

³ 2023 ⁴ House of ⁵ Delegates ⁶ Addendum

November 10-12, 2023 McCormick Place & Hyatt Conference Center Chicago, IL

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1	2023 Resolution Index Summary	
2	Robert M. Peskin, DDS, FAGD, AGD Speaker of	the House
3	Abe Dyzenhaus, DDS, FAGD, AGD Secre	
4	Jennifer Goler, Director, Governance	5
5	(As of 10/18/23)	
Resolution #	Brief Description	Ref. Comm.
	*	Assignment
101	Approve 2025 Membership Dues	Admin/Image/Mem
		2:30 – 4:00 pm
102	Addition of Resident Membership Category	Admin/Image/Mem
		2:30 – 4:00 pm
150	Approve 2024 Budget	Admin/Image/Mem
		2:30 – 4:00 pm
201	Amend HOD Fellowship, Mastership and Lifelong	Continuing Education
	Learning and Service Recognition Guidelines	4:00– 5:30 pm
301	Rescission of HOD Policy 98:22-H-7	Advocacy/Other
		Priorities
		1:00 – 2:30 pm
302	Adopt HOD Policy Supporting Dental Loss Ratios	Advocacy/Other
		Priorities
		1:00 – 2:30 pm
303	Amend HOD Policy 2017:308-H-11 Educating the	Advocacy/Other
	Profession & Public about the Value of Dental Oral	Priorities
	Cancer Exams, etc.	1:00 – 2:30 pm
304	Rescission of HOD Policy 2009:301S-H-7	Advocacy/Other
		Priorities
		1:00 – 2:30 pm
305	Rescission of HOD Policy 2009:306-H-7	Advocacy/Other
		Priorities
		1:00 – 2:30 pm
306	Rescission of HOD Policy 2009:307-H-7	Advocacy/Other
		Priorities
		1:00 – 2:30 pm
307	Rescission of HOD Policy 81:28-H-7	Advocacy/Other
		Priorities
		1:00 – 2:30 pm
308	Rescission of HOD Policy 88:48-H-7	Advocacy/Other
		Priorities
200		1:00 – 2:30 pm
309	Rescission of HOD Policy 94:24-H-7	Advocacy/Other
		Priorities
210		1:00 – 2:30 pm
310	Rescission of HOD Policy 94:32-H-7	Advocacy/Other
		Priorities
		1:00 – 2:30 pm

311	Revision of HOD Policy 2002:28-H-7	Advocacy/Other
		Priorities
		1:00 – 2:30 pm
312	Revision of HOD Policy 2007:311-H-6	Advocacy/Other
		Priorities
		1:00 – 2:30 pm
313	Revision of HOD Policy 80:23-H-7	Advocacy/Other
		Priorities
		1:00 – 2:30 pm
314	Amend AGD Bylaws Officer Eligibility	Advocacy/Other
		Priorities
		1:00 – 2:30 pm
<u>315</u>	Adopt HOD Policy on Artificial Intelligence in	Advocacy/Other
	Dentistry	Priorities
		1:00 – 2:30 pm
<u>316</u>	Amend Constitution & Bylaws Prohibit Trustees as	Advocacy/Other
	Delegates	Priorities
		1:00 – 2:30 pm
<u>317</u>	Revision of AGD Policy 2014:306C-H-6 Adequacy of	Advocacy/Other
	Present Dental Workforce	Priorities
		1:00 – 2:30 pm
1		

1			
2	DENTISTRY		
3 4 5	Reports to be reviewed by the		
6	Reference Commi Reference Committee on A		& Other
7 8	Prioritie	v	
9 10	Friday, November 10, 2023		
11	2:30 - 4:00 p.m.		
12 13	MP S102bcd		
14	Jessica J. Brisbois, DDS - Chair	Michigan	15
	Jenni C. Bobbio, DDS, FAGD	Virginia	16
	Steven Hochfelder, DMD, FAGD	Florida	17
	Madhavi H. Joshi, DDS, MAGD	California	<u></u>
	Lindsey Wendt, DDS, MAGD	Texas	20
	Darren S. Greenwell, DMD, MAGD - Consultant	Kentucky	21
23 24	Resolution 301		22
25 26	"Resolved, that HOD Policy 98:22-H-7 be rescinded."	1	
27 28	"98:22-H-7 Resolved, that the Academy of General Den legislation or regulation that is not based on documente		
28 29	general risk to dental patients or workers which would		
30	containing products in the dental office."	Promote the use of I	www.va.vi iutva ²
31 32 33	Resolution 302		
34	"Resolved, that the AGD supports legislation requiring		
35	less than 85% of dental insurance premiums spent on a	<u>ll claims in all releva</u>	<u>ant</u>
36	jurisdictions, and be it further,		
37			

]	not politically feasible, and be it further
(Resolved, that the AGD supports transparency of the reporting of dental insurance
	companies' expenditures as they relate to direct patient care."
-	companies experiantal es as they relate to an eet patient care.
	Resolution 303
	"Resolved, that HOD policy 2017:308-H-11 as referred by the 2022 HOD Resolution 326 b
ê	amended to read
("Resolved, that the Academy of General Dentistry (AGD) supports educating the dental
	profession and the public as to the value of dental <u>oral cancer examinations, oropharynge</u>
-	cancer screenings, and HPV vaccination to help prevent Oral Cancer,
-	
•	and be it further
	Resolved, that this policy will automatically be sunset at the close of the 2028 House of
]	Delegates."
	Resolution 304
("Resolved, that HOD policy 2009:301S -H-7 be rescinded."
	Resolved, that HOD poncy 2009.3013 -11-7 be reschided.
(*2009:3015 -H-7 Resolved, that the AGD support legislation requiring insurance carriers
	to cover reimbursement for surgical implant placement and restoration."
	Resolution 305
"	"Resolved, that HOD policy 2009:306-H-7 be rescinded."
	"2009:306-H-7 Resolved, that, when one or more dentists are involved in dental implant
	therapy, there should be mutual agreement of the restorative objectives by all parties, including the patient, before any invasive therapy is undertaken."
1	neuting the patient, before any invasive therapy is undertaken.
	Resolution 306
"	"Resolved, that HOD policy 2009:307-H-7 be rescinded."
,	
	"2009:307-H-7 Resolved, that the AGD adopt the Educational Objectives for the Provision of Dontal Implant Theorem "
•	of Dental Implant Therapy."
	Resolution 307

1	
2	"81:28-H-7 Resolved, that the Academy of General Dentistry endorses the universal (1 to
3	32/a to t) tooth numbering system adopted by the ADA and encourage its immediate
4	implementation through the American Dental Association and the American Dental
5	Education Association and other segments of the dental profession."
6	
7	Resolution 308
8	
9	"Resolved, that HOD policy 88:48-H-7 be rescinded."
10	
11	"88:48-H-7 Resolved, that the AGD adopt the following policy:
12	AGD Policy Statement On Treatment Of Medically Compromised Dental Patients
13	
14	With the aging of the population and the spread of infectious diseases, dentists will
15	encounter growing numbers of medically compromised patients, including those with
16	infectious diseases. The general dentist, as primary dental care provider, plays the key role
17	in providing and coordinating dental care for such patients.
18	
19	In this role dentists have responsibilities to all patients, staff and other parties which they
20	are ethically bound to fulfill.
21	
22	Responsibilities to the Medically Compromised Patient
23	
24	o To treat the patient with kindness and compassion, regardless of the nature of the
25	patient's condition.
26	
27	o To be sufficiently educated to evaluate the dental health of a medically compromised
28	patient and to consult with physicians, when necessary, regarding the patient's medical
29	status.
30	
31	o To provide appropriate treatment within the dentist's realm of competence.
32 33	Responsibilities to Dental Staff
33 34	
54 35	To onsure that staff are trained in emergency care, the monogement of special
	o To ensure that staff are trained in emergency care, the management of special health conditions and the management of medically compromised patients.
36 37	nearch conditions and the management of medicany compromised patients.
38	o To advise staff of the health status of each patient so they may employ appropriate
30 39	procedures and avoid procedures that may place themselves or the patient at unnecessary
40	risk.
+0 41	
+1 12	• To ensure that all staff members are properly educated so they understand that
13	infection control measures, including barrier techniques are in place and practiced
44	routinely to protect them against disease. With this understanding they can properly
45	render compassionate care to a medically compromised patient.
46	
-	

Responsibility to Other Parties
• Dentists must observe state and/or federal laws and regulations that require
providers to protect the confidentiality of the patient.
providers to protect the confidentianty of the patient.
Ethical Considerations for Treating HIV Positive Patients
The AGD believes that dentists are obligated to observe the American Dental Association's
Principles of Ethics and Code of Professional Conduct in the treatment of all patients
including those who are medically compromised, of which HIV positive patients are a
part."
Resolution 309
"Resolved, that HOD policy 94:24-H-7 be rescinded."
"94:24-H-7 Resolved, that assuring the public of the dental profession's continued
competency is best addressed by appropriate continuing dental education, effective peer review, and the proper enforcement of the dental practice acts by the state and provincial
boards of dental examiners, and be it further
boards of dental examiners, and be it further
Resolved, that the AGD of General Dentistry continue to express this position by letter to
members of the American Association of Dental Examiners Continued Competency
Committee and the American Association of Dental Examiners Executive Council before
the final presentation of the Continued Competency report, and be it further
Resolved, that the Academy of General Dentistry express this position by letter to the American Dental Association, the American Dental Education Association and all other
individuals and organizations that would be affected by or have influence on this issue."
multimulis and organizations that would be affected by of have influence on this issue.
Resolution 310
Resolution 510
"Resolved, that HOD policy 94:32-H-7 be rescinded."
Resolved, that field policy > ned fit i se reselladat
"94:32-H-7 Resolved, that any parameter of care established for the entire dental
profession should be:
1. Condition-based;
2. Equally applicable to all dental care providers;
3. Universally accepted within the dental profession; and
4. Developed by the American Dental Association with appropriate representation by
the affected communities of interest, including the AGD as the representative of general
practitioners; and be it further
Resolved, that the AGD's Dental Practice Council shall continue to monitor the status of
parameters and attempt to achieve AGD representation in the development of parameters.
and be it further
Resolved, that the AGD reserves the right to develop its own parameters or oppose the
development of parameters should the need arise."

1	
2	Resolution 311
3	
4	"Resolved, that HOD policy 2002:28-H-7 be amended as follows:
5 6	"2002:28-H-7 Resolved, that the Academy of General Dentistry believes that to be eligible
7	to apply for an initial license to practice dentistry in the United States or Canada, the
8	candidate must have:
9	
10	Graduated from a dental college with training that is equivalent or higher than that
11	provided by a dental college approved by the American Dental Association's Commission
12	on Dental Accreditation or the Canadian Commission on Dental Accreditation,
13	
14	Passed Part I and Part II of the National Board Exam (or-the National Dental Examining
15	Board Exam in Canada), and <u>meet any other licensure requirements set for by their</u>
16	licensing authority.
17 18	Passed a state or provincial licensing examination, or its equivalent, as determined by the
18 19	state or provincial board of dentistry, and any additional requirements.
20	Resolved that this policy will sunset at the close of the 2028 House of Delegates."
20	Resolved that this poney will subset at the close of the 2020 House of Delegatest
22	Resolution 312
23	
24	"Resolved, that HOD policy 2007:311-H-6 be amended as follows:"
25	
26	"2007:311-H-6 Resolved, that the AGD House of Delegates (HOD) urge the AGD Dental
27	Practice Council to maintains a standing entity on the Code on Dental Procedures and
28	Nomenclature and be it further,
29	(Code) to dedicate its time and efforts exclusively to ensuring that the voice and needs of
30 31	general dentists get
31	Resolved, that the AGD adequate maintain representation via a delegate and alternate to
33	the Code Maintenance Committee (CMC). in the Code revision process before the ADA's
34	Council on Dental Benefit Programs (CDBP) and the Code Revision Committee (CRC)."
35	
36	And be it further,
37	
38	Resolved that this policy will sunset at the close of the 2028 House of Delegates."
39	
40	Resolution 313
41	"Resolved, that HOD policy 80:23-H-7 be amended as follows:
42 43	Resulveu, that HOD pulley ou:25-H-7 be amended as follows:
44	"80:23-H-7 Resolved, that AGD recognizes that dental assistants should be properly
45	trained to safely utilize radiological equipment, and be it further.
46	

1 2 3	Resolved, that AGD recognizes the need to have dental radiological equipment appropriately monitored in order to ensure the safety of the public, and be it further.
3 4 5	Resolved, <u>that this policy will sunset at the close of the 2028 House of Delegates.</u> " AGD encourages the ADA to establish a comprehensive radiological safety program.''
6	
7 8	Resolution 314
9	"Resolved, that the AGD Bylaws be amended at Chapter IX by addition, so that they read:
10	Chapter IV Elective Officers
11 12	Chapter IX. Elective Officers, Section 1 A. Eligibility
12	Only an active, emeriti, or retired member in good standing of this AGD shall be eligible to
14	serve as the elective officer. A candidate may only run for one office per election. All
15	candidates running for an AGD Executive Committee position must have served on the
16	AGD Board for a full term, prior to taking office."
17	
18	And be it further,
19	
20	Resolved, that any member of the AGD Executive Committee that runs for the position of
21	AGD Vice President must be in their last year of the term of their current position before
22	assuming the office of Vice President."
23 24 25	Resolution 315
25 26	"Resolved, that the AGD adopt the 'Artificial Intelligence in Dentistry' statement:
27	
28	Artificial Intelligence in Dentistry
29	
30	Artificial Intelligence (AI) is defined as intelligence demonstrated by machines rather than
31	natural intelligence displayed by humans.
32	
33	The AGD recognizes the role of AI as an adjunctive tool or application that can be used by
34	the general dentist to aid in the success of patient centered oral health and administrative
35	efficiency. The dentist-patient relationship is sacrosanct; AI should never supersede or
36	replace the dental practitioner in clinical decisions or in any way erode the
37	patient/practitioner relationship. Dentists are licensed by state agencies and determine the
38 39	diagnosis, prevention, care and treatment of oral diseases and conditions.
40	Transparency in the development and utilization of AI systems is vital for the trust of
40 41	practitioners and patients. Therefore, the AGD advocates for transparency in AI system
42	tests and validation sets, for equal distribution of sensitivity and specificity outcomes, and
43	to reduce bias and contamination of AI software development.
44	
45	AGD holds that third party payers who utilize AI should not unduly track and/or attempt
46	to influence recommended treatment and ensure equal reimbursement for providers
47	without regard to the use of AI within the practice. Furthermore, AGD holds that third

1	party payers should not use AI data as the basis for removing a provider from their
2	provider network. Therefore, dental AI data transparency should be available to providers
3	detailing what data are collected from the practice, how long the data are retained, and
4	what manner the data are being used, especially regarding the determination of
5	reimbursement schedules and developing business plans.
6 7	The ACD understands the complexity and dynamics of AI systems and therefore
/ 8	The AGD understands the complexity and dynamism of AI systems and therefore
o 9	acknowledges the need for review of AI policy statements to reflect current knowledge of AI as applied in dontictry
9	<u>AI as applied in dentistry.</u>
11	Resolved, that this policy will sunset at the close of the 2028 House of Delegates."
12	
13	Resolution 316
14	2022 HOD Resolution 323
15	
16	"Resolved, that the Bylaws be amended at Chapter VIII, Section 2., Certification of
17	Delegates:, so that it reads:
18	
19	Individuals serving on the AGD Board may not serve as Delegates but may serve as
20	alternates with the right to be elevated to delegate status only in there are no other
21	individuals from the constituent available and subject to the approval of the Credentials
22 23	and Elections Committee during the annual meeting. And be it further,
23 24	Resolved, that the Rules of Procedure for Conducting The Reference Committee Hearings
24 25	and Business of the Academy of General Dentistry's House of Delegates be amended at
25 26	Paragraph 8 f., so that it reads:
20	
28	All members of the Board who have not otherwise been elected delegates (such Board
29	members may be seated with their constituent academy delegation on the floor of the
30	HOD)."
31	· · · · · · · · · · · · · · · · · · ·
32	Resolution 317
33	
34	"Resolved, that HOD policy 2014:306C-H-6 be amended to read
35	
36	"Resolved, that policy <u>2014:306C-H-6</u> 2002:26-H-7 be revised as follows:
37	
38	"Resolved, that the Academy of General Dentistry adopt the following statement relative to
39	the adequacy of the dentist workforce:
40	
41	The dentist workforce in the United States is sufficient to meet the needs of the public
42	demand for dental services. Geographic imbalances exist in localized areas due to a variety
43	of factors. Where these imbalances result in shortages, the affected regions must be
44	examined and addressed individually for appropriate solutions. The development of a
45	responsive, competent, diverse, and "elastic" workforce should address potential increases
46	in demand for dental services. <u>The number of dentists in the U.S. is adequate with further</u>

1	supply increases projected through 2040. Industry support staff is declining and deficient
2	resulting in barriers to dental care delivery. A support staff shortage requires the dentist to
3	provide basic preventative care as well as complex treatment. Perceived shortages of
4	dentists are the result of geographic imbalances amplified by the existing shortage of
5	industry support staff. Access to care issues must focus on geographic imbalances as well as
6	the undersupply of industry support staff and be it further
7	
8	Resolved, that this policy will automatically be sunset at the close of the 2028 House of
9	Delegates."
10	
11	

1	Resolution 315
23	"Resolved, that the AGD adopt the 'Artificial Intelligence in Dentistry' statement:
4 5	Artificial Intelligence in Dentistry
6 7 8 9	Artificial Intelligence (AI) is defined as intelligence demonstrated by machines rather than natural intelligence displayed by humans.
10 11 12 13 14 15	The AGD recognizes the role of AI as an adjunctive tool or application that can be used by the general dentist to aid in the success of patient centered oral health and administrative efficiency. The dentist-patient relationship is sacrosanct; AI should never supersede or replace the dental practitioner in clinical decisions or in any way erode the patient/practitioner relationship. Dentists are licensed by state agencies and determine the diagnosis, prevention, care and treatment of oral diseases and conditions.
16 17 18 19 20 21	<u>Transparency in the development and utilization of AI systems is vital for the trust of practitioners and patients. Therefore, the AGD advocates for transparency in AI system tests and validation sets, for equal distribution of sensitivity and specificity outcomes, and to reduce bias and contamination of AI software development.</u>
22 23 24 25 26 27 28 29	AGD holds that third party payers who utilize AI should not unduly track and/or attempt to influence recommended treatment and ensure equal reimbursement for providers without regard to the use of AI within the practice. Furthermore, AGD holds that third party payers should not use AI data as the basis for removing a provider from their provider network. Therefore, dental AI data transparency should be available to providers detailing what data are collected from the practice, how long the data are retained, and what manner the data are being used, especially regarding the determination of reimbursement schedules and developing business plans.
30 31 32 33 34 35	The AGD understands the complexity and dynamism of AI systems and thereforeacknowledges the need for review of AI policy statements to reflect current knowledge ofAI as applied in dentistry.Resolved, that this policy will sunset at the close of the 2028 House of Delegates."
36 37 38	AIR22-23BMIII#19 – Adopt HOD Policy on Artificial Intelligence in Dentistry
39 40	Prepared by: Jeanie Kennedy, Manager, Dental Practice & Policy
40 41 42	Confidential: No
43 44	Date of Report: June 28, 2023
45 46	Staff Resources to Create AIR: \$100 x 1 hour = \$100

1	Staff Resources for Project: \$100 x 3 hours = \$300			
2				
3	Budget Ramifications: None			
4				
5	Total Financial Cost: \$400			
6				
7	Action/Timeline: Vote by Board 2022-2023 Board Meeting III; transmittal to 2023 House of			
8	Delegates, with immediate implementation.			
9				
10	BOARD RECOMMENDS ADOPTION			
11				
12	Y – Anderson, Battaglia, Belsito, Burn, Charnesky, Chetty, Dyzenhaus, Eaton, Gordon,			
13	Guilbeau, Kaner, Kozelka, Laidley, Martin, Ohmer, Picone, Reed, Russo, Shaver, Sinha, Wong,			
14	Worob			
15				
16	A-Levine			
17				
18	N/A – Guter			
19				
20	How It Fits into the Strategic Plan:			
21	Public and Policy Advocacy			
22				
23	Improve the climate for practicing dentistry through patient and policymaker education on			
24	the value of oral care and general dentistry and by promoting AGD members' lifelong			
24 25	the value of oral care and general dentistry and by promoting AGD members' lifelong commitment to continuing education and successful patient outcomes.			
25	the value of oral care and general dentistry and by promoting AGD members' lifelong commitment to continuing education and successful patient outcomes.			
25 26	commitment to continuing education and successful patient outcomes.			
25 26 27				
25 26 27 28	commitment to continuing education and successful patient outcomes. Goals			
25 26 27 28 29	commitment to continuing education and successful patient outcomes.Goals1. Patients will seek out AGD members or member led practices.			
25 26 27 28 29 30	 commitment to continuing education and successful patient outcomes. Goals 1. Patients will seek out AGD members or member led practices. 2. Policy makers will support policies encouraging viable general dentist practices and 			
25 26 27 28 29 30 31	commitment to continuing education and successful patient outcomes.Goals1. Patients will seek out AGD members or member led practices.			
25 26 27 28 29 30 31 32	 commitment to continuing education and successful patient outcomes. Goals 1. Patients will seek out AGD members or member led practices. 2. Policy makers will support policies encouraging viable general dentist practices and improving oral health. 			
25 26 27 28 29 30 31 32 33	 commitment to continuing education and successful patient outcomes. Goals Patients will seek out AGD members or member led practices. Policy makers will support policies encouraging viable general dentist practices and improving oral health. High-Level Strategy 			
25 26 27 28 29 30 31 32 33 34	 commitment to continuing education and successful patient outcomes. Goals Patients will seek out AGD members or member led practices. Policy makers will support policies encouraging viable general dentist practices and improving oral health. High-Level Strategy To achieve these goals, AGD will do the following:			
25 26 27 28 29 30 31 32 33 34 35	 commitment to continuing education and successful patient outcomes. Goals Patients will seek out AGD members or member led practices. Policy makers will support policies encouraging viable general dentist practices and improving oral health. High-Level Strategy To achieve these goals, AGD will do the following: Increase Patients—Promote efforts highlighting the clinical differentiation between AGD 			
25 26 27 28 29 30 31 32 33 34 35 36	 commitment to continuing education and successful patient outcomes. Goals Patients will seek out AGD members or member led practices. Policy makers will support policies encouraging viable general dentist practices and improving oral health. High-Level Strategy To achieve these goals, AGD will do the following: Increase Patients—Promote efforts highlighting the clinical differentiation between AGD members and other oral healthcare options. 			
25 26 27 28 29 30 31 32 33 34 35 36 37	 commitment to continuing education and successful patient outcomes. Goals Patients will seek out AGD members or member led practices. Policy makers will support policies encouraging viable general dentist practices and improving oral health. High-Level Strategy To achieve these goals, AGD will do the following: Increase Patients—Promote efforts highlighting the clinical differentiation between AGD members and other oral healthcare options. Educate Policy Makers—Educate policy makers on the positive patient clinical outcomes of 			
25 26 27 28 29 30 31 32 33 34 35 36 37 38	 commitment to continuing education and successful patient outcomes. Goals Patients will seek out AGD members or member led practices. Policy makers will support policies encouraging viable general dentist practices and improving oral health. High-Level Strategy To achieve these goals, AGD will do the following: Increase Patients—Promote efforts highlighting the clinical differentiation between AGD members and other oral healthcare options. Educate Policy Makers—Educate policy makers on the positive patient clinical outcomes of dentist led general dentistry practices. 			
25 26 27 28 29 30 31 32 33 34 35 36 37 38 39	 commitment to continuing education and successful patient outcomes. Goals Patients will seek out AGD members or member led practices. Policy makers will support policies encouraging viable general dentist practices and improving oral health. High-Level Strategy To achieve these goals, AGD will do the following: Increase Patients—Promote efforts highlighting the clinical differentiation between AGD members and other oral healthcare options. Educate Policy Makers—Educate policy makers on the positive patient clinical outcomes of dentist led general dentistry practices. Advocate for the Dental Home Concept—AGD will identify and implement strategies to 			
25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40	 commitment to continuing education and successful patient outcomes. Goals Patients will seek out AGD members or member led practices. Policy makers will support policies encouraging viable general dentist practices and improving oral health. High-Level Strategy To achieve these goals, AGD will do the following: Increase Patients—Promote efforts highlighting the clinical differentiation between AGD members and other oral healthcare options. Educate Policy Makers—Educate policy makers on the positive patient clinical outcomes of dentist led general dentistry practices. 			
25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41	 commitment to continuing education and successful patient outcomes. Goals Patients will seek out AGD members or member led practices. Policy makers will support policies encouraging viable general dentist practices and improving oral health. High-Level Strategy To achieve these goals, AGD will do the following: Increase Patients—Promote efforts highlighting the clinical differentiation between AGD members and other oral healthcare options. Educate Policy Makers—Educate policy makers on the positive patient clinical outcomes of dentist led general dentistry practices. Advocate for the Dental Home Concept—AGD will identify and implement strategies to educate policymakers and the public on the value of the dentist-led dental home concept. 			
25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42	 commitment to continuing education and successful patient outcomes. Goals Patients will seek out AGD members or member led practices. Policy makers will support policies encouraging viable general dentist practices and improving oral health. High-Level Strategy To achieve these goals, AGD will do the following: Increase Patients—Promote efforts highlighting the clinical differentiation between AGD members and other oral healthcare options. Educate Policy Makers—Educate policy makers on the positive patient clinical outcomes of dentist led general dentistry practices. Advocate for the Dental Home Concept—AGD will identify and implement strategies to educate policymakers and the public on the value of the dentist-led dental home concept. How it Fits into the Corporate Objectives:			
25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43	 commitment to continuing education and successful patient outcomes. Goals Patients will seek out AGD members or member led practices. Policy makers will support policies encouraging viable general dentist practices and improving oral health. High-Level Strategy To achieve these goals, AGD will do the following: Increase Patients—Promote efforts highlighting the clinical differentiation between AGD members and other oral healthcare options. Educate Policy Makers—Educate policy makers on the positive patient clinical outcomes of dentist led general dentistry practices. Advocate for the Dental Home Concept—AGD will identify and implement strategies to educate policymakers and the public on the value of the dentist-led dental home concept. How it Fits into the Corporate Objectives: Advocacy 			
25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44	 commitment to continuing education and successful patient outcomes. Goals Patients will seek out AGD members or member led practices. Policy makers will support policies encouraging viable general dentist practices and improving oral health. High-Level Strategy achieve these goals, AGD will do the following: Increase Patients—Promote efforts highlighting the clinical differentiation between AGD members and other oral healthcare options. Educate Policy Makers—Educate policy makers on the positive patient clinical outcomes of dentist led general dentistry practices. Advocate for the Dental Home Concept—AGD will identify and implement strategies to educate policymakers and the public on the value of the dentist-led dental home concept. How it Fits into the Corporate Objectives: Advocacy Represent and communicate to members, policy makers and the public, the interests of 			
25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43	 commitment to continuing education and successful patient outcomes. Goals Patients will seek out AGD members or member led practices. Policy makers will support policies encouraging viable general dentist practices and improving oral health. High-Level Strategy To achieve these goals, AGD will do the following: Increase Patients—Promote efforts highlighting the clinical differentiation between AGD members and other oral healthcare options. Educate Policy Makers—Educate policy makers on the positive patient clinical outcomes of dentist led general dentistry practices. Advocate for the Dental Home Concept—AGD will identify and implement strategies to educate policymakers and the public on the value of the dentist-led dental home concept. How it Fits into the Corporate Objectives: Advocacy 			

2 **Introduction:**

- 3 The Dental Practice (DP) Council hosted two Zoom meetings with vendors of AI products
- 4 during the last year. The purpose of the meetings was to provide education to council members
- 5 in the breadth and scope of applications for general dentistry.
- 6 The DP Council recognizes the broad scope of medical, dental and regulatory literature on AI.
- 7 AGD participates in developing consensus standards on AI through Dr. Callan White's
- 8 involvement in organized standardization activities, such as the ADA Standards Committee on
- 9 Dental Informatics (SCDI), the American National Standards Institute (ANSI) and the
- 10 International Standards Organization (ISO).
- 11
- 12 Other dental organizations have AI statements; the initial offering from the AGD is anticipated to
- 13 be built upon in the years to come as general dentists accrue more experience with AI.
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- 15 Some AGD members are using AI in their practices. DP Council and Communications staff
- 16 recently conducted a survey of AGD members to determine the extent of their use and purposes
- 17 for using AI. As of June 27, 2023, results of the data have not been analyzed as the data was just
- 18 collected.19

20 Necessary Information:

- Dr. Darren Greenwell, Chair of the Dental Practice Council, has provided input into this report.
 - The DP Council approved the resolution during the May 30, 2023 Council Meeting.

What We Don't Know:

- We don't know whether the Board or HOD will approve this resolution.
- We don't know how artificial intelligence will evolve in general dentistry and to what extent it will be problematic or beneficial.

30 **Pros**:

• Adoption of the proposed policy position allows AGD to enter the AI realm in a formal manner.

3334 Cons:

• It is unknown how the HOD and the general membership will respond to this policy.

37 Executive Director Recommendations:

- 38 From: Colleen Lawler <Colleen.Lawler@AGD.org>
- 39 Sent: Sunday, July 9, 2023 5:31 PM
- 40 **To:** Jeanie Kennedy <Jeanie.Kennedy@AGD.org>
- 41 **Subject:** AIR to Adopt HOD Policy on Artificial Intelligence
- 42
- 43 Jeanie,
- 44
- 45 I have reviewed this AIR and it should be presented to the Board.

1 2 Colleen 3 4 **Colleen Lawler IOM CAE** 5 **Executive Director** 6 **Academy of General Dentistry** 7 8 How It Fits into the Market Research: 9 • N/A 10 11 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: 12 13 • No. 14 15 **Responsible Staff Liaison & AGD member:** 16 Jeanie Kennedy 17 Manager, Dental Practice & Policy 18 312 440-4347 - р 19 Jeanie.Kennedy@agd.org 20 21 Darren S. Greenwell, DMD, FACD, FICD, MAGD 22 Chair. Dental Practice Council 23 (270) 351-5858-0 24 drgreenwell@dentistky.com 25 26 **Suggested Councils or Agencies to Complete Action:** 27 DP Council 28 Board 29 HOD 30 Communications 31 **Constituent Services** 32 33 Suggested Councils or Agencies to be Involved in Collaboration: 34 DP Council 35 **Chair Approval Email:** 36 37 From: Darren Greenwell <drgreenwell@dentistky.com> Sent: Wednesday, July 5, 2023 5:47 PM 38 39 40 <Colleen.Lawler@AGD.org> 41 Cc: Daniel Buksa <daniel.buksa@agd.org>; Cindy Kluck-Nygren <Cindy.Kluck-42 Nygren@AGD.org> 43 Subject: Re: Response Requested by July 7, EOB: AIRs 2009 301S-H-7, 2009 306-H-7, 2009 44 307-H-7, 80 23-H-7, Policy on Artificial Intelligence 45

- 1 I approve.
- 2 Darren Greenwell DMD MAGD
- 3
- 4 **Board Liaison Review Email:**
- 5 From: Brad Anderson <brad.andersondds@gmail.com>
- 6 Sent: Wednesday, June 28, 2023 8:45 AM
- 7 **To:** Jeanie Kennedy < Jeanie.Kennedy@AGD.org>
- 8 **Cc:** Greenwell, Darren S., DMD, FAGD <drgreenwell@dentistky.com>; Colleen Lawler
- <Colleen.Lawler@AGD.org>; Cindy Kluck-Nygren <Cindy.Kluck-Nygren@AGD.org>; Daniel 9
- 10 Buksa <daniel.buksa@agd.org>
- Subject: Re: Response Requested by July 7, EOB: AIRs 2009 301S-H-7, 2009 306-H-7, 2009 11
- 12 307-H-7, 80 23-H-7, Policy on Artificial Intelligence
- 13

- 15
- 16 Brad
- 17

Vice President, Finance Review Email: 18

- 19 • N/A
- 20

¹⁴ I have reviewed the AIRs.

AGD Board Member Preclusion from Serving as Delegate Issue Paper

2 3 <u>22-23 BMII</u>

- 45 Resolution 323 from 2022 HOD is appended to this document.
- 6 Delegation deficiency report 2012-2021 is appended to this document.

8 Summary of Issue:

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- 10 Dr. Peskin, in his capacity as Speaker of the HOD, proposed at 21-22 BMIII to amend AGD's
- Bylaws to preclude Board members from serving as Delegates to the HOD. The Board adopted this proposal and transmitted the AIR to the HOD. The HOD debated the matter but ultimately
- 13 acted by referral to the appropriate agency. The issue is thus back before the Board.
- 14
- 15

16 **Decision(s) that need to be made:**

17 Should Board members be precluded from serving as Delegates and Alternates?

1819 Background:

- 20 The Speaker, and other leading parliamentary authorities believe that it is never appropriate for
- 21 Board members to serve as Delegates (or Alternates) and have the proverbial "second bite of the
- 22 apple." The lack of other individuals to serve as Delegates or Alternates raises more
- 23 fundamental questions relative to whether the HOD should be downsized.
- 24 25

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26 <u>Considerations:</u>27

- 1. As noted above, the issue at hand is should members of the Board, both Trustees and Officers, have the right to serve as a Delegate or Alternate allowing them to have two votes on an issue once at the Board level and once at the HOD?
 - 2. The Bylaws currently allow Trustees to be designated Alternate Delegates, and only if there is a vacancy in the Delegation, and with the further approval of the C&E Committee be elevated to Delegate.
- 3. There is no prohibition for incumbent officers serving as Delegates.
- 4. Through service on the Board and also the HOD, a Board member would have the proverbial "second bite of the apple." As noted above, this is not sound governance.
- A number of Regions, including large single constituent Regions, are experiencing
 challenges in recruiting enough Delegates and Alternates to fill their delegations. They
 supplement their delegations with Board members.
- 406. If constituents are not able to fill their delegations, they may lose some representation in41the HOD.
- The AGD Board represents the entirety of AGD and not a constituent or region. Once
 the Board votes, individual Board members are required to speak with one voice and
 support the outcome as adopted by the majority of the Board. A Board member thus
 serving as a Delegate will not be allowed to vote his or her conscience, but rather must
 vote the way the Board majority did.

1 2 2	8. Focusing on filling delegations may not be the correct question. Rather, if Regions are having trouble filling delegations, perhaps the appropriate question is should we downsize the UOD.
3 4	downsize the HOD.
- 5 6	Potential Advantages:
7 8 9	1. Precluding Board members from serving as Delegates allows for best practices to be followed in governance.
10	Potential Disadvantages:
11 12 13 14	1. Precluding Board members from serving as Delegates may result in constituents not being able to fill some of their delegate seats in the HOD.
15	Recommendation
16	
17	1. The Board should consider two distinct solutions:
18 19	a. Renewing its support of 2022 HOD resolution 323 which precludes members of the Board from serving as Delegates and Alternates; and
20	b. In addition, whether the HOD should be downsized.
20	b. In addition, whether the HOD should be downsized.
22	
23	Submitted by: Daniel J. Buksa, Jennifer Goler
24	•
25	Executive Director Review:
26	From: Colleen Lawler <colleen.lawler@agd.org></colleen.lawler@agd.org>
27	Sent: Monday, February 13, 2023 12:56 PM
28	To: Daniel Buksa <daniel.buksa@agd.org></daniel.buksa@agd.org>
29	Subject: AGD Issue Paper Resolution 323 referred from 22HOD combined V8
30	
31	
32	I have reviewed this document and believe it should go to the Board for discussion.
33	
34	Colleen
35	
36	Colleen Lawler CAE IOM
37	Executive Director
38	Academy of General Dentistry
39 40	
40	

1	
2	Addendum:
3	
4	
5	Constituents With Missing or No Representation to the HOD
6	
7	2012
8	• <u>Hawaii – Region 14</u>
9	Entitled to (1) delegate, no representation
10	
11	2013
12	• <u>Arkansas</u>
13 14	Entitled to (1) delegate; no representation
14	• <u>Hawaii</u>
16	Entitled to (1) delegate, no representation
17	Entitled to (1) delegate, no representation
18	• <u>Alberta</u>
19	Entitled to (1) delegate, no representation
20	
21	2014
22	• New Jersey – Region 4
23	Entitled to (9) delegates, only submitted names of (8) individuals (NJDA Annual Meeting)
24	
25	• <u>Alaska – Region 11</u>
26	Entitled to (1) delegate, no representation
27	
28	• <u>Hawaii – Region 14</u>
29	Entitled to (1) delegate, no representation
30	
31	• <u>New Mexico – Region 14</u>
32	Entitled to (1) delegate, no representation
33	
34	2015
35	• <u>Hawaii – Region 14</u>
36	Entitled to (1) delegate, no representation
37	
38	2016
39	• <u>Hawaii – Region 14</u>
40	Entitled to (1) delegate, no representation
41 42	2017
43 44	• <u>Hawaii – Region 14</u> Entitled to (1) delegate, no representation
44 45	Entitled to (1) delegate, no representation
45 46	2018
10	

1 2 3 4 5	•	<u>Idaho – Region 11</u> Unable to find representative, trustee agreed to serve as a delegate per bylaws – did not attend due to illness
6 7 8 9	•	<u>Colorado – Region 14</u> Entitled to (3) delegates (only submitted names of (2) representatives)
10 11 12	•	<u>Hawaii – Region 14</u> Entitled to (1) delegate (no representative submitted)
13 14 15	•	<u>British Columbia – Region 15/16</u> Entitled to (1) delegate (no official constituent board nor representative submitted)
16	20	19
17 18 19	•	<u>Minnesota – Region 10</u> Entitled to (2) delegates (unable to find someone to serve as 2^{nd} delegate)
20 21 22	•	<u>Colorado – Region 14</u> Entitled to (3) delegates (only submitted names of (2) representatives)
23 24 25	•	<u>Hawaii – Region 14</u> Entitled to (1) delegate (no representative submitted)
26 27 28 29	•	<u>British Columbia – Region 15/16</u> Entitled to (1) delegate (no official constituent board established nor representative submitted)
30	20	20 (Virtual)
31 32 33	•	<u>Colorado - Region 14</u> Entitled to (3) delegates (only submitted names of (2) representatives)
34 35 36 37	•	<u>British Columbia – Region 15/16</u> Entitled to (1) delegate (no official constituent board established nor representative submitted)
38	20	21
39 40 41	•	<u>Michigan – Region 9</u> Entitled to (7) delegates, only (6) able to attend
42 43 44	•	<u>Idaho – Region 11</u> Entitled to (1) delegate (representative unable to attend to family conflict)
45 46	•	<u>Hawaii – Region 14</u> Entitled to (1) delegate (no representative submitted)

1			
2	• <u>Region 15-16</u>		
3	Entire region entitled to (10) delegate; all constituents submitted delegates		
4	Due to COVID travel restrictions, Region 15-16 only sent (1) delegate in person to the		
5	meeting		
6	mooring		
7	2022		
8			
9	• Rhode Island (1) – Due to COVID		
10	• New Mexico (1) – Due to COVID		
11	• Alberta (1) – Due to pregnancy		
12	 British Columbia (1) – No official Board 		
13 14	• Georgia (2) – Originally had (6) submissions, had to remove (2) due to non-payment of dues, Georgia unable to find replacements		
15	• Colorado (1) – Delegate submitted (no show)		
16	 Wisconsin (1) – Appointed delegate unable to attend due to prior teaching commitment 		
17	• Wisconsin (1) – Appointed delegate unable to attend due to prior teaching commitment		
18	Resolution 316		
19	2022 HOD Resolution 323		
20	2022 HOD Resolution 525		
1	"Deschool that the Dulawa he amonded at Chapter VIII Section 2 Cartification of		
21	"Resolved, that the Bylaws be amended at Chapter VIII, Section 2., Certification of		
22	Delegates:, so that it reads:		
23	Individuals serving on the ACD Board may not source as Delegates but may source as		
24	Individuals serving on the AGD Board may not serve as Delegates but may serve as		
25	alternates with the right to be elevated to delegate status only in there are no other		
26	individuals from the constituent available and subject to the approval of the Credentials		
27	and Elections Committee during the annual meeting. And be it further,		
28			
29	Resolved, that the Rules of Procedure for Conducting The Reference Committee Hearings		
30	and Business of the Academy of General Dentistry's House of Delegates be amended at		
31	Paragraph 8 f., so that it reads:		
32			
33	All members of the Board who have not otherwise been elected delegates (such Board		
34	members-may be seated with their constituent academy delegation on the floor of the		
35	HOD) ."		
36			
37	AIR21-22BMIII#27 – Amend Constitution & Bylaws Prohibit Trustees as Delegates		
38	·		
39	Prepared by: Dr. Robert M. Peskin, DDS, FAGD & Daniel Buksa, JD, CAE		
40			
41	Confidential: No.		
42			
43	Date of Report: April 6, 2022		
44	zur of hepotte April 0, 2022		
45	Staff Resources to Create AIR: \$100 x 2 hours = \$200		
46	Sum resources to create mar, $\psi_1 = 0$ a 2 hours - $\psi_2 = 0$		
1 0			

3 **Budget Ramifications:** N/A 4 5 **Total Financial Cost:** \$400 6 7 Action/Timeline: Vote by the Board at 21-22BMIII; transmission to the 2022 HOD with 8 implementation for the 2023 HOD. 9 10 **BOARD RECOMMENDS ADOPTION** Y – Anderson, Belsito, Burn, Cassis, Gorman, Guter, Kosinski, Levine, Martin, Ohmer, Sinha, Tillman, Wong, Worm N – Dubowsky, Gordon, Kozelka, Reed, Russo, Stillwell 16 A-Shavera – Charnesky, Dyzenhaus, Eaton, Kaner, Peskin N/A – Botko How It Fits into the Strategic Plan: Responsible stewardship of human, financial and operational systems will support implementation of the vision, mission and strategic goals. Strategy To achieve this goal, AGD will do the following: 30 Ensure efficient, effective and accountable infrastructure at all levels. How it Fits into the Corporate Objectives: 33 • N/A 34 35 **Introduction:** 36 Dr. Peskin, the newly elected Speaker of the HOD has identified a number of provisions that require updating, and in addition, other items which will contribute to the more efficient conduct of the HOD. 38 39 **Necessary Information:** • AIPSC governs AGD's parliamentary procedure. • Dr. Peskin is an AIPSC certified Parliamentarian. • Dr. Peskin has reviewed and approved this report. 43 44 • The Speaker, and other leading parliamentary authorities believe that it is never 45 appropriate for Board members to serve as Delegates (or Alternates) and have the proverbial "second bite of the apple." The lack of other individuals to serve as Delegates 46

Staff Resources for Project: \$100 x 2 hours = \$200

1 2	or Alternates raises more fundamental questions relative to whether the HOD should be downsized.
3 4 5	• The Council on Constitution, Bylaws and Judicial Affairs reviewed this proposal and supports it.
5 6	What We Don't Know:
7	• We do not know how the Delegates will adjust to these changes.
8	
9	Pros:
10	• The HOD will run more efficiently.
11	Cons:
12	• Some of the changes may take time for acclimation.
13	
14	Executive Director Recommendations:
15	From: Colleen Lawler <colleen.lawler@agd.org></colleen.lawler@agd.org>
16	Sent: Saturday, July 30, 2022 10:22 AM
17	To: Daniel Buksa <daniel.buksa@agd.org></daniel.buksa@agd.org>
18	Subject: AIR amend_Constitution_Bylaws_Peskin_NoBoardDelegates v3
19	Eucouting Director Eucol.
20	Executive Director Email:
21	I have reviewed this AIR and believe it should be provided to the Board for review.
22 23	Colleen
23 24	Colleeli
24 25	Colleen Lawler CAE IOM
23 26	Colleell Lawler CAE IOM
20	How It Fits into the Market Research:
28	 N/A
29	\bullet WA
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	 This is an amendment to the Constitution and Bylaws.
33	• This is an anenament to the constitution and Dylaws.
34	Responsible Staff Liaison & AGD member:
35	Dr. Robert M. Peskin
36	Speaker of the HOD
37	rmpeskin@cs.com
38	516.746.2434
39	
40	Mr. Daniel Buksa
41	Associate Executive Director, Public Affairs
42	888.243.3368, x.4328
43	Daniel.buksa@agd.org
44	
45	Suggested Councils or Agencies to Complete Action:
46	• Board

1	• HOD
2	
3	Suggested Councils or Agencies to be Involved in Collaboration:
4	• OED
5	
6	Chair Approval Email:
7	• N/A
8	
9	Board Liaison Review Email:
10	• N/A
11	
12	Director, Accounting and Finance Review Email:
13	No budget implications
14	

1		AIR Ad	<u>ldendum – HO</u>	D Policy	y Change Request	
2						
3	Action:	Add	Revise	X	Delete	
4						
5						
6	Existing Policy to Revise/Delete:					
7	All members of the Board who have not otherwise been elected delegates (such Board members may be seated with their constituent academy delegation on the floor of the HOD					
8 9	may be sealed	with their consti	tuent academy d	elegation	in on the noor of the HOD	
10	Resolution Pr	resented for App	proval:			
11	"Resolved, that the Rules of Procedure for Conducting The Reference Committee Hearings					
12	and Business of the Academy of General Dentistry's House of Delegates be amended at					
13	Paragraph 8	f., so that it read	ls:	•		
14						
15					een elected delegates (such Board	
16		y be seated with	their constitue	nt acade	emy delegation on the floor of the	
17	HOD) ."					
18						
19		ing HOD Policie	es:			
20	• N/A					
21 22	Are existing	CD policies inc	doqueto or no l	longor of	appropriate? Explain.	
22	0	a request from the	-		ippi opriate: Explain.	
23 24	• 11115 15	a request from t	he speaker of th	EIIOD		
25	For additions	/revisions, how	often should thi	is policy	be reviewed? [Default is every 5 years]	
26	• Defaul	t			- • • •	
27						
28	Any documer	itation or literat	ure considered	in devel	loping this submission?	
29	• N/A					
30						
31	Other Comm	ents?				
32	• N/A					
33						
34						

	Resolution 317
"Re	esolved, that HOD policy 2014:306C-H-6 be amended to read
"Re	esolved, that policy <u>2014:306C-H-6</u> 2002:26-H-7 be revised as follows:
	esolved, that the Academy of General Dentistry adopt the following statement relative to adequacy of the dentist workforce:
den of f res res in c sup res pro den ind the Res	e dentist workforee in the United States is sufficient to meet the needs of the public nand for dental services. Geographic imbalances exist in localized areas due to a variety actors. Where these imbalances result in shortages, the affected regions must be mined and addressed individually for appropriate solutions. The development of a ponsive, competent, diverse, and "elastic" workforce should address potential increases lemand for dental services. The number of dentists in the U.S. is adequate with further ply increases projected through 2040. Industry support staff is declining and deficient ulting in barriers to dental care delivery. A support staff shortage requires the dentist to vide basic preventative care as well as complex treatment. Perceived shortages of tists are the result of geographic imbalances amplified by the existing shortage of ustry support staff. Access to care issues must focus on geographic imbalances as well a undersupply of industry support staff and be it further
	Revision of AGD Policy 2014:306C-H-6 Adequacy of Present Dental Workforce
Pre	pared by: Cindy Kluck-Nygren, Manager – Dental Practice
Соі	nfidential: No
Dat	te of Report: August 29, 2023
Sta	ff Resources to Create AIR: \$100 x 1 hours = \$100
Sta	ff Resources for Project: $$100 \times 1$ hours = $$100$
Buo	lget Ramifications: None
Tot	al Financial Cost: \$200
Act	ion/Timeline: Vote 2023 House of Delegates, with immediate implementation.
	w It Fits into the Strategic Plan: blic and Policy Advocacy

- 1 Improve the climate for practicing dentistry through patient and policymaker education on
- 2 the value of oral care and general dentistry and by promoting AGD members' lifelong

3 commitment to continuing education and successful patient outcomes.

- 4
- 5 Goals 6
- 7 *3.* Patients will seek out AGD members or member led practices.
- 8 4. Policy makers will support policies encouraging viable general dentist practices and
 9 improving oral health.
- 10

19

- 11 High-Level Strategy
- 12 To achieve these goals, AGD will do the following:
- Increase Patients—Promote efforts highlighting the clinical differentiation between AGD
 members and other oral healthcare options.
- Educate Policy Makers—Educate policy makers on the positive patient clinical outcomes of dentist led general dentistry practices.
- Advocate for the Dental Home Concept—AGD will identify and implement strategies to educate policymakers and the public on the value of the dentist-led dental home concept.
- 20 How it Fits into the Corporate Objectives:
- 21 Advocacy22
- 23 Represent and communicate to members, policy makers and the public, the interests of general
- 24 dentists and the patients that they serve as measured by the awareness and importance of
- 25 members.

2627 Introduction:

- The Joint Subcommittee on Workforce, comprised of members of AGD's Dental Practice (DP)
- and Legislative and Governmental Affairs (LGA) Councils, discussed various reports claiming
- 30 that the U.S. was continuing to experience a shortage of dentists in addition to the shortage of
- 31 industry support staff that's been exacerbated by the COVID-19 pandemic.
- 32
- 33 Members of both advocacy councils reviewed the recommended change to policy: while no
- 34 specific changes were suggested, feedback did support the need for states with designated Health
- 35 Professional Shortage Areas (HPSAs) to encourage financial scholarship help via a state program
- 36 at dental schools to provide a fully funded, four-year education in exchange for service at a
- 37 Federally Qualified Health Center (FQHC) or a similar location within an approved dental
- 38 shortage area.
- 39
- 40 DP staff is circulating a draft of a letter to be sent to leadership at the Health Resources and
- 41 Services Administration (HRSA) to urge an evaluation and revision of the existing dental HPSA
- 42 designation programs (see Footnote 1). That communication notes that, while the existing supply
- 43 of dentists today is sufficient to meet the demands of the U.S. market with increases projected
- through 2040 (see Footnote 2), the current shortage of dental hygienists is impacting dental
- 45 practices and the patients they serve in communities across the country (see Footnote 3). The
- 46 proposed policy, if adopted, would support AGD's position on the issue.

1	
1 2	Once released ACD will provide the American Dental Association (ADA) with a conv of the
2 3	Once released, AGD will provide the American Dental Association (ADA) with a copy of the latter to HPSA and invite the ADA to contact HPSA to express their support for AGD's
3 4	letter to HRSA and invite the ADA to contact HRSA to express their support for AGD's recommended actions.
4 5	recommended actions.
5 6	Necessary Information:
7	•
8	 Dr. Darren Greenwell, Chair of the Dental Practice (DP) Council, and Dr. Myron J. Bromberg, Chair of the Legislative and Governmental Affairs (LGA) Council, have
9	provided input into this report.
10	• Drs. Steven Feldman (DP), Jennifer Bell (DP), Gigi Meinecke (DP), and Harriet Seldin
11	(LGA) served on the Joint Subcommittee that reviewed the 2014 policy and put forth this
12	recommendation.
13	• Members of both advocacy councils reviewed the recommended change to policy:
14	feedback focused on the need for states with designated HPSAs to encourage financial
15	scholarship help via a state program at dental schools to provide a fully funded, four-year
16	education in exchange for service at a Federally Qualified Health Center (FQHC) or a
17	similar location within an approved dental shortage area.
18	• DP staff is circulating a draft of a letter to leadership at the Health Resources and
19	Services Administration (HRSA) to urge an evaluation and revision of the existing dental
20	Health Professional Shortage Areas (HPSA) designation programs. That communication
21	notes that, while the existing supply of dentists today is sufficient to meet the demands of
22	the U.S. market with increases projected through 2040, the current shortage of dental
23	hygienists is impacting dental practices and the patients they serve in communities across
24	the country.
25	• Once released, AGD will provide the American Dental Association (ADA) with a copy
26	of that communication and request that the ADA also contact HRSA and express their
27	support for AGD's recommended actions.
28	Will at Wile Dam 94 Version
29 20	What We Don't Know:
30	• We don't know whether the Board or HOD will approve this resolution.
31	• We don't know how receptive HRSA and/or the ADA will be in regard to AGD's request
32	to evaluate and revise the existing dental Health Professional Shortage Areas (HPSA)
33	designation programs.
34 25	• In the event that the agency opts to move forward, we don't know how quickly HRSA will take action recording the surrent structure of the LIDSA are grown
35 36	will take action regarding the current structure of the HPSA program.
30 37	Pros:
38	• The 2014 policy requires an update to reflect the current workforce environment as it
38 39	relates to both dentists and industry support staff.
40	 The proposed policy provides a framework that can be used at the federal and local levels
40 41	• The proposed policy provides a framework that can be used at the rederar and local levels when communicating with agency officials and elected leaders on workforce issues.
42	 Promoting this policy in communication to HRSA and other audiences would be a
42 43	• Fromoting this policy in communication to TRSA and other addiences would be a significant advocacy effort for AGD among multiple stakeholder groups, including
43 44	current and prospective members.
44 45	current and prospective memoers.
4J	

Cons:

• The updated policy may have little or no influence in terms of actions taken by HRSA and/or the ADA.
• There may be pushback from certain sectors of the broader dental community who may
benefit from efforts to increase the number of dental schools and/or the number of
students enrolled in those programs.
 The proposed policy does not take steps to resolve the shortage of industry support staff
which continues to impact practicing dentists, and patients, in communities across the
country.
country.
Executive Director Recommendations:
From: Colleen Lawler <colleen.lawler@agd.org></colleen.lawler@agd.org>
Sent: Thursday, August 31, 2023 12:17 PM
To: Cindy Kluck-Nygren <cindy.kluck-nygren@agd.org></cindy.kluck-nygren@agd.org>
Subject: AIR Recommending Revision of AGD Policy 2014:306C-H-6 Adequacy of Present
Dental Workforce
I have reviewed this AIR and it should move forward to the Board for consideration.
Thave reviewed this rank and it should move for ward to the Doard for consideration.
Colleen
Colleen Lawler IOM CAE
Executive Director
Academy of General Dentistry
How It Fits into the Market Research:
• N/A
• N/A
• N/A Does this conflict with the Constitution and Bylaws, an AGD HOD Policy or Board Policy?
Does this conflict with the Constitution and Bylaws, an AGD HOD Policy or Board Policy?
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:
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:
Does this conflict with the Constitution and Bylaws, an AGD HOD Policy or Board Policy? If yes, please provide the conflict and how you propose to resolve it: • No
Does this conflict with the Constitution and Bylaws, an AGD HOD Policy or Board Policy? If yes, please provide the conflict and how you propose to resolve it: • No Responsible Staff Liaison & AGD member:
 Does this conflict with the Constitution and Bylaws, an AGD HOD Policy or Board Policy? If yes, please provide the conflict and how you propose to resolve it: No Responsible Staff Liaison & AGD member: Cindy Kluck-Nygren
 Does this conflict with the Constitution and Bylaws, an AGD HOD Policy or Board Policy? If yes, please provide the conflict and how you propose to resolve it: No Responsible Staff Liaison & AGD member: Cindy Kluck-Nygren Manager, Dental Practice
 Does this conflict with the Constitution and Bylaws, an AGD HOD Policy or Board Policy? If yes, please provide the conflict and how you propose to resolve it: No Responsible Staff Liaison & AGD member: Cindy Kluck-Nygren Manager, Dental Practice 312 440-4973 – p
 Does this conflict with the Constitution and Bylaws, an AGD HOD Policy or Board Policy? If yes, please provide the conflict and how you propose to resolve it: No Responsible Staff Liaison & AGD member: Cindy Kluck-Nygren Manager, Dental Practice 312 440-4973 – p Cindy.kluck-nygren@agd.org Darren S. Greenwell, DMD, FACD, FICD, MAGD
Does this conflict with the Constitution and Bylaws, an AGD HOD Policy or Board Policy? If yes, please provide the conflict and how you propose to resolve it: • No Responsible Staff Liaison & AGD member: Cindy Kluck-Nygren Manager, Dental Practice 312 440-4973 – p Cindy.kluck-nygren@agd.org
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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:• NoResponsible Staff Liaison & AGD member:Cindy Kluck-NygrenManager, Dental Practice312 440-4973 – pCindy.kluck-nygren@agd.orgDarren S. Greenwell, DMD, FACD, FICD, MAGDChair, Dental Practice Council(270) 351-5858 (O)drgreenwell@dentistky.comSuggested Councils or Agencies to Complete Action:DP Council
 Does this conflict with the Constitution and Bylaws, an AGD HOD Policy or Board Policy? If yes, please provide the conflict and how you propose to resolve it: No Responsible Staff Liaison & AGD member: Cindy Kluck-Nygren Manager, Dental Practice 312 440-4973 – p Cindy.kluck-nygren@agd.org Darren S. Greenwell, DMD, FACD, FICD, MAGD Chair, Dental Practice Council (270) 351-5858 (O) drgreenwell@dentistky.com Suggested Councils or Agencies to Complete Action:

- 1
- 2 Suggested Councils or Agencies to be Involved in Collaboration:
- 3 DP Council
- 4 LGA Council
- 5

6 Chair Approval Email:

- 7 From: Darren Greenwell <drgreenwell@dentistky.com>
- 8 Sent: Thursday, August 31, 2023 9:21 AM
- 9 To: Cindy Kluck-Nygren <Cindy.Kluck-Nygren@AGD.org>; Brad Anderson
- 10 <brad.andersondds@gmail.com>
- 11 Cc: Colleen Lawler <Colleen.Lawler@AGD.org>; Daniel Buksa <daniel.buksa@agd.org>;
- 12 Jeanie Kennedy <Jeanie.Kennedy@AGD.org>
- 13 Subject: Re: Requesting Sign Offs by Tuesday, Sept. 5: AIR Recommending Revision of AGD
- 14 Policy 2014:306C-H-6 Adequacy of Present Dental Workforce
- 15
- 16 CAUTION: This email originated from outside your organization. Exercise caution when
- 17 opening attachments or clicking links, especially from unknown senders.
- 18 I approve the AIR.
- 19 Darren Greenwell. DMD
- 20
- 21 Board Liaison Review Email:
- 22 From: Brad Anderson <brad.andersondds@gmail.com>
- 23 Sent: Thursday, August 31, 2023 9:16 AM
- 24 To: Cindy Kluck-Nygren <Cindy.Kluck-Nygren@AGD.org>
- 25 Cc: Greenwell, Darren S., DMD, FAGD <drgreenwell@dentistky.com>; Colleen Lawler
- 26 <Colleen.Lawler@AGD.org>; Daniel Buksa <daniel.buksa@agd.org>; Jeanie Kennedy
- 27 <Jeanie.Kennedy@AGD.org>
- 28 Subject: Re: Requesting Sign Offs by Tuesday, Sept. 5: AIR Recommending Revision of AGD
- 29 Policy 2014:306C-H-6 Adequacy of Present Dental Workforce
- 30
- 31 CAUTION: This email originated from outside your organization. Exercise caution when
- 32 opening attachments or clicking links, especially from unknown senders.
- 33 I have reviewed the AIR
- 34
- 35 Vice President, Finance Review Email:
 - N/A
- 36 37 38
- Footnote 1: HRSA Health Service Corps. <u>https://bhw.hrsa.gov/sites/default/files/bureau-health-</u>
 workforce/workforce-shortage-areas/nhsc-hpsas-practice-sites.pdf
- 40 41
- 42 Footnote 2: <u>https://www.ada.org/-/media/project/ada-organization/ada/ada-</u>
- 43 <u>org/files/resources/research/hpi/hpibrief_0521_1.pdf</u>
- 44
 45 Footnote 3 Dental Workforce Shortages: Data to Navigate Today's Labor Market. American Dental Association.
- 46 October 2022 https://www.ada.org/en/resources/research/health-policy-institute/dental-practice-research/dental-
- 47 workforce-shortages

1				
2				
3	Amendment to Resolution Form 2023			
4	Both pages of this document must be completed fully by the Delegate proposing the amendment.			
5	AGD staff will not type up amendments. Please bring <u>only an electronic copy</u> of this form to			
6	Caucus support for submission.			
7				
8	FOR AMENDMENTS TO RESOLUTIONS			
9				
10	Amendments or substitute resolutions must be submitted and discussed with AGD staff			
11	between 10:15 a.m. and 4:00 p.m. <u>on Saturday, November 11</u> so provisions can be made for			
12	the HOD to fully comprehend what it is voting on at all times. The amendment will be entered			
13	so that it can be electronically projected to the HOD.			
14				
15	It is strongly encouraged that all amendments to published resolutions, including editorial			
16	amendments greater than two words, be submitted on Saturday, November 11 by 4:00 p.m. To			
17 18	keep everyone informed of these submissions staff will post them to the Delegates Connect page.			
10	Please bring an electronic copy on a flash drive or email your draft amendment form to			
20	<u>delegates@agd.org</u> prior to your visit to the Caucus Support Office, MP S101a. You will discuss			
20	your resolution with staff, finalize the amendment and then approve the final amendment. The			
22	proposed amendment will not be considered submitted until you receive a counter-signed version			
23	from staff.			
24				
25				
26	Submitted by: Delegate's Name: Bethany Herbert			
	Subilited by: Deceate s Name: Dechany Herbert State: South Carolina			
27				
28	Region: 19 $7 - 7 - 4$			
29	REQUIRED SIGNATURE Bothany Herbort			
30	REQUIRED SIGNATURE			
31				

Resolution #311S1

³ "Resolved, that HOD policy 2002:28-H-7 be amended as
⁴ follows:

- "2002:28-H-7 Resolved, that the Academy of General
 Dentistry believes that to be eligible to apply for an initial
 license to practice dentistry in the United States or Canada,
 the candidate must have:
- Graduated from a dental college with training that is
 equivalent or higher than that provided by a dental college
 approved by the American Dental Association's Commission
 on Dental Accreditation or the Canadian Commission on
 Dental Accreditation,
- 16

2

5

10

Passed Part I and Part II of the National Board Exam the
 Integrated National Board Dental Examination (INDBE) (or the

- National Dental Examining Board Exam in Canada), and meet
- any other licensure requirements set for by their licensing
 authority.
- 4
- 5 Passed a state or provincial licensing examination, or its
- ⁶ equivalent, as determined by the state or provincial board of
- 7 dentistry, and any additional requirements.
- 8 Resolved that this policy will sunset at the close of the 2028
- 9 House of Delegates."
- 10

Reports to be reviewed by the		
Defense Comm		
Reference Comm		
Continuing Ed	ucation	
C		
Friday, November 10, 2023		
.:00 - 5:30 p.m.		
/IP S102bcd		
Dzon M. Nguyen, DDS, MAGD - Chair	Washington	14
Kathleen B. Chiodo, DDS, FAGD	Navy	15
Katilieeli D. Cillouo, DDS, FAGD	Tennessee	16
Jennifer J. Cornell, DDS, FAGD		17
Jennifer J. Cornell, DDS, FAGD William M. Lawley, DDS, MAGD	Illinois	17 18
Jennifer J. Cornell, DDS, FAGD		
Jennifer J. Cornell, DDS, FAGD William M. Lawley, DDS, MAGD	Illinois	
Jennifer J. Cornell, DDS, FAGD William M. Lawley, DDS, MAGD Analia Veitz-Keenan, DDS, FAGD	Illinois New York	<u>18</u>
Jennifer J. Cornell, DDS, FAGD William M. Lawley, DDS, MAGD Analia Veitz-Keenan, DDS, FAGD Christopher T. Griffin, DMD, FAGD - Consultant	IllinoisNew YorkSouth Carolina	18 19 20
ennifer J. Cornell, DDS, FAGD		
Jennifer J. Cornell, DDS, FAGD William M. Lawley, DDS, MAGD Analia Veitz-Keenan, DDS, FAGD Christopher T. Griffin, DMD, FAGD - Consultant	IllinoisNew YorkSouth Carolina	18 19 20 21

Fellowship Award Guidelines ...

31 **4. Self-Instruction Programs**

32 Up to 150 hours of credit may be applied to the award for completion of FAGD/MAGD-

approved audio, audio/visual, written, and other self-instructional programs, provided the
 program provider verifies satisfactory completion. In addition to the 150 hours self-

34 program provider vermes satisfactory completion. In addition to the 150 nours sensitive of the 150 nours sensitited of the

36 completing the post-test from the FAGD Exam Study Guide.

37

1	Effective January 1, 2024, only 12 hours of self-instruction credit earned on a single day
2	can be applied to the Fellowship Award requirements.
3	
4	And be it further,
5	
6	Resolved, that the Mastership Award Guidelines in the current HOD Policy Manual be
7	amended to read:
8	
9	4. Self-Instruction Programs
10	Up to 150 hours of credit may be applied to the award for completion of FAGD/MAGD-
11	approved audio, audio/visual, written, and other self-instructional programs, provided the
12	program provider verifies satisfactory completion. In addition to the 150 hours self-
13	instructional credit, 15 hours of credit may be awarded one time only to members
14	completing the post-test from the FAGD Exam Study Guide.
15	
16	Effective January 1, 2024, only 12 hours of self-instruction credit earned on a single day
17	can be applied to the Mastership Award requirements.
18	
19	And be it further,
20	
21	Resolved, that the Lifelong Learning & Service Recognition Guidelines in the current HOD
22	Policy Manual be amended to read:
23	
24 25	2. Self-Instruction Programs Credit may be earned for completion of audio, audio/visual, written and other self-
25 26	instruction programs, provided the FAGD/MAGD-approved sponsor verifies satisfactory
20 27	completion. A maximum of 150 hours of credit may be applied to the LLSR for self-
27	instruction courses.
28 29	mști uction courses.
30	Effective January 1, 2024, only 12 hours of self-instruction credit earned on a single day
31	can be applied to the Lifelong Learning and Service Recognition requirements."
-	with so uppared to the Inclong Domining and Set the Recognition requirements
32	



Reports to be reviewed by the

Reference Committee on

Administration, Image & Membership

- 9 Friday, November 10, 2023
- 10 2:30 4:00 p.m.
- 11 MP S102bcd

Oklahoma ¹⁴
New Jersey ¹⁵
Ohio ¹⁶
Pennsylvania ¹⁷
Ontario 18
Arkansas 19
South Carolina

Resolution 101

²⁶ "Resolved, that the 2025 US/International membership dues rate at Rate Level 1 shall be
 ²⁷ calculated based on the 2024 US/International membership dues rate at Rate Level 1 plus
 ²⁸ the CPI based on the previous 12 months' CPI–U (services less energy services) as of June
 ³⁰ of the year the budget is compiled.
 ³¹ And be it further.

33 <u>Resolved, that all other dues rates are established following approval of Rate Level 1</u>
 34 <u>US/International membership dues rates."</u>

1 2	Resolution 102
3	"Resolved, that the AGD Constitution and Bylaws be amended at Chapter I, Section 1 to
4	read:
5	
6	A. Active General Dentist Members
7	B. Emeritus Members
8	C. Honorary Members
9	D. Associate Members
10	E. Resident Members
11	E. C. Detined Members
12 13	F. <u>G.</u> Retired Members G. H. Affiliates
13 14	H. I. International Members
15	H.I. International Members
16	
17	
18	E. Resident Members
19	
20	1. The resident members of this AGD shall be general dentists in good standing with
21	dues and assessments having been paid.
22	
23	2. All applications for membership shall meet the guidelines established by the AGD
24	and those applicants who meet the following eligibility requirements shall be approved for
25	resident membership by AGD staff.
26 27	3. Eligibility: In order to be eligible for resident membership, a dentist must meet the
27	5. Englosity. In order to be englose for resident membersing, a dentist must meet the following qualifications:
28 29	tonowing quaincations.
30	a. Shall have graduated from a school of dentistry (DMD, DDS, BDS) accredited by
31	the Commission on Dental Accreditation (CODA) or the Commission on Dental
32	Accreditation of Canada (CDAC). Dentists who graduated from a country outside the
33	United States or Canada are eligible by holding an active license to practice dentistry in
34	that country;
35	
36	b. Shall be continuously enrolled in a post-graduate program in dentistry accredited
37	by the Commission on Dental Accreditation (CODA) or the Commission on Dental
38	Accreditation of Canada (CDAC);
39	
40	c. Shall be a general dentist (the term general dentist shall be defined to mean those
41	who have not limited themselves to a recognized specialty of dentistry); and
42 43	d. Shall be of high moral and professional character and agree to abide by the AGD
43 44	<u>d.</u> Shall be of high moral and professional character and agree to ablue by the AGD Constitution and Bylaws and its approved policies.
44 45	Constitution and Dylaws and its approved policies.
46	4. To maintain active resident membership, a member shall:

<u>a.</u>	Abide by the Principles of Ethics of the American Dental Association; and
<u>b.</u>	Not have license revoked or under suspension in any jurisdiction.
5.	There shall be issued to each resident member a certificate of membership in such
	as determined by the AGD. Upon resignation or termination of membership, an
	idual shall forfeit the rights associated with an active general dentist membership:
6.	A resident member is an active member and shall be entitled to vote, and shall be
_	le to run for office in the AGD, to serve in the House of Delegates, and to serve on
	cils and committees. Resident members who have limited themselves to a recognized
	alty of dentistry shall not be entitled to vote, shall not be eligible to run for office in the
AGD	, shall not serve in the House of Delegates, but may serve on councils and committees <mark>.</mark>
<u>G</u> F.	Retired Members
<u>H</u> G.	Affiliates
 TT	
H.	International Members
And I	be it further,
Resol	ved, that the AGD Constitution and Bylaws be amended at Chapter III, Section 1 to
read:	
Meml	pership Dues:
Meml	pership dues shall be payable on the first day of January of each year.
A.	Active members: Dues for active members, including Fellows and Masters, shall be
deterr	nined by a majority vote in the House of Delegates, in accordance with these Bylaws.
B.	Emeritus members: Dues for emeritus members shall be determined by the House of
Deleg	ates.
C.	Honorary members and Honorary Fellows:
	Honorary members and Honorary Fellows shall be exempt from the payment of dues.
D.	Associate members:
	Dues for associate members shall be determined by the House of Delegates.
E.	Resident members: Dues for resident members shall be determined by the House of
Deleg	ates.
E <u>. F</u> .	Student members:
	Dues for student members shall be determined by the House of Delegates.

1		
2	F. <u>G.</u>	Retired members:
3		Dues for retired members shall be determined by the House of Delegates.
4		
5	<u>G. Н.</u>	International members:
6		Dues for international members shall be determined by the House of Delegates."
7		
8		Resolution 150
9		
10	"Resol	ved that the 2024 Budget with Revenues of \$16,423,367 and Expenses of \$16,423,367
11	netting	g out to \$0 Net Loss from Operations with a Contingency of \$100,000 and capital
12	budget	t of \$210,369 be approved.
13		
14	And b	e it further,
15		
16	Resolv	ed, that House Policy 2022:150-H-11 be rescinded effective December 31, 2023.
17		
18	2022:1	50-H-11 "Resolved that the 2023 Budget with Revenues of \$15,890,235 and Expenses
19	of \$15,	890,235 netting out to \$0 Net Loss from Operations with a Contingency of \$100,000
20	and ca	pital budget of \$298,215 be approved."
21		
22		

1	Budget and Finance Committee Annual Report	
2 3 4	Budget and Finance Committee	
5 6 7	1. This committee shall assist in preparation of the budget and determine how to best conserve and utilize AGD funds.	
8 9 10 11 12 13	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 compose of the Treasurer plus four (4) other members, of which at least two (2) members must be trustees.	d
14 15 16	3. Appointments to this committee should be made with consideration given to the following:	
17 18	a. At least some members should have prior Budget and Finance Committee experience	;
19 20 21	b. An appointee should have a good understanding of the AGD, including its current programs and structure;	
22 23 24 25	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.	
26 27 28	4. The Executive Director shall serve as a consultant to this committee.	
29 30 31	 The committee shall adhere to the Sunset Review Process and Schedule outlined in Policy Type V.: Board Policy Statements. 	У
31 32 33 34 35 36	6. Each Council and Committee shall evaluate the revenues and expenses of all its programs and services annually as part of the budget process. Additionally, each Council and Committee shall provide a complete revenue and expense analysis to the Board at the appropriate Board Meeting at least every three years, beginning 2019.	
37 38 39 40 41 42 43 44 45 46	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 Dispute Resolution Committee for further review.	

1 **BUDGET PROCESS**

2

3 An organizational meeting via Zoom was held on February 28, 2023, with the Committee Chair,

- 4 Vice Chair, Executive Director, and Vice President of Finance. The orientation and kickoff
- 5 meeting for the full Committee was held on March 16, 2023, to establish general guidance in
- preparing 2023 budgets. Regular meetings with the Chair, Executive Director and VP Finance 6
- 7 were held during the entire process. Subsequent meetings via Zoom were held with the entire
- 8 Committee on June 16, 2023, July 6, 2023, and July 12, 2023.
- 9 10

The Executive Director and AGD staff presented budgets for the departments, explaining any

- variances along with connected success plans. Dr. Worm and the Budget and Finance 11
- 12 Committee provided feedback and guidance to the staff as the draft 2023 budget was finalized.
- 13

14 **BUDGET DEVELOPMENT**

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- 1. The impact of what is happening around the globe, environmental issues and the continued recovery challenges we all are facing are also factors impacting associations. It continues to require flexibility, analysis, and the ability to pivot as needed to address the daily changes. These issues will continue to present challenges to organizations and their members across the country. AGD is not removed from these challenges. Major programs continue to be improved and organizations are working harder to grab hold of the opportunities and meet the demands of a recovering population.
- 2. In consultation with the Chair, Treasurer and Executive Director, it was agreed that AGD management focus on preparing budgets that were reasonable while still providing for effective execution and delivery of new programs and expanded services. This is always a challenge as there are always increases in costs due to inflation, for example, vendor contracts, travel, hotel and meetings, infrastructure needs, and personnel costs. All revenue areas utilized current performance along with current and future opportunities as the basis for appropriate income projections.
- 3. Annual Success Plans (Measures of Success (MOS)) were required for all program areas. The 2024 Plans, along with an early budget draft were provided to the Budget and Finance Committee members and the President-Elect and Vice President on May 22, 2023.
- 4. Each Committee member was assigned as the liaison to specific budget function areas for targeted review with management and staff. Discussion sessions included the Budget and Finance Committee liaisons, Executive Director, Vice President of Finance, budget 40 managers and department heads. A close review of the Success Plans and all budget line items was discussed, and any areas of concern were addressed.
- 43 5. Based on these meetings, changes were made to the preliminary budget. The Budget and 44 Finance Committee, along with the Treasurer, President, President-Elect, Vice President, 45 Executive Director, Vice President of Finance and Associate Executive Directors met on 46 June 16, 2023. During this session, the committee discussed the measures of success and

1 2 3 4 5 6 7 8	Ba acc pol con me	23 budget with budget managers, department heads and budget committee liaisons. sed on these meetings, updates were made to the budget to ensure its reasonableness, curacy, and compliance with the established 2024 targets and Board and HOD financial licies. Budget documents and any subsequent updates were sent to the entire mmittee as well as the President, President-Elect and Vice President. Two subsequent betings were held on July 6, 2023, and July 12, 2023, to finalize committee commendations.
9	2024 BUD	DGET
10	Many poli	cies guide the development of the budget. The Budget and Finance Committee must
11		d make use of these policies when preparing the annual budget. These current policies
12	are outline	ed in each section below as pertinent.
13		
14	1. D u	les.
15	a.	Dues Stabilization Policy
16		
17		Board Policy Type: V. Board Policy Statements, F. Dues Stabilization Policy
18		
19		Dues Stabilization: The Board shall develop annual budgets and manage the AGD's
20		finances and reserves in accordance with the long-term financial strategy of dues
21 22		stabilization. The dues stabilization strategy seeks to achieve long-term dues
22 23		stability. Stable dues are viewed to be supportive of the organizational objective to increase membership market share.
23 24		increase membership market share.
25		A key element of the dues stabilization strategy is a strong reserve position. Growth
26		in non-dues revenue is required to make the AGD less dependent upon dues revenue.
27		The focus in generating non-dues revenues must be on the net margins generated
28		from the revenues, rather than a focus on gross revenues. Flexibility is needed to
29		develop annual budgets which provide member programs and services in support of
30		the strategic plan while keeping required dues increases at or below an inflationary
31		level.
32		
33		Dues increases for all categories of membership except students will be based on the
34		previous 12 months' CPI as of the June of the year the budget is being compiled.
35		
36		Dues for students will be reviewed every three years and be considered for no more
37 38		than a 5% increase to the current student dues rate.
38 39	a.	Resident Dues
40	а.	2019:109S-H-11
40 41		"Resolved, that AGD resident dues match the dues structure of student dues with
42		implementation in the 2021 dues cycle."
43		
44	b.	Alternative Membership Module (AMM)
45		2020:103R-H-10
46		"Resolved, that an Alternative Membership Model (AMM) be created for AGD
47		members.

1		Resolved, that the current AGD membership be named Premium.
2 3 4		And be it further,
5 6 7		Resolved, that a second membership level be named Premium Plus, and be created for AGD members.
7 8 9		And be it further,
10 11 12		Resolved, the Membership Council will propose updates or additions to the Alternative Membership Model (AMM) to the Board for approval as needed.
13 14 15		Resolved, that the Alternative Membership Model (AMM) be implemented for the 2022 budget year."
16 17 18 19 20	c.	<u>Canadian Member dues rate</u> At the 2019 House of Delegates, the Budget and Finance Committee recommended that the difference in dues paid by Canadian members and U.S. members be narrowed to \$25USD, which is the amount calculated per member spent on advocacy.
21 22 23 24 25 26	d.	<u>Puerto Rico Member dues rate</u> At the 2019 House of Delegates, the Budget and Finance Committee recommended that the difference in dues paid by members and U.S. members be narrowed over a three-to-four-year period to \$25USD, which is the amount calculated per member spent on advocacy.
20 27 28 29	e.	Rate Level 1 Dues 2022:103R-H-11
30 31 32 33 34		"Resolved, that the 2024 US/International membership dues rate at Rate Level 1 shall be calculated based on the 2023 US/International membership dues rate at Rate Level 1 plus the CPI based on the previous 12 months' CPI-U (services less energy services) as of June of the year the budget is compiled.
35 36		And be it further,
37 38 39		Resolved, that all other dues rates are established following approval of Rate Level 1 US/International membership dues rates.
40 41 42 43 44 45	f.	Emeritus Dues 2021:106S-H-11 "Resolved, that starting with the 2023 membership cycle, emeritus membership dues rate shall match the US/International membership dues rate at Rate Level 5. And be it further,

1 2 3 4		Resolved, that Emeritus members will be billed at the US/International membership dues rate at Rate Level 5 but will have the option to pay at US/International membership dues rate at Rate Level 1."
5		Budget and Finance Committee Recommendation
6		
7 8		Per Policy Type: V. Board Policy Statements, F. Dues Stabilization Policy, the CPI for last 12 months as of June was 6.4%. It was discussed that this is a relatively
8 9		for last 12 months as of June was 6.4%. It was discussed that this is a relatively inflated CPI. The committee recommends that the increase for the 2024 membership
10		year is 5%. The Premium dues rate for full paying dues members will be \$463. The
11		Premium Plus membership package for full dues paying members will be \$621.
12		
13		The value of the premium plus benefits package is \$534. The rate for this add-on
14 15		package was \$130 in 2022 and increased to \$150 for 2023. For 2024, the Budget and Einange Committee has recommended the rate has increased to \$158, remaining an
15 16		Finance Committee has recommended the rate be increased to \$158, remaining an extraordinary value.
10		extraordinary value.
18		Per the Policy Type: V. Board Policy Statements, F. Dues Stabilization Policy,
19		student dues were increased by \$1 or 5% for 2022 and remain at \$21 for 2024.
20		·
21		Per 2019:109S-H-11, Resident dues were raised by \$1 to match the dues structure of
22		the students for 2022 and remain at \$21 for 2024.
23		
24		Per the actions of the HOD in 2019, the Canadian member dues for 2024 Premium
25 26		Package will be \$438. The Premium Plus membership package will be \$596.
26 27		Per the actions of the HOD in 2019, the Puerto Rico member dues for 2024 Premium
27		Package will be \$438. The Premium Plus membership package will be \$596. The
20 29		increase to dues for Puerto Rico in 2024 includes the 5% increase to the Level 1 dues
30		as well as a portion of the differential to get it closer to the \$25USD differential target
31		approved by the 2019 House of Delegates. The remaining differential shall be
32		included in 2025.
33		
34	2.	Board and Regional Director Allotments
35		The Budget and Finance Committee analyzed the allotments and discussed them at
36		length.
37		
38		Policy Type: V. Board Policy Statements, K. Board Funding and Allotment Toolkit
39 40		 Allotmont nor Roard Mombor
40 41		<u>Allotment per Board Member</u> The Board Allotment is composed of annual funds reimbursed to Board members. The
42		year starts and ends at the AGD annual meeting. Per HOD Policy the allotments may be
43		increased at or below the level of inflation (as defined by the previous 12 months CPI)
44		annually by the Budget and Finance Committee. To be reimbursable, these expenses
45		need to have a clear AGD business purpose and should have a demonstrable benefit to
46		AGD, not to the individual (i.e., dinner with friends, etc.).

1 2 3 4 5 6 7 8		determined by the budgetary process	8:105R-H-7 be amended as follows: 2,000 and adjusted annually thereafter up to CPI as s effective July 21, 2008 (start of 2008/2009 the following activities relating to his or her duties
9		Allotment per Regional Director	
10		2009-10/D H 7	
11 12		2008:106R-H-7 Baselyad that policy 00:7 H 7 he as	manded by addition so that it reads:
12		Resolved, that policy 99:7-H-7 be an	mended by addition, so that it reads:
13		That the Regional Directors of the A	Academy of General Dentistry receive a maximum
15		allotment based on the following:	readenty of General Dentistry receive a maximum
16		Region 1 - \$1,700	Region 11 - \$1,600
17		Region 2 - \$1,200	Region 12 - \$1,600
18		Region 3 - \$1,200	Region 13 - \$1,200
19		Region 4 - \$1,200	Region 14 - \$1,800
20		Region 5 - \$1,500	Region 15 - \$1,400
21		Region 6 - \$1,500	Region 16 - \$1,300
22		Region 7 - \$1,300	Region 17 - \$1,600
23		Region 8 - \$1,200	Region 18 - \$1,200
24		Region 9 - \$1,300	Region 19 - \$1,500
25		Region 10 - \$1,600	Region 20 - \$1,300
26			
27			to CPI as determined by the budgetary process
28		effective July 21, 2008 (start of 2003	8/2009 governance year).
29			
30			allotments and the Regional Director (RD) allotments
31			I on those discussions, which identified the lack of
32 33		allotments remain flat for 2024.	nmittee recommends that both Board and RD
33 34		anothems remain that for 2024.	
34 35			
36	3.	Officer Stipends	
30 37	5.	onicer supenus	
51			
38		2008:104R-H-7	
39		Resolved, that policy 2004:5A-H-7	be amended to read:
40			
41		•	f 2008/2009 governance year), the annual stipends of
42			President, Treasurer, Secretary, Speaker, and Editor
43		1 0), \$40,000, \$27,500, \$10,000, \$10,000, \$5,000, and
44		· · ·	eafter up to CPI as determined by the budgetary
45		process.	
46			

1		Budget and Finance Committee Recommendation
2		The Budget and Finance Committee reviewed current payment levels, and based on that
3		assessment, recommends an increase of 2% in the officers' annual stipends.
4		
5		
6		The 2024 honorariums (stipend and allotments) are as follows:
7		• Officers Stipends - \$221,311
8		The numbers represent the 2024 Calendar Year budget. Individuals will receive
9		prorated amounts based on service.
10		 President - \$72,399
10		 President Elect - \$52,656
12		 Vice President - \$35,708
12		 Treasurer - \$13,160
13 14		
		• Secretary - \$13,160
15		• Editor - \$27,645
16		• Speaker - \$6,583
17		Regional Directors Allotment (Total) \$35,559
18		 Board Allotment (Executive Committee and Trustees) \$69,767
19		
20	4.	Number of Board Meetings
21		
22		Bylaws Chapter XII, Section 3
23		Section 3. Meetings of the Board:
24		The Board shall meet in person at least three (3) times a year. Between such meetings,
25 26		additional meetings may be held through the use of a conference telephone or other
26 27		communications equipment by means of which all persons participating in the meeting
27		can communicate. The Board may, by a majority of the entire Board, cancel any meeting
28 20		of the Board.
29 30		Pound Bosolution adopted at 2010 20 PMH. The Board adopted the following
30 31		Board Resolution adopted at 2019-20 BMII: The Board adopted the following resolution:
31		resolution.
32 33		"Resolved, that the Board meet face-to-face three (3) times during the 2020-2021
33 34		governance year."
35		
36	5.	Investments
30 37	5.	
38		Requirements of the Investment Policy Statement (IPS) are located in the Board Policy
39		Manual Policy Type: V. Board Policy Statements, Section H.
40		
41	6.	Additional Budget Considerations
42	0.	
43		a. The 2024 goals for membership and the AMM program are balanced between
44		conservative projections and acknowledging the new benefit opportunities delivered
45		by the AMM. The budget is using an 87% Membership Retention Rate; a 2%
46		membership increase in dues rate 1 (full dues), and 1.5% year over year increase for

1		other dues levels and an estimate that 50/ of eligible members will portion to in the
$\frac{1}{2}$		other dues levels and an estimate that 5% of eligible members will participate in the Premium Plus membership level.
2 3	h	The Alternative Membership Model (AMM) was launched for the 2022 Membership
4	υ.	Year. This program was developed to expand benefits, increase retention, and help
5		recruit new members. While it might appear that there is an increase in dues
6		revenue, these numbers do not include any estimates of AMM benefit usage, which
0 7		impacts revenue for other areas such as Scientific Session registration revenue,
8		Continuing Education, Fellowship Review, etc. The intent of the program concept
9		was to add benefit to the dues paid, have the individuals take advantage of one of the
10		premium benefits, and hopefully buy up other AGD programs or products. Without
10		any additional buy-up this program can cause revenue loss. This program is
11		considered a beta as we continue to learn more about the behaviors of those
12		purchasing the Premium Plus, concluding with an in-depth analysis at the end of
13		2023 to see how the program has performed over two dues cycles. This data will aid
15		in future forecasting.
16	C.	The dues revenue amount does not include the \$27.50 per member that is allocated
17	•••	to <i>General Dentistry</i> and <i>AGD Impact</i> . The number of issues of <i>AGD Impact</i> to be
18		published remains at 12.
19	d.	Governance costs, including the in-person meetings of councils and committees as
20		well as the Board, Executive Committee and House of Delegates, were examined to
21		maintain programming and services. The Joint Council Meeting (JCM) is budgeted
22		to be in-person. All additional meetings for councils and committees will continue
23		to be hosted on a virtual platform.
24	e.	Costs for hotels, food and beverage and air travel have all increased in 2023. This is
25		reflected in the 2024 budget.
26	f.	Additional applications for PACE accreditation and Fellowship/Mastership are
27		anticipated due to increased engagement resulting in increased revenue for 2024.
28		Expenses related to exam fees will also increase incrementally due to this growth.
29	g.	Advertising revenues are intended to be higher in 2024 due to increased ads through
30		the AGD Website from partnership allocations.
31	h.	Gross revenues from AGD Benefits Plus and Partnership Administration are
32		comparable to the 2023 budget.
33	1.	The Scientific Session is budgeted conservatively but does include a slight increase
34		in revenue due to rate increases and an expanded booth capacity that is available in
35		Minneapolis. Direct expenses for the Scientific Session are higher in 2024 primarily
36		due to the credits received from the Las Vegas property as incentive to hold the
37	:	scientific session at the site that are not part of most, including Minneapolis, sites.
38 39	j.	Advocacy expenses are slightly lower than 2023 budgeted amounts due to decreased
39 40		travel and hotel costs as we focus on achievable AGD benefits and recognition of
40 41	ե	expenses incurred. Salaries and Benefits – Estimated salaries are included in each area's administrative
41	к.	expenses. In 2024, the committee recommends a 4% pool to provide bonus and
42 43		merit increases as appropriate for staff be incorporated into the budget. There is also
43 44		a 1% employee discretionary 401k contribution that was included by the committee.
45		These amounts have been added in total to the department allocation for salaries as
46		estimates.

1. Overall costs for human resources including salaries, benefits, taxes, and temporary help are up in 2024 by 6%. Temporary help includes security and registration assistance at the scientific meeting and contract work. The total represents 49% of total revenue which is slightly higher than 2023.

	2021		2022		2022		2023		2024
	Actual		Actual		Budget		Budget		Budget
Ś	4.658.862	Ś	4.903.962	Ś	5.584.197	Ś	5.873.161	Ś	6,307,479
	1,289,482		1,291,756		1,523,067		1,600,952		1,624,498
	240,717		254,178		53,404		56,519		40,627
\$	6,189,061	\$	6,449,897	\$	7,160,668	\$	7,530,632	\$	7,972,604
			4%				5%		6%
	36%		55%		47%		47%		49%
	\$	Actual \$ 4,658,862 1,289,482 240,717 \$ 6,189,061	Actual \$ 4,658,862 \$ 1,289,482 240,717	Actual Actual \$ 4,658,862 \$ 4,903,962 1,289,482 1,291,756 240,717 254,178 2 240,717 254,178 \$ 6,189,061 \$ 6,449,897 4 4 4	Actual Actual Actual \$ 4,658,862 \$ 4,903,962 \$ 1,289,482 1,291,756 240,717 254,178 5 240,717 254,178 5 4,6189,061 \$ 6,449,897 \$ \$ 6,189,061 \$ 6,449,897 \$ 4// 4// 4// 5	Actual Actual Budget \$ 4,658,862 \$ 4,903,962 \$ 5,584,197 1,289,482 1,291,756 1,523,067 240,717 254,178 53,404 2 2 2 5 6,189,061 \$ 6,449,897 \$ 7,160,668 4 4 4 4 4 4 4 5 5 6,189,061 \$ 6,449,897 \$ 7,160,668 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 5	Actual Actual Budget \$ 4,658,862 \$ 4,903,962 \$ 5,584,197 \$ \$ 1,289,482 1,291,756 1,523,067 \$ 240,717 254,178 53,404 \$ \$ 6,189,061 \$ 6,449,897 \$ 7,160,668 \$ \$ 6,189,061 \$ 4,49,49,497 \$ 7,160,668 \$	Actual Actual Budget Budget \$ 4,658,862 \$ 4,903,962 \$ 5,584,197 \$ 5,873,161 1,289,482 1,291,756 1,523,067 1,600,952 240,717 254,178 53,404 56,519 \$ 6,189,061 \$ 6,449,897 \$ 7,160,668 \$ 7,530,632 \$	Actual Actual Budget Budget I \$ Actual Budget Budget Budget I \$ 4,658,862 \$ 4,903,962 \$ 5,584,197 \$ 5,873,161 \$ 1,289,482 1,289,482 1,291,756 1,523,067 1,600,952 I,600,952 I 240,717 254,178 53,404 56,519 I I \$ 6,189,061 \$ 6,449,897 \$ 7,160,668 \$ 7,530,632 \$ 1 \$

m. Building expenses are slightly down compared to 2023 as we push to eliminate or reduce expenses through contractual bids for services. Revenues are flat based on the assumption that the current lessee will renew or be replaced with a comparable lease agreement.

n. Constituent Services overall budget includes the addition of one more CADI program. The 2024 budget also includes additional expenses to hold the Leadership Development Symposium which occurs every other year. The LDS adds an additional \$96,000 in expenses to be incorporated into the budget on alternate years.

7. Board Contingency Fund

Policy Type: IV. Executive Limitations, C. Budgeting, the annual budget must provide at least \$100,000 per annum for the Board Contingency Fund. For 2024 the Board Contingency Fund is budgeted at \$100,000.

8. Capital Budget

- a. The capital budget for the 2024 budget year totals \$210,369. The objective for the 2024 capital request; is based on the need for AGD to unify, streamline, increase security posture, and move AGD staff off multiple servers and systems for accessing and using our platform to single access VPN (Virtual Private Network) based solution.
- b. The 2024 Capital Budget does not accommodate any potential major repairs needed for the building at 560 W. Lake Street. Any major repairs needed will be funded through the Building Account which is a part of the AGD Investment fund.

2024 BUDGET SUMMARY

A summary of the 2024 budget covering the period from January 1 – December 31, 2024, as
 recommended by the Budget and Finance Committee is as follows:

5 6

7

8 9

10

21

22

1 2

	<u>2024 Budget</u>
Total Revenue	\$ 16,423,367
Total Expense*	\$ 16,423,367
Net Income (Loss) from Operations	0

*Includes \$100,000 in Board Contingency Fund

NEXT STEPS

11 The 2024 budget is the result of the process outlined above and is the best recommendation that

12 the Budget and Finance Committee could reach for the Board to discuss, modify, and approve

13 before being distributed to the HOD. At the end of this report, a Statement of Activities has been

14 included to assist you in review of the 2024 budget. In addition, with the guidance of the

Executive Director, all programs continue to have "Measures of Success (MOS)." A report is
 provided to the Committee each year updating the "Measures of Success". The report will

17 continue to be provided for the Budget & Finance full meeting and would include the prior year

end results as well as the proposed MOS for the following fiscal year along with a comparison to

19 the most recently available financial statements for comparison purposes.
20

CONCLUSION

23 This report presents a conservative, realistic budget that reflects much hard work, compromise, 24 and consensus by all involved in its creation. It reflects high-level discussions by the Budget and 25 Finance Committee based on the strategic plan for the organization. The need to develop a 26 budget in line with the current and future direction of the AGD is not only key but required for 27 the organization's growth. This budget provides the financial guidelines under which the AGD 28 will operate. The overall financial structure of the AGD has been created to allow financial 29 opportunity to be nimble in response to opportunities, through the operating budget, the 30 Contingency Fund, and the Competitive Advantage Account. It is important to keep up with the 31 ever-demanding changes in our current climate but not at the expense of our overall established

32 goals, mission and considered costs. Financial disclosure and transparency are not just

obligations; it is a right earned by the trust which its members place in the good faith of the
 organization. The Budget and Finance Committee is confident the presented 2024 budget will

35 serve our membership and each of the constituents and will fulfill the mission and empower the

36 current strategic plan of the AGD.

37

38 Respectfully Submitted,

- 39
- 40 Donald A. Worm, DDS, MAGD, ABGD, Chair
- 41 William A. Burn, III, DMD, MAGD, Vice Chair
- 42 Andrew P. Martin, DMD, MAGD

dontheworm@yahoo.com w.burn73@gmail.com andrewmartindmd@gmail.com

- 1 Kimberly R. Wright, DMD, MAGD
- 2 Joseph A. Picone, DMD, MAGD, Treasurer
- 3 Colleen Lawler, CAE, Executive Director
- 4

5 Chair Approval Email:

- 6 From: Donald Worm <dwormdds@yahoo.com>
- 7 Sent: Monday, July 31, 2023 12:19 PM
- 8 To: Colleen Lawler <Colleen.Lawler@AGD.org>
- 9 Subject: Re: RESENDING Review and Approval Requested 23 Budget and Finance Committee
- 10 Annual Report V4
- 11 12 Colleen
- 13
- 14 Looks good. Approved. Thanks.
- 15 16 Don
- 10 L 17

18 Treasurer Approval Email:

- 19 From: Dr. Joseph Picone <japdmd@gmail.com>
- 20 Sent: Tuesday, August 1, 2023 2:41 PM
- 21 To: Colleen Lawler <Colleen.Lawler@AGD.org>
- 22 Subject: Re: RESPONSE NEEDED 23 Budget and Finance Committee Annual Report V5
- 23
- 24 Great job! I approve the B&F report as written.
- 25 Joseph A Picone, DMD, MAGD.

kim@advancedentalarts.com japdmd@gmail.com colleen.lawler@agd.org

ACADEMY OF GENERAL DENTISTRY Statement of Activities - Revenue

1,2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 200	2021	2022	2023	2024
	Actual	Actual	Budget	Budget
REVENUE				
Membership Dues	\$8,384,005	\$8,522,161	\$9,786,700	\$10,042,702
Member Recruitment and Retention	13,003	16,275	21,750	16,750
19-	8,397,008	8,538,436	9,808,450	10,059,452
-				
Business Development/Corp Support				
AGD Benefits Plus Royalties	544,699	510,720	603,000	580,000
Partnerships Administration List Rentals	435,558 3.000	414,486 0	527,500 5,000	553,000 5,000
-	983,257	925,206	1,135,500	1,138,000
Allocated Revenue	(285,500)	(236,000)	(379,500)	(439,100)
	697,757	689,206	756,000	698,900
Communications				
Communications General Dentistry	434,250	439,969	502,532	497,886
Impact	411,218	437,657	444,773	453,568
Digital Media	362,557	420,708	429,004	439,600
	1,208,025	1,298,334	1,376,309	1,391,054
Dental Education Self-Instruction	81,003	68,772	88,200	95,000
PACE	477,120	507,460	523,635	602,180
Lifelong Learning & Service Recognition	27,236	21,284	21,275	31,520
Continuing Education Programs	177,229	135,260	213,825	209,471
Exam Study Materials	89,237	72,714	122,655	122,655
Fellowship Exam Fees	271,527	218,594	215,150	308,100
Fellow Exam Review Course	0	12,675	105,000	99,000
Fellowship and Mastership	246,499 1,369,851	238,782	420,810	263,220
10 -	1,308,031	1,275,541	1,710,550	1,731,140
Scientific Session				
Scientific Session- General	73,447	70,850	61,043	119,527
Registration	205,191	190,181	253,565	329,273
Education	611,719	780,119	806,500	825,980
Exposition _	363,600 1,253,956	542,700 1,583,849	571,775 1,692,883	706,875
9 .	- 1 1	.1000,000		1122 1122 2
Advocacy -	7,540	7,800	0	0
Other Revenue				
Gain/Loss on \$CAD Exchange Rate	(1,089)	(133)	0	0
560 W. Lake Street	285,836	285,836	308,402	308,402
Other	315,231	1,117,344	237,641	239,641
Hotel Commissions Other Meetings	0	0	0	13,117
	599,979	1,403,047	546,043	561,160
TOTAL REVENUE	13,534,116	14,796,214	15,890,235	16,423,367
TOTAL EXPENSES	12,789,837	13,851,474	15,890,235	16,423,367
INCOME FROM OPERATIONS	744,279	944,739	(0)	0
TOTAL CAA EXPENSES	(181,379)	(68,735)	0	0
ADJUSTED INCOME AFTER CAA EXPENSE	562,900	876,004	(0)	0
INVESTMENT INCOME	3,603,858	(3,118,767)	0	0
NET ADVOCACY FUND INCOME	24,415	(15,075)	0	0
CHANGE IN NET ASSETS	\$4,191,172	(\$2,257,837)	(\$0)	\$0

Academy of General Dentistry Statement of Activities - Expense

Departmental Administration 762,206 800,630 1,043,834 996,6 AGD Benefits Plus 0 0 1,650 Partmership Administration 37,051 43,557 45,000 45,00 Constluent Services 14,870 22,759 62,213 58,00 Constluent Services 14,870 22,759 62,213 58,00 Laddenhip Conference 0 96,744 0 89,224 Communications 797 2,051 21,720 92,23,870 384,444 Publications Marketing 797 2,051 21,720 92,23,870 384,40 Operatmental Administration 1,023,246 1,048,400 20,000 45,00 Departmental Administration 1,023,246 1,048,240 20,000 32,010 33,00 34,40 1,01,023,240 1,048,240 20,000 35,00 34,24 1,20,200,00 35,00 34,24 1,20,200,00 35,00 34,24 1,20,200,00 35,00 34,24 1,20,200,00 35,00 34,24 1,20,20		2021 Actual	2022 Actual	2023 Budget	2024 Budget
Markensip Beoutimental Administration 5420.076 (202,08 5466,035 (203,185 1.77.265 (1.943,684 556.6 (1.953,1165 AGD Bendits Plus 0 0 1.650 Partmental Administration 37.051 43.557 45.000 45.00 Constituent Sourcies 0 0 1.650 90.024 45.00 Constituent Sourcies 0 67.48 0 80.023 1.72.05 1.72.05 90.024 100.0 Constituent Sourcies 0 67.44 0 80.92 20.359 30.760 210.356 228.945 202.1 90.024 100.0 20.359 30.760 210.355 1.82.01 90.024 100.0 20.359 30.760 217.20 92.22.1 100.0 20.000 20	PENSES				500
Departmental Administration 762,206 890,630 1,043,834 960,650 AGD Benefits Plus 0 0 1,033,185 1,377,286 1,704,615 1,542,3 AGD Benefits Plus 0 0 1,650 45,000 45,00 Partnership Administration 37,051 43,557 45,000 45,00 Constituent Services 0 9,744 0 89,324 100,0 Constituent Services 0 9,744 0 89,324 100,0 Constituent Services 0 9,744 0,82,287 428,62 202,13 58,63 Constituent Services 0 9,744 0,82,287 428,62 202,13 58,64 10,936 31,41 10,326,33 347,440 332,287 438,64 10,0					
ACD Benefits Plus 0 0 1,203,185 1,377,285 1,704,615 1,542,5 ACD Benefits Plus 0 0 1,850 45,000 45,00 Partnership Administration 37,051 43,557 45,000 45,00 Constituent Services 14,870 27,759 62,213 58,0 Regional Directors Activities 53,121 62,559 49,323 58,0 Depatrmental Administration 276,338 347,640 325,287 426,8 Communications 797 2,051 21,720 92,33 33,6 Public Diversity 250,339 270,558 228,945 228,1 33,000 40,100 40,1 Media Relations 23,206 25,461 31,270 31,2 30,00 35,000 35,000 35,000 35,000 30,00 36,00 36,00 37,72 44,2 48,94 40,00 7,72 43,24,400 2,000 7,72 43,24,400 2,000 7,72 43,24,400 2,000 7,22,24					\$545,866
AGD Benefits Plus 0 0 1.650 Partnership Administration 37,051 43,557 45,000 46,00 Constituent Services 14,870 27,759 62,213 56,86 Regional Director Services 14,870 27,759 62,213 56,86 Regional Director Services 210,345 161,774 163,760 170,1 Departmental Administration 210,345 161,774 163,760 170,1 Orgeneral Denistry 260,339 270,556 233,947 430,00 40,1 Public Education 33,206 25,411 330,00 35,140 40,100 40,1 Media Relations 23,206 1,837,760 1,721,834 1,855,1 1,208,30 34,00 20,01 34,14 1,824,480 20,080 1,118,555 1,208,31 1,424,480 20,080 1,118,555 1,208,31 1,424,480 20,080 1,424,480 20,080 1,424,480 1,424,480 1,424,480 1,424,480 1,424,480 1,424,440 1,425,480 1,424,441,480,74	Departmental Administration				996,651
Partnership Administration 37,051 43,557 45,000 45,00 Constituent Services 14,670 27,759 62,213 56,66 Constituent Services 0 67,748 0 86,748 Regional Directors Admites 53,121 62,559 96,324 100,69 Depathmental Administration 210,345 116,747 163,760 172,70 92,9324 Operativersital Administration 210,345 314,760 328,967 328,970		1,203,185	1,377,203	1,704,615	1,542,517
Constituent Services 14,870 27,759 62,213 56,80 Constituent Services 14,870 27,759 62,213 56,80 Leadership Conference 0 95,748 0 80,934 Departmental Administration 276,338 344,640 325,287 428,83 Communications 797 2,051 217,730 92,233 336,44 Communications 797 2,051 217,730 93,24 100,40 Communications 23,050 233,970 336,44 31,20 31,23 Construction 23,216 20,611 31,203 32,206 23,465 1,18,554 1,28,33 Destituent Learning and Service Recognition 2,322,61 2,041 1,324 1,22 1,343 1,22 Continuing Education Programs 36,399 65,507 42,399 65,507 42,399 1,27,403 1,22 1,343 1,22 1,343 1,22 1,343 1,22 1,343 1,22 1,343 1,22 1,225 1,904	GD Benefits Plus	0	0	1,650	C
Constituent Services 14,870 27,759 62,213 58,8 Regional Directors Activities 53,121 62,559 99,324 100,06 Leadership Conference 0 96,748 0 89,324 100,06 Departmental Administration 278,338 347,640 325,287 428,8 Ormunications 797 2,051 217,230 92,3 300,333 334,7640 325,287 428,8 Communications 797 2,051 217,230 92,339 334,40 40,100 40,10 40,10 40,10 40,10 40,10 40,10 40,10 40,10 40,10 40,10 40,10 40,10 41,87,776 1,721,634 1,854,480 200,80 1,850,00 32,00 22,216 1,84,480 200,80 1,850,00 32,00 22,216 1,84,480 1,420,84 1,422,834 1,423,234 1,422,22 8,114 6,20 42,91 42,91 42,91 42,91 42,91 42,92 43,91 42,92 43,92 44,91<	artnership Administration	37,051	43,557	45,000	45,000
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Departmental Administration 210,345 191,574 193,750 173,150 Communications 278,336 347,640 325,287 428,8 Communications 278,336 347,640 325,287 428,8 Central Dentistry 250,339 270,556 223,370 338,4 Website 19,399 35,140 40,100 40,1 Media Relations 23,066 25,461 31,270 31,2 Public Education 23,216 20,061 35,000 35,00 Departmental Administration 1,025,324 1,43,42 142,42 148,460 2,008,0 Self Instruction 5,225 1,904 6,000 7,8 1,223,34 1,42,42 142,42 Continuing Education Frequence 9,240 10,354 13,42 142,42 160,43,599 65,527 462,5 Continuing Education Frequence 263,44 3,599 65,527 462,5 250,66 371,1 Fellow Exam Review Course 434 48,153 39,437 24,44					100,658
278,336 347,640 325,287 438 Publications Marketing Ceneral Dentistry 797 2,051 211,720 92, 920,562 Ceneral Dentistry 256,339 270,556 283,945 282,227 438,8 Ceneral Dentistry 256,319 308,520 323,840 336,4 336,4 Velsite 18,359 35,140 40,000 40,0 40,0 40,0 Metia Relations 23,246 20,611 35,000 35,0 336,0 35,0 35,0 35,00 35,00 35,00 35,00 35,00 35,00 35,00 35,00 35,00 35,00 35,00 35,00 7,00 1,221,034 1,084,400 2,008,0 7,80 1,183,555 1,208,30 1,44,40 2,008,0 7,80 1,43,400 2,008,0 7,80 1,43,400 2,008,0 7,42,2 1,81,440 2,008,0 7,42,2 1,81,414,90 1,408,430 1,43,430 1,43,430 1,43,430 1,43,430 1,434,430 1,637,70 1,22,61,73,744,433 1,468,430					89,441
Communications 797 2,051 21,720 92,92 Ceneral Dentistry 250,339 270,556 283,845 282,12 Impact 28,039 270,556 283,845 282,12 Website 19,359 35,140 40,100 40,100 Media Relations 23,266 20,041 35,000 35,000 Departmental Administration 1,025,324 1,059,226 1,118,555 1,268,8 Dental Education 5,225 1,904 6,000 7,8 PACE 9,240 10,93,44 14,342 14,342 Idenong Learning and Service Recognition 5,762 8,222 8,134 8,2 Cambridy Materials 0 0 67,72 8,222 8,134 8,2 Fellows Deam Review Course 4,451,53 39,437 24,4 48,153 39,437 24,4 Fellows Deam Review Course 4,451,51 39,437 24,4 18,94,61 12,828 Departmental Administration 26,963 34,143,97 24,44	Departmentar Administration				426,860
General Dentistry 250 339 270 556 283 3465 282 1 Impact 295 119 308 550 333 840 333 870 Website 18 359 35 140 40 100 401 Media Relations 23 866 223 46 20 20 81 31 20 Public Education 32 216 20 611 35 000 35 00 Departmental Administration 10 25 324 10 84 480 2008 00 Ontal Education 5 225 1.904 6,000 78 Self Instruction 5 225 1.904 6,000 78 Continuing Education Programs 36,390 3.849 85,910 67,7 Elamstitudy Materials 100 0<	ommunications				
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Website 19,359 35,140 40,100 40,1 Media Relations 26,600 25,441 31,270 31,2 Public Education 23,216 20,611 35,000 35,0 Departmental Administration 1,025,324 1,052,225 1,181,855 1,283,3 Dental Education 5,225 1,904 6,000 7,8 Self instruction 5,225 1,904 6,000 7,8 Continuing Education Programs 83,300 3,849 85,910 67,2 Exam Study Materials 100 0 0 0 0 Fellowship Exam Review Course 434 45,153 39,437 2,44 Departmental Administration 633,427 603,466 968,811 1,199,9 Scientific Session 53,763 962,593 1,444,430 1,48,430 Scientific Session 224,001 448,673 442,218,943 19,443 Scientific Session 36,127 433,481 422,217,925,7065 371,1 Registration					292,135
Media Relations 25,606 25,441 31,270 31,2 Departmental Administration 1,053,324 1,059,295 1,118,555 1,263,8 Dental Education 5,225 1,904 6,000 35,000 Self instruction 5,225 1,904 6,000 7,68 PACE 9,240 10,354 13,428 14,2 Continuing Education Programs 36,390 3,849 85,910 67,2 Exam Study Metrials 100 0 0 0 0 Fellowship Exam Fees 66,750 43,599 66,827 46,2 28,765 222,8 1,484,330 1,631,0 Scientific Session 933,763 962,593 1,484,330 1,631,0 243,646 298,411 199,94 192,42 189,943 192,4 Education 223,610 441,807 448,853 491,0 223,610 441,807 448,853 491,0 223,610 441,807 449,833 146,82,700 1,994 192,441 1,991,6 222,010 441,807					336,470
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Departmental Administration 1,025,324 1,025,324 1,085,460 2,038,0 Dental Education 5,225 1,904 6,000 7,8 1,8 <td></td> <td></td> <td></td> <td></td> <td>31,270</td>					31,270
1,837,760 1,721,834 1,854,460 2,008,0 Self instruction 5,225 1,904 6,000 7,8 PACE 9,240 10,354 13,428 14,2 Continuing Education Programs 38,300 3,449 85,910 67,2 Exam Study Materials 100 0 0 0 74,2 Fellow Exam Review Course 434 48,153 39,437 244,2 Departmental Administration 630,427 603,466 968,811 1,169,9 Scientific Session 55,01 35,65 257,065 371,1 748,853 449,0 25,01 Scientific Session 55,01 35,65 257,065 371,1 748,853 449,0 48,853 490,0 1,630,0 1,89,43 192,444 1,931,6 Education 228,901 441,807 48,853 490,0 1,224,1 443,853 490,0 1,224,1 443,853 490,0 1,224,1 443,853 410,1 438,853 410,0 488,853 410,20,					1,263,833
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Self Instruction 5.225 1.904 6.000 7.8 PACE 9.240 10.354 13.426 14.2 Lifelong Learning and Service Recognition 5.782 8.222 8.134 8.2 Continuing Education Programs 38,390 3.849 85,1910 67.2 Exam Study Materials 100 0 0 0 Fellowskin Review Course 434 44,153 39.437 24.4 Fellowskin Review Course 434 46,153 39.437 24.4 Departmental Administration 633,763 962,593 1.494,330 1.199.9 Scientific Session 228,001 441,868 390,300 432,442 189,943 192,442 Education 228,001 444,888 390,300 432,213 443,900 1.268,733 1.749,444 1,931,01 Exposition 354,127 433,431 423,213 443,90 1.488,700 1.569,733 1.749,444 1,831,01 Advocacy 3.832 33,088 37,188 30,005<	Sector Education				
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Continuing Education Programs 38,390 3,849 85,910 67,2 Exam Study Materials 100 0 0 0 0 0 Fellowking Exam Fees 66,750 43,599 85,827 46,2 24,4 Fellowking and Mastership 199,415 243,046 256,765 262,80 1,464,330 1,681,0 Departmental Administration 630,427 603,466 988,811 1,199,9 3,630 1,89,433 1,831,0 Scientific Session Scientific Session- General 451,219 233,585 257,065 371,1 Registration 97,960 134,242 189,943 192,4 189,943 192,4 Education 28,801 441,807 448,853 491,0 1,488,703 1,333,431 423,213 443,90 Advocacy 3,832 3,088 37,188 30,0 1,488,700 1,289,753 1,749,444 1,831,6 Advocacy 3,832 3,088 37,188 30,005 12,8 0 1,289,753 <t< td=""><td></td><td></td><td></td><td></td><td>8,232</td></t<>					8,232
Exam Study Materials 100 0 0 Fellowskip Exam Review Course 66,750 43,599 65,827 46,2 Fellowskip and Mastership 199,415 243,046 256,785 262,8 Departmental Administration 953,763 962,593 1,464,330 1,831,0 Scientific Session 1 99,815 243,046 256,785 257,085 371,1 Scientific Session 953,763 962,593 1,464,330 1,831,0 1,831,0 Scientific Session 228,801 441,807 488,853 491,0 1,835,0 433,0 Exposition 356,127 433,431 422,213 443,9 1,831,0 Departmental Administration 356,127 433,431 422,213 443,9 1,831,0 Advocacy 1 448,803 30,08 37,183 30,0 1,831,0 1,832,00 1,24,90 122,840 122,840 122,840 122,840 122,840 123,443 449,183 30,00 1,833,00 1,832,00 1,22,813					67,216
Fellow Exam Review Course 434 44,153 39,437 244 Fellowship and Mastership Departmental Administration 263,642 263,046 256,785 262,8 Scientific Session 953,763 962,593 1,464,330 1,831,0 Scientific Session 97,960 134,242 189,943 192,4 Education 228,801 441,807 488,853 491,0 Exposition 356,127 433,431 422,13 443,9 Advocacy Alled Relations 1,749,444 1,931,6 Advocacy 1,488,700 1,589,753 1,749,444 1,931,6 Advocacy 3,832 3,0,08 37,188 300,00 Fed Government Relations 16,820 71,226 79,527 70,4 Insurance 0 11,618 26,206 12,49 Department Administration 590,356 563,433 617,822 639,51 Outrils and Committees 245,020 355,135 474,619 454,2 Governance 856,988 <td>Exam Study Materials</td> <td></td> <td>0</td> <td>-</td> <td>C</td>	Exam Study Materials		0	-	C
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Departmental Administration 630.427 603.466 988.811 1,199.9 Scientific Session 985,763 982,593 1,484,330 1,631,0 Scientific Session 985,763 982,593 1,484,330 1,631,0 Scientific Session 97,960 134,242 189,943 192,4 Education 228,901 441,807 488,853 491,0 Exposition 354,493 346,688 300,350 433,050 Departmental Administration 356,127 433,431 422,213 443,9 Advocacy 1,488,700 1,589,753 1,749,444 1,931,6 Advocacy 3,832 33,088 37,188 300,05 Fed Government Relations 157,399 129,496 192,800 223,4 State Government Relations 61,620 71,226 79,527 70,4 Insurance 0 11,618 26,206 24,9 Department Administration 590,356 563,433 617,820 639,5 Governance 245,020 <td></td> <td></td> <td></td> <td></td> <td>24,453</td>					24,453
953,763 962,593 1,464,330 1,631,0 Scientific Session General 451,219 233,565 257,085 371,1 Registration 97,960 134,242 189,943 192,4 189,943 192,4 Exposition 228,901 441,807 488,853 491,0 235,6127 433,431 423,213 443,9 1,488,700 1,589,753 1,749,444 1,931,6 Advocacy Alled Relations 3,832 33,088 37,188 300,05 128,902 223,444 1,931,6 Advocacy Alled Relations 1,589,753 1,749,444 1,931,6 14,929 71,226 79,527 70,4 Insurance 823 5,863 20,005 12,4 950,256 563,433 617,882 639,5 Dental Practice 0 11,618 26,002 355,135 474,619 454,2 Councils and Committees 245,020 355,135 474,619 454,2 Governance 856,988 948,999 1,157,989					262,866
Scientific Session Scienti	Departmental Administration				
Scientific Session- General 451,219 233,685 257,085 371,1 Registration 97,960 134,242 189,943 192,4 Education 228,901 441,807 488,853 491,0 Exposition 356,127 433,431 423,213 443,807 Departmental Administration 356,127 433,431 423,213 443,807 Advocacy 1,488,700 1,589,753 1,749,444 1,931,60 Advocacy 1,488,700 1,589,753 1,749,444 1,931,60 Advocacy 3,832 33,088 37,188 30,0 State Government Relations 61,620 71,226 79,527 70,4 Insurance 823 5,863 20,005 12,890 223,4 Dental Practice 0 11,618 26,206 424,9 Councils and Committees 245,020 355,135 474,619 454,2 Governance 856,988 948,999 1,157,989 1,149,0 Administrative Overhead 1			002,000	1,404,000	1,001,000
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Education 228,901 441,807 488,853 491,0 Exposition 354,493 346,688 390,350 433,0 Departmental Administration 356,127 433,431 423,213 443,9 Advocacy 1,488,700 1,589,753 1,749,444 1,931,6 Advocacy 3,832 33,088 37,188 30,0 Fed Government Relations 61,620 71,226 79,527 70,4 Insurance 823 5,683 20,005 12,8 245,020 325,125 474,619 454,2 Department Administration 590,356 563,483 617,882 639,5 814,029 814,775 973,688 1,001,4 Councils and Committees 245,020 355,135 474,619 454,2 Governance 853,507 818,029 823,883 893,2 Administrative Overhead 6016,785 183,338 159,471 208,6 Office of the Executive Director 633,507 818,029 823,883 893,2 Offic					371,193
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1,488,700 1,589,753 1,749,444 1,931,6 Advocacy 3,832 33,088 37,188 30,0 Fed Government Relations 157,399 129,496 192,890 223,4 State Government Relations 61,620 71,226 79,527 70,4 Insurance 823 5,883 20,005 12,8 Dental Practice 0 11,618 26,206 24,9 Department Administration 590,356 563,493 617,882 639,5 Councils and Committees 245,020 355,135 474,619 454,2 Governance 856,988 948,999 1,157,989 1,149,0 Administrative Overhead 633,507 818,029 823,883 893,2 Office of the Executive Director 633,507 818,029 823,883 893,2 Human Resources 1,426,019 1,534,413 1,659,494 1,624,1 Finance 1,426,019 1,534,413 1,659,494 1,624,1 Stot U. Lake Street 810,819 937,717 824,682 785,5 Marketing 137,616					433,000
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Alled Relations 3,832 33,088 37,188 30,0 Fed Government Relations 157,399 129,496 192,890 223,4 Insurance 823 5,863 20,005 12,8 Dental Practice 0 11,618 26,005 12,8 Department Administration 590,356 563,483 617,882 639,5 Councils and Committees 245,020 395,135 474,619 454,2 Councils and Committees 245,020 395,135 474,619 454,2 Sovernance 856,988 948,999 1,157,989 1,149,0 Administrative Overhead 0 11,818,029 823,883 893,2 Office of the Executive Director 633,507 818,029 823,883 893,2 Office Services 169,785 183,338 159,471 206,887 471,659 416,62 Finance 1,428,019 1,534,413 1,659,494 1,624,1 1,659,494 1,624,1 Information Technology 1,286,437 1,331,681 <t< td=""><td>Advocacy</td><td></td><td></td><td></td><td></td></t<>	Advocacy				
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Insurance 823 5,863 20,005 12,8 Dental Practice 0 11,618 26,206 24,9 Department Administration 590,356 563,483 617,882 639,5 Ouncils and Committees 245,020 355,135 474,619 454,2 Governance 2856,988 948,999 1,157,989 1,149,0 Administrative Overhead 0 633,507 818,029 823,883 893,2 Office of the Executive Director 633,507 818,029 823,883 893,2 Office Services 169,785 183,338 159,471 206,6 Human Resources 343,889 266,987 471,659 416,6 Finance 1,426,019 1,534,413 1,659,494 1,624,1 Information Technology 1,285,437 1,331,681 1,420,682 798,5 Marketing 437,671 401,479 416,805 485,78 Corporate Relations 167,877 216,479 363,088 55,275,0005 5,690,123 6,139,144	Fed Government Relations	157,399	129,496	192,890	223,472
Dental Practice 0 11,618 26,206 24,9 Department Administration 590,356 563,483 617,862 633,65 814,029 814,775 973,698 1,001,4 Councils and Committees 245,020 355,135 474,619 454,2 Governance 856,988 948,999 1,157,999 1,149,0 Administrative Overhead 0 633,507 818,029 823,883 893,2 Office of the Executive Director 633,507 818,029 823,883 893,2 Office Services 169,785 183,338 159,471 208,6 Human Resources 343,889 266,987 471,659 416,6 Finance 1,426,019 1,534,413 1,652,494 1,624,15 Information Technology 1,285,437 1,331,681 1,420,02 1,449,6 560 W. Lake Street 810,819 937,717 824,682 795,5 Marketing 457,671 401,479 416,805 459,8 5,275,0005 5,690,123 </td <td></td> <td></td> <td></td> <td></td> <td>70,490</td>					70,490
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earning wanagement system Project 131.385 19.410 0		101.000	10 112	0	
Nternative Membership Model Project 49,994 0 0					C
ivents Platform Project 0 49,325 0					0
OTAL CAA FUNDED PROJECTS \$181,379 \$68,735 0		\$181,379			C



- 1 2 3
- 4 Region 1 Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont
- 5 Delegates
- 6 James B. Marshall, DMD, MAGD, Woodbury, CT
- 7 Varsha Salani, DMD, FAGD, North Haven, CT
- 8 Theodore W. Zdeblick, DDS, MAGD, Southington, CT
- 9 Courtney L. Brady, DMD, Westborough, MA
- 10 Leticia T. Klos, DMD, Framingham, MA
- 11 Divya Mudumba, DMD, West Springfield, MA
- 12 Sarita B. Patel, DDS, FAGD, Northampton, MA
- 13 Tracey S. Glinko, DDS, MAGD, Fairfield, ME
- 14 Jean-Paul Rabbath, DMD, MAGD, Tilton, NH
- 15 Sarah Eager, DDS, MAGD, Riverside, RI
- 16 Richard A. Dickinson, DMD, FAGD, Saint Albans, VT
- 17 *Alternates*
- 18 Hsung Lin, DMD, MAGD, Tolland, CT
- 19 Matthew J. Prezioso, DMD, Plantsville, CT
- 20 James S. Tagliarini, DMD, MAGD, Danbury, CT
- 21 Ofelia V. Villanueva, DMD, Quincy, MA
- 22 Rodney G. Sigua, DDS, MAGD, Concord, NH
- 23 Bernhard Bringewald, DMD, MAGD, Warwick, RI
- 24 Michael D. Holbert, DMD, Castleton, VT
- 25

26 Region 2 - New York

- 27 Delegates
- 28 Karthilde Appolon, DDS, Floral Park, NY
- 29 Lawrence Bailey, DDS, MAGD, New York, NY
- 30 Brian R. Ciporin, DDS, FAGD, Howard Beach, NY
- 31 Joseph DiDonato, DDS, MBA, FAGD, Rochester, NY
- 32 Lorna G. Flamer-Caldera, DDS, FAGD, New York, NY
- 33 James R. Keenan, DDS, MAGD, Brooklyn, NY
- 34 Janice K. Pliszczak, DDS, MAGD, Syracuse, NY
- 35 Shahram Shekib, DDS, FAGD, Brooklyn, NY
- 36 Teresa Skalyo, DDS, FAGD, Geneva, NY
- 37 Berry Stahl, DMD, Bronx, NY
- 38 Analia Veitz-Keenan, DDS, FAGD, Brooklyn, NY
- 39 Alternates
- 40 Abe Dyzenhaus, DDS, FAGD, Floral Park, NY
- 41 Seung-Hee Rhee, DDS, MAGD, New York, NY
- 42

1 Region 3 - Pennsylvania

- 2 **Delegates**
- 3 Janine N. Burkhardt, DMD, MAGD, Philadelphia, PA
- 4 Kyle P. Dumpert, DMD, MAGD, Bedford, PA
- 5 Dejan Golalic, DDS, MAGD, Mechanicsburg, PA
- 6 Raymond J. Johnson, DMD, MAGD, Warren, PA
- 7 Kayla C. Klingensmith, DMD, FAGD, Lancaster, PA
- 8 Amanda S. Sonntag, DDS, MAGD, Wyomissing, PA
- 9 Dave A. Sullivan, DMD, MAGD, Pittsburgh, PA
- 10 Cuong B. Tran, DMD, MAGD, Allentown, PA
- 11

12 **Region 4 - New Jersey**

- 13 Boris Alvarez, DDS, FAGD, Bloomfield, NJ
- 14 Elizabeth A. Clemente, DDS, MAGD, Morristown, NJ
- 15 Alan A. Frenkel, DMD, Ringwood, NJ
- 16 Shari L. Hyder, DMD, MAGD, Oaklyn, NJ
- 17 Narpat S. Jain, DMD, MAGD, Tenafly, NJ
- 18 Kosmas Kasimatis, DMD, Skillman, NJ
- 19 Muna N. Khan, DDS, Princeton, NJ
- 20 Arlene O'Brien, DMD, FAGD, Princeton, NJ
- 21 George J. Schmidt, DMD, FAGD, Cedar Knolls, NJ
- 22
- 23 Region 5 Delaware, District of Columbia, Maryland, Virginia
- 24 Delegates
- 25 Sheila M. Samaddar, DDS, Washington, DC
- 26 Thomas J. Lanzilotti, DMD, Newark, DE
- 27 Steven G. Feldman, DDS, Rockville, MD
- 28 Amir Karimi, DDS, Rockville, MD
- 29 Lawrence Katkow, DDS, MAGD, Columbia, MD
- 30 Gigi Meinecke, DMD, FAGD, Rockville, MD
- 31 John G. Mohler, DDS, MAGD, Catonsville, MD
- 32 Bruce E. Yuille, DDS, MAGD, Catonsville, MD
- 33 Tamer M. Abdelwahab, DDS, FAGD, Manassas, VA
- 34 Jenni C. Bobbio, DDS, FAGD, Aldie, VA
- 35 Greggory Bowles, DDS, MAGD, Virginia Beach, VA
- 36 Christine D. Howell, DDS, FAGD, Suffolk, VA
- 37 Ralph L. Howell, Jr., DDS, MAGD, Suffolk, VA
- 38 Jeremy C. Jordan, DDS, Charlottesville, VA
- 39 Zeyad M. Mady, DDS, MAGD, Alexandria, VA
- 40 Sarah Wilson, DDS, Roanoke, VA
- 41 Alternates
- 42 John W. Drumm, DMD, Rockville, MD
- 43 Laura A. Dougherty, DDS, Wilmington, DE
- 44 Eric L. Morse, DDS, Baltimore, MD
- 45 Brenda Shah, DDS, Baltimore, MD
- 46 Robert J. Wilson, Jr., DDS, Gaithersburg, MD

- 1 Charles A. Young, DDS, FAGD, Towson, MD
- 23 Region 6 Kentucky, Missouri, Tennessee, West Virginia
- 4 **Delegates**
- 5 Brooke E. Shelton, DMD, Radcliff, KY
- 6 Richard J. Alvarez, DDS, FAGD, Republic, MO
- 7 David J. Dear, DDS, MAGD, Versailles, MO
- 8 Sarah L. Spring, DDS, FAGD, Olivette, MO
- 9 Jennifer J. Cornell, DDS, FAGD, Clarksville, TN
- 10 Keith D. Gilmore, DDS, MAGD, Dickson, TN
- 11 Gary R. Woodall, DDS, MAGD, Knoxville, TN
- 12 Carson W. Henley, DDS, FAGD, Charleston, WV
- 13 Alternates
- 14 Jeremy Poynter, DDS, FAGD, Maryville, MO
- 15 Connie L. White, DDS, FAGD, Leawood, MO
- 16 Anthony S. Carroccia, DDS, MAGD, ABGD, Clarksville, TN
- 17

18 **Region 7 - Indiana, Ohio**

- 19 **Delegates**
- 20 Charles W. Bartholomew, DDS, FAGD, Kokomo, IN
- 21 James M. Lindsey, DDS, FAGD, Kokomo, IN
- 22 Thomas J. Steckbeck, DDS, FAGD, Indianapolis, IN
- 23 Harold S. Jeter, DDS, FAGD, South Point, OH
- 24 Joseph G. Landry, II, DDS, MAGD, Seville, OH
- 25 Tyler L. Scott, DDS, FAGD, Loudonville, OH
- 26 James W. Zimmerman, III, DDS, Toledo, OH
- 27 Rylan E. Dunn, Dublin, OH (Student Delegate)
- 28

29 **Region 8 - Illinois**

- 30 **Delegates**
- 31 Spencer R. Bloom, DDS, Chicago, IL
- 32 Susan Bordenave Bishop, DMD, MAGD, Peoria, IL
- 33 Bethel R. Buerk, DDS, Troy, IL
- 34 Jessica L. Gibbs, DDS, MAGD, Antioch, IL
- 35 William M. Lawley, DDS, MAGD, Downers Grove, IL
- 36 Brenden D. Moon, DMD, MAGD, Quincy, IL
- 37 Shruti A. Pore, DMD, Gurnee, IL
- 38 Mahtab Sadrameli, DMD, MAGD, Chicago, IL
- 39 Ryan R. Vahdani, DDS, MAGD, Lombard, IL
- 40 Larry N. Williams, Jr., DDS, MPH, MAGD, ABGD, Skokie, IL
- 41 Alternates
- 42 Joseph Y. Akhikar, DMD, FAGD, Glenview, IL
- 43 Theresa B. Lao, DDS, FAGD, Downers Grove, IL
- 44 Deepa Y. Williams, BDS, Freeport, IL
- 45
- 46 **<u>Region 9 Michigan, Wisconsin</u>**
- 47 Delegates

- 1 Gary M. Bonior, DDS, FAGD, Warren, MI
- 2 Lisa S. Bowerman, DDS, FAGD, Ann Arbor, MI
- 3 Jessica J. Brisbois, DDS, Farmington, MI
- 4 Colleen B. DeLacy, DDS, MAGD, Lexington, MI
- 5 Nahid A. Kashani, DDS, Northville, MI
- 6 Hayley Rae Popp, DDS, Traverse City, MI
- 7 Samer G. Shamoon, DDS, MAGD, Berkley, MI
- 8 Edwin T. Batchelor, DDS, FAGD, Monona, WI
- 9 John A. Olsen, DDS, MAGD, Franklin, WI
- 10 Mackenzie A. Schneider, DMD, Burlington, WI
- 11 Alternates
- 12 Fares M. Elias, DDS, FAGD, Bloomfield Hills, MI
- 13 Louis C. Boryc, DDS, FAGD, Muskego, WI
- 14

15 Region 10 - Iowa, Minnesota, Nebraska, North Dakota, South Dakota

- 16 Delegates
- 17 Jeffrey D. Joiner, DDS, FAGD, Orange City, IA
- 18 Joslyn A. Slater, DDS, FAGD, Anamosa, IA
- 19 Daniel T. Johnson, Jr., DDS, FAGD, Saint Paul, MN
- 20 Rachel J. Malterud, DMD, FAGD, Saint Paul, MN
- 21 Brian B. Penly, DDS, Ralston, NE
- 22 Colleen J. Hofer, DDS, MAGD, Velva, ND
- 23 Mark R. Bain, DDS, Aberdeen, SD
- 24 Alternate
- 25 Thomas St. Germain, DDS, FAGD, Omaha, NE
- 26

27 Region 11 - Alaska, Idaho, Montana, Oregon, Washington

- 28 Delegates
- 29 Matthew J. West, DMD, FAGD, Juneau, AK
- 30 Ryan D. Smith, DMD, Rexburg, ID
- 31 Leslie A. Hayes, DDS, MAGD, Belgrade, MT
- 32 Hannah R. Glazunov, DMD, Albany, OR
- 33 Srilakshmi Katta, DDS, Portland, OR
- 34 Landis Kwong, DMD, Happy Valley, OR
- 35 Julie A. Spaniel, DDS, Tigard, OR
- 36 Herbert C. Edwards, DDS, MAGD, Walla Walla, WA
- 37 Teresa K. Kang, DDS, Kirkland, WA
- 38 Prasith Kim-Aun, DMD, University Place, WA
- 39 Dzon M. Nguyen, DDS, MAGD, Seattle, WA
- 40 Carl W. Youngquist, DDS, MAGD, Puyallup, WA
- 41 Alternates
- 42 Ghazal A. Ringler, DMD, Anchorage, AK
- 43 Schuyler B. Sessions, DDS, FAGD, Rexburg, ID
- 44 Annette D. Dusseau, DDS, MAGD, ABGD, Missoula, MT
- 45 Kimberly R. Wright, DMD, MAGD, West Linn, OR
- 46 Theron A. Manson, DDS, FAGD, Kirkland, WA

- 1 Melissa Ramsey, DDS, MAGD, Walla Walla, WA
- 2
- 3 Region 12 Arkansas, Kansas, Louisiana, Mississippi, Oklahoma
- 4 **Delegates**
- 5 Sarah Hardin, DDS, FAGD, Little Rock, AR
- 6 John Pardo, DDS, Fayetteville, AR
- 7 Mark H. Armfield, DDS, Augusta, KS
- 8 Richard L. Owens, DDS, MAGD, Destrehan, LA
- 9 Kristopher P. Rappold, DDS, MAGD, New Orleans, LA
- 10 Mary Catherine Reynolds, DMD, Ridgeland, MS
- 11 Cheryl L. Church, DDS, Newalla, OK
- 12 Alternates
- 13 K. David Stillwell, DDS, MAGD, Batesville, AR
- 14 Craig M. Alexander, DDS, FAGD, Olathe, KS
- 15 Reid M. Owens, DDS, Lafayette, LA
- 16

17 Region 13 - California

- 18 **Delegates**
- 19 Myron J. Bromberg, DDS, Reseda, CA
- 20 Benjamin J. Chew, DDS, MAGD, Fremont, CA
- 21 Darrell S. Chun, DDS, MAGD, Elk Grove, CA
- 22 Stephen P. Eskeland, DDS, MAGD, La Jolla, CA
- 23 Evan Farr, DDS, MAGD, North Hollywood, CA
- 24 Kirk M. Hobock, DDS, MAGD, Laguna Miguel, CA
- 25 Hemant N. Joshi, DDS, MAGD, Pomona, CA
- 26 Madhavi H. Joshi, DDS, MAGD, Pomona, CA
- 27 Chi C. Leung, DDS, Glendale, CA
- 28 Michael W. Lew, DMD, MAGD, Novato, CA
- 29 Diana L. Quilici, DDS, FAGD, McClellan, CA
- 30 Ricardo A. Suarez, DDS, MAGD, Whittier, CA
- 31 James H. Thompson, DMD, FAGD, San Diego, CA
- 32 John N. Vartanian, DDS, Newport Beach, CA
- 33 Alternate
- 34 Howard H. Chi, DMD, MAGD, Stockton, CA
- 35 William Kushner, DDS, FAGD, Danville, CA
- 36

37 Region 14 - Arizona, Colorado, Hawaii, Nevada, New Mexico, Utah, Wyoming

- 38 **Delegates**
- 39 Emily E. Bujnoski, DMD, Chandler, AZ
- 40 Mai-Ly Duong, DMD, MAGD, Mesa, AZ
- 41 Stephen J. Glaze, DMD, Phoenix, AZ
- 42 Todd A. Brownlee, DDS, FAGD, Denver, CO
- 43 Dennis L. Burgner, DDS, MAGD, Parker, CO
- 44 Kyle Pelkey, DMD, FAGD, ABGD, Colorado Springs, CO
- 45 Camden J. G. Tokunaga, DDS, Waipahu, HI
- 46 Henry Truong, DDS, Bernalillo, NM

- 1 Deaudre L. LeCato, DMD, Reno, NV
- 2 David S. Peterson, DDS, MAGD, Orem, UT
- 3 Britton Marsh, DDS, FAGD, Torrington, WY
- 4 Brooklyn Janes, Sandy, UT (*Student Delegate*)
- 5

6 Region 15/16 - Alberta, Atlantic Provinces, British Columbia, Ontario, Quebec

- 7 **Delegates**
- 8 Alberta Delegate TBD
- 9 British Columbia Delegate TBD
- 10 Lary F. Trites, DDS, Sackville, NB
- 11 Neil J. Gajjar, DDS, MAGD, Mississauga, ON
- 12 C. P. Giri, DDS, Richmond Hill, ON
- 13 Kirandip K. Johal, DDS, Brampton, ON
- 14 Kulwant S. Turna, DDS, Brampton, ON
- 15 Leonardo M. Nassani, DMD, Laval, QC
- 16 *Alternate*
- 17 Bashar Shagoury, DDS, MAGD, Mont-Royal, QC
- 18 Faraj Hanna A., DMD, Montreal, QC
- 19

20 Region 17 - Air Force, Army, Navy, Public Health, Veterans Administration

- 21 *Delegates*
- 22 Doug N. Grabowski, DMD, Charleston, SC (Air Force)
- 23 Rachael L. Parrish, DDS, Sumter, SC (Air Force)
- 24 Gamal A. Baker, DDS, Fayetteville, NC (Army)
- 25 Amir Mahmood, DDS, Ottawa, ON (Army)
- 26 Rohtaz K. Sandhu, DDS, FAGD, Fort Campbell, TN (Army)
- 27 Kathleen B. Chiodo, DDS, FAGD, Indianapolis, IN (Navy)
- 28 Jaren T. May, DDS, FAGD, Swansboro, NC (Navy)
- 29 Ryan E. Gard, DDS, FAGD, Port Orchard, WA (Public Health)
- 30 Thomas E. Dundon, DMD, FAGD, ABGD, Cleveland, OH (Veterans Administration)
- 31 Alternates
- 32 Michael A. Hoffman, DDS, FAGD, ABGD, Southern Pines, NC (Army)
- 33 Reed A. Houck, DMD, Southern Pines, NC (Army)
- 34 Nicholas D. Wilson, DDS, FAGD, Wahiawa, HI (Army)
- 35 Carmen Boren, DDS, Hampstead, NC (Navy)
- 36 Scott Eckhart, DDS, FAGD, Groton, CT (Public Health)
- 37
- 38 **Region 18 Texas**
- 39 **Delegates**
- 40 Stephen Boyles, DDS, MAGD, Midland, TX
- 41 Ben A. Bratcher, DDS, MAGD, Canton, TX
- 42 Ralph A. Cooley, DDS, FAGD, Houston, TX
- 43 Jon M. Dossett, DMD, MAGD, ABGD, San Antonio, TX
- 44 Brooke Elmore, DDS, MAGD, Waxahachie, TX
- 45 Jeffrey B. Geno, DDS, MAGD, League City, TX
- 46 Alex Gonzalez, DDS, MAGD, El Paso, TX

- 1 Macie L. Long, DDS, Pearland, TX
- 2 Eric D. Miller, DDS, MAGD, Houston, TX
- 3 Bryan T. Moore, DDS, Fairview, TX
- 4 Partha Mukherji, DDS, FAGD, Fort Worth, TX
- 5 Susan Putthoff, DDS, FAGD, Kerrville, TX
- 6 Wayne C. Radwanski, DDS, FAGD, Austin, TX
- 7 Shane A. Ricci, DDS, FAGD, Prosper, TX
- 8 Mack Snead, DDS, MAGD, Fort Worth, TX
- 9 Charles Town, DDS, MAGD, Woodway, TX
- 10 Ben F. Warner, DDS, MAGD, Houston, TX
- 11 Lindsey Wendt, DDS, MAGD, Houston, TX
- 12 Alternate
- 13 Melissa L. Brown, DDS, FAGD, Houston, TX
- 14 Hanna E. Lindskog, DDS, FAGD, Tiki Island, TX
- 15

16 Region 19 - Alabama, Georgia, North Carolina, South Carolina

- 17 Delegates
- 18 Derrick D. Mendez, DMD, Alabaster, AL
- 19 R. Michael Robinson, DMD, MAGD, McIntosh, AL
- 20 Christopher R. Comer, DMD, FAGD, Savannah, GA
- 21 Susan G. Estep, DMD, FAGD, Atlanta, GA
- 22 Kenneth A. Gilbert, DDS, MAGD, Decatur, GA
- 23 Barry D. Hammond, DMD, Augusta, GA
- 24 Rebecca Hobbs, DMD, MAGD, Augusta, GA
- 25 Jay Kansal, DMD, FAGD, Marietta, GA
- 26 Jennifer S. Bell, DDS, FAGD, Holly Springs, NC
- 27 Lisa Gushin, DDS, Fayetteville, NC
- 28 Nicole LeCann, DDS, Raleigh, NC
- 29 Sarah E. Myers, DDS, Knightdale, NC
- 30 Alex P. Pence, DDS, FAGD, Candler, NC
- 31 Lynette Pierce, DDS, Wilmington, NC
- 32 Callan D. White, DDS, FAGD, Asheville, NC
- 33 Bethany Herbert, DMD, Mount Pleasant, SC
- 34 Amanda E. Komisarow, DMD, Mount Pleasant, SC
- 35 Lina A. Miraziz, DDS, FAGD, Cowpens, SC
- 36 Alternates
- 37 R. Harrell Bullard, DMD, MAGD, Montgomery, AL
- 38 M. Wendy Holder, DMD, MAGD, Alexander City, AL
- 39 Carol A. Wooden, DDS, MAGD, Smyrna, GA
- 40 Tracy D. Johnson, DDS, Fayetteville, NC
- 41 Ralph K. Mensah, DDS, Durham, NC
- 42 John C. Comisi, DDS, MAGD, Mount Pleasant, SC
- 43 Christopher T. Griffin, DMD, FAGD, Greenwood, SC
- 44 Ronald S. Wilson, DMD, FAGD, Greenville, SC
- 45 Alex Boulay, Alabama, AL (*Student Alternate Delegate*)
- 46 Nicole Nguyen, Birmingham, AL (*Student Alternate Delegate*)

1 Region 20 - Florida, Puerto Rico

- 2 **Delegates**
- 3 Gerald J. Botko, DMD, MAGD, Boca Raton, FL
- 4 John V. Gammichia, DMD, FAGD, Apopka, FL
- 5 Amr Hassan, DMD, FAGD, Tampa, FL
- 6 Steven Hochfelder, DMD, FAGD, Lake Mary, FL
- 7 Richard A. Huot, DDS, FAGD, Vero Beach, FL
- 8 Douglas L. Massingill, DDS, MAGD, ABGD, Sanford, FL
- 9 Stephanie E. Mazariegos, DMD, FAGD, Tampa, FL
- 10 Nibaldo P. Morales, DMD, Miami, FL
- 11 Herminia D. Rodriguez, DMD, MAGD, Sanford, FL
- 12 Matthew E. Scarpitti, DDS, Winter Park, FL
- 13 Bipin J. Sheth, DDS, MAGD, Margate, FL
- 14 Millie K. Tannen, DDS, MAGD, Jacksonville, FL
- 15 Aldo Miranda-Collazo, DMD, San Juan, PR
- 16 Jose A. Davila Collazo, DDS, FAGD, Bayamon, PR
- 17

1	Secretary's Report to the 2023 House of Delegates Addendum
2	
3	The report includes actions of the Board from Board Zoom 9-18-23.
4	
5	Board Zoom 9-18-23
6 7	Dr. Peskin moved:
8 9	"Resolved, that the AIR22-23BMIII#17 – Amend AGD Bylaws Officer Eligibility be added to the agenda as new business."
9 10	to the agenda as new business.
	NOT ADOPTED
11 12	NOTADOFIED
12	Y – Battaglia, Belsito, Burn, Levine, Reed, Russo, Shaver, Worob
13	1 – Danagna, Deisno, Darn, Levine, Reea, Rasso, Shaver, Worob
15	N – Charnesky, Eaton, Gordon, Guilbeau, Kaner, Kozelka, Laidley, Ohmer
16	
17	a – Anderson, Chetty, Dyzenhaus
18	
19	A – Martin, Picone, Sinha, Wong
20	
21	N/A – Guter
22	
23	Dr. Dyzenhaus moved:
23	"Resolved, that the consent agenda be approved."
25	Resolved, that the consent agenda be approved.
26	1. Board Approvals
27	i. AIRBZ091823#01 – Amend HOD Fellowship, Mastership and Lifelong Learning and
28	Service Recognition Guidelines
29	ii. Board Zoom 6-27-23 Minutes
30	
31	2. Recommendation for submission to the HOD
32	i. AGD Foundation Annual Report
33	ii. Awards Committee Annual Report
34	iii. Dental Education Council Annual Report
35	iv. Executive Director's Report for the Annual Meeting
36	v. Secretary's Annual Report
37	vi. Secretary's Annual Report of Actions Updated
38	vii. Scientific Meeting Council Annual Report Updated

viii. Treasurer's Report to the Membership

ADOPTED

. –	
43	Y – Anderson, Battaglia, Belsito, Burn, Charnesky, Chetty, Dyzenhaus, Eaton, Gordon,
44	Guilbeau, Kaner, Kozelka, Laidley, Levine, Ohmer, Reed, Russo, Shaver, Worob
45	

A – Martin, Picone, Sinha, Wong

N/A - Guter

"Resolved, that AIRBZ091823#01 - Amend HOD Fellowship, Mastership and Lifelong Learning and Service Recognition Guidelines be approved." "Resolved, that the Fellowship Award Guidelines in the current HOD Policy Manual be amended to read: Fellowship Award Guidelines ... 4. Self-Instruction Programs Up to 150 hours of credit may be applied to the award for completion of FAGD/MAGDapproved audio, audio/visual, written, and other self-instructional programs, provided the program provider verifies satisfactory completion. In addition to the 150 hours selfinstructional credit, 15 hours of credit may be awarded one time only to members completing the post-test from the FAGD Exam Study Guide. Effective January 1, 2024, only 12 hours of self-instruction credit earned on a single day can be applied to the Fellowship Award requirements. And be it further, Resolved, that the Mastership Award Guidelines in the current HOD Policy Manual be amended to read: 4. Self-Instruction Programs Up to 150 hours of credit may be applied to the award for completion of FAGD/MAGDapproved audio, audio/visual, written, and other self-instructional programs, provided the program provider verifies satisfactory completion. In addition to the 150 hours selfinstructional credit, 15 hours of credit may be awarded one time only to members completing the post-test from the FAGD Exam Study Guide. Effective January 1, 2024, only 12 hours of self-instruction credit earned on a single day can be applied to the Mastership Award requirements. And be it further, Resolved, that the Lifelong Learning & Service Recognition Guidelines in the current HOD Policy Manual be amended to read: 2. Self-Instruction Programs Credit may be earned for completion of audio, audio/visual, written and other selfinstruction programs, provided the FAGD/MAGD-approved sponsor verifies satisfactory 45

1	completion. A maximum of 150 hours of credit may be applied to the LLSR for self-
2	instruction courses.
3	
4	Effective January 1, 2024, only 12 hours of self-instruction credit earned on a single day
5	can be applied to the Lifelong Learning and Service Recognition requirements."
6 7	
8	Dr. Belsito moved:
9	"Resolved, that the Audit Committee Annual Report be approved."
10	
11	ADOPTED
12	
13	Y – Anderson, Battaglia, Belsito, Burn, Charnesky, Chetty, Dyzenhaus, Eaton, Gordon,
14	Guilbeau, Kaner, Kozelka, Laidley, Levine, Ohmer, Reed, Russo, Shaver, Sinha, Worob
15	
16	A – Martin, Picone, Wong
17	
18	N/A – Guter
19	
20	Dr. Gordon moved:
21	"Resolved, that AIRBZ091823#02 – Approval of PRC Recommended Positions on 2023
22	ADA Resolutions be approved as amended."
23	
24	"Resolved, that the recommended positions of the Professional Relations Committee (PRC)
25	on the ADA HOD resolutions as detailed in their report, PRC Recommendations on 2023
26	ADA HOD Resolutions, be approved. And be it further,
27	
28	Resolved, that the PRC, in consultation with the AGD Presidents, be authorized to take
29	positions on amendments and new resolutions at the 2023 ADA HOD."
30	
31	ADOPTED
32	
33	Y – Anderson, Belsito, Burn, Charnesky, Chetty, Dyzenhaus, Eaton, Gordon, Guilbeau, Kaner,
34	Kozelka, Laidley, Levine, Ohmer, Reed, Russo, Shaver, Sinha, Worob
35	Rozena, Laurey, Levine, Onner, Reca, Rasso, Shaver, Shina, Horob
36	a – Battaglia
30 37	u Dunugnu
38	A – Martin, Picone, Wong
38 39	A – Martin, I wone, wong
40	N/A – Guter
41	
42	During the executive session the following action was taken:
43	During the executive session the ronowing action was taken.
44	"Resolved, that AIRBZ091823#03 – Approve 2023-2024 Council and Committee
45	Appointments be approved."
ъJ	Appointments of approved.

1		
2	"R	esolved, that the 2023-2024 council and committee appointments be approved.
3		
4	Pr	ogram Approval for Continuing Education (PACE) Council
5	1.	Dr. Ronald Giordan, REGION 14, (11/12/23–11/01/26), 2nd term, Chair
6	2.	Dr. Judy Fan-Hsu, REGION 08, (11/22/21–11/24/24), 1st term
7	3.	Dr. Glenn Miller, REGION 19, (11/22/21–11/24/24), 1st term
8	4.	Dr. Diana Quilici, REGION 17, (11/22/21–11/24/24), 2nd term
9	5.	Dr. Mina Levi, REGION 13, (11/13/22–11/1/25), 1st term
10	6.	Dr. Jane Martone, REGION 01, (11/13/22–11/1/25), 2nd term
11	7.	Dr. Chi Leung, REGION 13, (11/13/22–11/1/25), 2nd term
12	8.	Dr. Divya Mudumba, REGION 01, (11/13/22–11/1/25), 2nd term
13	9.	Dr. Mahmoud Al-Dajani, REGION 17, (8/19/23–11/1/25), 1st term (Completing Dr.
14		Carson Henley's term 11/13/22–11/1/25)
15	10.	Dr. William Kushner, REGION 13, (11/12/23–11/01/26), 2nd term
16	11.	Dr. Robert Freitas, REGION 13, (11/12/23–11/01/26), 2nd term
17	12.	Dr. Ronald Sawyer, REGION 01, (11/12/23–11/01/26), 2nd term
18	13.	Dr. Boris Alvarez, REGION 04, (11/12/23–11/01/26), 2nd term
19	14.	Dr. Jian Huang, REGION 06, (11/12/23–11/01/26), 1st term
20	15.	Dr. Ashley Lamay, REGION 05, (11/12/23–11/01/26), 1st term
21	16.	Dr. Kenneth Gilbert, REGION 19, (11/12/23–11/01/26), 3rd term
22	17.	Dr. Manish Juneja, REGION 01, (11/12/23-11/01/26), 1st term
23	18.	Dr. Hitesh Vij, REGION 01, (8/19/23–11/01/25), 1st term (Completing Dr. Eric Cole's
24		term 11/13/22–11/01/25)
25		Dr. Janice K. Pliszczak, REGION 02, (11/12/23–11/24/24), 1st term, Consultant
26		Dr. Paul Hoeft, REGION 14, (11/12/23–11/24/24), 1st term, Consultant
27	3.	Dr. Navin Boggavarapu, REGION 04, (11/12/23–11/24/24), 1st term, Consultant
28		
29		w Dentist, Resident and Student Committee
30	1.	Dr. Rachel Malterud, REGION 10, (11/12/23–11/01/25), 2nd term, [grad date: 5/15/2020]
31	•	<u>2 year term, Chair</u>
32	2.	Dr. Clayton Sorrells, REGION 12, (TBD-11/24/24), 1st term, (Completing Dr. Bernhard
33		Bringewald's term 1/5/23–11/24/24) (No Restriction Member) [grad date: 2023] 2 year
34		
35	3.	Ms. Nicole Nguyen, REGION 19, (1/5/23–5/1/24), 1st term, Student Member
36		(Completing Dr. Soyna Kapoor's term (11/22/2021–11/12/23) [grad date: 2024] 1 year
37	4	term $P_{1} = V_{1} = P_{1} =$
38	4.	Dr. Kenny Hiep Tran, REGION 17, (11/12/23–11/24/24), 1st term, Resident [grad date:
39 40	E	2015] 1 year term Dr. Emily Buingski, DECION 14 (11/12/23, 11/01/253/6/23, 11/12/23), 2nd term (1, 5
40	5.	Dr. Emily Bujnoski, REGION 14 (11/12/23–11/01/25 3/6/23-11/12/23), 2nd term (1-5
41	6	years practice), [grad date: 2020], 2 year term
42	0.	Dr. Sam Asthana, REGION 18, (11/12/23–11/01/25), 1st term, (1-5 years practice) [grad data: 2020] 2 years term
43	7	date: 2020] 2 year term Dr = $\frac{PECION}{(11/12/23, 11/24/24)}$ 1st term (3.8 years prostice)
44 45	1.	Dr. , REGION , (11/12/23–11/24/24), 1st term, (3-8 years practice)
45		[grad date: TBD] 2 year term

1	Dr. Tanya Maestas, REGION 18, (2/1/23–11/1/25), New Dentist, Resident and Student
2	Liaison from Membership Council, Consultant

5

6

Scientific Meeting Council

- 1. Dr. George Schmidt, REGION 04, (6/21/22-11/24/24), 1st term, Chair (Completing Dr. Timothy Verceles' term 11/22/21-11/24/24)
- 7 2. Dr. Tyler Scott, REGION 07, (11/13/22-11/1/25),1st term
- 8 3. Dr. Toni Neumeier, (11/13/22-11/1/25), REGION 19, 2nd term
- 9 4. Dr. Jeremy Suess, Region 11, (11/12/23-11/1/26), 2nd term
- 10 **5.** Dr. Joseph Wineman, REGION 14, (11/12/23-11/1/26), TBD term
- 11 6. Dr. Bernhard Bringewald, REGION 01, (11/12/23-11/1/26), 1st term
- 12 **7.** Dr. Daniel Johnson Jr., REGION 10, (6/21/22-11/24/24), 1st term, 2024 LAC Chair
- 13 8. Dr. Connie Tse-Wallerstein, REGION 15-16, (4/25/2023-11/01/2025), 1st term, 2025
- 14LAC Chair
- 15 9. <u>Dr.</u>, <u>Region</u>, (<u>11/12/23-11/1/26</u>), <u>TBD term</u>, 2026 LAC Chair"

16 17

"Resolved, that the executive session minutes from 22-23 Board Meeting III be approved."

18 19