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Spring is in the air! The season always brings mood improvement with winter fading and promise of new growth and opportunity. One of the opportunities and leading initiatives for the American Academy of Pediatric Dentistry (AAPD) is the area of safety. In addition to protecting ourselves and staff, we must strive to protect our most valuable assets – our patients.

The AAPD is working hard on many fronts to improve safety in our practices and profession. Our clinical recommendations provide the best practices for care for our patients. The Academy and Council of Clinical Affairs constantly review the recommendations to ensure we are putting our best feet forward. The AAPD also offers great continuing education for our membership in multiple easy to access locations. Continuing education is also available on the Education Passport platform. Please take advantage of these programs to keep your team performing at the highest level possible.

The AAPD needs to own the issue of safety in a pediatric dental setting. In order to formalize our efforts, the AAPD board of trustees created a Safety Committee within the Policy Center. Similar to efforts in medicine, the Safety Committee is reviewing health care best practices and devising methods to integrate them into our culture, practices and ethos. Sedation is obviously a high priority for the AAPD. To support that, the board of trustees recently viewed presentations from agencies regarding services to provide an independent third-party audit of practices offering sedation and anesthesia as part of their practice. Although early in the evaluation process, this may offer our members who are interested an avenue to bring their practices to the next level.

The second major effort involves our Sedation Task Force chaired by Dr. John Liu. In medicine, the Pediatric Sedation Research Consortium was formed to identify best practices for pediatric anesthesia, relying on data from anesthesiologists on cases performed in the United States. The workgroup collected information on patients treated, anesthesia employed and what adverse effects were encountered. Like this effort, our task force is currently developing a similar sedation database on oral sedation regimens used by our membership. The goal would be to identify best sedation practices with minimal opportunities for adverse effects. Currently the database is in a pilot phase with six academic institutions.

Safety in our practices has other applications. One of the most challenging parts of our profession is crafting a treatment plan that meets the need of the child and honors the parent’s wishes for safe and effective treatment. We must discuss all the treatment options and settings that are appropriate including non-treatment and the risks and benefits of the options presented. Fortunately, there are more options in our tool belt to help manage the decay process in younger patients until they are hopefully more cooperative to receive care in a clinic setting or using extraordinary measures. Risk cannot be totally eliminated, but can be minimized through thorough assessment and planning. We have a tough challenge on our plate evaluating each child as an individual to guide them to optimal oral health in the safest manner possible.

The AAPD is striving hard to support all of our members in the clinical and academic settings. Please feel free to contact me if you have questions or comments. I can be reached at james.nickman@comcast.net. Take a moment and enjoy the season change and the promise of renewal.
Pediatric Dentistry at the 2017 ADA Annual Meeting

During the ADA’s 2017 Annual Session in Atlanta, Ga., this past October, the AAPD hosted a reception for members serving as delegates in the ADA House, pediatric dentistry speakers, and representatives from other dental partner organizations. The AAPD Executive Committee met with the Dental Specialties Group, which consists of the nine ADA-recognized dental specialties. As is done every year, we reviewed resolutions of interest to pediatric dentistry being considered by the ADA House of Delegates.

Resolution 30
PROPOSED NATIONAL COMMISSION ON RECOGNITION OF DENTAL SPECIALTIES AND CERTIFYING BOARDS

The AAPD supported this resolution, which was approved by the House of Delegates. The AAPD will have a seat on this new commission. This is an important development to provide greater objectivity in assessing new dental specialty applications and to avoid legal risks inherent with having the House of Delegates as the final decision-maker.

Resolution 33
PEER-TO-PEER STATE DENTAL MEDICAID AUDITS

Submitted by Council on Advocacy for Access and Prevention

33. Resolved, that the American Dental Association encourages all state dental associations to work with their respective state Medicaid agency to ensure that Medicaid dental audits be conducted by dentists who have similar educational backgrounds and credentials as the dentists being audited, as well as being licensed within the state in which the audit is being conducted.

The AAPD supported this resolution, which was approved by the House of Delegates.

AAPD Members Speakers

The following AAPD members made CE presentations during the ADA Annual Session:

Dr. Sarat “Bobby” Thikkurissy presented the AAPD sponsored course as part of “Dental Specialty Series”, on the topic of Safe Sedation: Risk Management Strategies.

Dr. Charles S. Czerepak co-presented on Maintaining Your Sanity and Practice Viability as a Medicaid Provider.

Dr. Francisco Ramos-Gomez presented on Help I Have a One Year Old in My Chair.

Dr. Jonathan D. Shenkin co-presented on Strategies to Communicate Effectively with Patients.

Dr. Rebecca L. Slayton presented on Where does SDF Fit in the Rubric of Non-surgical Management.

Dr. Sidney A. Whitman co-presented on Maintaining Your Sanity and Practice Viability as a Medicaid Provider.
AAPD Member Delegates and Alternates

We thank those AAPD members who served in the 2017 ADA House of Delegates:

1ST DISTRICT (CONN., MAINE, MASS., N.H., R.I., VT)

Delegate
Gary L. Creisher (Kennebunk, Maine)
Jonathan D. Shochkin (Augusta, Maine)

2ND DISTRICT (N.Y.)

Delegates
Margaret Madonian (Liverpool, N.Y.)
Lauro F. Medrano-Saldana (Brooklyn, N.Y.)
Jay Skolnick (Webster, N.Y.)

4TH DISTRICT (AIR FORCE, ARMY, DEL., D.C., MD., NAVY, N.J., PHS, P.R., VETERANS AFFAIRS, VIRGIN ISLANDS)

Delegates
Mark A. Vitale (Edison, N.J.)
Sidney A. Whitman (life member) (Hamilton Square, N.J.)

Alternate Delegates
Brett H. Henson (Army)

5TH DISTRICT (ALA., GA., MISS.)

Delegates
James I. Lopez (Columbus, Ga.)

Alternate Delegates
Robert David Bradberry (Marietta, Ga.)
Erik H. Wells (Athens, Ga.)

6TH DISTRICT (KY., MO., TENN., W. VA.)

Alternate Delegate
K. Jean Beauchamp (Clarksville, Tenn.)

7TH DISTRICT (IND., OHIO)

Alternate Delegate
Terry G. Scheckner (Valparaiso, Ind.)

8TH DISTRICT (ILL.)

Delegate
Victoria A. Ursitti (Arlington Heights, Ill.)

9TH DISTRICT (MICH., WISC.)

Delegate
Martin J. Makowski (Clinton Township, Mich.)

10TH DISTRICT (IOWA, MINN., NEB., N.D., S.D.)

Delegate
Valerie B. Peckosh (Davenport, Iowa)

Alternate Delegate
James D. Nickman (North Oaks, Minn.)

11TH DISTRICT (ALASKA, IDAHO, MONT., ORE., WASH.)

Delegates
Linda Edgar (affiliate member) (Federal Way, Wash.)
Jane Gillette (affiliate member) (Bozeman, Mont.)
Bernard J. Larson (Mount Vernon, Wash.)
Hai T. Pham (Aloha, Ore.)

12TH DISTRICT (ARK., KAN., LA., OKLA.)

Delegate
Nick Rogers (affiliate member) (Arkansas City, Kansas)
Cindi Sharwood (Independence, Kan.)

Alternate Delegates
Timothy R. Fagan (Enid, Okla.)
John T. Files, Jr. (Olathe, Kansas)

13TH DISTRICT (CALIF.)

Delegates
Claudia Masoudidis (San Francisco, Calif.)
Joseph P. Sciarrino (Woodland Hills, Calif.)

14TH DISTRICT (ARIZ., COLO., HAWAII, NEV., N.M., UTAH., WYO.)

Delegates
Karen D. Foster (Aurora, Colo.)
Jeffrey A. Kahl (Colorado Springs, Colo.)
Kirk J. Robertson (Flagstaff, Ariz.)

Alternate Delegate
Lynn Fujimoto (Aiwa, Hawaii)

15TH DISTRICT (TEXAS)

Delegates
Rita M. Cammarata (Houston, Texas)
Charles W. Miller (Arlington, Texas)

Alternate Delegates
Paul A. Kennedy, III (Corpus Christi, Texas)
Adam C. Shisler (Houston, Texas)

16TH DISTRICT (N.C., S.C., VA.)

Delegates
Scott W. Cashion (Greensboro, N.C.)
Roger E. Wood (Mullvain, Va.)

Alternate Delegate
Rocky L., Napier (Aiken, S.C.)
Ronald D. Venezie (Apex, N.C.)

17TH DISTRICT (FLA.)

Alternate Delegate
Suzanne Thiems-Heflin (Gainesville, Fla.)

13TH DISTRICT TRUSTEE (EX-OFFICIO MEMBER OF HOUSE)

Lindsey A. Robinson (Grass Valley, Calif.)
NOTICE TO ACTIVE AND LIFE MEMBERS

Constitution and Bylaws Amendments before the 2018 General Assembly

These amendments will be considered the AAPD Annual Session in Honolulu, Hawaii during the Reference Committee hearings and the General Assembly.

*Note to readers: All line numbers reference the current AAPD Constitution and Bylaws as printed in the 2018 Membership Directory.*

Strikethrough words are to be removed; **bold underlined** words are to be added.

CLARIFICATION OF RECOGNIZED CHAPTERS TO INCLUDE PEDIATRIC DENTAL ORGANIZATIONS BASED IN OTHER COUNTRIES

The following proposed change to the Constitution and Bylaws was prepared by the Constitution and Bylaws Committee at the request of the Board of Trustees.

**Background:** While the AAPD provides Directors and Officers Liability Insurance to all “recognized chapters” and such coverage applies worldwide, the current Bylaws are not clear on the status of organizations that are not U.S.-based districts or states. Prior to 1999 these were called component societies. Therefore, this proposal would clarify their status. Recognizing the long AAPD history of support for and collaborations with several foreign-based pediatric dental societies, three existing organizations would be grandfathered in as recognized chapters, along with a process for considering recognition of chapters in other countries.

An amendment would be inserted via the following new paragraph after Chapter VII (State Unit Organizations):

**CHAPTER VIII. RECOGNIZED FOREIGN COUNTRY CHAPTERS**

**Section 1. DESCRIPTION:**

A. In addition to the District and State Organizations described in Chapters VI and VII, the AAPD shall also have recognized chapters based in and representing foreign countries.

B. Such foreign country chapters shall be independent, duly incorporated, non-profit organizations governed by an adopted constitution and bylaws which shall not be in conflict with or limit the Constitution and Bylaws of the Academy, and shall be in good standing as a non-profit organization in their country.

**Section 2. PURPOSE:**

A foreign chapter shall:

A. Facilitate communications between that country’s pediatric dentists and the AAPD Board of Trustees.

B. Provide educational opportunities for its members.

D. Advocate for the improvement of the oral health of children in their country.

**Section 3. DUTIES:**

A foreign chapter shall:

A. Promote AAPD continuing education courses, including the annual session.

B. Assist the AAPD in the recruitment and retention of dentists eligible for AAPD international or international colleague membership who practice or reside in their country.

C. Provide an annual report to the AAPD membership on activities of the chapter.

**Section 4. MEMBERSHIP:**

A. The chapter shall determine its membership categories and eligibility as it deems appropriate, including dues level.

B. Any AAPD international member residing or practicing in the country of the foreign chapter shall be eligible for membership in such chapter.

**Section 5. PROCEDURE FOR APPLICATION:**

A. The following foreign country pediatric dental organizations are designated as chapters so long as criteria described in this chapter continues to be met: Canadian Academy of Pediatric Dentistry; Korean Academy of Pediatric Dentistry; and Mexican Academy of Pediatric Dentistry.

B. An application for a recognized foreign chapter shall be submitted to the AAPD Board of Trustees. Chapter status shall be granted by a majority vote of the District Board of Trustees.

Re-letter subsequent chapters.
The following proposed changes to the Constitution and Bylaws were prepared by the Constitution and Bylaws Committee at the request of the Board of Trustees.

Background: It was recognized that in some situations regarding AAPD membership status, a hearing of the Credentials and Ethics Committee should not be required if the AAPD membership action was based on a decision by a state licensing board. Legal advice was also given that reference should be made to licensure status under AAPD membership requirements.

An amendment would be inserted in Chapter 1 (Membership):

**CHAPTER I. MEMBERSHIP . . .**

2. Meets the educational requirements of the Commission on Dental Accreditation of the U.S. or Canada for the announcement of ethical practice in pediatric dentistry or has achieved board certification from the American Board of Pediatric Dentistry. An applicant for Active membership who announced ethical practice in pediatric dentistry prior to January 1, 1965, is eligible for consideration for membership without two (2) years of approved advanced education in pediatric dentistry.

3. In the case of an Active, Life, or Affiliate member, maintains a valid license to practice dentistry in at least one state or province.

A. ACTIVE: An ethical dentist may be considered for Active membership provided the applicant:

1. Is a member of the American Dental Association, Canadian Dental Association, or a recognized foreign dental association at the time of application. Active members are strongly encouraged to maintain membership in the American Dental Association, Canadian Dental Association, or a recognized foreign dental association.

A. ADVISEMENT: In the event that the Academy has been advised, directly or indirectly, that a member of the Academy has been found guilty, by a member’s component or constituent dental society or a duly authorized licensing agency, of unethical conduct in practice or in other professional relationships, or is accused of such conduct, in writing, by an Academy council/committee or a member, it shall be the duty of the Credentials and Ethics Committee to obtain a certified copy of the alleged conviction and the charges associated with it. In the case of action initiated by an Academy committee or member, the Credentials and Ethics Committee shall obtain, in writing, a detailed specification of the alleged violation(s).

Having obtained the foregoing information, the committee shall determine whether, in its opinion, justification exists for instituting a formal hearing to properly dispose of the matter.

**Section 3. DISCIPLINE:** This Academy shall have the right to discipline any of its members who may be adjudged guilty of unprofessional conduct or violation of its Code of Professional Conduct or its Bylaws, and may impose the following:

A. CENSURE: Upon conviction of a charge which constitutes a violation of a provision of the Bylaws, the Principles of Ethics of the American Dental Association, or the accepted rules of moral conduct, a member may, at the discretion of the Credentials and Ethics Committee, be censured. Such censure shall be entered in the member's record and shall remain in force until such time that the member submits satisfactory evidence of the institution of acceptable corrective measures, providing such correction shall occur within a period of three (3) months following conviction.

B. SUSPENSION: Failure to institute acceptable corrective measures within the stipulated period of time associated with censure may, at the discretion of the Credentials and Ethics Committee, result in the suspension of all the member’s rights and privileges associated with Academy membership. Such suspension shall remain in force for no longer than six (6) months; its termination shall be at the discretion of the Credentials and Ethics Committee pending submission of satisfactory evidence of corrective measures. Failure to submit such evidence shall result in expulsion.

C. EXPULSION: A member shall be expelled for failure to comply with the Bylaws provision relative to the payment of dues and assessments; and for such other specifically stipulated violations as are deemed of sufficient gravity by the Credentials and Ethics Committee to warrant expulsion, provided the member has elected to exhaust all avenues of appeal, or after due notice, fails to do so.

**Section 4. JUDICIAL PROCEDURE:**

**A. ADVISEMENT:**

**B. SUSPENSION:**

**C. EXPULSION:**

**Hence, a decision shall be made by a state or provincial dental licensing board that results in the suspension or termination of the dental license of an Active, Life, or Affiliate member. In such case, the decision shall go directly to the Board of Trustees for review as described in paragraph E.**
1360 **B. HEARING:** Hearings shall be held at the location of, and
1361 immediately prior to, the ad interim or annual meeting of the
1362 Board of Trustees. The accused member shall be entitled to a
1363 hearing before the Credentials and Ethics Committee at a time
1364 set by the committee, at which the accused member will be
1365 given the opportunity to present a defense to all charges
1366 brought against the member. All proceedings shall be recorded
1367 and preserved.

1368 **C. NOTICE:** The accused member shall be notified, in writing,
1369 of the charges brought against the member and of the time and
1370 place of the hearing. Such notice shall be sent by registered
1371 mail, addressed to the member’s last known address, not later
1372 than thirty (30) days prior to the date set for the hearing

1373 **D. CHARGES:** The written charges shall include a certified
1374 copy of the alleged conviction or determination of guilt, if any,
1375 specification of the Bylaw(s) or ethical provision(s) alleged to
1376 have been violated, as the case may be, and a description of the
1377 conduct alleged to constitute each violation.

1378 **E. DECISION:** The decision, following the hearing (if
1379 applicable), shall be
1380 subject to the review and approval of the Board of Trustees.
1381 Every decision, whether for acquittal, censure, suspension, or
1382 expulsion, shall be presented in writing and shall specify the
1383 charges made against the member, the facts presented in sub-
1384 stantiation or refutation of the charges, the verdict rendered,
1385 and the penalty, if any, imposed. Following the review and
1386 approval by the Board of Trustees, notice of the decision shall
1387 be sent by registered mail to the accused member no later than
1388 ten (10) days subsequent to the Board’s action. Such notice
1389 shall also inform the accused member of the right of appeal.

1390 **F. APPEAL:** The member may appeal the decision of the com-
1391 mittee and the Board of Trustees by filing a statement of par-
1392 ticulars with the Chief Executive Officer no later than sixty (60)
1393 days after the date of the mailing of the decision, accompanied
1394 by a request for a hearing before the Appeals Board.

1395 **G. APPEALS BOARD:** The Appeals Board shall be composed of
1396 three (3) past Presidents who are not on the Board of Trustees.
1397 All decisions shall be stayed pending appeal. All notice and
1398 hearing requirements shall be applicable to appeals to the Ap-
1399 peals Board. The Appeals Board shall hold its hearing at the
1400 next annual session following receipt of notice of appeal. The
1401 decision of the Appeals Board following the appeal hearing
1402 shall be final.

1403 **Section 5. HOLD HARMLESS:** Every member of this Acad-
1404 emy does waive the right to hold the Academy, its trustees,
1405 officers, members, and/or employees responsible for any dam-
1406 age, pecuniary or otherwise, which may result from conviction
1407 and discipline associated with disciplinary proceedings against
1408 said member.

**TECHNICAL CORRECTION CONCERN TRUSTEE MEMBERSHIP REQUIREMENTS**

The following proposed changes to the Constitution and Bylaws were prepared by the Constitution and Bylaws Committee at the request of the Board of Trustees

**Background:** It was recognized that current language describing trustee membership requirements is inaccurate as related to the affiliate trustee.

**CHAPTER V. BOARD OF TRUSTEES . . .**

**Section 4. QUALIFICATIONS:** A member of the Board of Trustees shall be an Active or Life member of the Academy in good standing and members of their District Organization and State Unit. The Chief Executive Officer may be excluded from these requirements. The Affiliate Trustee shall be an Affiliate member of the Academy in good standing and an Affiliate member of their District Organization and State Unit if such membership category is provided.

The AAPD Constitution & Bylaws were originally adopted in 1984 and the current version, as amended through 2017, is printed in your Membership Directory and posted online under Member Resources.
NOTICE TO ACTIVE AND LIFE MEMBERS

(1) Reference Committee Hearing and Reports &
(2) General Assembly Meeting

Constitution and Bylaws amendments and proposed changes/additions to oral health policies and clinical recommendations of the American Academy of Pediatric Dentistry will be the subject matter for the Reference Committee hearings at the Annual Session. Recommendations from the Council on Clinical Affairs concerning oral health policies and clinical recommendations were posted as a Members-only document on the AAPD website (www.aapd.org) no later than sixty (60) days prior to the General Assembly. All members will be alerted to this availability via AAPD E-News.

The Reference Committee hearing will take place on Saturday, May 26, 2018, from 10:00 to 11:00 a.m. in Room 308AB at the Hawaii Convention Center. Members are strongly encouraged to attend. Non-members may attend, but will be polled and asked to identify themselves by the chair, and are not allowed to comment. The Reference Committees are intended to be the venue for member discussion on any formal resolutions that will be proposed before the General Assembly. This is an opportunity for members to present testimony on proposed oral health policies and clinical recommendations, and other business to come before the General Assembly.

Reference Committee Reports will be available in the back of Room 315 at the Hawaii Convention Center beginning at 8:30 a.m. on Sunday morning May 27, 2018, prior to the beginning of the General Assembly and Awards Recognition at 9:30 a.m. If available in time, copies will also be provided at District Caucuses on Saturday, May 26, 2018, from 1:00 to 2:00 p.m.

The Awards Recognition and General Assembly will take place on Sunday, May 27, 2018, from 9:30 to 11:30 a.m. in Room 315 of the Hawaii Convention Center. The General Assembly is a meeting of Active and Life members for the purposes of conducting the business of the AAPD. Final action on recommendations from Reference Committees takes place at the General Assembly. An agenda for the General Assembly meeting will be posted under “Latest News” in the Members-Only section of the AAPD Web site (www.aapd.org) approximately one month prior to the meeting. All members will be alerted to this availability via AAPD E-News.

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www.PediatricDentalAssistantsAssociation.org
AAPD Nominations

Kevin J. Donly

PRESIDENT ELECT NOMINEE

Dr. Kevin Donly is currently a professor and chair in the Department of Developmental Dentistry and professor in the Department of Pediatrics at the University of Texas Health Science Center at San Antonio. Previous positions include professor and associate director of the Center for Clinical Studies at the University of Iowa; associate professor, Pediatric Dentistry at the University of Texas Dental Branch at Houston; and associate professor, The University of Texas Medical School. He received his D.D.S. in 1984, certificate in pediatric dentistry in 1986, and M.S. in 1986 from the University of Iowa.

Donly is active in the AAPD and currently serves on the board of trustees as Vice President. He is a Diplomate of the American Board of Pediatric Dentistry, was on the board of trustees for the American Academy of Pediatric Dentistry, was on the board of directors for the Healthy Smiles, Healthy Children Foundation, is the previous chair of the American Academy of Pediatric Dentistry Council on Post-doctoral Education, is past president of the American Society of Dentistry for Children and past chair of the Public Information Committee for the American Academy of Pediatric Dentistry. He completed his four year term as the Pediatric Dentistry Commissioner for the Commission on Dental Accreditation. He has published over 300 chapters, manuscripts and abstracts associated with pediatric dentistry and dental restorative materials research and clinical utilization. He has received grants or research support from the National Institute of Health/National Institute of Dental and Craniofacial Research, Health Resources and Services Administration, 3M, ESPE, Premier, Bisco, GC, Dentsply, Ivoclar, Kerr, NuSmile, Procter and Gamble, Church and Dwight, Opiva, Oral-B, Enamelon, Atrix Laboratories, Inc. and Guidor companies.

Jessica Y. Lee

VICE PRESIDENT NOMINEE

Dr. Jessica Lee is the Demeritt Distinguished professor and chair of the Department of Pediatric Dentistry at the University of North Carolina. She is also a professor in the Department of Health Policy and Management in the Gillings School of Global Public Health at the University of North Carolina at Chapel Hill. Currently serving on the board of trustees as Secretary-Treasurer, she has served on over 15 AAPD councils and committees ranging from the Council on Scientific Affairs to the Council on Governmental Affairs. Lee received her M.P.H. and D.D.S. degrees from Columbia University and her Certificate in Pediatric Dentistry and Ph.D. in Health Policy and Management from the University of North Carolina at Chapel Hill. She is a board certified pediatric dentist and an active member of the medical staff at UNC Hospitals and practices in the Dental Faculty Practice in the School of Dentistry. She has authored over a 100 peer reviewed manuscripts, abstracts and book chapters. She is involved in teaching, clinical practice and research and maintains several funded research grants. Her primary research interests are in infant oral health, access to dental care for young children, and health services research. Lee is the recipient of numerous teaching and research awards including the 2008 American Academy of Pediatric Dentistry Jerome Miller “For the Kids” Award. In 2010, she received the Presidential Early Career Award for Scientist and Engineers from President Barack Obama. In 2011, Lee was named the Pediatric Dentist of the Year by the American Academy of Pediatric Dentistry. In her spare time, she loves travelling and spending time outdoors. She is an avid runner and has completed over 50 marathons and ultramarathons.

K. Jean Beauchamp

SECRETARY-TREASURER NOMINEE

Dr. Jeannie Beauchamp was raised in Oak Ridge, Tenn. She practiced dental hygiene for seven years before returning to dental school. She earned her D.D.S. degree from the University of Tennessee Health Science Center in Memphis. She then completed a two year pediatric residency there. Since 1993, she has practiced in Clarksville, Tenn. She established Clarksville Pediatric Dentistry, PC in 1999.

She is a board certified pediatric dentist and is very involved in local, state and national dental societies. She has been active with the American Academy of Pediatric Dentistry. She has been on the Board of Trustees as Parliamentarian and as the Southeast Trustee. She was chair of the Council on Communications and is currently Chairman of the Political Action Committee and Chairman of the Committee on Interprofessional Relations. Presently she serves on American Dental Association Council of Government Affairs. She was a member of the Council on Access, Prevention and Interprofessional Relations and ADA’s representative on an Advisory Committee of the Joint Commission on Accreditation of Healthcare Organizations. Beauchamp is also active with the Tennessee Dental Association, currently serving as the Secretary and Chairman of the Government Affairs Committee. She has served as a Tennessee delegate to the ADA House of Delegates for 11 years. She is past president of the Eighth District Dental Society.

She is a Fellow of American College of Dentists, Fellow of International College of Dentists, and a Pierre Fauchard Academy Fellow. She was voted dentist of the year in 2012 by the Tennessee Academy of General Dentistry. Also, she is the Alumnus of the year for 2018 for the University of Tennessee, College of Dentistry.
Homa Amini

ACADEMIC TRUSTEE AT LARGE NOMINEE

Dr. Homa Amini is professor of clinical dentistry and the post-doctoral program director of pediatric dentistry at the Ohio State University, College of Dentistry. She received her dental degree and a Master's Degree in Public Health from the Ohio State University and Master of Science and certificate in pediatric dentistry from the University of Illinois at Chicago. She has been a Diplomate of the American Board of Pediatric Dentistry since 2002.

Amini has taught at OSU for 17 years; her research interests are infant oral health, health literacy and child advocacy. She has served on numerous committees at the state, local and national level, including the AAPD Pre-doctoral Education Committee, Nomination Committee, In-service Committee, Journal-based CE Committee; the Editorial Board of Pediatric Dentistry; the ABPD Qualifying Examination Committee; and has served as an Ohio Department of Health grant reviewer and on the Ohio Dental Association Dental Education and Licensure Committee.

John T. Fales

SOUTHWESTERN DISTRICT TRUSTEE

Dr. John Fales earned his Bachelor of Science degree in cellular biology from the University of Kansas in 1978. He then attended the University of Missouri-Kansas City School of Dentistry and obtained his Doctor of Dental Surgery in 1982. He completed a residency in pediatric dentistry in 1991 at Children's Mercy Hospital and the UMKC School of Dentistry in Kansas City, Missouri. Also in 1991, Fales earned a Master of Science in Oral Biology from the UMKC School of Dentistry.

Fales has a private practice in Olathe, Kansas, since 1991. He gives back to his community by volunteering with the Kansas Donated Dental Services Program, Olathe Schools Community Care Program, Pet Partners/Delta Society, Kiwanis International, and the Boy Scouts of America. He is currently the vice-president of the Kansas Dental Charitable Foundation and is a past-president of the America’s Dentists Care Foundation.

He is a past-president of the Fifth District Dental Society of Kansas where he has been a member since 1982. Fales is the immediate past-president of the Kansas Dental Association and currently serves as president of the Kansas Association of Pediatric Dentists. He recently served on the board of directors for Oral Health Kansas and the America’s Dentists Care Foundation. Fales serves on the Oral Health Kansas Advisory Committee and the Oral Health Kansas Dental Champions Advisory Board.

Jacob K. Lee

WESTERN DISTRICT TRUSTEE

Dr. Jacob Lee attended the University of Toronto and received his D.D.S. degree in 1984. He completed an internship at the Hospital for Sick Children in Toronto, earned his diploma in pediatric dentistry at the University of Toronto Faculty of Dentistry, and was conferred Fellowship by the Royal College of Dentists of Canada.

Lee has been a faculty member at Loma Linda University School of Dentistry, served as associate professor and director of the Graduate Program in Pediatric Dentistry at the University of Minnesota, chairperson of Pediatric Dentistry at the Dugoni Pacific School of Dentistry in San Francisco, and director of the USC Pediatric Dental Residency Program and dental director of the Children's Dental Health Clinic at Miller Children's Hospital, Long Beach Memorial Medical Center.

Lee is a Fellow of AAPD, a graduate of AAPD Kellogg Leadership Institute III, and is an AAPD Media spokesperson. He is a Diplomate of the American Board of Pediatric Dentistry and serves as a member of the Examination Committee. He has served the American Academy of Pediatric Dentistry as a member of the Council on Continuing Education, the Research Committee and the Editorial Board of the AAPD Journal. As an avid lecturer and a member of the AAPD Speakers Bureau, he is keen on sharing his experiences as a dental materials researcher and a clinician.

Lee is currently the president of the California Society of Pediatric Dentistry, and as a trustee of the Western Society of Pediatric Dentistry. Currently, Lee serves as the president of the California Society of Pediatric Dentistry, and as a trustee of the Western Society of Pediatric Dentistry.

Gregory W. Olson

ABPD DIRECTOR

Dr. Gregory Olson is an associate professor in the Loma Linda University Health (LLUH) School of Dentistry for the Departments of Orthodontics and Pediatric Dentistry. He was appointed as a Faculty Scholar in the LLUH Institute for Health Policy and Leadership in 2014. Along with Olson’s teaching responsibilities, he is active in advocacy, research, data analytics, curriculum design, and administration. He also serves as a chair for a national Legislative Advisory Council on dental education.

Prior to Olson’s current appointments and orthodontic practice, he provided pediatric dental care in Washington state. During this time, he actively engaged in organized dentistry with the Washington State Dental Association and University of Washington’s efforts expand access to care.

Olson has been involved with the ABPD since 2012 and is the chair of the Renewal of Certification Process.
Federal News

HRSA MAKES 13 AWARDS FOR PREDOCTORAL PEDIATRIC TRAINING IN GENERAL DENTISTRY AND DENTAL HYGIENE

In the fall of 2017 the Health Resources and Services Administration (HRSA) awarded 13 grants to dental education institutions to enhance clinical predoctoral dental and dental hygiene training focusing on children ages 0-5 to improve the oral health of vulnerable, underserved, and rural pediatric populations. Thanks to AAPD advocacy efforts that obtained FY 2017 federal funding, HRSA allocated $4.4 million for this competition, which includes a small childhood obesity prevention supplement. These are five-year awards, with up to $300,000 available per grantee per year.

The 13 awardees are:

Grantee State
University of Alabama at Birmingham Ala.
Western University of Health Sciences Calif.
 Meharry Medical College Tenn.
 Nova Southeastern University Fla.
 University of Hawaii Hawaii
 University of Illinois Ill.
 Boston University Mass.
 University of Michigan Mich.
 Temple University Pa.
 University of Pennsylvania Pa.
 University of Texas Health Science Center at San Antonio Texas
 Virginia Commonwealth University Va.
 University of Washington Wash.

ACA ROLLS ON AND AAPD CONTINUES ADVOCACY FOR CHILDREN’S ORAL HEALTH PROVISIONS

Congressional efforts by the Republican Majority to “repeal and replace” the Affordable Care Act (ACA) were not successful in 2017. An ACA open enrollment period took place (albeit shorter than the prior year) and – while the final tax reform bill did eliminate the ACA individual mandate penalty – the final FY 2018 funding bill may provide some “stabilization” subsidies for insurers in the ACA. So as 2018 dawned the ACA lives on. Note that starting in 2019 there will be premium tax assistance for purchase of stand-alone dental plans for those who purchase a qualified health plan that does not provide pediatric dental benefits.

On Nov. 27, 2017, the AAPD and ADA filed joint comments with the Centers for Medicare and Medicaid Services (CMS) on proposed changes to the benefits and payment parameters under the Affordable Care Act (ACA). Among other changes, the proposal would allow states to limit their essential health benefits packages after Jan. 1, 2019. This could negatively impact pediatric oral health coverage, as that is one of the 10 essential health benefits.

CHIEF DENTAL OFFICER POSITION AT CMS

On Dec. 15, 2017, the AAPD along with the ADA and the Organized Dentistry Coalition wrote a letter to CMS requesting appointment of a new Chief Dental Officer (CDO) despite the federal hiring freeze. Dr. Lynn Mouden stepped down as CMS CDO last summer. Slightly before that Laurie Norris, Senior Policy Advisor for Oral Health, also left CMS. The AAPD is seriously concerned about a leadership void in oral health expertise at the agency. The letter to Eric D. Hargan, acting secretary of the US Department of Health and Human Services, asked the agency not only to fill the vacant position, but also to prioritize oral health services in a manner equal to medical services.

CHIP REAUTHORIZATION

AAPD has continued our advocacy for reauthorization of the Children’s Health Insurance Program (CHIP) and actively engages our state Public Policy Advocates (PPAs) and e-Advocates network in these efforts. On Sept. 30, 2017, Congress allowed CHIP to expire, potentially impacting nearly nine million children’s access to oral health care.

On Nov. 29, 2017, we joined the ADA in calling for a Day of Action for CHIP Reauthorization, asking dentists to e-mail their Members of Congress via a link provided by ADA.

A joint AAPD-ADA letter from Presidents Nickman and Crowley was sent to key Congressional leaders on Dec. 14, 2017, as described in the ADA’s Morning Huddle.

The ADA News (12/14, Garvin) reports that the American Dental Association and American Academy of Pediatric Dentistry are again asking Congress to reauthorize the Children’s Health Insurance Program in order to improve “access to oral health care for all Americans.” In a Dec. 14 letter, ADA President Joseph P. Crowley and AAPD President James D. Nickman said, “It has been 75 days since CHIP’s authorization expired and while we appreciate the work that has been done in both the House and Senate to move toward passing legislation, we cannot wait any longer.” Drs. Crowley and Nickman noted that “dental care has the highest level of cost barriers compared to other health care services,” and they stressed that poor oral health can have a negative effect on overall health as well as an economic impact on the nation’s health care system. “As health coverage costs continue to rise, CHIP provides a safety-net for families in every state,” Drs. Crowley and Nickman wrote.

We are pleased to report that in February 2018, Congress did reauthorize CHIP for 10 years. More details will be provided in the May PDT.
As part of our current fund-raising initiative, the AAPD PAC Steering Committee held a competition in 2017 among the five AAPD districts to determine which district is the top AAPD PAC supporter in terms of number of contributors and total hard dollars raised.* The final numbers are below:

<table>
<thead>
<tr>
<th>District</th>
<th>Hard Dollars</th>
<th>Soft Dollars</th>
<th>#Contributors</th>
<th>$/Contributor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northeastern (incl. Federal Services)</td>
<td>$25,960</td>
<td>$21,375</td>
<td>229</td>
<td>206.70</td>
</tr>
<tr>
<td>Southeastern</td>
<td>$25,045</td>
<td>$28,265</td>
<td>248</td>
<td>214.96</td>
</tr>
<tr>
<td>NorthCentral</td>
<td>$21,925</td>
<td>$19,250</td>
<td>203</td>
<td>202.83</td>
</tr>
<tr>
<td>Southwestern</td>
<td>$23,011</td>
<td>$23,350</td>
<td>217</td>
<td>213.65</td>
</tr>
<tr>
<td>Western</td>
<td>$22,411</td>
<td>$19,200</td>
<td>208</td>
<td>200.05</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$118,352</strong></td>
<td><strong>$111,440</strong></td>
<td><strong>1,105</strong></td>
<td><strong>207.96</strong></td>
</tr>
</tbody>
</table>

As you can see, the Southeastern District had the largest number of contributors (248). The Northeastern District provided the largest amount of hard dollars ($25,960), narrowly edging out the Southeastern District. The Northeastern and Southeastern Districts will be recognized at the AAPD PAC Reception during AAPD 18 in Honolulu. This will take place from 4 – 5 p.m. on Saturday, May 26, 2018.

We thank all 1,105 AAPD PAC contributors in 2017, which represents an 18 percent increase over the prior year. With a new year (2018) you should consider either becoming a PAC contributor for the first time (the voluntary recommended support level for new dentists is only $100) or for previous contributors increasing your support to the next level such as Cabinet ($500-999) or Patriot ($1,000 and above). You can contribute online at [https://www.aapd.org/advocacy/pac_contributions/](https://www.aapd.org/advocacy/pac_contributions/).

*Remember that if you want your dollars applied directly to candidate support, please make your PAC contribution via a personal credit card or check. Such support counts as “hard dollars” for a PAC. Contributions from a corporate account must be applied to “soft dollars”, which can be used for PAC administrative and related advocacy expenses but not direct candidate support.

For further information about the AAPD PAC, please contact PAC Secretary C. Scott Litch at (312) 337-2169 ext. 29 or slitch@aapd.org.

Dr. Jeannie Beauchamp
PAC Steering Committee Chair

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Visit the AAPD online store to stock up on brochures for your office including the new brochure on SDF!
This is not a new topic for PDT, especially given contemporary parenting issues and challenges. There was an article back in a 2002 issue of PDT that you can read at http://www.aapd.org/assets/1/7/RiskManagementMarch2002.pdf.

However, it is a topic where I get enough ongoing questions from AAPD members that a refresher column seems like a good idea.

The challenge with someone other than a parent or legal guardian bringing in a child for a dental appointment is that informed consent must be obtained by the patient’s legal decision maker, such as a parent, guardian or personal representative. The child’s grandparent may not qualify as such.


“One option to consider is obtaining a parent’s authorization via a consent by proxy or power of attorney agreement for any other individual to make dental treatment decisions for a child. In situations where individuals other than the parent regularly bring the child to the dental office, this can help eliminate doubt as to whether such individual has the legal authority to provide informed consent. Practitioners, however, should consult their own attorney in deciding whether to utilize such a form in their own practice. Another option for obtaining authorization for treatment is a telephone conversation with the parent. The parent should be told there are two people on the telephone and asked to verify the patient’s name, date of birth, and address and to confirm he/she has responsibility for the patient. The parent is presented with all elements of a valid informed consent followed by documentation in the patient’s chart with signatures.”

In recent years pediatric dental practices have noticed an increasing number of “drop off” dental visits. This of course raises challenges because during the course of the visit treatment issues might arise requiring additional informed consent from the parent or guardian. Some practices may decide to simply have a no drop-off policy, or set parameters for when such a drop-off is allowed.

Thanks to the Florida Academy of Pediatric Dentistry’s Public Policy Advocate Dr. Manav Malik, we have received some very useful insight on this matter from the Florida Academy of Pediatric Dentistry’s legal counsel Edwin Bayó of Grossman, Furlow, & Bayó in Tallahassee, Fla. Bayó indicates that the “drop off” issue is ultimately a risk management issue. There is probably little risk for a routine/preventive care visit, but there is still some risk. For example, there could be seizure or allergic reaction requiring emergency treatment (although implied consent for emergency treatment is recognized in most states). Along with risk management decisions comes sound professional judgement. Allowing a parent to drop off a five year old is probably not a good idea. Nor for a minor of any age when undergoing a significant procedure.

Bayó offers some practical considerations for dental offices. Please note that informed consent laws vary by state, so consultation with your own attorney or an attorney familiar with informed consent laws in your state (such as counsel to the state dental association) is recommended before finalizing such office policies.

**OBTAINING PERMISSION TO TREAT MINORS**

- When the parent brings the child in for the exam and restorative needs are discovered, get “blanket” permission to do any and all of the diagnosed treatment. Always document that permission in the patient’s chart, and have the parent sign it.
- The parent or legal guardian may send a signed note granting permission to treat.
- If someone other than the parent or legal guardian brings the child in, and you don’t already have permission to treat, call the parent and get permission over the telephone. Be sure the conversation is documented in the patient’s chart.
- When treating a child of divorced parents, you must find out who has legal custody and get permission from that person.
- If a grandparent brings the child in for treatment, ask the question, “Does this child live with you?” If the answer is “no,” you must contact the parent and get verbal permission before treating.
- When treating foster children, get permission from the caseworker. In some situations, the caseworker has to get permission from an absentee parent, which can be complicated.
OFFICE POLICY ABOUT MINORS

From a practical perspective, some offices may feel comfortable being more “liberal” in their policies. Here is a sample letter that could be used:

Dear Parent/Guardian:

It is the office policy that the parent/legal guardian may leave the facility while the minor is being treated, provided that:

• the minor is over the age of 10 years; or
• the procedure to be done involves routine dental treatment, such as cleaning, fluoride treatment or fillings;

AND THE PARENT/LEGAL GUARDIAN . . .

• Is available by phone.
• Has signed all the required documentation.
• Has informed the office beforehand that he/she will be leaving the facility or that he/she will not be present.

We will inform the parent/legal guardian at what time the treatment is expected to be completed. In case the minor is being picked up, we expect the parent/legal guardian to return on time.

For further information contact Chief Operating Officer and General Counsel C. Scott Litch at (312) 337-2169 ext. 29, or slitch@aapd.org.

This column presents a general informational overview of legal issues. It is intended as general guidance rather than legal advice. It is not a substitute for consultation with your own attorney concerning specific circumstances in your dental practice. Mr. Litch does not provide legal representation to individual AAPD members.

GET Connected

Facebook
Follow the AAPD consumer Facebook page where you can learn and share AAPD tips and tricks to good oral health.
@AmericanAcademyofPediatricDentistry

Twitter
@AmerAcadPedDent

Instagram
aapediatricdentistry

Members Only
Join our Closed Facebook Group where you can share:
Clinical Cases • Personal Experiences • Ideas for a Better Clinical Practice • Academic Research • Innovative Clinical Products • Relevant Events for Pediatric Dentistry

Visit us online at www.aapd.org for all your member needs.

Connect your patients with us at www.mychildrensteeth.org where they can learn all about the Mouth Monsters and tons of tips and tricks for healthy oral health.
Explore the Exhibit Hall

Enhance your time in the Exhibit Hall at AAPD 2018

Tech Bar in the Exhibit Hall
In need of tech help? Bring your questions, we’ll bring the experts.

- **Ask Questions** about your smartphone, tablet, apps and tech gadgets
- **Discover Solutions** for your everyday life—both professional and personal
- **Increase Productivity** through little-known tips and cutting-edge tools

Cool gadgets will be on-hand, including virtual reality goggles, smart watches, infrared keyboards and more. Bring your own devices and our experts will help trouble-shoot your toughest tech questions and provide tips you didn’t even know were possible.

*Sponsored by Smiles for Life Network*

Exhibit Breaks
Utilize the built-in breaks during each session. Maximize your 20 minute breaks in the Exhibit Hall with our 150+ exhibitors!

Podcasts
Listen along as the host, Joel Berg, discusses scientific, clinical and the most up-to-date, relevant information out there for anyone and everyone in the pediatric dental community. Topics include, but are not limited to SDF, behavior management, practice management, trauma and more. Several podcasts will be recorded right in the Exhibit Hall!

Thank You 2018 Annual Session Sponsors
Registration Information

Please review the following information to avoid delays in the processing of your registration or housing request.

Who Needs to Register

Anyone (member or non-member dentist, dentists’ staff or dental student) who wants to attend any portion of the Scientific Program must register. All registration categories for AAPD 2018 include all education sessions (except those specified), complimentary beverages in exhibit hall and the Scientific Proceedings. The guest registration is additional and must accompany that of an attendee; children are complimentary to the meeting, but tickets must be purchased for Social Events. Guests do NOT earn any continuing education credit; if seeking CE Credits, spouses/guests must register as Office Staff.

- Tickets to the Welcome Reception and President’s Farewell Dinner are an additional fee and must be purchased separately; see the Social Events section of the registration form and proceed accordingly.
- Additional tickets to all Social Events must be purchased during registration; onsite tickets for these functions may be limited and are subject to availability.

The cutoff for the advance fee is Wednesday, April 4, 2018. All registration forms submitted must be postmarked or date stamped on or before Wednesday, April 4, 2018, to qualify for advance registrations and receive the discounted rates. Note: To receive the member registration rate for the 2018 Annual Session, your 2017-18 membership dues must be paid in full.

Residents

- Registration is complimentary if you register on or before April 4, 2018.
- Residents registering after April 4, 2018, or onsite are charged $150 in registration fees; no exceptions will be made.
- Residents must purchase a ticket to the Welcome Reception; please see the Social Events section on the registration form and proceed accordingly.

Residents are encouraged to attend the New Dentist Happy Hour on Friday, May 25. Make the appropriate notation on the form and include payment to attend this fabulous networking event.

Registration Methods

Registrations are processed on a first-come, first-served basis. Complete all sections of the form and include proper payment. Each registrant must complete a separate registration form.

Online: http://www.aapd.org/annual
Phone: (800) 974-3084
Fax: (301) 694-5124
Credit card only. Allow five days for processing and receipt of registration confirmation.

NOTE: Please do not mail after faxing.

Mail: AAPD 2018
5202 Presidents Court, Suite G100
Frederick, MD 21703
Credit card or check (drawn on U.S. bank in U.S. funds) must accompany a completed registration form. No wire transfers or purchase orders will be accepted. Allow 7 – 10 days for processing and receipt of registration confirmation. Make checks payable to AAPD/Experient.

Registration Hours

Please pick up your badge and materials at Registration at the Hawaii Convention Center, Hall 1. Registration is available during the following days/times:
Thursday, May 24 7 AM – 3 PM
Friday, May 25 6:30 AM – 4 PM
Saturday, May 26 7 AM – 3 PM
Sunday, May 27 7 – 11 AM

Registration Instructions

- Type or print all information on the registration form and housing form in black ink (please print legibly). To avoid completing the forms, register online at http://www.aapd.org/annual for the meeting and hotel.
- AAPD Registration and Housing Services Center is not responsible for fees not received due to mechanical failure or circumstances beyond our control.
- Due to the volume of forms received, AAPD Registration cannot confirm receipt of faxed or mailed forms.
- Attendees must be registered for the Annual Session (via form or online) in order to make hotel reservations within the AAPD hotel block using the official AAPD Registration and Housing Form or online.
- Most educational sessions do not require tickets. Seating is on a first-come, first-served basis. Many optional sessions, activities and events require additional fees and must be indicated on the registration form; applicable tickets will be included in your meeting materials.
- The Preconference Course, Breakfast Rounds, PALS, BLS, Evidence-Based Dentistry Workshop and Posture Perfect Workshop require additional fees; please indicate session choice and include fees.
- Registration forms must be submitted on or before April 4, 2018, to qualify for the discounted fees. Registrations received after April 4, 2018, will be automatically charged the higher registration fees.

Cancellation and Refund Policy

All cancellations postmarked on or before May 1, 2018, will be refunded less a $150 processing fee ($50 for office staff and guests).

All cancellation requests must be made in writing to AAPD Registration and Housing Services for processing on or before May 1, 2018.

No refunds will be given after May 1, 2018. After this date, any extenuating circumstances must be submitted in writing to the AAPD c/o Meeting Services Director Kristi Casale at 211 E. Chicago Avenue, Suite 1600, Chicago, IL 60611. Those refunds approved are processed after the Annual Session.

Refunds are not granted for no-shows.
Registration Confirmation

Every effort is made to provide all advance registrants with a confirmation of their registration. This notice will verify whether we received your registration prior to the deadline, and if the tickets requested will be issued.

Please check your registration and fee calculations carefully to avoid unnecessary delays in processing. If you are using American Express®, MasterCard® or Visa®, provide complete credit card information, including each digit of your credit card number, expiration date, security code number and signature.

Name Badges

Name badges must be worn at all times by all registered attendees, including children, in order to gain access to any portion of the Scientific Program, Welcome Reception, access to the Exhibit Hall, hospitality areas and all social events.

Children’s badges are provided without charge up to the age of 20; their names and ages must be listed on the registration form.

Questions

If you have any questions regarding registration or housing, contact AAPD Registration and Housing Service Center at (800) 974-3084 Toll-free U.S. and Canada (Monday – Friday, 9 a.m. to 8 p.m. EST), (847) 996-3676 International (Monday – Friday, 9 a.m. to 8 p.m. EST), or aapd@experient-inc.com.

Not to Miss During AAPD 2018

Preconference Course

Full Steam Ahead or Off the Tracks? Which Way is Your Engine Headed in Both Your Life and Dental Practice?

THURSDAY, MAY 24
8:30 AM – 2:30 PM

Are you struggling with work/life balance? Is work just work? Do you feel your train is going too fast or headed in the wrong direction? Then join us in the paradise of Hawaii to experience transformation while learning how to love what you do, have fun at work and home, and most importantly, enjoy the ride!!

Upon completion of this course, you will be able to:

• Identify your passion statement and discuss what makes your heart sing.
• Identify situations or obstacles that interfere with moving forward toward your passion and foundation purpose goal.
• Increase efficiency at work and happiness at home by balancing your work and life habits.

Opening Ceremony & Keynote Address

Kevin Wanzer
FRIDAY, MAY 25
7:30 – 9 AM

At his lemonade stand when he was just eight years old, Kevin Wanzer offered passersby two types of refreshment: a cold cup of lemonade and hilarious, dead-on stand-up renditions of Steve Martin comedy routines. Decades later, the lemonade and Martin routines are gone. The refreshment, however, is still to be had. As a humorist, motivational comedian and keynote speaker, Wanzer has been earning rave reviews for over thirty years. Inspiring and entertaining audiences in refreshing ways is all he has ever known. He has been noted nationally as one of the most effective and entertaining speakers for inspiring and empowering audiences, celebrating Ohana and the Spirit of Aloha. Through stories and humor, he helps people reconnect with hidden passions, embrace diversity, and celebrate community through laughter.

Early in his career, Wanzer served on the staff of and appeared on Late Night with David Letterman. As a result of his early work with First Lady Nancy Reagan, President Ronald Reagan appointed him to serve as a delegate to the White House Conference for a Drug Free America, on behalf of which he spoke at the United Nations. To this day, Wanzer is still one of the youngest presidential appointees in American history.

Please come honor the Pediatric Dentist of the Year during the awards portion of the morning. And celebrate the spirit of Hawaii with a unique opening.
Housing Information

Please read this information carefully. You must register for the Annual Session prior to booking your hotel reservation. All housing reservations must be made through the AAPD Registration and Housing Service Center. Only one reservation allowed per form.

Housing Reservation Methods

Online: http://www.aapd.org/annual
Fax: (301) 694-5124
Credit card only. Allow 7-10 days for processing and receipt of registration confirmation.
NOTE: Please do not mail after faxing.

Mail:
AAPD 2018
5202 Presidents Court, Suite G100
Frederick, MD 21703

Credit card or check (drawn on U.S. bank in U.S. funds) must accompany a completed registration form. No wire transfers or purchase orders will be accepted. Allow 7 – 10 days for processing and receipt of registration confirmation.

Reservation Deadline

All housing requests must be submitted by Wednesday, April 25, 2018, by 5 p.m. PST in order to receive the AAPD discounted room rate. After April 25, 2018, rooms and rates are subject to availability.

Housing Information and Change/Cancellation Policies

• Reservations are processed on a first-come, first-served basis.

• All reservations require a one night’s room and tax guarantee. The hotel deposit may be paid with a check drawn on U.S. banks submitted with a form (mailed forms only). Checks should be made payable to AAPD/Experient. Checks for hotel deposits should NOT include registration fees. This deposit will be credited to your first night stay.

Note: the discounted rate may sell out prior to that date.

• Acknowledgement of reservation request is sent after each reservation form is processed, as well as each time a reservation is modified/changed and or cancelled. For online reservation housing, acknowledgement is immediate. For fax/mailed forms, acknowledgement will be sent within two business days of completion of processing. Please review acknowledgements carefully for accuracy. If you do not receive an acknowledgement within 14 days of submission, please call AAPD Registration and Housing Services Center at (800) 974-3084.

• All hotel room rates are subject to applicable state and local taxes in effect at the time of check-in (currently 10 percent).

• AAPD discounted room rates are applicable May 23 – May 28, 2018, subject to availability.

• Changes must be made on or before May 8, 2018, at 5 p.m. (PST) and online by accessing your registration/housing record or in writing via e-mail to aapd@experient-inc.com.

• All cancellations must be received a minimum of 72 hours prior to arrival in order to receive a refund of your deposit. No refunds will be given for cancellations within 72 hours of arrival or for no shows.

• A portion of the room rate is used to offset the expense of registration and housing services.

Hotel Block
Hilton Hawaiian Village (Headquarters)
Resort View, Diamond or Tapa Tower
$249 Single/Double
Partial Ocean View, Diamond or Tapa Tower
$269 Single/Double
Ocean View, Diamond or Tapa Tower
$289 Single/Double
Run of Ocean, Rainbow Tower
$319 Single/Double
Run of Ocean, Alii Tower
$359 Single/Double
$20 Resort Fee; $30 Additional Person/Room, over 18 years old.

Overflow Hotels
Royal Hawaiian
Historic Garden
$315 Single/Double
Mailani Tower Ocean Front
$405 Single/Double
$37.50 Resort Fee; $50 Additional Person/Room
Moana Surfrider
Banyan City
Tower Deluxe City
$295 Single/Double
$325 Single/Double
Run of Tower Ocean View
$375 Single/Double
$37.50 Resort Fee; $50 Additional Person/Room
Sheraton Princess Kaiulani
Run of City View
$185 Single/Double
Run of Ocean View
$210 Single/Double
$34.55 Resort Fee; $50 Additional Person/Room

Rates are subject to a current tax of 14.962 percent; tax is subject to change.
Council & Committee Meetings

**MONDAY, MAY 21**
12:30 – 1:30 PM
Scientific Program Committee

**TUESDAY, MAY 22**
8:30 AM – 5 PM
Board of Trustees Meeting

**THURSDAY, MAY 24**
8 – 10 AM
Interprofessional Relations Committee
8 AM – 5 PM
Pulp Therapy Workgroup
10 AM – 3 PM
Pediatric Oral Health Research & Policy Center
9 AM – 2 PM
HSHC Board Meeting
3 – 5 PM
Safety Committee Meeting

**FRIDAY, MAY 25**
7:30 – 8:30 AM
Section Editors Meeting
9:30 AM – 12:30 PM
Council on Membership, Communications Committee, New Dentist Committee & Residents Committee
Leadership Development Committee
9:30 AM – 1:30 PM
Council on Scientific Affairs
9:30 AM – 2:30 PM
Council on Clinical Affairs

**SATURDAY, MAY 26**
7:30 – 9:30 AM
Council on Government Affairs, Pediatric Dental Medicaid and CHIP Advisory Committee
8 – 10 AM
Council on Continuing Education
8:30 – 10:30 AM
Council on Pre-Doc Education
10 AM – 12 PM
Speakers Bureau Committee
10:30 AM – 12 PM
Affiliate Advisory Committee
10:30 AM – 1:30 PM
Committee on Sedation and Anesthesia
1 – 2 PM
North Central Society of Pediatric Dentistry District Caucus
Northeastern Society of Pediatric Dentistry District Caucus
Southeastern Society of Pediatric Dentistry District Caucus
Western Society of Pediatric Dentistry District Caucus and WSPD Board Meeting

As a reminder, any interested AAPD member is welcome to attend a council or committee meeting as an observer, room space permitting.
THURSDAY MAY 24 – SATURDAY MAY 26
Indiana University Pediatric Dentistry Alumni Association

THURSDAY MAY 24
4:30 – 6:30 PM
ABPD Recognition Reception & New Diplomate Pinning Ceremony

FRIDAY MAY 25
8 AM – 1:30 PM
College of Diplomates of the ABPD-Board of Directors Meeting
2 – 4 PM
Foundation of the College of Diplomates of the ABPD-Board of Trustees Meeting

SATURDAY MAY 26
6:30 – 8:30 AM
Donuts with Diplomates – Annual Meeting & Symposium of the College of Diplomates
9 – 10 AM
American Board of Pediatric Dentistry Overview Session
1 – 3 PM
WSPD Board of Trustees meeting
3:30 – 5 PM
WSPD Leadership Caucus

5 – 6:30 PM
Cincinnati Children’s Hospital Medical Center
University of Tennessee Alumni Association
University of Michigan Easlick Society Alumni Reception
UNC Alumni and North Carolina Academy of Pediatric Dentistry
UT San Antonio

5 – 7 PM
Iranian American Pediatric Dentist
TUSDM Alumni Reception
University of Michigan Easlick Society Alumni Reception
Bronx-Lebanon Hospital Center

5 – 7:30 PM
Temple University Pediatric Dentistry Residency Program
University of Iowa

5 – 8 PM
University of Washington/Yakima Alumni UNLV Pediatric Dental Residency

5:30 – 7 PM
Case Western Reserve University Alumni Reception
Children’s National Medical Center
Columbia University College of Dental Medicine Pediatric Dentistry Alumni
Ohio State University Alumni Reception
The Paul P Taylor Association of Pediatric Dentists
Tufts University School of Dental Medicine
University of Tennessee

5:30 – 7:30 PM
Canadian Academy of Pediatric Dentistry CSPD/AAPD Reception
Nova Southeastern University Pediatric Alumni Association
University of Connecticut School of Dental Medicine
University of Minnesota

6 – 7:30 PM
Boston Children’s Hospital
Montefiore Medical Center / Albert Einstein College of Medicine

6 – 8 PM
Boston University Henry M. Goldman School of Dental Medicine Alumni Reception
UNMC Pediatric Dental Residency Program

6:30 – 8 PM
NYU College of Dentistry Alumni Reception
Temple University Kornberg School of Dentistry Alumni Reception

All Affiliate and Alumni Meetings will take place at Hilton Hawaiian Village.
Social & Networking Events

First Timers’ Reception*
Thursday, May 24
5 – 6 PM
Join other first-time attendees to make new acquaintances from your district or mingle with old friends. The AAPD board of trustees welcomes you to the AAPD 2018!
Sponsored by NuSmile

New Pediatric Dentist Happy Hour: The Great Lawn at the Hilton Hawaiian Village*
Friday, May 25
4:30 – 6:30 PM
Play some games on the great lawn and listen to the waves crashing on Waikiki Beach! Want more action? We’ve got you covered with a great DJ!
Meet and connect with fellow new pediatric dentists and residents, then head right outside of the hotel to hop on the transportation provided by AAPD to the Welcome Reception.
Sponsored by Treloar & Heisel and Medical Protective

AAPD Welcome Reception: Aloha Fest*
Friday, May 25
7 – 10 PM
Bishop Museum
E. como mai! Welcome to Hawaii! Get ready to immerse yourself in the unique aloha way of life here on the island as AAPD welcomes you to Honolulu and the iconic Bishop Museum found in between Mauka (the mountains) and Maka (the ocean).
Experience the true Aloha spirit and immerse yourself in the Hawaiian culture from ukeles in the Courtyard, live cultural experiences in the Atherton Hālau & Bowman Hālau Wa’a to the stunning exhibits of Hawaiian Hall. Explorers and wayfinders, discover the stars tonight in the J. Watumull Planetarium, and learn how the first Hawai’ians navigated to the islands. Check out the science center where you can learn how volcanoes first formed the eight islands that make up the Hawaiian chain.
Out on the Great Lawn, mosey your way around a fun culinary journey inspired by flavors and festivals of the islands, from trendy poke to traditional poi and a smoking huli huli experience. Don’t worry – we have not forgotten the SPAM. As the sun fades, the Aloha Fest Main Stage by Sunstar becomes electric with one of the hottest dance bands ever! That’s right ... this party just got started.
Sponsored by Sunstar Americas, Inc.

Career Fair
Saturday, May 26
1:30 – 3:30 PM
The Career Fair is a great opportunity for a new pediatric dentist seeking their first practice position or the more experienced dentist who is looking for a change to network with hiring organizations.
For more information on exhibiting or to download the Career Fair form, visit http://annual.aapd.org/networking/. The cost for AAPD Members is $150; recruitment companies may exhibit at the price of $500.

PAC Donor Reception
Saturday, May 26
4 – 5 PM
(Invitation only)

International Reception
Saturday, May 26
5 – 6:30 PM
This reception began in 2010 at the Annual Session and has continued to be a popular event for international members and attendees. Join members of the AAPD board of trustees, learn more about the AAPD and network with fellow international attendees before enjoying your evening in Hawaii.

President’s Farewell Dinner*
Sunday, May 27
6:30 – 10:30 PM
Waialae Country Club
Tonight, we celebrate the AAPD Ohana. Ohana means friends, family, community and this year’s President’s Farewell Dinner blends the AAPD family with the Hawaiian community in an exchange of local and mainland traditions.
Tonight’s reception and culinary experience features the world-renowned culinary talents of Chef Alan Wong, who will be preparing a live action station on arrival along with cocktails on the lawn overlooking the sparkling turquoise waters. Then onto this evening’s spectacular dinner inspired by beachfront elegance capped by a native and fun dance party.
Reception is sponsored by Treloar & Heisel
Dinner is sponsored by MAM

*Ticketed Events
The First Timers’ Event, New Pediatric Dentist Happy Hour, Welcome Reception and President’s Farewell Dinner are ticketed events. Tickets must be purchased in advance when registering to attend AAPD 2018.
### 2018 Annual Session Exhibitors

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Learn more about Elijah’s story at sprigusa.com/elijah
The Movement that has garnered extensive parent and caregiver interest, as well as numerous media placements, celebrated its fourth anniversary in January of 2018. It was in 2014 that the AAPD launched the Monster-Free Mouths Movement to address the nation-wide health threat that tooth decay is to the health and welfare of children in the U.S. This educational campaign aims to arm parents and caregivers with important tools and information to help fight the Mouth Monsters.

Mouth Monsters is a consumer-focused media campaign initiated by the AAPD via partnership with the leading public relations firm, Weber Shandwick. The campaign goal is to distinguish the AAPD and pediatric dentists as the go-to experts on children’s oral health and get more children to see a pediatric dentist by age 1. AAPD has invested over $1 million in this campaign since its initiation. Click here for a link to the Mouth Monster Hub: http://mouth-monsters.mychildrensteeth.org/

We continue to urge our members to take advantage of this rich content by sharing with parents/caregivers in your practice, distributing at appropriate community events, as well as disseminating to media and industry thought leaders.
RECENT PR ACTIVITIES & CONTENT UPDATES

In addition to coverage and hub content referenced here, AAPD also coordinated media interviews and upcoming coverage in the following media outlets:

**Dr.Bicuspid.com**

AAPD’s First-Ever Guideline on SDF Featured on Dr.Bicuspid.com

Pending AAPD/SDF Media Coverage

- Dental Economics
- Dimensions of Dental Hygiene
- Decisions in Dentistry

On Facebook, there were 175 likes/loves and 206 shares of the post promoting this content.

Desk-side briefings were arranged with the aforementioned journalists and AAPD President Dr. James Nickman, keeping AAPD initiatives top-of-mind with these influencers.

**NYC Media Tour Keeps AAPD Top-Of-Mind to Elite Media**

"AAPD is our go-to resource…we’ve worked with you for years and you are our source for information."

Aleks Weber, Associate Health Editor

Julie Revelant, Children’s Health Writer

Prevention, Fox News

Nancy Lapid, Editor-in-Charge

REUTERS

Kaitlye Pinks, Associate Health Editor

FamilyCircle

**SDF Announcement Highlights AAPD’s Thought Leadership**

AAPD nationally distributed press release on guidelines received pickup by 268 outlets in markets that include Las Vegas, San Diego, Nashville and Raleigh, NC. Targeted media outreach generated original coverage on the Philly.com Healthy Kids Blog and a SDF-focused piece of Mouth Monster Hub content generated 400+ engagements on social media.

**Philly Healthy Kids Blog**

Hub Content Featuring Dr. Yasmi Crystal

**Mouth Monster Hub**

A creative hub asset incorporating AAPD messaging

**Media Relations**

Pitch in-studio interviews in Chicago and Minneapolis

**Satellite Media Tour**

Conduct interviews with outlets coast-to-coast with President Dr. James Nickman

**Up Next:**

National Children’s Dental Health Month

**Halloween Guide Educates Parents & Caregivers**

**Feature Story | March PDT 2018**
Welcome New Members

The AAPD would like to welcome new members. We look forward to supporting your professional needs. For further information on membership benefits please contact Membership Department at (312) 337-2169 or membership@aapd.org.

Member News

USGA Announces Winners of 2018 Awards

In recognition of outstanding contributions to the game of golf, the United States Golf Association (USGA) announced its annual Service Award winners. These individuals were recognized on Saturday, Feb. 3, during a gala dinner at the USGA Annual Meeting in Miami, Fla.

This year’s USGA Service Awards celebrate the leadership, dedication and exemplary efforts of individuals who have devoted their time and talents to serve the game.

“These extraordinary individuals are committed to leading with impact in their communities,” said Mike Davis, USGA CEO/Executive director. “The USGA is proud to recognize them for their achievements and contributions to the game.”

Dr. John Hendry, a pediatric dentist from Lafayette, La., was awarded the Isaac B. Grainger Award. This award, established in 1995 as part of the USGA's Centennial Celebration, recognizes a life-time of volunteer service to the USGA and to the game of golf.

You can read this issue of PDT plus past issues at http://www.pediatricdentistrytoday.org. Find out what’s going on in your Academy! Have some news to share? Send your story to us at aapdinfo@aapd.org and you might be featured in an upcoming issue of PDT.
Member Benefit Spotlight

Medjet

Medjet is the premier global air medical transport membership program. As a member, if you are hospitalized internationally or domestically—150 miles or more from your primary residence—Medjet will arrange comprehensive medical transportation to a home country hospital of your choice for inpatient care. Medjet’s services are bedside-to-bedside and include all medical care during transport. Membership is applicable for individuals and families with a primary residence in the U.S., Canada or Mexico.

MEDJET OVERVIEW

Medjet is a membership program. Unlike an insurance company or platinum card service, there are no deductibles, no claim forms and no monetary caps on air medical transport costs. And for travelers under age 75, there are no medical questions or preexisting condition clauses. Members don’t need to have a transfer deemed “medically necessary.” Medjet memberships provide travelers with unrivaled control over their health and safety.

MEMBERSHIP BENEFITS

MEDJETASSIST MEMBERSHIP is your most reliable and affordable path back to the care of the doctors you trust, where your family members can be by your side. If you are hospitalized 150 miles or more from home, Medjet will arrange air medical transport back to a hospital of choice in your home country—regardless of medical necessity—and at no cost besides your membership fee.

MEDJETHORIZON MEMBERSHIP – your health, your safety, your sense of security—it’s all here with MedjetHorizon. In addition to all the benefits of a MedjetAssist membership, MedjetHorizon members can call when they feel threatened or in danger while traveling for situations involving: terrorism, political threat, violent crime, disappearance of persons, blackmail and extortion, wrongful detention, hijacking and kidnapping for ransom, natural disaster, and pandemic.

MEDJETASSIST BENEFITS

• Comprehensive air medical transfer to a member’s home hospital or hospital of their choice within their home country—even if the member is in an adequate facility.
• No requirement for critical or life-threatening illness or injury.
• Domestic air medical transport services typically average $20,000 while international transports can easily exceed $100,000. No out of pocket cost to the MedjetAssist member for services arranged by Medjet on their behalf.
• No health questions up to age 75 and no pre-existing condition exclusions.
• No claim forms, co-payments, deductibles, subrogation or waiting periods.
• Medjet protection allows for up to 90 consecutive days of travel outside the member’s country of primary residence. Medjet also has extendedstay/expatriate membership for persons traveling internationally for more than 90 consecutive days per year.

MEDJETHORIZON BENEFITS

All benefits of MedjetAssist Membership plus:

• 24/7 access to the Crisis Response Center and veteran security experts for advice, and as necessary, coordinated in-country response services, requiring no hard triggers, or government-issued evacuation mandates.
• Additional benefits: ground ambulance transfer, specialty hospital transfer, personal travel advisories and medical emergency cash advance.
• Reduced annual MedjetAssist membership rates under age 75 are $250 for an individual and $375 for family protection as defined. Optional MedjetHorizon membership adds $149 per individual or $179 per family to the core MedjetAssist membership.

To learn more and enroll, visit www.medjet.com/AAPD or call Medjet at (800) 527-7478, referring to AAPD.

Enrollment must occur prior to travel.
Resident’s Corner

Attention on Prevention: Averting the Epidemic of Early Childhood Caries

Tucson, Ariz., lies just over an hour north of the Mexico-United States border, and is home to an astonishingly high rate of dental caries. My fellow residents and I struggle to combat this epidemic of early childhood caries at El Rio Health in Tucson, one of the largest non-profit community health centers in the United States. According to the Centers for Disease Control and Prevention, data from the most recent National Health and Nutrition Examination Survey for the years 1999-2004 indicate that approximately 75 percent of third graders in Arizona have experienced dental caries.1 I feel our patient population at El Rio exhibits a much higher rate than Arizona’s average. Unfortunately, a mouth without caries or restorations is something I infrequently see.

Significant barriers in decay prevention contribute to the high caries rate in the Tucson community. Tucson remains one of the six major U.S. cities without optimally fluoridated community water, as there is no added fluoride. Naturally occurring fluoride in the local water varies, but is approximately 0.4 parts per million. This is well under the recommended 0.7 ppm for prevention of dental caries. Along with suboptimal fluoride, diet plays a significant role in caries rate in the Tucson community. Local favorites like hot Cheetos, Takis (mini rolled tortilla chips), soda, and fry bread contribute to the high prevalence of caries in the area. Many family members also believe that “milk teeth don’t matter”, making it difficult for the provider to motivate patients, change habits, and propose multiple time-consuming appointments for comprehensive dental treatment. In the Tucson area, it is also common to see patients raised by a community of extended family, making diet and oral hygiene instruction difficult to relay for compliance and consistency. Reliable transportation for families can also be a challenge, reducing show rates for dental appointments. Lastly, from a public health standpoint, there is currently no coverage through Arizona Medicaid for sealants on primary teeth.

Because of these barriers to decay prevention, we have found in-office fluoride varnish application essential in reducing the caries progression in our patients at El Rio. For higher risk patients, we increase the recall frequency to every three months with fluoride application. This has shown benefits in reducing the progression of and remineralizing incipient lesions. In the last couple years, silver diamine fluoride (SDF) has proven to be a game changer in our clinic to arrest and prevent caries. Along with its initial antimicrobial action, the bacteria killed by silver ions can act as a reservoir to continue fighting off cariogenic bacteria.2 Unlike conventional restorative methods that may develop secondary caries, SDF strengthens the infected dentin, making it more resistant to the biofilm of cariogenic bacteria. In terms of restorative treatment, stainless steel crowns can be looked upon as a preventative measure as well by providing full coverage protection in a high caries risk patient with decay, and is a widely accepted treatment in Tucson’s pediatric population. Finally, and most importantly, establishing a Dental Home and increasing access to care is fundamental in the prevention of dental caries.

Although my experience may be different from other residents, we are all fighting the same uphill battle with caries. It is the most frequent chronic childhood disease—and frustratingly, avoidable! While each community may have its unique challenges, the future of our profession must be centered on prevention of this disease process.


ABOUT THE AUTHOR

Dr. Sofia Kennel is a first-year pediatric dental resident at NYU Langone Hospitals, Pediatric Dentistry Residency-AZ, Tucson site. She was born and raised in Phoenix, Ariz., and completed her undergraduate education at The University of Arizona in Tucson, Ariz., majoring in Physiology and Business Administration. She graduated from The University of Washington School of Dentistry in 2015 and practiced in the Seattle area prior to residency. When she’s not fighting sugar bugs, she enjoys hiking, photography and cheering on her Arizona Wildcats.
Membership Directory Corrections

The AAPD regrets the following list of omissions from the 2018 Membership Directory.

Dr. Carolyn Soojin Chang PD
3517 Doc Berlin Dr
Silver Spring, MD 20906-1151

Dr. Andrew J. Dill PD
Dentistry for Children & Adolescents
11709 Old Ballas Rd Ste 104
Creve Coeur, MO 63141-7029
Ph: (314) 567-1122
Fx: (314) 567-0260
Em: stlouis@smilekidz.com
Website: http://smilekidz.com

Dr. Andrew J. Dill PD
Dentistry for Children & Adolescents
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Web: http://smilekidz.com

The AAPD regrets the following list whose Fellow status were omitted from the 2018 Membership Directory.

Dr. Denisse Lasanta

Dr. Rungnapa Warotayanot

The AAPD regrets the following list whose Diplomate status were omitted from the 2018 Membership Directory.

Dr. Sheridan D. Bunch
Oral Exam Review

**SEPTEMBER 6, 2018**

**Grand Hyatt Denver, Colorado**

Preparing for the Oral Board Exam? Do you want to brush up on your oral test-taking skills? This course will provide you with the opportunity to participate in numerous mock examinations. Drs. Fields and Wright will focus on the area of the examination process as well as topical areas of the exam. Not only will they discuss how cases are designed and created, but also provide suggested readings to help you study.

**Speakers**

Henry Fields, D.D.S., M.S., M.S.D.
Timothy Wright, D.D.S., M.S.

**Who Should Attend**

Members preparing to take the ABPD’s Oral Clinical Examination.

**CE Credits**

8 hours

**Sponsor**

NuSmile

Comprehensive Review of Pediatric Dentistry

**SEPTEMBER 7 – 9, 2018**

**Grand Hyatt Denver, Colorado**

Taught by expert clinicians, the Comprehensive Review Course will provide attendees an extensive review of pediatric dentistry. The topics discussed in this course include growth and development, assessment and prevention, oral pathology, care for special needs patients, restorative dentistry and materials, trauma, behavior management and pulp therapy. Whether you’re preparing for the ABPD examination or just need a refresher, this course is an in-depth summary for all pediatric dentists.

**Course Chair and Speaker**

Amr Moursi, D.D.S., Ph.D.

**Speakers**

Catherine Flaitz, D.D.S., M.S.
Christina Carter, D.D.S., D.M.D.
Timothy Wright, D.D.S., M.S.

**Who Should Attend**

Any dentist treating children; whether you are preparing for the ABPD examination or just need a refresher.

**CE Credits**

22 Hours

**Sponsor**

NuSmile

Safe and Effective Sedation for the Pediatric Dental Patient

**OCTOBER 26 – 27, 2018**

**Hilton Austin Austin, Texas**

This one-and-a-half-day course is specially designed for the pediatric dental assistant to enhance their knowledge and understanding of sedation emergencies and other emergent medical conditions in the office. An introduction to oral sedatives and using nitrous oxide/oxygen sedation will be included. Participants will learn how to organize and prepare the office for an organized response to a medical emergency and how to assist in the management of medical and sedation emergencies.

Recently added is a four hour workshop on Saturday morning that allows hands-on training for the dental assistant. Participants will rotate through multiple stations to include airway management, airway equipment, papoose board and monitor placement.

**Course Chair and Speaker**

**Bobby Thikkurissy, D.D.S., M.S.**

**Speakers**

Stephen Wilson, D.M.D., M.A., Ph.D.

**Who Should Attend**

Those on the dental team involved with the sedation of children in their office.

**CE Hours**

11 hours

**Sponsor**

Sedation Resource

Dental Assistant Sedation Course

Your Role in the Safe Sedation of Children

**OCTOBER 26 – 28, 2018**

**Hilton Austin Austin, Texas**

This course features the recognized leaders in the field, both in dental anesthesia as well as pediatric dentistry. You’ll find didactic lectures, case studies, film clip sessions, panel discussions and hands-on breakouts with personalized attention. This course will offer opportunities to gain hands-on experience while learning airway techniques to rescue patients and will include breakout sessions with manikin practice with face masks, ambu bags and the insertion of nasal and oral airways; all in a personalized setting with real equipment and monitors.

**Course Chair and Speaker**

**Stephen Wilson, D.M.D., M.A., Ph.D.**

**Course Vice-Chair and Speaker**

**Bobby Thikkurissy, D.D.S., M.S.**

**Who Should Attend**

Any dentist who sedates children in their office and wants to be taught by the leaders in the field who wrote the current AAPD-AAP Guidelines.

**CE Hours**

22 hours

**Sponsor**

Sedation Resource
Pediatric Dentistry Residency Continues to Soar in Popularity

Pediatric dentistry continues to be a popular specialty with graduates as evidenced by the continued growth in the Match results for the 2018–19 academic year.

The number of positions offered and residency positions filled surpasses oral and maxillofacial surgery, orthodontics, advanced education in general dentistry and anesthesiology.

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Positions # of Applicants</th>
<th>Matches / Offered</th>
<th>Positions filled</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pediatric Dentistry</td>
<td>644</td>
<td>417 (+9)</td>
<td>404 (+8)</td>
</tr>
<tr>
<td>Orthodontics</td>
<td>487</td>
<td>298 (+13)</td>
<td>283 (+1)</td>
</tr>
<tr>
<td>Oral and Maxillofacial Surgery</td>
<td>382</td>
<td>234 (+5)</td>
<td>223 (+/-0)</td>
</tr>
<tr>
<td>Adv. Education in General Dentistry</td>
<td>515</td>
<td>355 (-26)</td>
<td>244 (-14)</td>
</tr>
<tr>
<td>Anesthesiology</td>
<td>34</td>
<td>26 (-8)</td>
<td>21 (-6)</td>
</tr>
</tbody>
</table>

The number in parentheses in both columns represents the changes (plus or minus positions) as compared to last year.

Annual data on accredited programs and enrollment is gathered by the Health Policy Institute of the American Dental Association (ADA) and maintained by the ADA. The most recent data available is from the 2015 – 2016 academic year. At that time, there were 78 pediatric dentistry residency programs accredited by the Commission on Dental Accreditation (CODA), enrolling a total of 921 postdoctoral students. There were 433 graduates in 2016.

The following chart may be used as a comparison of the 2018-19 Match results to the 2017–18 academic year.

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Positions # of Applicants</th>
<th>Matches / Offered</th>
<th>Positions filled</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pediatric Dentistry</td>
<td>676</td>
<td>408 (+9)</td>
<td>396 (+18)</td>
</tr>
<tr>
<td>Orthodontics</td>
<td>515</td>
<td>285 (+24)</td>
<td>282 (+22)</td>
</tr>
<tr>
<td>Oral and Maxillofacial Surgery</td>
<td>419</td>
<td>229 (+2)</td>
<td>223 (+2)</td>
</tr>
<tr>
<td>Adv. Education in General Dentistry</td>
<td>549</td>
<td>381 (+25)</td>
<td>258 (+20)</td>
</tr>
<tr>
<td>Anesthesiology</td>
<td>43</td>
<td>34 (+2)</td>
<td>27 (-5)</td>
</tr>
</tbody>
</table>

For complete results of the 2018-2019 Match, please visit the National Matching Service website at www.natmatch.com/dentres.

AAPD / HSHC Proudly Announces Seven Scholarships for the Master Clinician Program

Building on the momentum of the past several years, the AAPD and Healthy Smiles, Healthy Children: The Foundation of the American Academy of Pediatric Dentistry, proudly announces the 2018 Master Clinician Scholarship Program.

An academic career provides the practicing dentist a new opportunity to utilize their experiences in shaping the careers of the aspiring professional. Dentists that teach also have a greater opportunity to develop new techniques and innovations in care through research and scholarly activities and can also influence national dental education policies through service with the AAPD, ADA, ADEA, HRSA and NIDCR.

The ITL program consists of four days of intense learning experiences. AAPD/HSHC scholarship recipients will attend the Institute for Teaching and Learning from Aug. 27 – 30, 2018, in Houston, Texas, and will be able to attend the AAPD Comprehensive Review of Pediatric Dentistry continuing education course.

Scholarship applications must be received by the AAPD by April 13, 2018.

Further information for the Institute for Teaching and Learning, may be found at http://www.aalgroup.org/itl_home.cfm.

If you’re interested in applying for a scholarship through the AAPD and Healthy Smiles, Healthy Children, contact Educational Affairs Manager Scott Dalhouse at (312) 337-2169 or e-mail sdalhouse@aapd.org.

ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry.
Ten Internal Marketing Steps That Will Increase New Patients and Patient Retention

Internal marketing will increase new patient referrals and set a practice apart from its competitors through building and maintaining relationships, brand awareness, positive reviews and a strong online presence.

Many practices do not have a structured internal marketing program and/or these marketing efforts often get pushed aside for other priorities. Therefore, it is important to set up consistent internal marketing actions to regularly produce a strong flow of new patients each month. At your next team meeting, discuss the importance of internal marketing and how everyone is a part of the marketing team and responsible for creating a positive experience as they interact with parents and patients.

I. BUILD PERSONAL RELATIONSHIPS

• Make every visit an experience the children and their parents want to tell all their friends about. People remember how you make them feel and like to share positive experiences. The best compliment an office can receive is a personal referral.

• Be sincere and genuine when speaking and take time to understand their questions and concerns. This will create trust and loyalty which increases treatment acceptance.

• Inquire about their personal interests or hobbies. Make a note in the patient’s chart that can be used for conversation topics at future visits.

• Show appreciation to your patients and their parents by sending handwritten notes thanking them for joining your practice or telling “Johnny” what a good job he did being brave at his appointment. Kids love to receive mail addressed just to them.

• Host an annual patient appreciation event that shows gratitude towards existing families. This can be done at the office or off-site at an ice cream shop, local park, movie theatre or family entertainment center.

II. ESTABLISH A MARKETING TEAM

• Encourage a team approach to marketing by selecting multiple team members to assist with marketing tasks.

• Designate a marketing team leader who will be responsible for delegating the various marketing duties and holding the marketing team accountable.

• Choose team members who have the right skills and personality to assist with specific responsibilities, such as social media tasks and creating and delivering gift baskets.

• Print and review the referral report monthly.

• Are monthly new patient goals being met? If not, what will be done differently or what marketing actions need to be implemented moving forward?

• Where are referrals coming from?

• Are the current marketing actions producing new patients?

• Who needs to be sent a thank you note/gift for referrals?

III. CREATE A REFERRAL APPRECIATION SYSTEM

• Make sure all referral sources are being tracked in dental software under the referred patient.

• Create a system to thank parents and patients who refer new patients. Write handwritten thank you notes which can include small gifts (Starbucks, iTunes, Amazon, local restaurants and ice cream or frozen yogurt shops, etc.).

• Check state regulations for gift giving guidelines, as some states have specific rules regarding what type, how much or if gifts can be given at all.
IV. IMPLEMENT THEME DAYS
- Start out small and schedule one theme day/month. Preschedule all theme days for the entire year.
- Ideas for theme days include: Sports Day, Moustache Day, Crazy Sock Day, Twin Day (pair team members up to dress like each other), and Crazy Hair Day. Also, host theme days according to the season, such as Hawaiian Day in the summer or Cozy Pajama Day in the winter. Have fun with your theme days.
- The entire team should participate.
- Take photos and videos and post on social media (Facebook, Instagram, etc.)
- As the team gets more comfortable and confident, plan theme days more frequently.

V. HOST RAFFLE PRIZE GIVEAWAYS
- Host monthly raffle prize giveaways for patients and families. Giveaways can be in the form of holiday gift baskets, fun toys and games, tickets to a local sports game or amusement park, etc.
- Take a photo of the giveaway, if possible, and post to social media promoting the raffle prize. The presentation of the giveaway should be exciting and colorful, attracting families to the prize.
- Once a winner has been drawn, take a photo of the patient holding the giveaway they won and announce on social media, with signed parental consent.

VI. CELEBRATE PATIENT BIRTHDAYS
- Celebrate patient birthdays that fall within one week prior to or after their scheduled appointment.
- Prepare small wrapped birthday gifts or gift bags in advance so they are ready to be given each day. When the patient arrives for their appointment, designate a gift to them by writing their name on a gift tag or notecard attached to the present. Kids love receiving gifts.
- The small present could be a gift card, movie tickets or special birthday prize.
- Have the patient open their gift while in the office. Use a birthday hat or cut-out photo frame to take a photo and post to social media.
- Utilize patient communication software by creating a birthday video with entire team to send to patients by email on their birthdays.

VII. VERBAL SKILLS
- Review verbal skills for phone calls with the front office team. A parent’s first impression of the practice will determine whether or not they keep their appointment. First impressions are lasting impressions.
- Use the patients’ and parents’ names when speaking to them.
- Encourage VIPs (Very Important Parents) to tell their friends and family about the practice. Let them know the practice is always accepting new patients.
- Encourage VIPs to write an online review on Google, Facebook, Yelp, Health Grades, etc.
- Respond to every positive review so that others can see the kind interaction between the patients and the team.

VIII. CREATE A SOCIAL MEDIA PRESENCE
- Take time to review the website and all social media accounts to view them from a parent’s perspective. Parents tend to research dental practices online before inquiring about a new patient visit. The website will give the parent a first impression, while any social media accounts will allow them to see reviews and give them a look into the practice, team and community involvement.
- A Facebook page is a platform to show potential families what it is like to be a patient in the practice. The page displays the relationships you have amongst your team and your families.
- Getting existing patients involved in social media is a great way to create organic content on Facebook. In the office, encourage parents to post a photo of their child on their personal page and tag the practice page. All of their Facebook friends will see that their child had a fun and stress-free visit. This is organic marketing, not paid advertising.
- Designate a team member to monitor and post on social media accounts one to three times per week. Post fun and engaging content such as patient photos, theme days, team member birthdays and anniversaries, community event photos, and current contest giveaways and the lucky winners.
- Many younger parents prefer to have Instagram accounts instead of Facebook so make sure to create an account and post frequently. Link the two pages and the option will be there to share the Instagram post to Facebook.

IX. UPDATED FACILITY AND MAINTENANCE
- The appearance of your office (exterior and interior) shows your attention to detail. Parents will assess the skills of a doctor by how modern and clean the office looks. They may think the doctor’s skills are inadequate if the office décor is outdated. Office décor should be updated every five to seven years.
- When an office is not spotless, parents will worry if sterilization is a priority. Employ a cleaning service, apply touch-up paint to walls that have scuff marks and abrasions, keep carpets and upholstery clean, keep floor boards clean and dust free.
- Update equipment and technology, as necessary, to keep up with the progressive changes in dentistry.
- Consider replacing fixtures and toys once they begin to show wear and tear.
- Replace exterior sign if it begins to fade or looks dated.
- Update the practice logo if it looks dated.
X. TEAM OBSERVATION EXERCISE TO IMPROVE YOUR FACILITY

• First, take the time to observe what a new family would see when they arrive for their first visit. Start with sitting in a car in the parking lot. How does the surrounding location and office building look; road and building signage, front door, building paint, windows, corners of ceiling under entryway roof (spider webs?), walkway, parking lot and landscaping?

• Second, have the front office team walk through the clinical area and have the clinical team walk through the reception area. Each team (front office and clinical) retraces their own footsteps many times a day and may become oblivious to disarray in their work area. Have each team make notes of clutter, disrepair, dirt or dust. Pay close attention to outdated or damaged items and the cleanliness of the furniture, doors and walls.

• Third, hold a team meeting to discuss each person’s observations. Create an action plan of items that will improve and upgrade your facility.

Referrals from satisfied parents are a direct result of strong and consistent internal marketing actions and a family’s commitment to the practice is directly correlated to the confidence and trust they have in their dental care team.

“People influence people. Nothing influences more than a recommendation from a trusted friend. A trusted referral influences people more than the best broadcast message. A trusted referral is the Holy Grail of advertising.”

Mark Zuckerberg

Published four times a year, Practice Management and Marketing News is a featured column in Pediatric Dentistry Today.

Be the Dental Leader Your Team Deserves!

Event: 6th Annual Business Leadership Conference (BLC)
Venue: JW Marriott Tucson Starr Pass Resort & Spa, AZ
Date: Thursday, September 27th to Saturday, September 29th, 2018

(Registration and early-bird pricing available for a limited time! Register and see all details at JulieWeir.com/conference)

If your response is YES to any of the following questions, then you and your leaders should not miss this event!

• Would you like to know how to understand your software reports and what all those numbers mean?
• Do you know how to hire the right team member for each position in your practice?
• Want to know what Marketing will give you the best return on investment?
• Would you like to increase team morale, learn to train employees, and create a cohesive team?
• Could communication be better between your administrative and clinical team?

Training is for all Office Leaders: Dentists, Practice Administrators, Office Managers, Clinical and Front Office Coordinators

Full Service Practice Management Consulting Firm Specializing in Pediatric Dentistry Since 1996
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you know the relief your patients experience when they finally realize they are in the right hands?

Because our clients feel the same way about us. As a financial services provider to dental and medical professionals across the country, we assist thousands of clients from residency to practice and through retirement with a comprehensive suite of financial services, custom-tailored advice, and a strong national network focused on delivering a higher level of service.

CALL US 800.345.6040
AAPD Speaks to Childhood Obesity and Sugared Drinks

“Calories, Cavities, and Kids: The Role of Dental Professionals in Addressing Childhood Obesity” was a topic of interest for the National Network of Oral Health Access (NNOHA) during a one-hour webinar on Feb. 5, 2018. Presented by Policy Center Director Robin Wright, Ph.D., the continuing education session discussed how oral health professionals can join collaborative efforts with their colleagues to combat childhood obesity. To listen to the webinar and view the slides, visit http://www.nnoha.org/.

TAKE-HOME POINTS

• Nearly 32 percent of children ages 2–18 are either overweight or obese, and eight percent of infants and toddlers have high weight for recumbent length.

• Sugared drinks are the single largest category of caloric intake in children.

• In a recent AAPD survey, 17 percent of pediatric dentists stated they offer childhood obesity information or other healthy weight interventions in their practices.

• Nearly 94 percent of pediatric dentists offer informational counseling on the consumption of sugar-sweetened beverages (SSBs).

• Only 14 percent of pediatric dentists agree that parents are receptive to obesity counseling in the dental office, while 81 percent think parents are receptive to advice about sugared drinks.

• Pediatric dentists see a child’s weight as a medical rather than a dental issue, while sugared drink consumption is perceived as integral to the practice of pediatric dentistry and the care of children.

• The chief barriers to offering obesity-related counseling are concerns about parent reactions to weight management interventions in the dental office, such as offending the parent, appearing judgmental and creating parent dissatisfaction.

• Nearly 88 percent of pediatric dentists agreed they would be more interested in advising parents about weight management if there were a clearer clinical link between obesity and dental disease.

• You and your team have an excellent opportunity to address such dietary habits as sugared drinks and thus support early obesity prevention and promote healthy weight in children.
Caries-Risk Factors Accessible During Well-Child Visits Validated in a Secondary Testing Site

The AAPD Policy Center has completed its third year of research exploring oral health promotion in primary care and identifying common risk factors for a more effective caries-risk assessment tool for primary care providers. As an essential piece of this research project, patient data from Marshfield Clinic, a secondary testing site, were analyzed to further validate significant variables previously identified by Nationwide Children’s Hospital (NCH) in Columbus, Ohio. Marshfield, a large multi-site community health and dental system in Wisconsin, has a semi-rural patient population, making the system an ideal complement to NCH’s mostly urban-based pediatric clients.

Marshfield data identified a history of broken appointments and Hispanic ethnicity as predictors of lifetime caries experience. This is parallel to previous results from NCH data analyses during Year 2 of the study. Additionally, the variable of “speaks a language other than English” was identified, a significant variable determined during the development of the caries-risk predictive model. Table 1 below compares the significant variables of the two testing site populations.

TABLE 1. VARIABLES WITH SIGNIFICANT ASSOCIATIONS WITH CARIES OUTCOME

<table>
<thead>
<tr>
<th>Nationwide Children’s Hospital: Significant Variables using Lifetime Caries Experience as the Outcome</th>
<th>Marshfield: Significant Variables using Lifetime Caries Experience as the Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Variable (n=1,736)</td>
<td>Variable (n=3,630)</td>
</tr>
<tr>
<td>History of broken appointments</td>
<td>History or broken appointments</td>
</tr>
<tr>
<td>Reports Hispanic ethnicity</td>
<td>Reports Hispanic ethnicity</td>
</tr>
<tr>
<td>Referral to MD specialist at 12 months</td>
<td>Use of an interpreter</td>
</tr>
<tr>
<td>Immunizations not up to date at 15 months</td>
<td>Speaks a language other than English</td>
</tr>
<tr>
<td>Breast milk at 15 months</td>
<td>Not brushing teeth multiple times per day</td>
</tr>
<tr>
<td></td>
<td>Fluoride treatment prescribed</td>
</tr>
<tr>
<td></td>
<td>Older age at first dental visit</td>
</tr>
<tr>
<td></td>
<td>Medicaid Insurance</td>
</tr>
<tr>
<td></td>
<td>ICD-9 Code for Thrush</td>
</tr>
<tr>
<td></td>
<td>Being of Asian Descent</td>
</tr>
<tr>
<td></td>
<td>Not sleeping through the night</td>
</tr>
<tr>
<td></td>
<td>ICD-9 Code for Vomiting</td>
</tr>
</tbody>
</table>

This analysis lends support to the overall research project demonstrating risk factors in a child’s medical record may be used to predict the presence of dental disease and/or the assessment of “high” caries risk at the time of the child’s first dental visit. A full Year 3 report will be available in 2018 through the AAPD Policy Center website at http://www.aapd.org/policy_center/.

Evidence-based Dentistry Committee Update

Two new EBD guidelines have been accepted by the National Guideline Clearinghouse:

- Clinical Practice Guidelines for use of Vital Pulp Therapies in Primary Teeth with Deep Caries,
- Clinical Practice Guideline on the Use of Silver Diamine Fluoride for Dental Caries Management in Children, Adolescents and Individuals with Special Healthcare Needs.

The AAPD’s evidence-based guidelines are being produced in accordance with standards created by National Academy of Medicine (formerly known as the National Institute of Medicine) and mandated by the National Guideline Clearinghouse (NGC), an initiative of the Agency for Healthcare Research and Quality, and therefore will be eligible to be included in the NGC. Inclusion in the NGC guarantees our guidelines will be seen by private and public payers. The guidelines are available as open access publications on the AAPD’s website.

Patient education materials, based on the new guidelines, have been developed for indirect pulp therapy, pulpotomy and silver diamine fluoride and are available for purchase in the AAPD’s online store.

The non-vital pulp systematic review workgroup met in December to begin work; in vivo and in vitro protocols will be registered within the year.

A new guideline workgroup on behavior guidance for the pediatric dental patient began work in January. The new behavior guideline, based on an existing systematic review, will be published next fall.

For more information, please contact Director, Research and Policy Center Robin Wright at rwright@aapd.org.
Coordination of benefits (COB) is applicable when a patient is covered by more than one dental benefit plan. COB was established to guarantee that providers are not overpaid for claims if the patient is covered under multiple insurance plans.

The primary purpose of federal and state COB laws is to establish a sequence in which payers reimburse claims for patients who are covered by more than one plan. One plan is designated as primary and that claim is sent to that payer first. That plan should pay its normal benefits without concern to any other insurance plan or additional coverage. If the primary payer does not pay the claim in full, the claim is then sent to the secondary payer(s) for consideration of the remaining balance for payment. In some cases, there may also be a 3rd (tertiary) and 4th (quaternary) benefit plan.

The National Association of Insurance Commissioners (NAIC) provides a forum for the creation of model COB insurance laws and regulations. The NAIC continually updates its regulations in response to evolving COB challenges. Each state has had the freedom to choose whether or not to adopt the NAIC’s recommendations. While many states have adopted at least one version of the NAIC’s COB model regulation over the years, many states have not updated their COB laws to the NAIC’s most current model. This has created a lack of uniformity in COB laws from state to state, resulting in confusion and frustration for patients, providers, and payers alike.

Dental professionals are often alarmed to learn that many dental plans are not regulated by state insurance and coordination of benefits laws. Self-funded plans are regulated by federal labor laws under the Employee Retirement and Income Security Act of 1974 (ERISA), which provide little to no guidance regarding coordination of benefits.

**THE AFFORDABLE CARE ACT’S IMPACT ON COB**

The Affordable Care Act (ACA) has created an interesting COB dilemma, which in turn has affected some dental insurance policies. Effective Sept. 23, 2010, health and medical policies are now required to insure children up to age 26, regardless of marital, financial dependency, or student status. Although dental plans are not required to cover dependents to age 26, some have voluntarily agreed to do so in order to keep uniformity between medical and dental benefits. The addition of this new class of dependents created a need for the NAIC to revisit its COB model regulation (2005) as previous NAIC COB models did not anticipate married adult children being covered by their parent’s plan(s) as well as their spouse’s plan.

Section 136 of the ACA, titled “Standardized Rules for Coordination and Subrogation of Benefits” states: “The Commissioner shall establish standards for the coordination and subrogation of benefits and reimbursement of payments in cases involving individuals and multiple plan coverage.” The primary purpose of Section 136 is to improve coordination of benefits for “dual eligibles,” who are the approximately nine million individuals who qualify for both Medicare and Medicaid. However, since Section 136 effectively requires all states to revisit and update their COB laws in order to be ACA compliant, it is expected that many states will consider adopting the current ACA compliant NAIC COB model regulation. If all or most states adopt the 2013 NAIC COB model regulation, this will be a major step toward standardizing coordination of benefits among states.

**TYPES OF PLANS**

**Fully Insured Dental Plans**

A fully insured dental plan is a traditional indemnity or PPO insurance plan for an individual or small business. Under this type of plan, the payer considers payment of all dental claims. Payment is dependent on the terms of the insurance contract and the plan document. The insured (or the insured’s small business employer) pays insurance premiums in exchange for coverage. These plans generally establish a maximum benefit and a deductible, and an option to purchase a variety of riders, such as an orthodontic rider, a periodontal rider, or an implant rider. The more services that are covered, the higher the premium. Fully insured plans are typically purchased by individuals or a small business that are too small to self fund.

Fully insured plans are typically regulated by insurance laws in the state where they were sold. Many states have laws regarding the time frame in which properly filed claims must be paid, and fully insured plans must comply with those prompt payment or any other applicable laws.

**Self-Funded Dental Plans**

Under a self-funded dental plan, the employer pays employee insurance claims out of its own pocket. Typically, the employer will hire a third-party, such as an Aetna or Delta Dental, to provide administrative services only (ASO) in exchange for a flat fee or a small percentage of each claim processed. The employer makes all decisions regarding the insurance coverage, including covered procedures, the UCR paid, the sequence of coordination of benefits, etc.

Self-funded plans are regulated by the U.S. Department of Labor under ERISA. There are no federal regulations dictating the time frame in which claims must be paid; ERISA only requires that an acknowledgement of the claim be provided within a reasonable period of time (90 days). In fact, if the plan is not adequately funded, dental practices may experience delays in payment.

In addition, processing policies may vary with self-funded plans. This is because self-funded plans may have separate processing policies that the third-party administrator (TPA) must follow.
HOW TO DETERMINE IF THE PLAN IS FULLY INSURED OR SELF-FUNDED

The easiest way to determine if the plan is fully insured or self-funded is to consider the size of the company and read the patient’s insurance card or patient benefit booklet (Summary Plan Description). For example, if the card indicates that the plan is “administered by” Guardian or “administrative services only” by Delta Dental, then it is a self-funded plan. Likewise, if the claim is sent to a company that has “administrator,” “management,” or “TPA” in its name, then the plan is probably a self-funded plan.

Generally speaking, large private employers, unions, hospitals, and trusts provide self-funded insurance plans for their employees. Examples of large employers include Walmart, Bank of America, Google, Amazon, etc.

Primary Plan

When two or more dental plans are involved, the dental team must first determine which plan is primary. It is important to research and understand the rules for coordinating benefits, as defined by your state’s laws and the patient’s dental contract. While there are slight variations from state to state, most plans use the following rules to determine which plan is considered the primary provider.

How Much Will the Secondary Plan Pay?

The following rules will apply if a dental plan is obligated to follow the 2013 NAIC COB model regulation in order to be ACA compliant, either because of state law or COB contract language.

As a general rule, the secondary plan must pay an amount that, when added to the primary plan’s payment, is not less than what the secondary plan would have paid had it been primary.

Examples:

1. The primary plan’s allowable expense is $300, and the secondary plan’s allowable expense is $200. The secondary plan would only coordinate its benefits up to the $200 allowable expense, because this is what it would have considered for reimbursement if it had been the primary plan.

2. The primary plan’s allowable expense is $200, and the secondary plan’s allowable expense is $300. The secondary plan is able to coordinate benefits up to $300, because that is what it would have coordinated to if it had been the primary plan.

Fee Charged to the Patient

The patient receives the benefit of the lowest contracted fee schedule. Thus, the “patient responsibility” is the lowest contracted fee.

According to the NAIC’s current COB model regulation:

• The primary plan must pay as if no other coverage exists. The COB rules of the secondary plan determine how much the secondary is required to pay. The COB rules of the secondary plan are established in the plan document and are part of the dental benefit contract that the employer purchased. The terms of the benefit contract are laid out in the plan document.

• The doctor may collect from the benefit plan up to his highest negotiated fee if contracted with two or more of the patient’s benefit plans.

• The patient is never responsible for more than the lowest contracted fee minus the total paid by all plans. If the claim is not paid in full between two or more dental plans, the most the doctor can balance bill the patient is the unpaid amount, up to the lowest contracted fee. This is in case regardless of whether the plan with the lowest contracted fee is primary or secondary. The patient cannot be penalized for having two plans simply because the negotiated fee for the primary plan is higher than the negotiated fee of the secondary plan. Likewise, the doctor should not be penalized because the primary plan’s negotiated fee is lower than the secondary plan’s contracted fee. However, if the two plans pay the doctor more than the lowest contracted fee, the doctor may keep any excess up to the full practice fee.

General Rules of COB (Coordination of Benefits)

Generally speaking, the practice can keep up to the full practice fee submitted. However, a payer will typically never reimburse more than the charge reported on the claim. So, it is very important to always report the full practice fee on every claim form, never the contracted fee.

Patient responsibility is based on the lowest contracted fee. The patient will typically be required to pay the difference between the lowest contracted fee and the total paid by all insurance payers.

The following rules summarize the information contained in the previous COB sections:

• When treatment is performed by an in-network provider, the patient receives the benefit of the plan with the lowest contracted fee, whether primary or secondary. If the total paid by 2 or more dental plans is less than the lowest contracted fee, the patient may only be balance billed for the difference between the total paid and the lowest contracted fee.

• If the doctor is not contracted with the patient’s primary plan, but is contracted with the secondary plan, the doctor may collect more than the secondary plan’s negotiated fee if paid by the primary payer. However, the patient’s out-of-pocket responsibility is limited to the secondary plan’s negotiated fee minus the total paid by the primary and secondary dental plans.

• If a doctor is contracted with both the primary and secondary dental plan, the doctor may collect total payments up to the full practice fee submitted. However, the patient’s responsibility is limited to the lowest negotiated fee minus the total paid between the primary and secondary dental plans.

• If the secondary plan is a self-funded plan regulated by ERISA, the COB provision as defined by the secondary plan document applies (which may or may not conform to the plan’s state COB laws). Patients are often not aware of the highly restrictive coordination of benefits provisions that exist in some
ERISA benefit plans (e.g., non-duplication of benefits, integration of benefits, maintenance of benefits, etc.).

- If the patient’s secondary dental plan is a fully insured product, then the COB laws of the state where it was sold apply. COB laws vary widely from state to state. In some states, group plans do not coordinate with individual plans. In other states, the secondary payer is only required to coordinate up to the primary payer’s allowable fee, and some states have no COB laws.

- If the secondary plan is a federal plan, then federal COB rules apply.

**What Fee Should Be Reported on the Insurance Claim?**

The American Dental Association (ADA) encourages doctors to always bill their full practice fee (actual fee charged) on all dental claims, and take required write-offs after all claims have been paid. Do not report negotiated fees, such as PPO fees or any other reduced fee schedule fees on any claim form.

Some secondary plans coordinate up to their allowable fee if it is higher than the primary dental plan’s allowable fee. While other plans may coordinate up to the primary allowable fee, which may be lower than the secondary allowable fee. A secondary plan should never coordinate up to a fee that is higher than the fee reported on the claim form. By reporting your full fee, you may find that some secondary plans will coordinate up to the full fee submitted, if it falls within the secondary plan’s maximum allowable fee schedule.

**How Is the Write-Off Calculated?**

It is important that no write-offs be made on the patient’s account until all dental plans have paid. Do not rely on the Explanation of Benefits (EOB) forms to determine the amount to write off. You must calculate them. If write-offs are taken as indicated on both EOBs, the patient could have a negative or credit balance.

Begin by identifying the lowest contracted fee established by all the contracted plans. Then, total the payments made by (payment received from) all insurance payers. If the total of the insurance payments equals or is more than the lowest contracted fee, then the patient owes nothing. The difference between the full practice fee and the amount received is then written off. On the other hand, if the total of the insurance payments is less than the lowest contracted fee, the patient owes the difference between the total of the payments received and the lowest contracted fee. Any balance above the lowest contracted fee is written off. Note that this is only true if you are contracted with one or more of the payers. If you have no contract with a dental plan, you are not obligated to write off any part of your fee.

**Non-Duplication of Benefits**

Some patients are lucky enough to have dental insurance coverage from multiple plans. This is referred to as dual coverage. However, dual coverage does not translate into double benefits. Patients often think they will have no out-of-pocket expenses if they have dual coverage. However, this may or may not be the case.

Many payers’ contracts (particularly self-funded plans) contain a non-duplication of benefits clause. A non-duplication of benefits clause reduces or relieves the payer from reimbursing any benefits for services paid by another plan.

Non-duplication of benefits means that if the primary plan pays the same or a greater benefit than the secondary plan allows, no benefits will be paid by the secondary plan. If the primary plan pays less than the secondary plan allows, then secondary will pay the difference between the primary plan payment and the allowed amount of the secondary plan.

Unfortunately, patients are usually unaware of the non-duplication of benefits clause. Therefore, it is important for the dental team to confirm coordination of benefits rules prior to providing treatment to help eliminate misunderstandings regarding the financial expectations of the patient with dual coverage.

**SUMMARY**

Always submit the full fee on all claim forms. Never submit the PPO fee. A PPO negotiated fee does not change the actual fee charged for the service.

When a patient is covered by multiple plans, do not post any contracted write-offs until all plans have paid. Contracted write-offs may be reduced through coordination of benefits. If a patient credit exists following the coordination of benefits, perform an account analysis to determine if a claim was overpaid (the total amount collected was more than the full practice fee) or a contracted write-off was calculated incorrectly. Notify the secondary plan if it appears that the claim may have been overpaid (total amount received from all plans exceeds the fee reported on the claim form).

If the total paid by multiple plans equals or exceeds the lowest contracted fee, the patient’s out-of-pocket responsibility is zero.

If the total paid by multiple plans is less than the lowest contracted fee, the patient owes the difference between the lowest contracted fee and the total paid by the dental plans.

If the doctor is not contracted with any of the patient’s plans, the patient is responsible for the full practice fee as submitted on the claim form.

The 2013 NAIC COB model regulation allows contracted providers who are contracted with multiple third-party payers to receive an amount up to their highest contracted fee through coordination of benefits, whether paid by the primary or secondary payer. Contracted providers may receive more than the secondary payer’s contracted fee if paid by a non-contracted primary payer, thereby reducing the required provider write-off. Remember, the practice can collect up to its full submitted fee with multiple plans.

For further questions or concerns please contact Dental Benefits Director Mary Essling at (312) 337-2169 or at mesling@aadp.org.
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HowStuffWorks Features AAPD

AAPD President Dr. James Nickman spoke with science writer, Jesslyn Shields, regarding when a child’s permanent teeth don’t come in. According to the piece:

“Congenitally missing teeth are relatively uncommon,” writes Jim Nickman, president of the American Academy of Pediatric Dentistry, in an email. “In the primary dentition, up to two percent of children will experience missing teeth, but in the permanent dentition, the range in various studies is from 0.15 percent to 16 percent. The most common missing permanent teeth are lateral incisors and premolars, and it’s very common that a missing baby tooth also will not have a permanent successor.”


AAPD in Mentor Magazine

Rebecca Stone interviewed AAPD President Dr. James Nickman and AAPD President-Elect Dr. Joe Castellano for a December article on new products designed to lessen the fears in children of going to the dentist, as well as those that can encourage home care.

PBS NewsHour Covers Silver Diamine Fluoride

During the evening PBS NewsHour on Wednesday, Jan. 3, special correspondent Cat Wise reported on a new method of treating tooth decay using silver nitrate and how it may make the pain and expense of traditional treatments obsolete. Within the story, she interviewed AAPD member Dr. Frank Mendoza, as well as cited and referenced AAPD’s new EBD Guideline on Silver Diamine Fluoride.

Mouth Monsters is a consumer-focused media campaign initiated by the AAPD in 2014 via partnership with the leading public relations firm Weber Shandwick. The campaign goal is to distinguish the AAPD and pediatric dentists as the go-to experts on children’s oral health and get more children to see a pediatric dentist by age 1. AAPD has invested over $1 million in this campaign since its inception. Visit the Mouth Monster Hub at http://mouthmonsters.mychildrensteeth.org/.
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Continuing Education Credit: Another Benefit of ABPD Certification

The American Board of Pediatric Dentistry (ABPD) has been named as a recognized provider in the American Dental Association (ADA) Continuing Education Recognition Program (CERP) effective November 2016.

ABPD’s Renewal of Certification Process (ROC-P) provides Diplomates an opportunity to acquire continuing education (CE) annually. To access ABPD CE activities, login to your personalized ROC-P dashboard. One credit hour is awarded for each online Continuous Quality Improvement (CQI) module completed and ten credit hours are awarded upon successful completion of the online, open book Renewal of Certification Examination.

Although only two CQIs are required each year, you can complete as many new modules that you would like, as long as you have not completed the module in the last two years. ABPD’s Renewal of Certification Subcommittee works hard each year to develop new and relevant content for our Diplomates to easily access. The dashboard currently has 29 CQI modules available for completion and below are recently added modules with more content forthcoming.

♦ Sedation Emergency Scenarios with Video
♦ Soft Tissue Pathology and Considerations
♦ Pediatric Psychopharmacology and Local Anesthesia: Potential Adverse Drug Reactions with Vasoconstrictor Use in Dental Practice
♦ Management of Posterior Incipient Carious Lesions
♦ Assessing Changes in Quality of Life and Dental Anxiety for Children After Dental Rehabilitation Under General Anesthesia
♦ The Role of Glass Ionomer Cement on the Remineralization of Infected Dentin: An In Vivo Study

In addition to developing, reviewing and updating the CQI’s, the subcommittee also evaluates the statistics from the quizzes and surveys that are given at the end of each module. The following are some of the most frequently missed questions from the current CQI’s.

♦ Which is a possible concern when prescribing acetaminophen with codeine for analgesia in infants and children?
♦ According to the AAPD Reference Manual Guideline on Restorative Dentistry, what is the semi-permanent restoration recommended for the treatment of severe enamel defects in permanent teeth?
♦ Prior to a gingivectomy procedure, prophylactic antibiotic is indicated for patients with which medical devices?

Did you know that even as an Unlimited or Life Diplomate you can have access to the CE, CQI content and more? It is easy to enroll in ROC-P and access to content, CE and tools are instant. Contact ABPD Headquarters today to learn more, info@abpd.org.

Congratulations to the 2017 Pugh Awardees
The Pugh Award is given to those who have scored in the top 3% of the 2017 Qualifying Examination.

Htet Bo - Regina, SK
University of Illinois at Chicago
Kimball Burton - Lehi, UT
Children’s Hospital of Michigan-Detroit
Arti Dahiya - Holyoke, MA
Lutheran Medical Center
Vrutti Dave - Jamaica, NY
St. Barnabas Hospital
Grace Gianneschi - Boston, MA
Ohio State University
Michael Hong - Boston, MA
Children’s Hospital Boston-Harvard School of Dental Medicine
Christina Huynh - Dallas, TX
Temple University Hospital
Ningkun Li - White Plains, NY
Montefiore/Albert Einstein
Casey Lynn - Valrico, FL
University of Florida

Jessica Machado – Tustin, FL
Loma Linda University
Meghan Nation - Wausau, WI
Children’s Hospital of Michigan-Detroit
Samantha Nolte - Plattsburgh, NY
Montefiore/Albert Einstein
Min Sun Park - Commack, NY
Harlem Hospital Center
Cheryl Poon - Staten Island, NY
Bronx Lebanon Hospital
Scott Scheps - St. Petersburg, FL
University of Florida
Claire Sheehan - Chicago, IL
Ann and Robert H. Lurie Children’s Hospital of Chicago
Kacie Shelton - Cypress, TX
University of Texas-Houston

ABPD would like to thank the following Diplomates for completing their term of service on the Examination Committee:

Kyoko Awamura, Kailua-Kona HI
Yasmi Crystal, Bound Brook NJ
Reena Kuba, Irving TX
Harold Pincus, Potomac MD
Priyanshi Ritwik, Metairie LA
N. Sue Seale, Dallas TX
Sarat Thikkurissy, Cincinnati OH
Anne Wilson, Denver CO

We appreciate the time, expertise and commitment that they have shown to ABPD and its vision to inspire every pediatric dentist to provide high quality oral health care to all children and maximize patient outcomes through continuous participation in the certification process.

Leila Younger, DDS, MS
Barrington IL
Secretary, ABPD
Board certified: 1998
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Dr. Kelly Kim
Supported Pediatric Owner Dentist
Murrieta, California

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HSHC Trustee Emeritus Jerome B. Miller Receives William John Gies Award

During the ADA Annual Session in Atlanta last fall, AAPD Past President, HSHC Past President and HSHC Trustee Emeritus Jerome B. Miller, D.D.S., M.S.D., received the American College of Dentists highest honor: the William John Gies Award.

Named after William J. Gies, who was “instrumental in shaping the College and the entire dental profession,” the award, initiated in 1940, recognizes Fellows who have made truly unique and exceptional contributions to advancing the profession and its service to society.

“Jerry’s commitment to dentistry, through the College, the Academy and HSHC, makes him an outstanding choice for this honor,” said HSHC President Ned Savide, D.D.S.

The ACD’s award announcement cited Dr. Miller for his service to “his profession and his community in a manner that is befitting the highest ideals of selfless service and personal courage.”

In addition to his ongoing service to the Academy and Foundation, Miller has served with distinction at every leadership level in his native Oklahoma and nationally. As a past president of the Oklahoma Dental Association, the American College of Dentists and the American College of Dentists Foundation.

“We’re blessed to have Jerry’s passion and dedication within the Academy and Foundation,” said AAPD and HSHC CEO John Rutkauskas, D.D.S., M.B.A., C.A.E., said. “It’s great to see this humble man be recognized in such a meaningful way. My hat is off to the College for presenting Jerry with this much-deserved honor.”

Drs. Jerry Miller and Neal Benham pose with a portrait painted by Dr. Benham unveiled during the 2015 dedication of Healthy Smiles, Healthy Children’s offices in the AAPD Headquarters as the Jerome B. Miller, D.D.S., Center for Philanthropy and Leadership Development.
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FLORIDA—BONITA SPRINGS/CAPE CORAL/PORT CHARLOTTE. Extraordinary opportunity for a Pediatric Dentist to join Southwest Florida’s premier Pediatric Dentistry practice! Growing and profitable private practices located in Bonita Springs, Cape Coral and Port Charlotte. In addition to routine dental care, our offices offer the full spectrum of in-office sedations as well as an opportunity to provide dental care in a hospital setting. We are looking for someone compatible who is personable, enthusiastic, caring and loves what they do. Currently, we’re seeking an associate on a part or full-time basis with partnership options for the right person. Must have completed Pediatric Dentistry Residency and licensed to practice in Florida. Board eligible or Board certified would be great! For more information on our practice, please feel free to check out our website at www.swfl-pediatricdentistry.com. If interested or would like more information please e-mail C.V. to doctors@swfl-pediatricdentistry.com.

FLORIDA—ORLANDO. Our thriving Orlando, FL private practice office is seeking a part time associate to join our busy practice. We have a modern office, a wonderful patient base, and a loyal and committed team. We are looking for a fun, caring, compassionate individual committed to providing excellence in total oral health care to our little patients (and big ones). Our office creates an environment that encourages family-centered preventative care and a team approach with our parents and children. Our practice is committed to excellent service that exceeds the expectations of our patients and their parents. Our goal is to build trust with our patients and parents and make each and every visit a positive experience. We are located in a very desirable area of sunny Orlando, FL. This opportunity is perfect for the individual interested in working part time with the potential for full time. We offer a competitive compensation and benefits package including health insurance and 401k. To become part of our outstanding team email your C.V. to midldentistry@icloud.com.

FLORIDA—WINTER PARK. Pediatric Dental Group is growing and we are looking to add a full-time Pediatric Dentist to our team. We are a private group owned and operated by 2 Board Certified Pediatric Dentists, and have 3 locations in Central Florida. All of our locations are modern with digital records and x-rays. Services include in-office sedation and general anesthesia at several local hospitals. We offer a competitive compensation package, and an environment tailored to foster professional growth. New grads welcome, hospital based residency graduates preferred. Our pediatric dentists are happy to help ease your transition from residency into practice. Come live in one of the best cities to live in Florida! Requirements: Pediatric Residency, Hospital Based Residency Preferred. Please visit www.pediatricdentalgroupoflorida.com to learn more about our practice. Interested candidates please contact Jocelyn at 321-720-2402 or Jocelyn.Espejo@ swfl-pediatricdentistry.com to learn more about the opportunity.

GEORGIA—ALPHARETTA. Excellent career opportunities for Pediatric Specialists. New grads, future grads, and established practicing doctors are welcome. Excellent benefit package including paid vacation, malpractice insurance, CE and license reimbursement, 401K, and more. We have offices in Georgia (greater Atlanta area), Florida (greater Tampa area), Pennsylvania (greater Philadelphia area), and Alabama (Tuscaloosa and Anniston). Please contact Pam Moreland 407-710-2794 or pmoreland@childrensanddentalkidsgroup.com.

ILLINOIS—CHICAGO. Pine Dental Care has a position available for an energetic pediatric dentist to join our practice. We have two offices, one urban (Chicago), one suburban (Glenview). All pediatric dentists have hospital privileges at Lurie Children’s Hospital of Chicago. Our main focus is to provide compassionate care to children. This position leads to a partnership position. Requirements: Must be Board Eligible and able to pass the ABPD Board exam in 5 years from starting at our practice. Please e-mail resumes to pineedental@gmail.com.

ILLINOIS—NAPERVILLE. Immediate opening for pediatric dentist in expanding multi-specialty practice. High end technology in two beautiful locations, southwest suburbs, full time and part time hours available. Please send to doctor@swfl-pediatricdentistry.com.
ILLINOIS—OAK BROOK. Associate part-time [1–2 days per week] position, western suburbs of Chicago with office locations in Oak Brook and St. Charles. Diverse population that seeks optimal care and full range of services including interceptive and minor orthodontics, in-office sedation, hospital and surgical center care in well-established and still growing practice. Outstanding associate opportunity; optimal for individual who teaches part time. Experience and board certification highly desirable. Potential for individual who might at some point in near future consider full-time 4 day per week practice including Saturdays and seek practice ownership. Hospital privileges can be sought at Lurie Children’s, Delnor/Northwestern Hospital. Interested individuals should forward resume and cover letter of interest and goals to ghenterprises@gmail.com.

KANSAS—WICHITA. We are looking for a Dentist with a strong work ethic and passion for treating the underserved to add to our growing practice. We treat children up to age 21 so a desire to work with kids is a must. We offer a work environment where work-life balance is encouraged. In addition, we offer a competitive starting salary, excellent benefits package, 401k with company match, holiday pay, PTO and much more! You may even be eligible for relocation assistance and a sign-on/retenion bonus! Whether you are looking for your first job as a Dentist or an opportunity to advance your career, Great Plains Dental may have the opportunity you have been looking for. If you are ready to join a team of professionals that love what they do, we want to hear from you! Requirements: Must have or be eligible to obtain your KS dental license, dental license must be in good standing, must enjoy working with children, must have a passion for educating patients about dental health, must be compassionate and a strong desire to serve the underserved. Please e-mail resumes to job@gpmdent.com.

MASSACHUSETTS—BOSTON. Pediatric Dentist opportunity in Boston and Springfield, Massachusetts. We are seeking pediatric dentists to join our fantastic team. We have 10 fast-growing locations that are multi-specialty facilities with a highly motivated and skilled team and a great patient base. Excellent pay and benefit package. We offer: base pay of $1,000 a day, 40% production reconciliation bonus structure, paid holiday and vacation, medical, dental and vision insurance, flexible spending account, professional and licensure dues, malpractice insurance, disability insurance (short- and long-term), CE allowance, and 401(k). Requirements: D.D.S./D.M.D. Pediatric Residency. For more information on our practice, please visit our website at Dmtycareandblues.com. Send resume to pedodontist@newenglandfamilydentistry.com or contact Gretchen at 207-730-2360.

MASSACHUSETTS—PEABODY. Associate position available in a busy two-office practice located at Boston’s North Shore. Generous benefits package. Requirements: Completion of pediatric dentistry residency training program and state licensure required. Please e-mail resumes to federico@brianlag6@gmail.com.

MASSACHUSETTS—WESTBORO. We’re seeking a lighthearted, competent Pediatric Dentist to join our multi-specialty group practice in metro-west, Boston. This is a full time position 4-5 days per week with benefits. We have 3 practice locations, all privately owned, with very low Doctor and staff turnover. The practices are all state of the art with paperless charting, digital radiography, ICAT, and iTero scanning. We’ve been providing outstanding Pediatric Dental and Orthodontic care for over 20 years with the goal of creating healthy smiles! This is a great opportunity for the right candidate to join our growing dynamic group. Requirements: Pediatric Dentistry Certificate from an accredited U.S. pediatric program. Send your C.V. to dentallace@brushfliss.com or call 508.366.0122 and ask for Dr. Diah or Debbie. Please visit us at: www.brushfliss.com.

NEVADA—LAS VEGAS. We are a well established, well respected in the community, private pediatric dental practice with two offices. We have state of the art equipment such as lasers, etc. We see all insurance. We are busy with only one owner/provider. So, we, I need help. I am looking for a conscientious, energetic, pediatric dentist who loves children. Part time or full time. Excellent, very competitive daily rate and opportunity to buy in or partner for full time position seekers. Please contact me at Pediatricdentist2016@gmail.com Completion of pediatric dental residency.

NEVADA—LAS VEGAS. My Kid’s Dentist has an excellent opportunity for a pediatric dentist to work full time in Las Vegas. As a pediatric dentist practicing at My Kid’s Dentist you’ll have the opportunity to focus 100% of your time on pediatric dentistry and patient care; likely the reasons you chose pediatric dentistry as a profession rather than dealing with the practice management side of things. Pediatric dentists are supported with trained assistants along with industry-leading tools, technology and safety equipment. My Kid’s Dentist accepts nearly all PPO and HMO plans and we only partner with residency-trained pediatric dentists. Compensation includes a guaranteed daily draw or a percent of adjusted production along with comprehensive benefits. If patient care and the relationships you create is your passion, then practicing at My Kid’s Dentist is likely just the place you are looking for. Requirements: Dental degree from an accredited University and an active State Dental Board license. D.D.S./D.M.D. Oral Sedation license required. Contact Ed at 949-842-7930 or e-mail kbomane@juno.com.

NEW HAMPSHIRE—GILFORD. Our busy and continually growing state-of-the-art pediatric practice seeks a new partner to help expand our practice and associate to grow with our high demand of patients. Our Gilford practice is located in the heart of the Lakes Region, our Plymouth practice is centrally located in the White Mountain Region and our Littleton practice in the North Country! These locations are ideal for someone looking for it all! Lake and Mountain living with convenient access to Boston and the Seacoast. Join us as a highly trained compassionate and enthusiastic dental team that parents and patients love! All of our practices offer advanced technology, top notch equipment and office décor our patients can’t stop talking about! This practice is without a doubt one-of-a-kind! We offer generous pay and a flexible schedule. For more information about this position e-mail drennenll@childrensdentistnh.com.

NEW HAMPSHIRE—KEENE, Children’s Dental Care is seeking a pediatric dentist to associate with our special practice - more so a team and a family. Meanwhile, revel in the beauty and charm of the four season quintessential New England community of Keene, New Hampshire. Our work environment includes a kid friendly New Hampshire forest theme, with an open bay and state of the art design and equipment. Treatment options include nitrous oxide sedation and hospital dentistry. Our mission, a team passion, includes providing compassionate, non-prejudicial, quality dental care while having fun communicating with youth and their parents. If you are interested in a position where your personal investment will be greatly valued with the potential for long-term partnership, then this is the place for you. Depending on timing, this position may include short-term practice coverage while the owner doctor is on a leave of absence. Compensation will include a percentage of production, fully paid health insurance, and many other benefits. Requirements: Board Certified preferred. Please e-mail resumes and/or inquiries to manager@diricully.com.

NEW JERSEY—CHERRY HILL/TURNERSVILLE. Looking for an enthusiastic, passionate about your work, wanting to make a difference in the world, love Pediatric Dentistry, team player to join our practice in South Jersey. Located in a great community, with excellent schools, easy access to Philadelphia, the Jersey Shore sports teams, and just about everything you could ask for. We are the practice that you’ve always wanted to be a part of. Guaranteed daily minimum salary, plus excellent benefits. Please e-mail C.V.s to DrJfjamnai@ dentistryforspecialpeople.com.

NEW JERSEY—EAST BRUNSWICK. Looking for a Part time / Full time pediatric dentist to join a very busy and accomplished practice. Strong compensation with guaranteed minimums. Insurance and 401k available. Looking for the right fit for a very family oriented and reputable practice. Requirements: Need to be a Pediatric Dentist. Please e-mail resumes to elbow17@yahoo.com.

NEW MEXICO—FARMINGTON. We are looking for a full time pediatric dentist for our office in Farmington, NM with opportunity leading to partnership. The candidate must be a self-motivated, present excellent leadership and communication skills. We give the autonomy to see your own patients, creating your own treatment plans with the anticipation you are building lifelong relationships with these kids and families. Additionally, we would like the candidate to be able to perform exams at four hygiene chairs and confidently manage two operative columns; we do utilize EFDA’s to make this possible. We offer an excellent salary, bonuses, sedation and hospital time available, 401K, and insurance. We are eager to bring in the right candidate who has compassion, enthusiasm, desire for community involvement and the ability to love our patients! If you feel you would be a great fit, please submit a resume and a snapshot about yourself. Please e-mail resumes to dawsonmd@southzone.com.

NEW YORK—CERTEARECH. Growing Pediatric group, with multiple offices, needs pediatric associate with potential for partnership in our expanding offices. We re looking for full or part time associates in our Queens and Central Suffolk locations. Excellent salary and percentage is being offered. Requirements: Completion or soon to be completed Pediatric residency program. Please send resumes to 2alow@gmail.com.

NEW YORK—FLUSHING. Specialty Pediatric Dental office in Flushing, Queens and New Rochelle, Westchester is looking for a motivated pediatric dentist to join our team. Applicants must be finishing or have finished a pediatric dental specialty program. Part time to Full time positions available. Health care and 401K benefits are offered to full time positions. If interested, please email C.V. to suetdil@hotmail.com or fax to 718-281-2389.
NEW YORK—NEW YORK. Long standing fee for service pediatric practice in Manhattan seeking Associate. We are in search of a motivated, energetic and dependable pediatric dentist to join our team. Please e-mail resumes to babyteeth70@gmail.com.

NEW YORK—TAPPAN. Our well established Pediatric Dentistry is currently looking for a hardworking Pediatric Dentist to join our team. We are seeking a qualified Dentist with exceptional communication and clinical skills. The ideal candidate would care about providing superior dental treatment while being very compassionate to all of our patients. The position is part time but may lead to a full time position for the right candidate. We offer a competitive compensation package and excellent long-term growth opportunity. The office has been in existence for over 40 years and is still growing strong in Rockland County, NY, on the border of Bergen County, NJ. The office utilizes digital radiographs & state-of-the-art equipment in a beautiful comfortable environment. Our practice is well known for providing superior dental care for all of our families in a fun and positive environment. At Children’s Dentistry of the Palisades, it is our goal to make your child’s first dental experience a positive and fearless one. Since we opened our doors in 1975, our compassionate team of professionals has been delivering trusted, gentle pediatric care to patients having come from Rockland County, NY and Bergen County, NJ. We have built a wonderful reputation as a caring practice, and the community understands our office is the place to bring their children for all of their oral health needs. Requirements: D.D.S./D.M.D degree from an accredited US Dental School, certificate of completion from an accredited Pediatric Dentistry residency program, American Board of Pediatric Dentistry; Diplomate or Board-eligible, licensed in New York State, strong communication skills, excellent chair side manner, effective in planning, presenting, and executing treatment plans, minimum of 1 year of experience in private practice setting. If you are interested in becoming part of a solid team, please apply by e-mailing your resume to vin.vakani@excellentchairside.com.

NORTH CAROLINA—WINSTON-SALEM. Excellent opportunity for a skilled, motivated, dedicated pediatric dentist in a State of the Art Pediatric Dental practice. We only have a rich benefit package. Located in a Medical Park in the Piedmont Triad of North Carolina. Our office has an exceptional, experienced, multi skilled team to support patient care in our 15 chair friendly office. We provide the highest quality care in a fun, caring environment as we focus on family centered care. Requirements: Must be a Pediatric Dentist. Please send C.V. to jgoldbach@dentist4kids.com or mail to 185 Kimel Park Drive, Suite 202 Winston-Salem, North Carolina 27103 Attention Office Manager.

OHIO—DAYTON. We are looking for a full time pediatric dental associate with the highest integrity, enthusiasm, compassion and work ethics to join our team and possibly become a partner in the future. This is a great opportunity for a pediatric dentist to join a very successful private pediatric dental practice in Centerville, Ohio. This is a fast growing, highly sought after practice with a great future. State of the art practice. Digital, Paperless, Intraoral Cameras, Lasers etc. Highly trained staff. The best hygienists & assistants in the area, partnership opportunity, in-office IV sedation, fantastic quality of life, family friendly community, high patient satisfaction, and the community understands our office utilizes digital radiographs & state-of-the-art equipment in a beautiful comfortable environment. The practice has a rich benefit package including disability insurance, 401k with company match, CE & membership/dues reimbursement, excellent earnings opportunity. Guaranteed minimum base or percentage of collections (whichever is higher). Work alongside our owner with over 25 years of experience. Entry-level or experienced dentists are welcome to apply Requirements: D.D.S. or D.M.D. licensed (or ability to obtain licensure) to practice in OH, certificate in Pediatric Dentistry, excellent clinical and communication skills, obtain affiliation with local hospital(s). Please e-mail resumes to jylee@centerpediatricdentistry.com.

OHIO—FAIRLAWN. Expanding Pediatric Dental practice in a family oriented town close to Cleveland is looking for an energetic compassionate Pediatric Dentist for a part time or full time position. Able to start immediately. Modern office, fee for service, dedicated staff with great clientele with no medicaid. Owner willing to mentor new graduates. Potential to make $200,000+. Look forward to discussing our future opportunity together! Apply in confidence at CtrlHole.com.

OREGON—HOOD RIVER. Immediate opening with signing bonus. Have a passion for helping children have a wider and brighter smile? Join our team at A Kidz Dental Zone of Hood River & The Dalles. Where patient interaction is focused on Happy Kidz, Healthy Smiles, for a Lifetime! At A Kidz Dental Zone of Hood River & The Dalles our main focus in providing an inviting environment for all our patients and their families through a caring staff and exceptional dental care. A Kidz Dental Zone of Hood River & The Dalles has an immediate opening for an experienced, compassionate and motivated pediatric dentist interested in opportunities to provide care focusing on prevention and community involvement. About a Kids Dental Zone of Hood River & The Dalles. We have been in practice since 1999 in the heart on Hood River. Located at 419 State Ave., Suite 4 Hood River. We are surrounded by Mountains, rivers, streams, hiking & biking trail and all of the outdoor adventures the Gorge brings. At A Kidz Dental Zone we believe that every child deserves quality dental care. We work hard to ensure that all the children in the communities that we serve have access to specialized dental care and strive to become an integral part of the communities that we serve. Why Should You Apply? Competitive salary, signing bonus, quarterly bonus potential, top benefits including: Health Insurance, 401K Retirement Plans, Profit Sharing, and health savings account, paid professional liability insurance, paid vacations, continuing education reimbursement, opportunity for future partnership, entry level or experienced dentists are welcome to apply Requirements: Must be a Pediatric Dentist, license (or ability to obtain licensure) to practice in OR, certificate in Pediatric Dentistry, excellent communication and clinical skills, obtain affiliation with local hospital(s). Please e-mail resumes to timrichardsondds@gmail.com.

OREGON—KEIZER. Hi everyone! I am a private practice pediatric dentist looking for a long-term practice partner to help manage the huge growth I am experiencing. I opened two locations this year and am getting 300+ new patients a month - it would be even more with additional providers, as we are already getting backed up on our schedules! The market is very under-saturated and the community has responded very positively to having new care of their kids. I would love to give you an idea of the need, I am the only pediatric dentist serving a population of over 100,000 people! I need another two pediatric dentists to join me in taking care of all these kids. I pride myself in making sure every child can have specialty care, so our patient population includes a healthy mix of both Medicaid and privately insured patients. We provide treatment options with nitrous oxide, conscious sedation (oral and intranasal), and in-office general anesthesia. We utilize the Hall Technique as well as SDF to help keep kids out of the operating room and minimize the need for sedation. I also perform laser frenectomies for tongue and lip ties for infants with nursing difficulty and older kids with speech problems. This is another severely underserved niche in our community that keeps me busy and generates more referrals from primary care physicians, nurses, lactation consultants and midwifes. I am committed to providing care for children in the community, including the underserved as well as will be able to provide mentorship along the way. The practices are in the Salem, Oregon metro area, within the beautiful Willamette Valley. If you like outdoor activities such as hiking and biking, summers that are not-too-hot and winters that are not-too-cold, wine country, up-pick farms and water sports, this is the place you want to be. The Salem area is very family friendly. Portland, the Pacific Ocean and snow skiing are all about an hour away. Big-city amenities and laid-back open countryside are all close by. This is an opportunity to get into a private practice at the ground-level, helping build it up into a group practice with multiple doctors and multiple locations. I will even gift equity to you at buy-in as recognition for help building the practice! Mentorship would be provided in all aspects of the practice and you would be included in management discussions, with the hope that you want to enter into a partnership in the near future. All professional-related expenses are covered by the clinic, as well as a generous expense stipend and health insurance coverage. If you want to be part of building something special while filling a huge need in a great community, please visit our website at www.acorndentistryforkids.com and send an email to timrichardsondds@gmail.com. (Please no solicitors). I look forward to hearing from you soon!
We are looking for an excellent general pediatric dentist, who is interested in working with a group of well-trained and experienced pediatric dentists and general dentists. We are a multi-specialty practice, and you are a great communicator, a superior clinician, and team player who wants to work hard and enjoy Southern living in a private practice setting. Our patients include children of the area's finest families, and we offer a full-day position in a one-of-a-kind practice setting. We have been in practice for over 33 years and are seeking a full-time Pediatric dentist who is passionate about their career. Great relationships with all pediatricians in area. Regional hospital nearby for hospital OR cases and oral conscious sedation is performed. Full Time Position: Continuing Education stipend, health Insurance, $1,000/day or 35% collections, whichever is higher, and relocation expenses are provided. The Midlands of South Carolina provide quick access to the mountains and all the beaches of South Carolina while welcoming each month like no other place. Our team is extremely loyal and dedicated to providing the absolute best in treatment and comfort for each patient. For more information send C.V. to goinsandpa@carolinachildrendentistry.com. Visit our website at www.carolinachildrendentistry.com.
plan with match, employer-paid professional liability insurance, employer-paid C.E. and travel allowance, P.P.O. and F.F.S. patient base, completely digital office, our practice offers in-office I.V. Sedation administered by an anesthesiologist from PDAA. Requirements: Successful completion of a pediatric dental residency, or scheduled to complete in 2018. State of Tennessee dental license or be qualified to obtain a license, and board eligible. To apply or for more information about this position, please contact Garry Phillips at ogilville@ogilville.net and please include your C.V. with your e-mail.

TEXAS—ABILENE. Excellent opportunity for an enthusiastic board-eligible or board-certified pediatric dentist to join an 18 year old pediatric dental practice as a full-time associate, with buy-in opportunity. We are located at 2223 South Dancille Dr. in a 2800 sq. ft. office built overlooking Elm Creek. We are the only pediatric dentist owned practice in the county and have a constant flow of new patients. We are located 2.5 hours west of Fort Worth. Previous associate entering a pediatric residency spring 2018. She worked 4 days a week at 8 hour days producing $609,000 ($565,164-billed to insurance with other portion as cash patients).

Associate is paid on production at 30% (no chasing accounts, 192 work days= $3,200 daily production) with paid C.E. or vacation at $2,000 per 12 months. As a pediatric dentist adding Fridays, sedations and OR work the potential upside production is much higher. Moving stipend/signing bonus of $4,000 available. Previous dentist with us is available to discuss work history. If working in a fun upbeat environment with an anesthesiologist at both a private facility and local hospital. We offer a variety of treatment options including: Health Insurance, 401K Retirement Plans, Profit Sharing, and Health Savings Account, including: Health Insurance, 401K Retirement Plans, Profit Sharing, and Health Savings Account. We offer a unique opportunity to care for a compassionate and motivated pediatric dentist interested in opportunities to provide care focusing on prevention and community involvement. About Advanced Pediatric Dentistry & Orthodontics has an immediate opening for a compassionate and motivated pediatric dentist interested in opportunities to provide care focusing on prevention and community involvement. About Advanced Pediatric Dentistry & Orthodontics has been in practice for 8 years. We are located on the busy and convenient street, Road 68, where our patients can easily access care. We are in an area where the community is rapidly growing with new businesses and neighborhoods. Our surroundings include the Trac Event Center, many restaurants and businesses. Advanced Pediatric Dentistry & Orthodontics was awarded the 2014 Small Business of the Year Award by the Tri-City Regional Chamber of Commerce for our excellence in dental care and being a leader in our community. Why Should You Apply? Competitive Salary, signing Bonus, quarterly bonus potential, top benefits including: Health Insurance, 401K Retirement Plans, Profit Sharing, and Health Savings Account, paid professional liability insurance, paid vacations, continuing education reimbursement, opportunity for future partnership, team that focuses on family and individuals. Advanced Pediatric Dentistry & Orthodontics is committed to maintaining a drug-free and safe workplace. A post-offer drug test to detect the use of illegal drugs is a part of our hiring process. Advanced Pediatric Dentistry & Orthodontics does not discriminate on the basis of race, color, national origin, sex, age, or disability in its health programs and activities. Please e-mail resumes to sue@akdzdentalzone.com.

WASHINGTON—SPokane. Spokane Pediatric Dentistry is a growing practice and expanding our practice to provide the highest quality dental care. Our clinics provide a comfortable, kid-friendly environment to serve our growing patient base. Our team partners in comprehensive prevention, restorative, and pediatric dentistry and orthodontics at our in-office General Anesthesia. Associate position includes competitive salary and complete benefit package including, employer-paid professional liability insurance and C.E. reimbursement, health insurance and 401K plan with match. Please send your resume to reunion@spokanepediatricdentistry.com.

WISCONSIN—GREEN BAY. Successful, well- respected and growing pediatric dental office serving the Northeastern Wisconsin area. Our practice is seeking a compassionate and motivated pediatric dentist. We are a private group practice of board-certified pediatric dentists offering comprehensive pediatric dentistry and orthodontics to patients in a fun, family centered atmosphere. We currently have a large patient base with 100+ new patients every month in addition to our busy recall system. We are completely digital, paperless and have a well-trained team. We are seeking a full time pediatric dentist with the opportunity for partnership. Our practice is located in beautiful northeastern Wisconsin which offers professional sporting events, year round outdoor recreation, excellent school systems, convenient art and cultural events, and a wonderful community for families. We are offering a generous starting salary with bonus potential based on production and an excellent benefits package. New residents and experienced practitioners encouraged to apply. Send letter of interest along with C.V. to julian@dentaccents.com.

CANADA—ALBERTA—CALGARY. Are you Positive, Passionate, Enthusiastic and Motivated? We are looking for an experienced Pediatric Dentist or new graduate who is committed to outstanding patient care to join our vibrant, growing team. We are a well-established practice in majestic Calgary, Alberta. We offer the unique opportunity to care for a compassionate and motivated pediatric dentist interested in opportunities to provide care focusing on prevention and community involvement. About Advanced Pediatric Dentistry & Orthodontics has been in practice for 8 years. We are located on the busy and convenient street, Road 68, where our patients can easily access care. We are in an area where the community is rapidly growing with new businesses and neighborhoods. Our surroundings include the Trac Event Center, many restaurants and businesses. Advanced Pediatric Dentistry & Orthodontics was awarded the 2014 Small Business of the Year Award by the Tri-City Regional Chamber of Commerce for our excellence in dental care and being a leader in our community. Why Should You Apply? Competitive Salary, signing Bonus, quarterly bonus potential, top benefits including: Health Insurance, 401K Retirement Plans, Profit Sharing, and Health Savings Account, paid professional liability insurance, paid vacations, continuing education reimbursement, opportunity for future partnership, team that focuses on family and individuals. Advanced Pediatric Dentistry & Orthodontics is committed to maintaining a drug-free and safe workplace. A post-offer drug test to detect the use of illegal drugs is a part of our hiring process. Advanced Pediatric Dentistry & Orthodontics does not discriminate on the basis of race, color, national origin, sex, age, or disability in its health programs and activities. Please e-mail resumes to sue@akdzdentalzone.com.

ONTARIO —TORONTO. Wanted: All-Star Pediatric Dental Specialist. Reward: Signing bonus, guaranteed 50% compensation, moving bonus available, mentorship from experienced Pediatric Dentists. You: Are a recent Pediatric Residency Program graduate or an experienced Pediatric Dentist. Want the opportunity to partner or buy in at a future date. Are a high potential doctor that is looking for growth and camaraderie with
ILLINOIS—CHICAGO. The Department of Pediatric Dentistry in the College of Dentistry at the University of Illinois at Chicago is seeking qualified candidates for a full-time open rank faculty position in either the tenure or non-tenure clinical track. [Note: Applications can be made to either or both tracks under Job ID# 89406 or Job ID# 89789, as appropriate, listed separately on UIC Job Board.] The Department seeks an excellent educator, mentor, and clinician with an interest in research to teach in both the pre-doctoral and post-graduate programs. The Department has a history of strong interaction with Public Health; thus, the ideal candidate should be able to work well within that environment. Responsibilities will include: (1) resident, physician, and dental/medical/nursing resident and student education and training; (2) delivery of dental care for children under general anesthesia and sedation; (3) professional service; (4) scholarly activity, including presentations and publication of scientific manuscripts; and (5) mentoring of graduate student research projects, presentations, and publications. Participation in intramural or extramural practice is available. Qualifications include a D.D.S./D.M.D. degree from an ADA-accredited U.S. or Canadian dental school, a certificate in pediatric dentistry from an ADA accredited program, ABPD Diplomate status desirable, a record of scholarship, and eligible for a dental license or limited permit in the state of the training site location. Note: The training sites in MA, MD, TN may consider pediatric dentists with international dental degrees AND completion of an ADA-CODA pediatric dentistry residency. As well, these sites may consider sponsorship of a work visa. In confidence, please send correspondence of interest and curriculum vitae to Dr. David Okuji at David.Okuji@NYU-LutheranDental.org.

ILLINOIS—OAK BROOK/ST. CHARLES. Owner of well-established and still growing two office practice seeking to retire over next two to three years. Owner willing to stay on to facilitate and assure smooth transition. Flagship office: Oak Brook location, 2850 sq. ft., 9 operatories, (6 open bay, 3 semi private); complete renovation in 2011. Satellite office: St. Charles, 2900 sq. ft., 5 operatories, 2 each in open bays and one private operatory; well-appointed with huge waiting room. Diverse patient populations seeking optimal care including interceptive and minor orthodontics, in-office sedation, hospital and surgical center care, and special patient care. Great places to live and raise family, outstanding schools, world class shopping and dining, close to what a vibrant city offers. St. Charles office space can be purchased separately or leased. Alternately, both offices can be purchased together. Owner will consider financing. Brokers are not invited. Interested parties should send resume and letter of interest with goals to: jjpenterprises@gmail.com.
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Rainbow® Stabilizing System

Protective Stabilization Helps Keep Everyone Safer.

Dentistry involves the use of sharp instruments in a small, dark and highly vascularized area. Young children and other patients with behavioral issues are prone to become unexpectedly active during treatment. You owe it to your patients and to your practice to use appropriate safety equipment when there is a risk of sudden, unsafe movement.

The Rainbow® Stabilizing System consists of a colorful, breathable mesh wrap and vinyl-covered, padded board. The system helps prevent kicking and grabbing that can pose a danger for all involved.

Protective stabilization to keep everyone safer is just one of our many product offerings designed specifically for dentistry. Our recently updated website provides new, easier ways to shop for solutions to common challenges faced by today’s pediatric dentist.

Our young model helps to demonstrate the use of the small Rainbow Stabilizing System. Reagan is 3 years old, 3 feet and about 31 pounds.

To learn more about our products please call, or visit the new specializedcare.com!