisdiction. 452

377 453

378 5. Associate members shall be entitled to all of 454

the rights and privileges of an active general 379

dentist member, except the right to vote or 380

hold office in the AGD or its constituents. 381

Associate members may serve and vote on 382

councils and committees at all levels of the 383

organization. 384

385

6. There shall be issued to each associate 386

member a certificate of membership in such 387

form as determined by the AGD. Upon 388

resignation or termination of membership, an 389

individual shall forfeit the rights and privileges 390

associated with associate membership. 391

E. Student Members 392

393

394

395

1. The student members of this AGD shall be 396

pre-doctoral students of a dental school 397

accredited by the Commission on Dental 398

Accreditation (CODA) in the United States the 399

Commission on Dental Accreditation of 400

Canada (CDAC), or students residing outside 401

the US, Canada, or their territories and/or 402

provinces and attending dental school that 403

provides a dental degree recognized by the 404

country of origin. 405

2. All applications for membership shall meet the 406

guidelines established by the AGD and those 407

applicants who meet the eligibility 408

requirements shall be approved for student 409

membership by AGD staff. 410

411

3. There shall be issued to each student member 412

a certificate of membership in such form as 413

determined by the AGD. Upon resignation or 414

termination of membership, an individual shall 415

forfeit the rights and privileges associated 416

with resident/student membership. 417

418

4. Student members shall be eligible to serve on 419

a council or committee. 420

F. Retired Members 421

422

423

424

425

1. An active general dentist member in good 426

standing who has been an active general 427

dentist member for ten (10) years or more, and 428

is now a retired member of his or her 429

constituent AGD, if such exists, and no longer 430

earning income from the performance of 431

service as a member of the faculty of a dental 432

school, as a dental administrator or 433

consultant, or as a practitioner of any activity 434

for which a license to practice dentistry or 435

dental hygiene is required by the state, the 436

District of Columbia, the Commonwealth of 437

Puerto Rico, a dependency of the United 438

States, or Canada, may be classified as a 439

retired member, upon application to the 440

executive director and upon proof of 441

qualification. 442

2. To apply for retired membership status, the 443

active general dentist member shall submit an 444

affidavit attesting to his or her retirement to 445

the AGD's executive director. AGD 446

Headquarters will send notification to the AGD 447

constituent of the application and the 448

constituent will have 30 days to provide input 449

prior to AGD Headquarters' decision. 450

3. A retired member shall be entitled to vote, 451

hold office in the AGD, serve in the House of 452

Delegates, or serve on a council or committee. 453

454

- 455 4. There shall be issued to each retired member
456 a certificate of membership in such form as
457 determined by the AGD. Upon resignation or
458 termination of membership, an individual shall
459 forfeit the rights and privileges associated
460 with retired membership.
461
462 5. AGD Members are allowed to elect to stay in
463 the same constituent they were in at the time
464 of their retirement, as long as they meet the
465 requirements of the retired membership
466 category.
467
468 **G. Affiliates**
469
470 1. The affiliate members of this AGD shall be
471 individuals who are not eligible for
472 membership in the AGD in any other category,
473 but who are interested in the aims and
474 objectives of the AGD, and who are in good
475 standing with dues and assessments having
476 been paid.
477
478 2. All applications for membership shall meet the
479 guidelines established by the AGD and those
480 applicants who meet the eligibility
481 requirements shall be approved for affiliate
482 membership by AGD staff.
483
484 3. There shall be issued to each affiliate member
485 a certificate of membership in such form as
486 determined by the AGD. Upon resignation or
487 termination of membership, an individual shall
488 forfeit the rights and privileges associated
489 with affiliate membership.
490
491 4. Affiliate members shall be entitled to all of the
492 rights and privileges of an active general
493 dentist member, except the right to vote or
494 hold office in the AGD or its constituents.
495 Affiliate members may only serve as advisors
496 on councils and committees at all levels of the
497 organization.
498
499 **H. International Members**
500
501 1. The international members of this AGD shall
502 be dentists practicing as general dentists or
503 specialists in good standing with dues and
504 assessments having been paid.
505
506 2. All applications for membership shall meet the
507 guidelines established by the AGD and those
508 applicants who meet the following eligibility
509 requirements shall be approved for
510 international membership by AGD staff.
511
512 3. In order to be eligible for international
513 membership, a dentist must meet the
514 following qualifications:
515
516 a. Shall reside and practice dentistry
517 outside the US and Canada, their
518 territories and/or provinces.
519
520 b. Shall have completed the educational
521 requirements needed to obtain a license
522 to practice dentistry in his or her country
523 of residence.
524
525 c. Shall hold a valid license to practice
526 dentistry in his or her country of
527 residence.
528
529 4. To maintain international membership, a
530 member shall:
- 531
532 a. Accumulate a minimum of seventy-five
533 (75) hours of continuing education credit
534 every three (3) years.
535
536 b. Abide by the Principles of Ethics of the
537 AGD
538
539 c. Not have a license revoked or under
540 suspension in any jurisdiction.
- 541
542 5. International members shall be entitled to all
543 of the rights and privileges of an active
544 general dentist member, except the right to
545 vote or hold office in the AGD or its
546 constituents. International members may
547 serve and vote on councils and committees at
548 all levels of the organization.
549
550 6. There shall be issued to each international
551 member a certificate of membership in such
552 form as determined by the AGD. Upon
553 resignation or termination of membership, an
554 individual shall forfeit the rights and privileges
555 associated with international membership.
- 556
557 **Section 2. Removal from One Jurisdiction to Another**
558
559 **A.** A member who has changed the location of his or
560 her practice from the jurisdiction of one
561 constituent AGD to that of another constituent
562 AGD may maintain active membership in the
563 constituent AGD of which he or she is a member
564 for one (1) full calendar year following that of his or
565 her removal from the jurisdiction of such AGD.
566
567 **B.** A dentist who retires from active practice and
568 establishes residence in an area outside the
569 jurisdiction of the constituent in which he or she
570 holds membership shall be permitted to continue
571 his or her membership in such constituent for the
572 period of his or her retirement.
- 573
574 **CHAPTER II,**
575
576 **Fellows/Masters**
577
578 **Section 1. Fellows**
579
580 **A.** Dentists who are active general dentist members,
581 emeritus, retired, associate, or international
582 members shall be eligible to receive the Fellowship
583 award upon completion of the following
584 requirements:
585
586 1. The candidate must have completed a
587 minimum of five hundred (500) hours of
588 recognized continuing education credit
589 acceptable to the Dental Education Council.
590
591 2. The candidate must have taken and received a
592 passing score on the FAGD Examination.
593
594 3. The candidate must have been an active
595 general dentist member, emeritus, retired,
596 associate, or international member of the AGD
597 in good standing for at standing for at least
598 three (3) continuous years (36 months) by
599 December 31 of the year in which the
600 application is received, to begin no earlier
601 than the month of dental school graduation.
602
603 4. The candidate must submit an application for
604 the award acceptable to the Dental Education
605 Council and during a time period specified by
606 the Dental Education Council.
- 607
608 **B.** The candidate, whose application for Fellowship

607 has been approved, and fees (established by the
608 Board) paid and forwarded to the Headquarters
609 Office, must be present at convocation to receive
610 the Fellowship, unless an exception is granted by
611 the chairperson of the Dental Education Council.
612 Such exceptions must be in keeping with policy
613 adopted by the Board.
614
615 C. The deadline for submission of the applications
616 will be announced each year in an AGD
617 publication. Each applicant will be notified of the
618 action taken at least sixty (60) days prior to the
619 convocation.
620
621 **Section 2. Masters**
622
623 A. Dentists who are active general dentist members,
624 emeritus, retired, associate, or international
625 members shall be eligible to receive the Mastership
626 award upon satisfying the following minimum
627 requirements:
628
629 1. The candidate must have received the AGD
630 Fellowship award at a previous meeting.
631
632 2. The candidate must have completed a
633 minimum of six hundred (600) hours of
634 recognized continuing education credit since
635 the date specified as the candidate's official
636 FAGD application date, as determined by the
637 Dental Education Council. These six hundred
638 (600) credits must meet the criteria for
639 acceptance by the Dental Education Council.
640
641 3. The candidate must submit an application for
642 the award acceptable to the Dental Education
643 Council and during a time period specified by
644 the Dental Education Council.
645
646 B. The candidate, whose application for Mastership
647 has been approved, and fees (established by the
648 Board) paid and forwarded to the Headquarters
649 Office, must be present at convocation to receive
650 the Mastership, unless an exception is granted by
651 the chairperson of the Dental Education Council.
652 Such exceptions must be in keeping with policy
653 adopted by the Board.
654
655 **Section 3. Rights and Privileges**
656
657 A. While they remain members of the AGD, Fellows
658 and Masters shall have the right to list their awards
659 on professional announcements, in advertisements
660 or other promotional materials, and in curriculum
661 vitae, resumes and other such documents.
662
663 Upon resignation or termination of their AGD
664 membership, except as noted below, Fellows and
665 Masters forfeit all rights associated with their
666 award, including the right to list their awards on
667 professional announcements, in advertisements,
668 or in other promotional materials. They shall
669 continue to have the right to list the attainment of
670 their awards in curriculum vitae, resumes and
671 other such historical documents.
672
673 **CHAPTER III,**
674 **Dues, Assessments, and Processing Fees**
675
676 **Section 1. Membership Dues:**
677 Membership dues shall be payable on the first day of
678 January of each year.
679
680 A. Active members:
681 Dues for active members, including Fellows and

683 Masters, shall be determined by a majority vote in
684 the House of Delegates, in accordance with these
685 Bylaws.
686
687 B. Emeritus members:
688 An emeritus member shall be exempt from the
689 payment of dues, except that he or she must pay a
690 fee established by the Board if he or she wishes to
691 subscribe to the publications of the AGD.
692
693 C. Honorary members and Honorary Fellows:
694 Honorary members and Honorary Fellows shall be
695 exempt from the payment of dues.
696
697 D. Associate members:
698 Dues for associate members shall be determined
699 by the House of Delegates.
700
701 E. Student members:
702 Dues for student members shall be determined by
703 the House of Delegates.
704
705 F. Retired members:
706 Dues for retired members shall be determined by
707 the House of Delegates.
708
709 G. International members:
710 Dues for international members shall be
711 determined by the House of Delegates.
712
713 **Section 2. Active Members Elected After July 1:**
714 The dues for members enrolled between July 1 and
715 September 30 shall be fifty (50) percent of the regular
716 national dues.
717
718 **Section 3. Active Members Elected After October 1**
719 of any year shall be applied to the next calendar year.
720 The individual's date of membership shall be based on
721 the date of receipt of the application.
722
723 **Section 4. Affiliates:**
724 Dues for affiliates shall be established at one half of
725 active member dues.
726
727 **Section 5. Loss of Membership and Reinstatement**
728
729 A. For non-payment of dues:
730
731 1. A member whose current dues have not been
732 paid by March 31 of the current year shall
733 cease to be a member of the AGD;
734
735 2. The individual may secure reinstatement by
736 paying the amount due prior to the end of the
737 calendar year. If, by December 31 of any given
738 year, the amount due remains unpaid, the
739 individual may secure reinstatement as an
740 active or associate member, or as a Fellow or
741 Master for that given year by fully paying his
742 or her dues. Once such a member is
743 reinstated, he or she may reclaim credit for
744 any continuing education credits he or she
745 obtained while an active member of the AGD.
746
747 B. For failure to fulfill the AGD's continuing education
748 requirements:
749
750 1. An active, associate, or international member
751 who fails to meet the AGD's continuing
752 education requirements shall lose his or her
753 membership unless an appeal has been
754 granted by the Membership Council in
755 accordance with the Board policy;
756
757 2. The implementation of the AGD's continuing
758 education requirements shall be in
759 accordance with policy established by the

759 House of Delegates;
760
761 3. Exemptions to this policy shall be in
762 accordance with policy established by the
763 Board upon the recommendation of the
764 Membership Council.
765
766 C. As a result of judicial procedure:
767
768 1. A constituent AGD may cause an individual to
769 lose his or her membership either temporarily
770 or permanently as provided in Chapter XIV,
771 Section 1.A. The AGD's Constitution and
772 Bylaws and Judicial Procedures Council may
773 cause an individual who is not affiliated with a
774 constituent AGD to lose his or her
775 membership as provided in Chapter XIV,
776 Section 2;
777
778 2. A member under suspension is automatically
779 reinstated at the end of the suspension period
780 as specified by the constituent AGD and/or the
781 Constitution and Bylaws and Judicial
782 Procedures Council;
783
784 3. A member who is expelled from the
785 organization may not be reinstated until such
786 time as the expulsion is lifted by either the
787 involved constituent AGD or an appeal to the
788 Constitution and Bylaws and Judicial
789 Procedures Council.
790
791 D. Upon resignation or termination, an individual
792 forfeits all rights associated with his/her AGD
793 membership, including any professional
794 announcements, advertising, or promotion of
795 Fellowship or Mastership to the public, excepting
796 listing the attainment of that award on a curriculum
797 vitae, resume, or other such historical documents.
798
799 CHAPTER IV
800
801 Special Considerations
802
803 Section 1. Special Considerations
804 A. Recent Graduates:
805 The House of Delegates shall determine a special
806 rate or series of rates for those who have recently
807 completed their formal dental school training and
808 grant such special rate(s) for the number of years
809 determined by the House of Delegates following
810 graduation.
811
812 B. Total Disability:
813 A member of the AGD who is totally disabled and
814 who is unable to engage in the duties of the dental
815 profession and who is a member in good standing
816 at the time total disability was incurred shall be
817 exempt from the payment of dues, except that he
818 or she must pay a fee established by the Board if
819 he or she wishes to subscribe to the print
820 publications of the AGD, and shall be in good
821 standing during the period of total disability.
822
823 1. A totally disabled member may apply for dues
824 waiver by:
825
826 a. Submitting to the AGD Headquarters a
827 signed physician's statement, attesting
828 total disability; and
829
830 b. A dues waiver application through the
831 Membership Council attesting to his or
832 her total disability.
833
834 2. During the period of exemption from dues,

835 further verification of disability may be
836 requested by this AGD.
837
838 C. Leave of Absence
839
840 1. A member in good standing who has
841 temporarily left the practice of dentistry for
842 reasons including, but not limited to family
843 leave, family tragedy, or personal health
844 problems, for at least six (6) months may be
845 granted a leave of absence subject to approval
846 by the Membership Council.
847
848 2. Dues will be the same as that established by
849 the House of Delegates for retired members
850 and will pertain to the new calendar year, with
851 dues to resume at the appropriate rate for the
852 following year unless the leave of absence is
853 extended at the request of the member and by
854 approval of the Membership Council.
855
856 3. Leave of absence status is limited to three (3)
857 consecutive years.
858
859 4. Members who have lapsed membership in the
860 AGD may not take advantage of this provision
861 unless their dues have been fully paid for the
862 year in which the need for a leave started.
863
864 5. Consideration for granting leave of absence
865 will not be granted to any member whose
866 license is currently revoked or suspended.
867
868 CHAPTER V
869
870 Constituent AGD's
871
872 Section 1. Organization:
873 A constituent AGD may be organized and chartered, as
874 a separate legal entity, subject to the approval of the
875 House of Delegates, providing that the petition for
876 constituent status be received by the executive director
877 at least thirty (30) days prior to the annual meeting, and
878 that one (1) of the two (2) petition requirements is
879 fulfilled.
880
881 A. Upon petition of thirty-five (35) active members of
882 the AGD located within the geographical
883 boundaries of a particular state, any province or
884 group of provinces in Canada designated by these
885 Bylaws for constituent status, any territorial
886 jurisdiction of the United States, or any branch of
887 the federal dental services.
888
889 B. Upon a petition signed by a number of active
890 members representing ten (10) percent of the
891 eligible dentists (as determined in accordance with
892 the provisions of Chapter 1, Section 1.A.5. and
893 Section 5 of Chapter V of these Bylaws) within the
894 jurisdiction of a particular state, any province or
895 group of provinces in Canada designated in these
896 Bylaws for constituent status, any territorial
897 jurisdiction of the United States, or branch of the
898 Federal Services. Under no circumstance may a
899 constituent be formed with fewer than twenty-five
900 (25) active members.
901
902 Section 2. Name:
903 A constituent AGD shall take its name from the state,
904 province or group of provinces, territory, or federal
905 dental service within which it is chartered and shall be
906 designated as the (name of the state, etc.) Academy of
907 General Dentistry.
908
909 Section 3. Constitution and Bylaws:
910 Each constituent AGD shall adopt and maintain a

911 Constitution and Bylaws which shall not be in conflict
912 with, nor limit, the Constitution and Bylaws of this AGD,
913 and shall maintain a current copy on file with the
914 executive director of this AGD.
915
916 **Section 4. Procedures for Determining Constituent**
917 **Membership:**
918 The membership of a constituent AGD shall be
919 determined as of October 1 of each year. If a
920 constituent has fewer than twenty-five (25) active,
921 emeriti, and/or retired members as of the time the
922 delegate count is made on October 1, the constituent
923 shall be advised in writing that it will not be entitled to a
924 delegate if it has its charter revoked. If the membership
925 of the constituent is less than twenty-five (25) for two
926 (2) consecutive years, the constituent shall then fall into
927 inactive status for that year and not be entitled to have
928 a delegate in the next House of Delegates. If a
929 constituent achieves twenty-five (25) active, emeriti,
930 and/or retired members as of the next October 1, it shall
931 be reinstated as an active constituent with the right to
932 be represented in the next House.
933
934 **Section 5. Membership Requirements: All general**
935 **dentist, associate, and retired members of the AGD**
936 **must hold current membership in both the AGD and the**
937 **appropriate constituent AGD.**
938
939 **CHAPTER VI**
940
941 **Component AGD's**
942
943 **Section 1. Name:**
944 A component AGD shall take its name, as designated by
945 the constituent AGD, from the section of the state,
946 province, or geographical area from which it draws its
947 members.
948
949 **Section 2. Organization:**
950 A component AGD may be organized, as a separate
951 legal entity, upon petition of twenty (20) percent or
952 twenty-five (25) active members within the recognized
953 geographical boundaries of a constituent AGD subject
954 to the approval of the constituent provided such
955 component shall not interfere with the geographical
956 boundaries previously established by the constituent
957 for another component.
958
959 **Section 3. Constitution and Bylaws:**
960 Each component AGD shall adopt and maintain a
961 Constitution and Bylaws which shall not be in conflict
962 with, nor limit, the Constitution and Bylaws of the AGD,
963 and shall maintain a current copy on file with both the
964 constituent AGD and the AGD executive director.
965
966 **Section 4. Membership Requirements:**
967 All general dentist members of the component must
968 also hold membership in both the AGD and the
969 appropriate constituent AGD. If a component allows
970 non-AGD members to participate, those participants are
971 to pay fees directly to the component but are not
972 eligible to hold office or receive AGD benefits.
973
974 **Section 5. Student/Dental School AGD's**
975 **1. Name:**
976 A student or dental school AGD shall take its
977 name, as designated by the constituent AGD,
978 from the dental school from which it draws its
979 members.
980
981 **2. Organization:**
982 A student or dental school AGD may be
983 organized, as a separate legal entity, upon
984 petition of twenty (20) percent or twenty-five
985 (25) student members within the dental school
986

987
988 **3. Constitution and Bylaws:**
989 Each student or dental school AGD shall
990 adopt and maintain a Constitution and Bylaws
991 which shall not be in conflict with, nor limit,
992 the Constitution and Bylaws of the AGD, and
993 shall maintain a current copy on file with both
994 the constituent AGD and the AGD executive
995 director. Furthermore, each student or dental
996 school AGD shall sign and adhere to a
997 constituent affiliation agreement with AGD or
998 of the constituent of which it was located.
999
1000 **4. Membership Requirements:**
1001 All student members of the student or dental
1002 school AGD must also hold membership in
1003 both the AGD and the appropriate constituent
1004 AGD.
1005
1006 **CHAPTER VII**
1007 **Regions**
1008
1009 **Section 1. Organization:**
1010 The constituent AGD's shall be organized into nineteen
1011 (19) regions.
1012
1013 **Section 2. Purpose:**
1014 The purpose of establishing regions shall be to provide
1015 for representation of the members of the constituent
1016 AGD's on the Board.
1017
1018 **Section 3. Name:**
1019 The region(s) that comprise the Canadian provinces
1020 and territories, detailed herein, may collectively use the
1021 name "Canadian AGD" as an identifying affiliation of the
1022 AGD.
1023
1024 **Section 4. Composition:**
1025 The regions shall be numbered and composed as
1026 follows:
1027
1028 **Region Constituents:**
1029
1030 1) Connecticut, Maine, Massachusetts, New
1031 Hampshire, Rhode Island, Vermont
1032
1033 2) New York
1034
1035 3) Pennsylvania
1036
1037 4) New Jersey
1038
1039 5) Maryland, District of Columbia, Delaware,
1040 Virginia
1041
1042 6) Kentucky, Missouri, Tennessee, and West
1043 Virginia
1044
1045 7) Indiana and Ohio
1046
1047 8) Illinois
1048
1049 9) Michigan and Wisconsin
1050
1051 10) Iowa, Minnesota, Nebraska, North Dakota, and
1052 South Dakota
1053
1054 11) Alaska, Idaho, Montana, Oregon, and
1055 Washington
1056
1057 12) Mississippi, Kansas, Louisiana, Arkansas, and
1058 Oklahoma
1059
1060 13) California
1061
1062 14) Arizona, Colorado, Hawaii, Nevada, New

1063 Mexico, Utah, and Wyoming 1139 and privileges of any other Alternate Delegate.

1064 1140

1065 15-16) Eastern Canada: Quebec, and the Atlantic 1141 Constituents organized after October 1 may receive

1066 Provinces. The Atlantic Provinces shall 1142 approval by the House of Delegates but may not have

1067 consist of members in the provinces of Nova 1143 delegates to the House of Delegates. The system of

1068 Scotia, Prince Edward Island, New Brunswick, 1144 least proportionate error as adopted by the AGD's

1069 Labrador, and Newfoundland 1145 Board in 1974 shall be used to calculate the number of

1070 1146 delegates allocated annually to each constituent AGD.

1071 Central Canada: Ontario 1147 For the purpose of the delegate count, all members

1072 1148 shall be considered as belonging to the constituent

1073 Western Canada: Manitoba, Saskatchewan, 1149 through which their dues for that year were paid

1074 Alberta, British Columbia, Yukon, Nunavit and 1150 regardless of any subsequent relocation into the

1075 Northwest Territories 1151 jurisdiction of another constituent.

1076 1152

1077 17) Federal Services: U.S. Air Force Dental Corps, 1153 Section 2. Certification of Delegates:

1078 U.S. Army Dental Corps, U.S. Navy Dental 1154 Each constituent may select from among its active,

1079 Corps, Public Health Service, and Veterans 1155 emeriti, and retired members in good standing the same

1080 Administration. Members of the Canadian 1156 number of alternate delegates as delegates and shall

1081 Forces dental services are eligible to join the 1157 designate the alternate delegate who shall replace an

1082 U.S. branch constituent of their choice as 1158 absent delegate. The number of delegates for each

1083 regular members." 1159 constituent shall be determined by the number of

1084 1160 active, emeriti, and retired paid-up members in good

1085 18) Texas 1161 standing as of October 1 of the calendar year prior to

1086 1162 the date of the annual meeting. Individuals serving on

1087 19) Alabama, Georgia, North Carolina, South 1163 the AGD Board may not serve as delegates but may

1088 Carolina 1164 serve as alternates with the right to be elevated to

1089 1165 delegate status only if there are no other individuals

1090 20) Florida, and Puerto Rico 1166 from the constituent available and subject to the

1091 1167 approval of the Credentials and Elections Committee

1092 Section 5. Rules of Procedure: 1168 during the annual meeting.

1093 Each region shall be responsible for developing rules of 1169

1094 procedure in order to accomplish the following three (3) 1170 Section 3. Powers:

1095 purposes: 1171 The House of Delegates shall have the following

1096 1172 powers:

1097 A. To encourage an interchange of ideas within the 1173

1098 region on the reports and resolutions to be 1174

1099 considered by the AGD's House of Delegates; 1175

1100 1176

1101 B. To develop positions on vital issues of concern to 1177

1102 general dentists within the region; 1178

1103 1179

1104 C. To conduct the necessary business of the region, 1180

1105 including selection of a AGD trustee, and such 1181

1106 other officers as the region may deem appropriate. 1182

1107 1183

1108 Section 6. Regional caucuses: 1184

1109 Each region shall schedule at least one (1) meeting of 1185

1110 its delegates during the annual meeting for the purpose 1186

1111 of discussing the business to be considered by the 1187

1112 House of Delegates and such other matters as it may 1188

1113 deem necessary. 1189

1114 1190

1115 CHAPTER VIII 1191

1116 House of Delegates 1192

1117 1193

1118 Section 1. Composition: 1194

1119 The House of Delegates shall consist of two hundred 1195

1120 (200) delegates, based on the number of active, retired, 1196

1121 and emeriti members within each constituent AGD 1197

1122 along with two (2) AGD Student Members at the time of 1198

1123 the HOD. Each constituent AGD, shall be entitled to 1199

1124 send at least one (1) voting delegate to the annual 1200

1125 meeting of the House of Delegates. Those constituents 1201

1126 which organize after an annual meeting will be 1202

1127 authorized to seat delegates in proportion to their 1203

1128 number of active, retired, and emeriti members 1204

1129 provided that such constituent AGD's shall be approved 1205

1130 by the House of Delegates as its first item of business. 1206

1131 1207

1132 The two (2) AGD Student Members at the time of the 1208

1133 HOD shall serve in that year's House of Delegates, with 1209

1134 all rights and privileges of any other Delegate, and it 1210

1135 shall also submit the names of two (2) AGD Student 1211

1136 Members at the time of the HOD who shall serve in that 1212

1137 year's House of Delegates as Alternates, with all rights 1213

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1214

1215 secretary shall send to each member of the House of
1216 Delegates an official notice of the time and place of the
1217 annual meeting at least sixty (60) days before the
1218 opening of such session.
1219
1220 **Section 6. Quorum:**
1221 A simple majority of the duly elected and certified
1222 delegates or their alternates, representing a simple
1223 majority of the regions, to the House shall be present to
1224 constitute a quorum for the transaction of business.
1225
1226 **Section 7. Officers of the House of Delegates**
1227
1228 **A. Speaker of the House of Delegates:**
1229 In the absence of the speaker, the president shall
1230 serve as speaker of the House of Delegates;
1231
1232 **B. Secretary:**
1233 The secretary of the AGD shall be secretary of the
1234 House of Delegates. In the absence of the
1235 secretary, the president shall appoint a secretary
1236 pro tem of the House of Delegates.
1237
1238 **Section 8. Rules of Order**
1239
1240 **A. Code of Parliamentary Procedure:**
1241 The rules contained in the current edition of the
1242 *American Institute of Parliamentarians Standard*
1243 *Code of Parliamentary Procedure* shall govern the
1244 deliberations of the AGD in all cases in which they
1245 do not conflict with standing rules or with the
1246 Constitution and Bylaws.
1247
1248 **B. Rules of Procedure:**
1249 The House of Delegates shall adopt rules of
1250 procedure concerning the conduct of all House
1251 sessions, specifying the methods by which new
1252 business may be introduced (except as provided in
1253 these Bylaws), the manner in which testimony will
1254 be permitted in reference committee hearings, and
1255 who may have the privilege of the floor during
1256 deliberations of the House. These rules of
1257 procedure may be changed only by a simple
1258 majority vote of the House. Resolutions
1259 concerning changes in these rules of procedure
1260 shall, at the earliest opportunity and before any
1261 resolutions are introduced or acted upon, be
1262 considered by the House.
1263
1264 **C. Introduction of New Business:**
1265 No new business shall be introduced into the
1266 House of Delegates after the close of the first
1267 meeting of a session except by unanimous
1268 consent. Approval of such new business shall
1269 require a two-thirds (2/3) vote of those delegates
1270 present and voting. Reference Committee
1271 recommendations shall not be deemed new
1272 business.
1273
1274 **D. Voting in the House:**
1275 Each delegate of the House shall have one (1) vote.
1276 The presiding chairperson shall have no vote.
1277
1278 **E. Announcement of Elections for Regional Director
1279 and Trustee:**
1280 Regional directors shall have the responsibility for
1281 advising the speaker of the House of any election
1282 for regional director or trustee held within the
1283 region during the past four (4) months. Results of
1284 the election shall be announced by the speaker of
1285 the House.
1286
1287 **Section 9. Credentials and Elections Committee**
1288
1289 **A. Personnel:**
1290 Members of the committee shall be appointed by

1291 the President-Elect and confirmed by the Board.
1292
1293 **B. The Credentials and Elections Committee shall
1294 prepare the roll of delegates for the House of
1295 Delegates. The committee shall have the right to
1296 require evidence of a delegate's eligibility from
1297 both the constituent and the Headquarters Office.
1298 The committee shall also serve as tellers for
1299 elections in the House of Delegates.**
1300
1301 **CHAPTER IX**
1302 **Elective Officers**
1303
1304 **Section 1: Officers**
1305 The officers of the AGD shall be a president, a
1306 president-elect, a vice president, a secretary, a
1307 treasurer, a speaker of the House of Delegates, and an
1308 editor. The powers, duties, terms of office, and method
1309 of election of the officers shall be set forth in these
1310 Bylaws.
1311
1312 **A. Eligibility:**
1313 Only an active, emeritus, or retired member in good
1314 standing of this AGD shall be eligible to serve as
1315 the elective officer. A candidate may only run for
1316 one office per election.
1317
1318 **B. Nominations:**
1319
1320 **1. All AGD officer positions open for candidacy
1321 should be announced in *AGD Impact* one
1322 hundred twenty (120) days prior to the annual
1323 meeting.**
1324
1325 **2. Any member who wishes to be a candidate for
1326 AGD office must present a hard copy or
1327 electronic petition of twenty-five (25) members
1328 in good standing to the AGD secretary no later
1329 than sixty (60) days prior to the annual
1330 meeting.**
1331
1332 **3. Each candidate in a contested election may
1333 have an AGD member make on his or her
1334 behalf a speech of no longer than two (2)
1335 minutes.**
1336
1337 **4. An AGD officer must declare for a new office
1338 at least thirty (30) days before Board Meeting
1339 III, and resign his or her current office
1340 effective at the close of the annual meeting,
1341 pursuant Chapter IX, Section 1, paragraph D.
1342 Once an AGD officer declares for a new office,
1343 said resignation is irrevocable.**
1344
1345 **C. Voting:**
1346 Election of officers shall be by ballot supervised by
1347 the Credentials and Elections Committee. The
1348 candidate receiving the majority of votes shall be
1349 declared elected. In the absence of a majority, a
1350 second ballot shall be held between the two (2)
1351 candidates receiving the highest number of votes
1352 on the first ballot.
1353
1354 If one (1) candidate fails to receive a majority of the
1355 votes on the first ballot, then the candidate with the
1356 least number of votes shall be eliminated. If two (2)
1357 of the three (3) individuals are tied for the least
1358 number of votes, then another ballot of those two
1359 (2) candidates shall occur. The candidate with
1360 the least number of votes will be eliminated. This
1361 process would continue until one candidate has a
1362 majority of the vote cast. A final ballot would then
1363 be between the two (2) remaining candidates.
1364
1365 **Four (4) or more candidates: If one (1) candidate**
1366

1367 failed to receive a majority of the votes on the first
1368 ballot, then the candidate who finished last in the
1369 balloting would be eliminated. This process would
1370 continue until either one candidate has a majority
1371 of vote cast or until the field has been limited to
1372 three (3), at which time the rule for "Three (3)
1373 Candidates" applies.

1374
1375 **D. Terms of Office:**
1376
1377 1. For the purpose of determining terms of
1378 office, a year shall be defined as the period of
1379 time from one (1) annual meeting to the next.
1380
1381 2. The president, president-elect, and vice
1382 president shall serve for the term of one (1)
1383 year. The editor shall serve for a three-year
1384 term, and the secretary, treasurer, and
1385 speaker of the House of Delegates shall each
1386 serve for two-year terms, with the treasurer
1387 elected during the even-numbered years, and
1388 the secretary and the speaker of the House of
1389 Delegates elected during the odd-numbered
1390 years, starting with the 1975 annual meeting of
1391 the House. No officer shall hold more than
1392 one (1) AGD office at the same time. No
1393 officer may serve as secretary or treasurer for
1394 more than two (2) terms of two (2) years each.
1395
1396 **E. Vacancies:**
1397 In the event of a vacancy in the office of vice
1398 president, secretary, treasurer, speaker of the
1399 House, or editor, the president shall appoint a
1400 successor to serve in the office until the next
1401 annual meeting of the House. The appointment
1402 requires approval of a majority of the AGD's Board.
1403 In the event of a vacancy caused by an existing
1404 AGD officer declaring for a second office an
1405 election shall be held for the uncompleted term.
1406 This election shall be held at the annual meeting of
1407 the House whose closure would create the
1408 vacancy.
1409
1410 **Section 2. Duties**
1411
1412 **A. It shall be the duty of the president:**
1413
1414 1. To serve as an official representative of this
1415 AGD in its contracts with governmental, civic,
1416 business, and professional organizations for
1417 the purpose of advancing the objectives and
1418 policies of this AGD;
1419
1420 2. To serve as a consultant to all councils and
1421 committees without the right to vote;
1422
1423 3. To serve as ex officio and as chairperson of
1424 the Board and Executive Committee and to
1425 preside at these meetings;
1426
1427 4. To have the authority to fill any vacancy on an
1428 AGD council or committee which becomes
1429 known while the president is in office. Council
1430 and committee appointments, that are listed in
1431 Chapter XIII, Sections 2 and 3 of these Bylaws,
1432 are subject to approval by the Board. The
1433 Board may reject specific appointments made
1434 by the president until such time as the
1435 president provides the Board with a suitable
1436 selection.
1437
1438 a. To have the authority to appoint
1439 individuals to committees, task forces,
1440 work groups and other AGD agencies that
1441 are not listed in Chapter XIII, Sections 2
1442 and 3 of these Bylaws, without ratification

1443 by the Board. Such appointments shall
1444 expire at the conclusion of the
1445 President's tenure, unless otherwise
1446 specified in the agency's charge as
1447 determined by the Board.
1448
1449 b. The House of Delegates or Board may
1450 specify criteria which the president must
1451 use in naming ad hoc committees.
1452
1453 5. To serve as the speaker of the House, in the
1454 event of the absence of the elected speaker of
1455 the House.
1456
1457 6. After consultation and agreement with the
1458 Speaker of the House of Delegates, to appoint a
1459 parliamentarian, if desired, to serve at the
1460 House of Delegates.
1461
1462 7. To have the authority, along with the treasurer
1463 and/or executive director, to countersign any
1464 AGD check in accordance with policy
1465 established by the Board.
1466
1467 8. To appoint, subject to the final approval of the
1468 Board, members to serve on the AGD councils and
1469 committees that are listed in Chapter XIII, Sections 2
1470 and 3 of these Bylaws, subject to the following
1471 stipulations:
1472
1473 a. To have the authority with regard to AGD
1474 councils to appoint only to those positions
1475 which have an expiration date at the annual
1476 meeting at which the president assumes that
1477 office.
1478
1479 b. Council and committee appointments, that are
1480 listed in Chapter XIII, Sections 2 and 3 of these
1481 Bylaws, are subject to approval by the Board.
1482 The Board may reject specific appointments
1483 made by the president-elect until such time as
1484 the president-elect provides the Board with a
1485 suitable selection.
1486
1487 **B. It shall be the duty of the president-elect:**
1488
1489 1. To cooperate with the president at all times and
1490 familiarize himself or herself with the duties of
1491 that office;
1492
1493 2. To serve as a consultant to all other councils
1494 and committees without the right to vote;
1495
1496 3. To serve as a member of the Board and the
1497 Executive Committee;
1498
1499 4. Immediately to assume the office of president,
1500 complete the term, and serve as president for
1501 the ensuing year in the event of a vacancy in
1502 the office of president;
1503
1504 5. To succeed to the office of president at the
1505 conclusion of the annual meeting of the House
1506 of Delegates;
1507
1508 6. To attend all important functions of the AGD;
1509
1510 7. To preside at meetings of the AGD in the
1511 temporary absence of the president;
1512
1513 8. To begin his or her term of office at the
1514 conclusion of the annual meeting following his
1515 or her term as vice president.
1516
1517 **C. It shall be the duty of the vice president:**
1518

- 1519 1. To be a consultant to all councils and
1520 committees without the right to vote;
1521
1522 2. To succeed to the office of president-elect upon
1523 expiration of the president-elect's term of office
1524 or in the event that the office should become
1525 vacant for any reason;
1526
1527 3. To serve as a member of the Board and the
1528 Executive Committee;
1529
1530 4. To serve as presiding officer in the absence of
1531 both the president and the president-elect.
1532
1533 D. It shall be the duty of the secretary, with the
1534 assistance of the executive director:
1535
1536 1. To serve as a member of the Board and the
1537 Executive Committee, and to assume the
1538 responsibility for seeing that all minutes of the
1539 Executive Committee, Board, and House of
1540 Delegates are accurate;
1541
1542 2. To be the custodian of all records and
1543 properties pertaining to his or her office;
1544
1545 3. To notify all council and committee members of
1546 their appointments and furnish necessary
1547 copies of resolutions, etc., referred to such
1548 councils;
1549
1550 4. To countersign all citations, certificates, and
1551 testimonials;
1552
1553 5. To certify, together with the president, all
1554 official acts of the AGD;
1555
1556 6. To conduct all correspondence;
1557
1558 7. To notify the secretaries of the constituent
1559 AGD's of the election of new members from
1560 their constituents;
1561
1562 8. To furnish lists of all delinquent members,
1563 those dropped for non-payment of dues, those
1564 persons resigning from the AGD (with the dates
1565 of resignations), and all deceased members;
1566
1567 9. To notify the secretary of each constituent of all
1568 transfers of membership to or from that
1569 constituent.
1570
1571 E. It shall be the duty of the treasurer, with the
1572 assistance of the executive director:
1573
1574 1. To keep adequate and proper accounts of the
1575 properties and funds of the AGD;
1576
1577 2. To cause to be deposited all monies and other
1578 valuables in the name of and to the credit of
1579 the AGD in such depositories as may be
1580 designated by the Board;
1581
1582 3. To disburse the funds of the AGD as may be
1583 ordered by the Board;
1584
1585 4. To have the authority, along with the executive
1586 director and president, in accordance with
1587 policy established by the Board, to sign AGD
1588 checks;
1589
1590 5. To render to the Board an accounting of all his
1591 or her transactions as treasurer and of the
1592 financial conditions of the AGD;
1593
1594 6. To serve as a member of the Board and the
1595 Executive Committee;
1596
1597 7. To have such other powers and perform such
1598 other duties as may be prescribed by the
1599 Board and these Bylaws;
1600
1601 8. To serve as a member to the Budget and
1602 Finance Committee.
1603
1604 9. To serve as a consultant to the Audit
1605 Committee.
1606
1607 F. It shall be the duty of the speaker of the House of
1608 Delegates:
1609
1610 1. To preside at all meetings of the House of
1611 Delegates;
1612
1613 2. To serve as a member of the Board and the
1614 Executive Committee with all privileges
1615 including the right to vote.
1616
1617 G. It shall be the duty of the editor:
1618
1619 1. To serve as editor-in-chief of the official
1620 publications of the AGD;
1621
1622 2. To exercise editorial control subject only to
1623 policies established by the Board or House of
1624 Delegates and using these Bylaws;
1625
1626 3. To serve as a member of the Board and the
1627 Executive Committee with all privileges
1628 including the right to vote;
1629
1630 4. To appoint, subject to approval by the
1631 Communications Council, an associate editor
1632 who must reside outside of the region of the
1633 editor, be appointed for the same term as the
1634 editor, and have the following duties:
1635
1636 1) Provide technical assistance to AGD
1637 *Impact* and *General Dentistry*, as
1638 requested by the editor.
1639
1640 2) Attend the Editors' Workshop to work
1641 with constituent editors.
1642
1643 3) Write editorials as assigned by the editor.
1644
1645 4) Review manuscripts for publication, as
1646 assigned.
1647
1648 5) Attend the Communications Council
1649 meetings.
1650
1651 6) Assume such duties as assigned by the
1652 editor.
1653
1654 CHAPTER X
1655
1656 Regional Directors
1657
1658 Section 1. Composition
1659 Each region will have a regional director, who is an
1660 active, emeritus or retired member, with the exception
1661 of Region 15-16 which will have two (2) regional
1662 directors. The duties of the Regional Director shall be
1663 those as determined by the Regional Directors and as
1664 further ratified by the Board.
1665
1666 Section 2. Term of office
1667 The term of office of the regional director shall be for
1668 three (3) years. Regional directors shall be limited to
1669 two (2) terms of three (3) years each. Fulfilling any
1670 unexpired term shall be deemed a term of three (3)

1671 years unless the period served is one year or less of an
1672 unexpired term. For the purposes of this Bylaws
1673 provision, a year is considered a governance year,
1674 which ends upon conclusion of the annual session of
1675 the House of Delegates. When a regional director
1676 serves one year or less of an unexpired term, that
1677 regional director shall be allowed to serve a maximum
1678 service of seven (7) years. Notwithstanding the
1679 forgoing, a partial term completed prior to July 21, 2008
1680 shall not be counted as a full term.

1681 **Section 3. Election**
1682 The regional director shall be elected in accordance
1683 with rules of procedure established by the region.
1684 However, the rules of procedure must specify one of the
1685 following procedures for electing the regional director:

1686 **A.** By a majority vote of the individuals present and
1687 voting at a meeting held in the region and
1688 announced by the regional director at least thirty
1689 (30) days in advance. The individuals entitled to
1690 vote at such a meeting would include any duly
1691 elected delegate from a constituent in the region or
1692 his or her alternate delegate, in addition to each
1693 constituent AGD president or his or her designated
1694 alternate. If a constituent president is already a
1695 delegate, he or she may appoint another officer
1696 from his or her constituent so that his or her
1697 constituent will not be deprived of a vote;

1700 **B.** By a majority vote of the delegates or their
1701 alternates present and voting at a regional caucus.
1702 If the regional caucus is not held in conjunction
1703 with the annual meeting, the time and location
1704 must be announced by the regional director to all
1705 eligible delegates at least thirty (30) days in
1706 advance;

1707 **C.** By a postcard ballot of all active and emeriti
1708 members within the region. A candidate's name
1709 may be placed on the postcard ballot if he or she is
1710 nominated in any of the following ways:

1711 1. By a majority vote of the nominating
1712 committee which shall consist of the president
1713 from each constituent AGD in the region or his
1714 or her designated alternate;

1715 2. By a petition signed by at least twenty-five (25)
1716 active or emeriti members practicing in the
1717 region.

1718 A plurality of the votes will considered sufficient to
1719 elect on a postcard ballot. However, no constituent
1720 may have on the ballot more than one candidate. If
1721 more than one candidate is presented from a
1722 particular constituent, that constituent shall hold a
1723 primary election to determine which candidate will
1724 be placed on the regional ballot.

1725 **D.** In the event that the region consists of only one
1726 constituent, the regional director may be elected by
1727 a simple majority vote of those serving on the
1728 constituent's Board of Directors. Such a meeting
1729 can be held no more than one hundred twenty (120)
1730 days in advance of the annual meeting in which the
1731 regional director will take office and must be
1732 announced to the members of the Board at least
1733 thirty (30) days prior to the meeting.

1734 **Section 4. Removal from Office**

1735 **A.** Initiation of Removal Proceedings
1736 Any constituent AGD from the region may initiate
1737 proceedings to remove a regional director from
1738 office. A constituent AGD may do so through a

1747 two-thirds (2/3) vote of its Board in a letter to the
1748 trustee signed by either the president or secretary
1749 of the constituent AGD with a copy to the AGD
1750 secretary and a copy to the regional director.

1751 **B. Removal Proceedings**
1752 A regional director may be removed from office by
1753 a two-thirds (2/3) vote of the delegates at any
1754 regional caucus meeting providing that thirty (30)
1755 days notice is given to each delegate and the
1756 regional director and that intention to remove the
1757 regional director is made known to the delegates
1758 and the regional director at the time of the meeting
1759 announcement and that a substitute must be
1760 appointed to preside at such a meeting by the
1761 delegates present. The only exception to this
1762 provision pertains to those regions with five or
1763 fewer delegates. Those regions with five (5) or
1764 fewer delegates may remove a regional director
1765 from office by a two-thirds (2/3) vote of all
1766 individuals serving as constituent presidents,
1767 presidents-elect, vice presidents, secretaries and
1768 treasurers of the constituent Academies that
1769 compose the region. No individual shall have more
1770 than one vote even though that individual may hold
1771 more than one office. Such vote may be taken by a
1772 mail ballot provided that intention to conduct such
1773 a poll has been made known to the constituent
1774 officers and the regional director at least thirty (30)
1775 days prior to the mailing of the ballot. If a mail
1776 ballot is used, then such mail ballot shall be
1777 supervised by the AGD secretary.

1778 **CHAPTER XI**

1779 **Appointive Officers**

1780 **Section 1. Executive Director**
1781 The executive director shall be employed by an
1782 affirmative vote of fourteen (14) of the twenty-seven (27)
1783 voting members of the Board.

1784 **Section 2. It shall be the duty of the executive director:**

1785 **A.** To perform, under the direction of the Board, such
1786 duties as the title of the office ordinarily connotes;

1787 **B.** To perform such duties as may be assigned to him
1788 or her by the Board;

1789 **C.** To oversee the implementation of the AGD's
1790 policies and programs under the guidance of the
1791 Board;

1792 **D.** To supervise all employees and agents of the AGD;

1793 **E.** To have such other powers and duties as may be
1794 prescribed to the Board and these Bylaws;

1795 **F.** To serve as a consultant to the Board, the
1796 Executive Committee, and all other councils
1797 without the right to vote;

1798 **G.** To cause to be bonded by a blanket policy all
1799 persons handling AGD funds;

1800 **H.** To make an annual report to the Board and House
1801 of Delegates.

1802 **CHAPTER XII**

1803 **Board**

1804 **Section 1. Powers:**
1805 Between meetings of the House of Delegates, the
1806 control, management, and administration of this AGD
1807 shall be vested in a Board, subject to laws of the State

1823 of Illinois, Articles of Incorporation of the AGD,
 1824 Constitution and Bylaws, and the mandates of the
 1825 House of Delegates.
 1826
 1827 **Section 2. Composition:**
 1828
 1829 **A. The Board shall consist of twenty-seven (27) active**
 1830 **members, including nineteen (19) Trustees (all of**
 1831 **whom must continually practice in the region), the**
 1832 **seven (7) elected officers (president,**
 1833 **president-elect, vice president, secretary,**
 1834 **treasurer, speaker of the House of Delegates, and**
 1835 **editor) and the immediate past president. The**
 1836 **presiding officer shall exercise his or her vote only**
 1837 **(optionally) in the case of a tie.**
 1838
 1839 **B. The president shall serve as the chairperson of the**
 1840 **Board and shall preside at its meetings.**
 1841
 1842 **Section 3. Meetings of the Board:**
 1843 **The Board shall meet in person at least three (3) times a**
 1844 **year. Between such meetings, additional meetings may**
 1845 **be held through the use of a conference telephone or**
 1846 **other communications equipment by means of which all**
 1847 **persons participating in the meeting can communicate.**
 1848 **The Board may, by a majority of the entire Board,**
 1849 **cancel any meeting of the Board.**
 1850
 1851 **A majority of the Board shall constitute a quorum. The**
 1852 **president, with the approval of the Executive**
 1853 **Committee, shall designate the time and place for all**
 1854 **meetings of the Board. Notice of the meeting shall then**
 1855 **be mailed or transmitted by electronic means to all**
 1856 **members of the Board at least fifteen (15) days prior to**
 1857 **the meeting. In an emergency, fourteen (14) affirmative**
 1858 **votes of the Board may waive the fifteen-day notice**
 1859 **normally required.**
 1860
 1861 **The Board may conduct business by e-mail, mail, or fax**
 1862 **ballot with that business being reported at the next**
 1863 **Board meeting. Passage of resolutions by e-mail, mail,**
 1864 **or fax ballots requires a unanimous vote of all twenty-**
 1865 **seven (27) members of the Board.**
 1866
 1867 **Section 4. Compensation:**
 1868 **The members of the Board of the AGD shall not receive**
 1869 **any compensation for their services, except for the**
 1870 **president, president-elect, vice president, editor,**
 1871 **treasurer, secretary, and speaker who shall receive a**
 1872 **yearly honorarium (the amount of the honorarium shall**
 1873 **be determined by the House of Delegates based on a**
 1874 **recommendation from the Budget and Finance**
 1875 **Committee, the Compensation Committee and the**
 1876 **Board). Members of the Board may be reimbursed for**
 1877 **expenses incurred in attending meetings of the Board,**
 1878 **in accordance with the policy established by the Board**
 1879 **and in effect at the time that the House of Delegates**
 1880 **adopts a budget for the succeeding year.**
 1881
 1882 **Section 5. Election of Trustees:**
 1883
 1884 **Trustees shall be elected in accordance with rules of**
 1885 **procedure established by the region. However, the**
 1886 **rules of procedure must specify one of the following**
 1887 **procedures for electing the trustee:**
 1888
 1889 **A. By a majority vote of the individuals present and**
 1890 **voting at a meeting held in the region and**
 1891 **announced by the regional director at least thirty**
 1892 **(30) days in advance. The individuals entitled to**
 1893 **vote at such a meeting would include any duly**
 1894 **elected delegate from a constituent in the region or**
 1895 **his or her alternate delegate, in addition to each**
 1896 **constituent AGD president or his or her designated**
 1897 **alternate. If a constituent president is already a**
 1898 **delegate, he or she may appoint another officer**

1899 **from his or her constituent so that his or her**
 1900 **constituent will not be deprived of a vote;**
 1901
 1902 **B. By a majority vote of the delegates or their**
 1903 **alternates present and voting at a regional caucus.**
 1904 **If the regional caucus is not held in conjunction**
 1905 **with the annual meeting, the time and location**
 1906 **must be announced by the regional director to all**
 1907 **eligible delegates at least thirty (30) days in**
 1908 **advance;**
 1909
 1910 **C. By a postcard ballot of all active and emeriti**
 1911 **members within the region. A candidate's name**
 1912 **may be placed on the postcard ballot if he or she is**
 1913 **nominated in any of the following ways;**
 1914
 1915 **1. By a majority vote of the Nominating**
 1916 **Committee which shall consist of the**
 1917 **president from each constituent AGD in the**
 1918 **region or his or her designated alternate;**
 1919
 1920 **2. By a petition signed by at least twenty-five (25)**
 1921 **active or emeriti members practicing in the**
 1922 **region.**
 1923
 1924 **A plurality of the votes will be considered sufficient**
 1925 **to elect on a postcard ballot. However, no**
 1926 **constituent may have on the ballot more than one**
 1927 **candidate. If more than one candidate is presented**
 1928 **from a particular constituent, that constituent shall**
 1929 **hold a primary election to determine which**
 1930 **candidate will be placed on the regional ballot.**
 1931
 1932 **D. In the event that the region consists of only one**
 1933 **constituent, the trustee may be elected by a simple**
 1934 **majority vote of those serving on the constituent's**
 1935 **Board. Such a meeting can be held no more than**
 1936 **one hundred twenty (120) days in advance of the**
 1937 **annual meeting in which the trustees will take**
 1938 **office and must be announced to the members of**
 1939 **the Board at least thirty (30) days prior to the**
 1940 **meeting.**
 1941
 1942 **Section 6. Council or Committee Service Restriction:**
 1943 **Once elected, a trustee must resign any positions he or**
 1944 **she holds on AGD councils and committees other than**
 1945 **Board committees, unless he or she is currently serving**
 1946 **on a Local Advisory Committee or on an Ad Hoc**
 1947 **Committee. The individual may continue to serve as the**
 1948 **Local Advisory Committee Chairperson and therefore**
 1949 **as a member but not Chairperson of the Scientific**
 1950 **Meeting Council.**
 1951
 1952 **Section 7. Terms of Office**
 1953
 1954 **A. The term of office of the trustee shall be for three**
 1955 **(3) years.**
 1956
 1957 **B. The terms of office of the trustees shall be**
 1958 **staggered so that the terms of the trustees from**
 1959 **regions 1 to 4, 12, and 18 expire at the end of one**
 1960 **annual meeting, regions 5 to 11 at the next, and**
 1961 **regions 13 to 17, 19, and 20 at the next.**
 1962
 1963 **C. No trustee shall be permitted to serve more than**
 1964 **two (2) three (3) year terms. Fulfilling any**
 1965 **unexpired term shall be deemed a term of three (3)**
 1966 **years unless the period served is one year or less**
 1967 **of an unexpired term. For the purposes of this**
 1968 **Bylaws provision, a year is considered a**
 1969 **governance year, which ends upon conclusion of**
 1970 **the annual session of the House of Delegates.**
 1971 **When a trustee serves one year or less of an**
 1972 **unexpired term, that trustee shall be allowed to**
 1973 **serve a maximum service of seven (7) years.**
 1974 **Notwithstanding the forgoing, a partial term**

1975 completed prior to July 21, 2008 shall not be
1976 counted as a full term.
1977
1978 **D. The terms of office as a trustee for each of the**
1979 **seven (7) elected officers of the AGD shall be for**
1980 **the period described in Chapter IX, Section 1.D. of**
1981 **these Bylaws.**
1982
1983 **E. The term of office of the immediate past president**
1984 **as a trustee and member of the executive**
1985 **committee shall be for one year.**
1986
1987 **Section 8. Vacancy**
1988
1989 **A. In the event that a trustee is unable to attend a**
1990 **particular Board meeting, no substitute may be**
1991 **designated. The absent trustee will not be allowed**
1992 **to vote by proxy on any issue being discussed at**
1993 **the meeting.**
1994
1995 **B. In the event of a vacancy on the Board, that**
1996 **region's regional director shall assume the office of**
1997 **trustee until the region holds an election to**
1998 **determine the individual who shall serve the**
1999 **unexpired term.**
2000
2001 **Section 9. Removal from Office**
2002
2003 **A. Initiation of Removal Proceedings**
2004 **Any constituent AGD from the region may initiate**
2005 **proceedings to remove a trustee from office. A**
2006 **constituent AGD may do so through a two-thirds**
2007 **(2/3) vote of its Board in a letter to the regional**
2008 **director signed by either the president or secretary**
2009 **of the constituent AGD with a copy to the AGD**
2010 **secretary and the trustee.**
2011
2012 **B. Removal Proceedings**
2013 **A trustee may be removed from office by a**
2014 **two-thirds (2/3) vote of delegates present and**
2015 **voting at any regional caucus meeting, provided**
2016 **that thirty (30) days notice is given to each**
2017 **delegate and the trustee, and that intention to**
2018 **remove the trustee is made known to the delegates**
2019 **and trustee at the time of the meeting**
2020 **announcement. The only exception to this**
2021 **provision pertains to those regions that have five**
2022 **(5) or fewer delegates. Those regions with five or**
2023 **fewer delegates may remove a trustee from office**
2024 **by a two-thirds (2/3) vote of all individuals serving**
2025 **as constituent presidents, presidents-elect, vice**
2026 **presidents, secretaries and treasurers of**
2027 **constituent AGD's that compose the region. No**
2028 **individual shall have more than one vote, even**
2029 **though that individual may hold more than one**
2030 **office. Such vote may be taken by a mail ballot**
2031 **provided that intention to conduct such poll has**
2032 **been made known to the trustee at least thirty (30)**
2033 **days prior to the mailing of the ballot. If a mail**
2034 **ballot is used, then such mail ballot shall be**
2035 **supervised by the AGD secretary.**
2036
2037 **Section 10: Duties: It shall be the duty of each**
2038 **individual trustee:**
2039
2040 **A. To be knowledgeable about the affairs of the**
2041 **organization and the activities of organized**
2042 **dentistry;**
2043
2044 **B. To understand the needs of the members in the**
2045 **region;**
2046
2047 **C. To communicate directly on a regular basis with**
2048 **the regional director and constituents within the**
2049 **region.**
2050

2051 **Section 11: Duties: It shall be the duty of the Board:**
2052
2053 **A. To annually review the AGD's core purpose and**
2054 **strategic plan and recommend appropriate**
2055 **modifications to the House of Delegates.**
2056
2057 **B. To direct the AGD and its resources toward the**
2058 **achievement of the AGD's core purpose..**
2059
2060 **C. To approve the overall strategic plan, including the**
2061 **definition of the core competency and culture, and**
2062 **to review the summary of the internal and external**
2063 **analysis, and to approve the fiscal goals,**
2064 **objectives, and plans for the future.**
2065
2066 **D. To oversee the development of organizational**
2067 **structures, processes, and systems that will**
2068 **ensure that the resources of the AGD are utilized to**
2069 **meet documented member needs.**
2070
2071 **E. To delegate to the AGD's staff, Regional Directors,**
2072 **councils, and committees the responsibility to**
2073 **develop and implement, with Board approval,**
2074 **member-responsive programs and projects that the**
2075 **Board has deemed relevant to the strategic plan of**
2076 **the association.**
2077
2078 **F. To communicate a consistent identity, as**
2079 **determined via the approval of the culture and core**
2080 **competency statements and their representation**
2081 **('the brand'), to the public and the dental**
2082 **profession.**
2083
2084 **G. To provide for the maintenance and supervision of**
2085 **the Headquarters Office and all property owned**
2086 **and operated by the AGD;**
2087
2088 **H. To determine the date and location, for both the**
2089 **scientific session and the annual meeting and to**
2090 **establish the registration fees for the scientific**
2091 **session;**
2092
2093 **I. To cause to be bonded by a surety company all**
2094 **officers and employees of the AGD entrusted with**
2095 **AGD funds;**
2096
2097 **J. To examine in detail all accounts of the AGD, and**
2098 **to cause the same to be reviewed by the Audit**
2099 **Committee and audited by a certified public**
2100 **accountant at least once a year;**
2101
2102 **K. To supervise preparation of a budget for carrying**
2103 **on the activities of the AGD for each ensuing fiscal**
2104 **year;**
2105
2106 **L. To review the reports of the Regional Directors,**
2107 **councils and committees of the AGD, and to make**
2108 **recommendations concerning such reports to the**
2109 **House;**
2110
2111 **M. To act as a final means of appeal by individuals**
2112 **who have been denied membership in a**
2113 **component or constituent after consideration of**
2114 **the Constitution and Bylaws and Judicial**
2115 **Procedures Council;**
2116
2117 **N. To approve the selection and employment of an**
2118 **executive director;**
2119
2120 **O. To establish appropriate policy for reimbursement**
2121 **of AGD members for personal expenses incurred**
2122 **while on AGD business;**
2123
2124 **P. To determine upon recommendations of the**
2125 **president whether any council or committee**
2126 **member shall be removed;**

2127
2128
2129 **Q.** To approve honorary Fellows, honorary members,
2130 and recipients of other awards which have not
2131 been specifically delegated to a particular council
2132 or committee of this organization;
2133
2134 **R.** To establish Fellowship, Mastership, and Lifelong
2135 Learning and Service Recognition fees;
2136
2137 **S.** To establish a subscription fee for those emeritus
2138 members and members with total disability status
2139 who wish to receive AGD print publications;
2140
2141 **T.** To determine whether a recommendation should
2142 be made to the House of Delegates for removal of
2143 any officer;
2144
2145 **U.** To appoint a group administrator for the AGD's
2146 insurance program;
2147
2148 **V.** To function as the interim governing body of the
2149 AGD between meetings of the House of Delegates.
2150
2151 **W.** To be informed and prepared for Board meetings
2152 and participate in online discussion.
2153
2154 **X.** To actively solicit qualified regional nominees for
2155 appointment to AGD councils and committees and
2156 to submit such in a timely manner.
2157
2158 **Y.** To attend significant AGD events such as the
2159 Leadership Conference, annual meeting, scientific
2160 session or Strategic Planning meetings, as they are
2161 scheduled.
2162
2163 **Z.** To approve all council and committee appointment
2164 recommendations to the council and committees
2165 that are listed in Chapter XIII, Section 2 and 3 of
2166 these Bylaws.
2167
2168 **Section 12: Committees of the Board**
2169
2170 **A. Executive Committee**
2171
2172 1. There shall be an Executive Committee
2173 composed of the president, president-elect,
2174 vice president, secretary, treasurer, editor,
2175 speaker of the House of Delegates, and the
2176 immediate past president.
2177
2178 2. The duty of the Executive Committee is to act
2179 as an interim agency of the Board with the
2180 authority to implement policies of the Board.
2181
2182 3. The president acts as chairperson and may
2183 vote as a member of the Executive Committee,
2184 but only in the event of a tie.
2185
2186 4. The minutes of each Executive Committee
2187 meeting shall be placed on the agenda for
2188 discussion at the first succeeding Board
2189 meeting, so that all issues affecting AGD
2190 policy can be appropriately discussed.
2191
2192 5. Executive Committee recommendations which
2193 are contrary to existing AGD policy may not
2194 be implemented until action has been taken by
2195 the Board or the House of Delegates.
2196
2197 6. Meetings of the Executive Committee shall be
2198 called by the president with the concurrence
2199 of the majority of the committee. Emergency
2200 sessions may be called by a majority of the
2201 members of the committee.
2202 **CHAPTER XIII**

2203
2204 **Divisions, Councils and Committees**
2205
2206 **Section 1. Structure and Terms of Office**
2207
2208 **A.** The president-elect shall make, with the approval
2209 of the Board, council and committee appointments
2210 in accordance with Chapter IX, Section 2.A.4. of
2211 these Bylaws.
2212
2213 **B.** All AGD councils shall be constituted so that an
2214 equal number of active and/or emeriti members
2215 complete their three-year terms each year.
2216
2217 **C.** No member of a council may serve more than two
2218 (2) consecutive three (3) year terms on a particular
2219 council, nor may any member serve on more than
2220 one (1) council at a given time unless serving as a
2221 consultant or Board liaison. In the event that a
2222 member is fulfilling an unexpired term, the
2223 unexpired term shall be considered the first full
2224 three (3) year term unless the unexpired term is
2225 one year or less, in which case the member could
2226 serve up to a maximum of seven (7) consecutive
2227 years.
2228
2229 **D.** Each president-elect shall designate, with approval
2230 of the Board, one particular council member to
2231 serve as chairperson.
2232
2233 **E.** Each president-elect shall designate, with the
2234 approval of the Board, one individual who shall
2235 serve as the Division Coordinator for each vacancy
2236 in the four council and committee divisions. The
2237 term of the Division Coordinator shall be two-
2238 years. No Division Coordinator shall serve more
2239 than two successive terms and the appointment of
2240 terms shall be staggered so that only two terms
2241 expire on any given year.
2242
2243 **F.** Council appointments shall expire at the end of the
2244 appropriate annual meeting, generally almost three
2245 (3) years after an active or emeritus member has
2246 been named to serve on the council. A council or
2247 committee member may be removed with the
2248 approval of the president, president-elect and the
2249 ratification of the Board for the following reasons:
2250
2251 1. Unethical behavior;
2252
2253 2. Disruptive behavior;
2254
2255 3. Failing to attend scheduled meetings;
2256
2257 4. Failing to accomplish assigned work.
2258
2259 **Section 2. Each of the following councils and**
2260 **committees shall be assigned to the following**
2261 **Divisions:**
2262
2263 **A. Membership Services Division**
2264
2265 1. Membership Council
2266
2267 2. Group Benefits Council
2268
2269 **B. Public and Professional Relations Division**
2270
2271 1. Communications Council
2272
2273 **C. Continuing Education Division**
2274
2275 1. Dental Education Council
2276
2277 2. PACE Council
2278

2279	3. Scientific Meeting Council	2355
2280		2356
2281	a. Local Advisory Committee	2357
2282		2358
2283	4. Examinations Council	2359
2284		2360
2285	a. Examinations Item Bank Committee	2361
2286	(Team C)	2362
2287		2363
2288	b. Self Instruction Committee	2364
2289		2365
2290	d. Fellowship Examination Committee	2366
2291	(Teams A & B)	2367
2292		2368
2293	D. Advocacy/Representation Division	2369
2294		2370
2295	1. Legislative and Governmental Affairs Council	2371
2296		2372
2297	2. Dental Practice Council	2373
2298		2374
2299	3. Constitution, Bylaws and Judicial Affairs	2375
2300	Council	2376
2301		2377
2302	Section 3. Administrative Committees	2378
2303		2379
2304	A. Audit Committee.	2380
2305	The duty of this committee shall be to carry our all	2381
2306	functions outlined within the Audit Committee	2382
2307	Charge.	2383
2308		2384
2309	CHAPTER XIV	2385
2310		2386
2311	Judicial Procedures	2387
2312		2388
2313	Section 1. Conduct Subject to Discipline:	2389
2314	A member may be disciplined by his or her constituent	2390
2315	AGD for:	2391
2316		2392
2317	A. Having his or her license to practice dentistry either	2393
2318	suspended or revoked by the political jurisdiction in	2394
2319	which he or she practices. (Revocation or	2395
2320	suspension of a dentist's license shall cause the	2396
2321	member automatically to be suspended from the	2397
2322	AGD.)	2398
2323		2399
2324	B. Violating the Bylaws or Principles of Ethics of the	2400
2325	Academy of General Dentistry.	2401
2326		2402
2327	Section 2. Jurisdiction:	2403
2328	Members who are not members of a particular	2404
2329	constituent AGD may be disciplined by the Constitution	2405
2330	and Bylaws and Judicial Procedures Council in	2406
2331	accordance with the Board policy. Otherwise, instigation	2407
2332	of judicial proceedings shall be initiated by the member's	2408
2333	constituent AGD. It shall be the duty of the Constitution	2409
2334	and Bylaws and Judicial Procedures Council to hear	2410
2335	appeals on censure, suspension of membership, or	2411
2336	expulsion from a constituent AGD. The constituent	2412
2337	AGD's and this council shall have the right to censure,	2413
2338	suspend, or expel a member who is found to be in	2414
2339	violation of the AGD's Bylaws or Principles of Ethics.	2415
2340		2416
2341	Section 3. Disciplinary Penalties:	2417
2342	A member may be placed under a sentence of censure or	2418
2343	suspension, or may be expelled from the membership for	2419
2344	any of the offenses enumerated in Section 1 of this	2420
2345	chapter. Suspension means that all membership	2421
2346	privileges except continued entitlement to coverage	2422
2347	under insurance programs are lost during the	2423
2348	suspension period. Suspension shall be unconditional	2424
2349	and for a specified period, at the termination of which full	2425
2350	membership privileges are automatically restored. A	2426
2351	subsequent violation shall require a new disciplinary	2427
2352	procedure before additional discipline may be imposed.	2428
2353	Expulsion shall be an absolute discipline and shall not	2429
2354	be imposed conditionally.	2430
		Section 4. Disciplinary Proceedings:
		Before a disciplinary penalty is invoked against a
		member, the following procedures shall be followed by
		the constituent AGD preferring the charges:
		A. Hearing:
		The accused member shall be entitled to a hearing
		at which he or she shall be given the opportunity to
		present his or her defense to all charges brought
		against him or her. A constituent shall permit the
		accused member to be represented by legal
		counsel.
		B. Notice:
		The accused member shall be notified in writing of
		charges brought against him or her and of the time
		and place of the hearing, such notice to be sent by
		registered letter addressed to his or her last known
		address and mailed not less than twenty-one (21)
		days prior to the day set for the hearing. An
		accused member, upon his or her request, shall be
		granted one (1) postponement for a period not to
		exceed thirty (30) days.
		C. Charges:
		The written charges shall include an official certified
		copy of the alleged conviction or determination of
		guilt, or a specification of the Bylaw or ethical
		provisions alleged to have been violated, as the
		case may be in a description of the conduct alleged
		to constitute each violation.
		D. Decision:
		Each decision which shall result in censure,
		probation, suspension, or expulsion shall be
		reduced to writing and shall specify the charges
		made against the member, the fact which
		substantiates any or all of the charges, the verdict
		rendered, the penalty imposed, and a notice shall be
		mailed to the accused member informing him or her
		of his or her right of appeal. Within ten (10) days of
		the date on which the decision is rendered, a copy
		thereof shall be sent by registered mail to the last
		known address of each of the following parties: the
		accused member, the secretary of the constituent
		AGD of which he or she is a member, the
		chairperson of the Constitution and Bylaws and
		Judicial Procedures Council of the AGD, and the
		executive director of the AGD
		Section 5. Appeals:
		The accused member under sentence of censure,
		suspension, or expulsion shall have the right to appeal
		from such a decision of his or her constituent AGD by
		filing an appeal in affidavit form with the executive
		director of the AGD. The executive director shall convey
		the affidavit to the chairperson of the AGD's Constitution
		and Bylaws and Judicial Procedures Council. An appeal
		from any decision shall not be valid unless notice of the
		appeal is filed within thirty (30) days and the supporting
		brief, if one is to be presented, is filed within forty-five
		(45) days after such decision has been rendered. No
		decision shall become final while an appeal therefrom is
		pending or until the thirty (30) day period for filing notice
		of appeal has elapsed. In the event of a sentence of
		expulsion with no notice of appeal received within the
		thirty (30) day period, the constituent AGD shall notify all
		parties of the failure of the accused member to file an
		appeal. The sentence of expulsion shall take effect on
		the date the parties are notified. The constituent AGD
		shall determine what portion of current dues, if any, shall
		be returned to the expelled member. Dues paid to this
		AGD shall not be refundable in the event of expulsion.
		The following procedure shall be used in processing
		appeals:

2431		2507	requirement of Section 5 of this chapter;
2432		2508	
2433	A. Hearings on Appeal:	2509	4. To refer the case back to the constituent AGD
2434	The accused member of the AGD concerned shall	2510	which preferred charges for a new proceeding
2435	be entitled to a hearing on an appeal, provided that	2511	if the rights of the accused member under all
2436	such appeal is taken in accordance with and	2512	applicable Bylaws were not accorded to him or
2437	satisfies the requirement of Section 5 of this	2513	her;
2438	chapter. A constituent AGD shall permit the	2514	
2439	accused member to be represented by legal	2515	5. To uphold the decision of the constituent AGD
2440	counsel. A party need not appear for his or her	2516	which preferred charges against the accused
2441	appeal to be heard by an appellate agency.	2517	member and reduce the penalty imposed.
2442		2518	Within ten (10) days of the date on which the
2443	B. Notice:	2519	decision on appeal is rendered, a copy thereof
2444	The agency receiving an appeal shall notify the	2520	shall be sent by registered mail to the last
2445	AGD concerned and the accused member of the	2521	known address of each of the following
2446	time and place of the hearing, such notice to be	2522	parties: the accused member, the secretary of
2447	sent by registered letter to the last known address	2523	the constituent AGD of which he or she is a
2448	of the parties to the appeal and mailed not less	2524	member, the chairperson of the AGD's Council
2449	than thirty (30) days prior to the date set for the	2525	on Constitution and Bylaws and Judicial
2450	hearing. Granting of continuances shall be the	2526	Procedures, and the executive director of the
2451	option of the agency hearing the appeal.	2527	AGD.
2452		2528	
2453	C. Briefs:	2529	CHAPTER XV
2454	Every party to an appeal shall be entitled to submit	2530	Scientific Sessions
2455	a brief in support of its position. The party	2531	
2456	initiating the appeal shall submit its brief to the	2532	Section 1. Object:
2457	chairperson of the AGD's Constitution and Bylaws	2533	The scientific session of this AGD is established to
2458	and Judicial Procedures Council within forty-five	2534	assist the dissemination of dental knowledge which
2459	(45) days of the date upon which the decision	2535	shall serve to improve the health of the public and to
2460	appealed from was rendered. The party initiating	2536	upgrade the science and art of dentistry.
2461	the appeal may elect to rely on the record or on an	2537	
2462	oral presentation and not file a brief.	2538	
2463		2539	Section 2. Time and Place:
2464	D. Recording of Disciplinary Proceedings:	2540	The scientific session of this AGD shall be held
2465	Upon notice of an appeal, the constituent which	2541	annually at a time and place selected by the Board.
2466	preferred charges shall furnish to the agency	2542	
2467	which has received the appeal and to the accused	2543	Section 3. Management and General Arrangements:
2468	member a transcript or an officially certified copy	2544	The management of the scientific sessions shall be
2469	of the minutes of the hearing accorded the accused	2545	under the direction of the Scientific Meeting Council in
2470	member. The transcript or minutes shall be	2546	accordance with the Board policy.
2471	accompanied by certified copies of any affidavits	2547	
2472	or other documents submitted as evidence to	2548	Section 4. Admission:
2473	support the charges against the accused member	2549	Admission to scientific sessions shall be open to all
2474	or submitted by the accused member as part of his	2550	members of the dental profession, but non-members of
2475	or her defense. The accused member, at his or her	2551	the AGD must pay a registration fee established by the
2476	own expense, shall be entitled to arrange for the	2552	Board after consultation with the Scientific Meeting
2477	services of a court reporter to transcribe the	2553	Council responsible for such scientific session.
2478	hearing.	2554	
2479		2555	CHAPTER XVI
2480	E. Appeals Jurisdiction:	2556	Official Publications
2481	The agency to which a decision has been appealed	2557	
2482	shall be required to review the decision appealed	2558	Section 1. The AGD shall publish a journal and a
2483	from to determine whether the evidence before the	2559	newsletter.
2484	constituent AGD which preferred charges against	2560	
2485	the accused member supports that decision or	2561	Section 2. Other publications may be established by
2486	warrants the penalty imposed. The appeal agency	2562	action of the appropriate governing body of the AGD.
2487	shall not be required to consider additional	2563	
2488	evidence unless there is a clear showing that either	2564	CHAPTER XVII
2489	party to the appeal will be unreasonably harmed by	2565	Finances
2490	failure to consider the additional evidence.	2566	
2491		2567	Section 1. Fiscal Year:
2492	F. Decision of Appeals:	2568	The fiscal year of this AGD shall coincide with the
2493	Every decision on appeal shall be reduced to	2569	calendar year, beginning January 1, 2007.
2494	writing and shall state clearly the conclusion of the	2570	
2495	appeal agency and the reasons for reaching that	2571	Section 2. General Fund:
2496	conclusion. The appeal agency shall have the	2572	The general fund shall consist of all monies received
2497	discretion:	2573	other than those specifically allocated to other funds by
2498		2574	these Bylaws. The funds shall be used for defraying all
2499	1. To uphold the decision of the constituent AGD	2575	expenses incurred by this AGD not otherwise provided
2500	which preferred charges against the accused	2576	for in these Bylaws. The general fund may be divided
2501	member;	2577	into operating and reserve divisions at the direction of
2502		2578	the Board.
2503	2. To reverse the decision of the constituent	2579	
2504	AGD which preferred charges and thereby	2580	Section 3. Investment Fund:
2505	exonerate the accused member;	2581	
2506		2582	

2583 The Investment Fund consists of the Reserve and
2584 Project accounts and shall consist of all funds invested
2585 by the AGD. Access to this Investment Fund will
2586 require the Treasurer's and President's signatures and
2587 approval by a 3/4 vote of the Board. Funds shall be
2588 withdrawn first from the Project Account and then the
2589 Reserve Account should this become necessary.
2590
2591 **Section 4. Emergency Fund:**
2592 The Emergency Fund consists of \$100,000 (in 2004
2593 dollars) plus accrued interest and is not to be utilized
2594 unless an emergency has caused the operations
2595 account to fall below acceptable levels. Access to the
2596 Emergency Fund will require both the Treasurer's and
2597 President's signatures.
2598
2599 **Section 5. Advocacy Fund:**
2600 The Advocacy Fund shall consist of all funds
2601 contributed to the AGD Advocacy Fund. The
2602 Legislative and Governmental Affairs and Dental
2603 Practice Councils shall have input on requests and
2604 recommendations for distribution of the funds with final
2605 approval of the Board.
2606
2607 **CHAPTER XVIII**
2608
2609 **Indemnification**
2610
2611 **Section 1.** Each officer, trustee, regional director,
2612 council member, committee member, task force
2613 member, employee, and other agent of the AGD, who
2614 was or is a party to any action suite or proceeding by
2615 reason of fact that he or she is or was an officer,
2616 trustee, regional director, council member, committee
2617 member, task force member, employee or agent of the
2618 AGD shall be held harmless and indemnified against all
2619 costs, expenses, attorneys' fees, judgments, fines and
2620 amounts paid in settlement actually and reasonably
2621 incurred by such person in connection with such
2622 action, suit or proceeding, if such person acted in good
2623 faith and in a manner he or she reasonably believed to
2624 be in, or not opposed to, the best interests of the AGD,
2625 and, with respect to any criminal action or proceeding,

2626 had no reasonable cause to believe his or her conduct
2627 was unlawful, provided that no indemnification shall be
2628 made in respect to any claim, issue or matter as to
2629 which such person shall have been adjudged to be
2630 liable for negligence or misconduct in the performance
2631 of his or her duty to the corporation, unless, and only to
2632 the extent that the court in which such action or suit
2633 was brought shall determine upon application that,
2634 despite the adjudication of liability, but in view of all the
2635 circumstances in the case, such person is fairly and
2636 reasonably entitled to indemnity for such expenses as
2637 the court shall deem proper. The indemnification
2638 provided by this chapter shall insure to the benefit of
2639 the heirs, executors, and administrators of such person
2640 entitled to the indemnification under this chapter.
2641
2642 **CHAPTER XIX**
2643 **Amendments**
2644
2645 **Section 1.** The Bylaws may be amended by an
2646 affirmative vote of two-thirds (2/3) of the delegate
2647 members present and voting at the annual meeting of
2648 the House of Delegates, provided that the substance of
2649 all proposed changes have been published to AGD
2650 members at least 30 days before said meeting on the
2651 AGD Web site and links to the proposed changes will be
2652 headlined thereon.
2653
2654 **Section 2.** Amendments of these Bylaws shall be
2655 proposed only by the Board, the Constitution and
2656 Bylaws and Judicial Procedures Council, any
2657 constituent or component AGD, or any twenty-five (25)
2658 active or emeriti members, provided submission is
2659 made to the secretary at least sixty (60) days but not
2660 more than one hundred and twenty (120) days prior to
2661 the annual meeting of the House of Delegates.
2662
2663 **Section 3.** The secretary shall be responsible for
2664 ensuring the timely updating of the Web site of the
2665 proposed amendments at least thirty (30) days prior to
2666 said meeting and ensure that AGD publications include
2667 written announcement of the location of proposed
2668 Bylaws statements.

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The Board
Policy Manual
is a separate
document.



ORAL HEALTH LITERACY 2017 AGD Annual Meeting

Oral Health Literacy (OHL)

“The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate oral health decisions.”

Barriers & Solutions to Accessing Care (AGD, 2012)

1. Comprehensive oral health education for public schools’ health curriculum;
2. Exams for one-year-old children as part of recommendations for new mothers;
3. Creative teacher tools;
4. Training of daycare providers and school nurses;
5. Communication w/ pediatricians;
6. Multi-factorial interventions and educational programs to parents of young children; and
7. Patient navigators in communities to ensure that patients keep preventive appointments (Not midlevel providers).

OHL Consensus Statement (2015)

Adopted by the AGD House of Delegates, 2016

Endorsed by: American Academy of Family Physicians (AAFP); American Association of Women Dentists (AAWD); American College of Dentists (ACD); and Special Care Dental Association (SCDA)

Oral health literacy is an integral component of every individual’s health and wellbeing. The undersigned organizations recommend addressing this critical issue in accordance with the following principles:

1. Oral health literacy is the foundation of a lifetime of wellness and must be integrated into all educational and wellness programs.
2. Oral health literacy is a shared responsibility across all sectors.
3. Critical to the advancement of oral health literacy is an established dental home.
4. The dental profession will lead the advancement of oral health literacy, in collaboration with other health professionals.
5. Governmental and private resources dedicated to improving oral health should be strategically directed toward programs that further oral health literacy.



ORAL HEALTH LITERACY 2017 AGD Annual Meeting

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CALL TO ACTION!

1. Educate patients about the importance of oral health and preventive visits.
2. Emphasize connection between oral health and overall health.
3. Enlighten parents and parents-to-be about oral care during pregnancy, and dental visit before age-one.
4. Support fluoridation / alleviate fears.
5. Collaborate with patients' physicians.
6. Speak to legislators about introducing this legislation and/or to support such a bill once a sponsor is identified.

** In collaboration with its lobbying firm of Kent & O'Connor, the Academy of General Dentistry launched a dedicated effort, at AGD's 2017 Hill Day, to seek legislators to sponsor legislation to amend the *Public Health Service Act*, as follows:

Direct the Secretary, acting through the Director of the CDC and the Administrator of HRSA to:

- 1. Establish a 5-year national, public education campaign that is focused on oral healthcare prevention and education, including prevention of oral disease such as early childhood and other caries, periodontal disease, and oral cancer.*
- 2. Award demonstration grants to eligible entities to demonstrate the effectiveness of evidence-based oral health literacy activities. The Secretary shall utilize information generated from grantees under this section in planning and implementing the public education campaign.*

The effort to find a sponsor for this legislation is ongoing. AGD delegates and alternates are asked to stand ready to be called upon to speak to their legislators about introducing this legislation and/or to support such a bill once a sponsor is identified.