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Closing Session—Tuesday, March 20, 3:30 – 4:30 p.m., Gaylord Palms Resort & Convention Center, City Hall Lobby

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

Alternates
Admission Cards
Seating of Delegates
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Recording Officer
Rules of Order
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Voting Procedures During ADEA House of Delegates Sessions

Principal Rules Governing Motions in the ADEA House of Delegates

Voting for Chair-elect of the ADEA Board of Directors
The 2018 Nomination Process for Chair-Elect of the ADEA Board of Directors
The ADEA Board of Directors Presents the Following Candidates for Chair-elect of the ADEA Board of Directors
Nominees for Chair-elect of the ADEA Board of Directors

Report of the ADEA Board of Directors on Resolutions for Consideration by the 2018 ADEA House of Delegates

Actions at the Opening Session of the ADEA House of Delegates

Actions at the Closing Session of the ADEA House of Delegates

Overview of the Fiscal Year 2019 Budget for American Dental Education Association

REVENUE
EXPENSES
Other Costs

New Chief Administrators at Member Institutions
New Dental School Deans
New Federal Dental Chiefs
New Affiliate Members
Corporate Members

In Memoriam
Schedule of the 2018 ADEA House of Delegates

Opening Session of the ADEA House of Delegates
Saturday, March 17, 2018, 4:30 – 5:30 p.m., Gaylord Palms Resort & Convention Center.

Voting for Chair-elect of the ADEA Board of Directors
Sunday, March 18, ballots may be cast between the hours of 10:00 a.m. and 5:00 p.m. at the ADEA House of Delegates booth in the registration area at the Gaylord Palms Resort & Convention Center.
Monday, March 19, ballots may be cast between the hours of 8:00 a.m. and 4:30 p.m. at the ADEA House of Delegates booth in the registration area at the Gaylord Palms Resort & Convention Center.

ADEA Reference Committee Hearings
Association Policy Reference Committee Hearing
Sunday, March 18, 1:30 – 2:30 p.m., Gaylord Palms Resort & Convention Center

Association Administrative Affairs Reference Committee Hearing
Sunday, March 18, 3:30 – 4:30 p.m., Gaylord Palms Resort & Convention Center

For the names of the members of the Reference Committees and the resolutions assigned to them, please see page 19.

Closing Session of the ADEA House of Delegates
Tuesday, March 20, 3:30 – 4:30 p.m., Gaylord Palms Resort & Convention Center

For the order of business of each session of the House, please see the section on “Order of Business of the ADEA House of Delegates” on page 21.
Members of the 2018 ADEA House of Delegates

ADEA Board of Directors

Dr. Leon A. Assael, Chair of the ADEA Board of Directors, University of California, San Francisco
Dr. R. Lamont MacNeil, Chair-elect of the ADEA Board of Directors, University of Connecticut
Dr. Cecile A. Feldman, Immediate-Past Chair of the ADEA Board of Directors, Rutgers, The State University of New Jersey
Mr. Harold S. Auten, Jr., Board Director for Corporate Council, Dentsply Sirona
Dr. Heather J. Conrad, Board Director for Hospitals and Advanced Education Programs, University of Minnesota
Dr. Henry A. Gremillion, Board Director for Deans, Louisiana State University Health New Orleans
Prof. Kim T. Isringhausen, Board Director for Allied Dental Program Directors, Virginia Commonwealth University
Dr. Keith A. Mays, Board Director for Sections, University of Minnesota
Dr. Ryan Quock, Board Director for Faculties, University of Texas at Houston
Dr. Timothy J. Treat, Board Director for Students, Residents and Fellows, Indiana University
Dr. Richard W. Valachovic, President and CEO, American Dental Education Association

ADEA Council of Allied Dental Program Directors

Administrative Board
Chair, Prof. Joyce C. Hudson, Ivy Tech Community College - East Central Region
Chair-elect, Dr. Michelle McGregor, Virginia Commonwealth University
Secretary, Prof. Rachel C. Kearney, The Ohio State University
Member-at-Large, Dr. Susan J. Daniel, Old Dominion University

Advanced Allied Dental Education
Dr. Danielle Furgeson, University of Michigan

Dental Assisting
Prof. Beth Larochelle, College of San Mateo
Prof. Shelley Melissa, Camosun College
Dr. Misty L. Mesimer, Germanna Community College
Prof. Constance J. Reed, Hillsborough Community College
Prof. Rosemary Ryan, Manchester Community College

Dental Hygiene
Prof. Ann Brunick, University of South Dakota
Dr. Wanda J. Cloet, Central Community College
Dr. Kathleen Jordan D'Ambris, Hagerstown Community College
Prof. Gwen L. Hlava, University of Nebraska Medical Center
Prof. Monica Hospenthal, Pierce College
Dr. Michelle Hurlbutt, West Coast University
Dr. Vickie Joanne Kimbrough, Taft College
Prof. Lisa Maxwell, Indiana University
Prof. Ann O'Kelley Wetmore, Eastern Washington University
Prof. Lynn S. Russell, University of Tennessee Health Science Center
Prof. Leta Zeleski, Camosun College
Dental Laboratory Technology
To be determined

ADEA Council of Deans

Administrative Board
Chair, Dr. Michael S. Reddy, University of Alabama at Birmingham
Chair-elect, Dr. Mary Truhlar, Stony Brook University
Secretary, Dr. Ana López-Fuentes, University of Puerto Rico
Member-at-Large, Dr. Steven W. Friedrichsen, Western University of Health Sciences

Additional Delegates, U.S. Dental Schools
Dr. Mert N. Aksu, University of Detroit Mercy
Dr. Gary C. Anderson, University of Minnesota
Dr. Mathew Bateman, Lake Erie College of Osteopathic Medicine
Dr. Charles N. Bertolami, New York University
Dr. Anthony Thomas Borgia, West Virginia University
Dr. T. Gerard Bradley, University of Louisville
Dr. Thomas W. Braun, University of Pittsburgh
Dr. Gregory Chadwick, East Carolina University
Dr. Kenneth B. Chance, Sr., Case Western Reserve University
Dr. Raymond A. Cohlmia, University of Oklahoma
Dr. J. Stansill Covington III, University of Tennessee Health Science Center
Dr. Scott S. De Rossi, University of North Carolina at Chapel Hill
Dr. William W. Dodge, University of Texas Health Science Center at San Antonio
Dr. R. Bruce Donoff, Harvard University
Dr. Cherae M. Farmer-Dixon, Meharry Medical College
Dr. Cecile A. Feldman, Rutgers, The State University of New Jersey
Dr. David A. Felton, University of Mississippi Medical Center
Dr. A. Isabel Garcia, University of Florida
Dr. Dana T. Graves, University of Pennsylvania
Dr. Henry A. Gremillion, Louisiana State University Health New Orleans
Dr. Janet M. Guthmiller, University of Nebraska Medical Center
Dr. Harold J. Haering, Midwestern University
Dr. Robert A. Handysides, Loma Linda University
Dr. Sarandeep S. Huja, Medical University of South Carolina
Dr. Wyatt Rory Hume, University of Utah
Dr. Jeffrey W. Hutter, Boston University
Dr. Amid I. Ismail, Temple University
Dr. David C. Johnsen, The University of Iowa
Dr. James D. Johnson, University of Washington
Dr. Denise K. Kassebaum, University of Colorado
Dr. Mark Kirkland, University of California, San Francisco
Dr. Paul H. Krebsbach, University of California, Los Angeles
Dr. Stephanos Kyrkanides, University of Kentucky
Dr. Mark A. Latta, Creighton University
Dr. Carol A. Lefebvre, Augusta University
Dr. Frank W. Licari, Roseman University of Health Sciences
Dr. Patrick M. Lloyd, The Ohio State University
Dr. William K. Lobb, Marquette University
Dr. R. Lamont MacNeil, University of Connecticut
Dr. Phillip T. Marucha, Oregon Health & Science University
Dr. José R. Matos, University of Puerto Rico
Dr. Laurie K. McCauley, University of Michigan
Dr. Dwight E. McLeod, A.T. Still University-Missouri
Dr. Ronnie Myers, New York Medical College
Dr. Nader A. Nadershahi, University of the Pacific
Dr. Linda C. Niessen, Nova Southeastern University
Dr. Marsha A. Pyle, University of Missouri - Kansas City
Dr. Mark A. Reynolds, University of Maryland
Dr. Bruce E. Rotter, Southern Illinois University
Dr. Jon S. Ryder, University of New England
Dr. Avishai Sadan, University of Southern California
Dr. David C. Sarrett, Virginia Commonwealth University
Dr. P. Bradford Smith, Midwestern University
Dr. Clark M. Stanford, University of Illinois
Dr. Christian S. Stohler, Columbia University
Dr. Huw F. Thomas, Tufts University
Dr. Robert M. Trombley, A.T. Still University-Arizona
Dr. John A. Valenza, University of Texas at Houston
Dr. Karen P. West, University of Nevada, Las Vegas
Dr. John N. Williams, Indiana University
Dr. Lawrence E. Wolinsky, Texas A&M University
Dr. Dexter A. Woods, Howard University
Dr. Joseph J. Zambon, University at Buffalo

Additional Delegates, Nonhospital Based Advanced Dental Education Programs
Dr. Eli Eliav, University of Rochester
Dr. John F. Hatton, Saint Louis University
Dr. Steven H. Rose, Mayo Graduate School of Medicine
Dr. Wenyuan Shi, The Forsyth Institute

Additional Delegates, Federal Dental Service Programs
Dr. Patricia E. Arola, U.S. Department of Veterans Affairs
Col. Peter Howard Guevara, Army Postgraduate Dental School
RADM Nicholas S. Makrides, U.S. Public Health Service
Capt. Sean Meehan, Naval Postgraduate Dental School
Col. Thomas R. Schneid, Uniformed Services University of the Health Sciences
RADM Gayle D. Shaffer, U.S. Navy Dental Corps

Additional Delegates, Association of Canadian Faculties of Dentistry
Dr. Paul J. Allison, McGill University

A DEA Council of Faculties

Administrative Board
Chair, Dr. James R. Lott, University of Mississippi
Chair-elect, Dr. Nahid Kashani, University of Detroit Mercy
Secretary, Dr. Sophia Saeed, University of California, San Francisco
Member-at-Large, Dr. Michael L. Bates, Louisiana State University
Additional Delegates
Dr. William R. Bachand, Augusta University
Dr. Douglas M. Barnes, University of Maryland
Dr. Laura Caroline Barratt, Creighton University
Dr. Yaara Yaron Berdan, University of Southern California
Dr. Eric Bernstein, University of Connecticut
Dr. Susan M. Chialastri, Temple University
Dr. Paula L. Collins, University of Louisville
Dr. John D. Da Silva, Harvard University
Dr. Tracy Lynn De Peralta, University of Michigan
Dr. Kimon Divaris, University of North Carolina at Chapel Hill
Dr. Michael A. Dobos, University of Pittsburgh
Dr. Evelyn Donate-Bartfield, Marquette University
Dr. David Scott Dunning, A.T. Still University-Missouri
Dr. David G. Dunning, University of Nebraska
Dr. Vicky Evangelidis-Sakellson, Columbia University
Dr. Kim E. Fenesy, Rutgers, The State University of New Jersey
Dr. Daphne Cassandra Ferguson Young, Meharry Medical College
Dr. Ronald E. Forde, Loma Linda University
Dr. Alison French Doubleday, University of Illinois
Dr. Gerald N. Glickman, Texas A&M University
Dr. Erinn L. Gross, The Ohio State University
Dr. John F. Guarente, Boston University
Dr. Kevin L. Haney, University of Oklahoma
Dr. Uri Hangorsky, University of Pennsylvania
Dr. Jessica Hinz, Southern Illinois University
Dr. Jean M. Iannadrea, Case Western Reserve University
Dr. Cameron Jeter, University of Texas at Houston
Dr. Allan J. Kucine, Stony Brook University
Dr. Mitchell J. Lipp, New York University
Dr. Gary Lowder, University of Utah
Dr. William P. Lundergan, University of the Pacific
Dr. Marcia Mastracci Ditmyer, University of Nevada, Las Vegas
Dr. Crystal McIntosh, Howard University
Dr. Jocelyn Annette Medina-Pane, University of Puerto Rico
Dr. Michael David Murrell, The University of Iowa
Dr. Alberto Noguera, Nova Southeastern University
Dr. Norma Olvera, University of Texas Health Science Center at San Antonio
Dr. Gary Pape, Western University of Health Sciences
Dr. Vijay Parashar, Midwestern University
Dr. Kenneth Peters, University of Colorado
Dr. Maureen Pezzementi, University of Alabama at Birmingham
Dr. Elizabeth S. Pilcher, Medical University of South Carolina
Dr. Gitanjali Pinto-Sinai, University of Kentucky
Dr. Flavia Pirih, University of California, Los Angeles
Dr. Sonali A. Rathore, Virginia Commonwealth University
Dr. Mark A. Romer, Lake Erie College of Osteopathic Medicine
Dr. Burke W. Soffe, Roseman University of Health Sciences
Dr. Kelton T. Stewart, Indiana University
Dr. Tammy Lynne Thompson, University at Buffalo
Dr. Paul Lewis Trombly, Tufts University
Dr. Kevin Eugene Van Kanegan, Midwestern University
Dr. R. Todd Watkins, Jr., East Carolina University  
Dr. Linda M. Wells, University of Missouri - Kansas City  
Dr. Martha Wells, University of Tennessee Health Science Center  
Dr. Janet L. Woldt, A.T. Still University-Arizona

**ADEA Council of Hospitals and Advanced Education Programs**

**Administrative Board**  
Chair, Dr. David M. Shafer, University of Connecticut  
Chair-elect, Dr. Darwin K. Hayes, Bronx-Lebanon Hospital Center  
Secretary, Dr. Gregory M. Ness, The Ohio State University  
Member-at-Large, Dr. Craig S. Hirschberg, Rutgers, The State University of New Jersey

**Additional Delegates**  
Dr. David R. Brajdic, Carilion Dental Care  
Dr. Carlotta (Carla) A. Evans, Boston University  
Dr. Lynda Harhad, Louisiana State University Health New Orleans  
Dr. Jeffery L. Hicks, University of Texas Health Science Center at San Antonio  
Dr. Sanjay M. Mallya, University of California, Los Angeles  
Dr. Alton G. McWhorter, Texas A&M University  
Dr. Laurie F. Moeller, Louisiana State University Health New Orleans  
Dr. Angela A. Palaiologou-Gallis, Louisiana State University Health New Orleans  
Dr. Martin B. Steed, Medical University of South Carolina  
Dr. Sherry R. Timmons, The University of Iowa  
Dr. Peggy Timothé, Texas A&M University  
Dr. Luis Yepes, University of Texas Health Science Center at San Antonio

**ADEA Council of Sections**

**Administrative Board**  
Chair, Dr. Elise S. Eisenberg, New York University  
Chair-elect, Prof. Gail Schneider Childs, University of Florida  
Secretary, Dr. Igor J. Pesun, University of Manitoba  
Member-at-Large, Dr. Laura M. Romito, Indiana University

**Additional Delegates**  
**Section on Academic Affairs**  
Chair, Dr. Carol Anne Murdoch-Kinch, University of Michigan  
Councilor, Dr. Abby Brodie, Nova Southeastern University

**Section on Anatomical Sciences**  
Chair, Dr. Cameron Jeter, University of Texas at Houston  
Councilor, Dr. Alison French Doubleday, University of Illinois at Chicago

**Section on Behavioral Sciences**  
Chair, Dr. Gary Pape, Western University of Health Sciences  
Councilor, Dr. Stuart M. Schrader, Indiana University

**Section on Biochem Nutrition and Microbiology**  
Chair, Dr. Michael G. Schmidt, Medical University of South Carolina  
Councilor, Dr. Carole A. Palmer, Tufts University
Section on Business and Financial Admin
Chair, Ms. Gail Parrigin-Clark, Texas A&M University
Councilor, Ms. Eileen McIlhagga, University at Buffalo

Section on Cariology
Chair, Dr. Douglas A. Young, University of the Pacific
Councilor, Dr. Margherita R. Fontana, University of Michigan

Section on Clinic Administration
Chair, Dr. Nicole S. Kimmes, University of New England
Councilor, Dr. Linda M. Wells, University of Missouri - Kansas City

Section on Clinical Simulation
Chair, Dr. Sandra Maurice Farah-Franco, Western University of Health Sciences
Councilor, Dr. Josephine Lomangino-Cheung, New York University

Section on Community, Preventive and Public Health Dentistry
Chair, Dr. Lewis N. Lampiris, University of North Carolina at Chapel Hill
Councilor, Prof. Christine Ernst Miller, University of the Pacific

Section on Comprehensive Care and General Dentistry
Chair, Dr. Marianela Villarreal, University of Texas Health Science Center at San Antonio
Councilor, Dr. Becky Smith, University of Missouri - Kansas City

Section on Continuing Education
Chair, Dr. Barry Dale Hammond, Augusta University
Councilor, Ms. Penni M. Ryan, The University of Iowa

Section on Dental Anatomy and Occlusion
Chair, Dr. Thanhphuong Dinh, Lake Erie College of Osteopathic Medicine
Councilor, Dr. Richard White, University of the Pacific

Section on Dental Assisting Education
Chair, Constance J. Reed, Hillsborough Community College
Councilor, Prof. Patricia Ann Capps, Indiana University

Section on Dental Hygiene Education
Chair, Ms. Cynthia Stull, University of Minnesota
Councilor, Ms. Lorinda L. Coan, University of Southern Indiana

Section on Dental Informatics
Chair, Dr. Tofool Alghanem, Tufts University
Councilor, Dr. Heiko Spallek, University of Pittsburgh

Section on Dental School Admissions Officers
Chair, Mr. Brian Sherman, Case Western Reserve University
Councilor, Ms. Linda C.R. Reed, Boston University

Section on Development, Alumni Affairs and Public Relations
Chair, Mr. Randall D. Newquist, University of Washington
Councilor, Mr. Dan Soine, University of the Pacific
Section on Educational, Research, and Curriculum Development
Chair, Dr. Yun Saksena, Tufts University
Councilor, Dr. Maureen McAndrew, New York University

Section on Endodontics
Chair, Dr. Kayla Tavares, University of Texas School at Houston
Councilor, Dr. Laurie R. Fleisher, New York University

Section on Gay Straight Alliance
Chair, Dr. Herminio Perez, Rutgers, The State University of New Jersey
Councilor, Prof. Colleen D. Kuxhaus, University of Detroit Mercy

Section on Gerontology and Geriatrics Education
Chair, Dr. Annetty P. Soto, University of Florida
Councilor, Dr. Laura Kaufman, Boston University

Section on Graduate and Postgraduate Education
Chair, Dr. Daniel Reed, The Ohio State University
Councilor, Dr. James R. Winkler, University of Utah

Section on Integrated Clinical and Applied Biomedical Sciences
Chair, Dr. Larry D. Crouch, University of Nebraska
Councilor, Dr. Steven D. London, Stony Brook University

Section on Minority Affairs
Chair, Dr. Gerald Eugene Davis, II, Meharry Medical College
Councilor, Dr. Cherae M. Farmer-Dixon, Meharry Medical College

Section on Operative Dentistry and Biomaterials
Chair, Dr. So Ran Kwon, Loma Linda University
Councilor, Dr. Marcela Hernandez, The University of Iowa

Section on Oral Diagnosis Oral Medicine
Chair, Dr. Gargi Mukherji, University of Texas at Houston
Councilor, Dr. Shawn Adibi, University of Texas at Houston

Section on Oral and Maxillofacial Pathology
Chair, Dr. Sonal S. Shah, New York University
Councilor, Dr. Tanya Marie Gibson, University of Missouri - Kansas City

Section on Oral and Maxillofacial Radiology
Chair, Dr. Sajitha Kalathingal, Augusta University
Councilor, Dr. Anitha Potluri, University of Pittsburgh

Section on Oral and Maxillofacial Surgery, Anesthesia and Hospital Dentistry
Chair, Dr. Richard D’Innocenzo, Boston University
Councilor, Dr. Anders Nattestad, University of the Pacific

Section on Orthodontics
Chair, Dr. Wendy Chu, Roseman University of Health Sciences
Councilor, Dr. Edmund Khoo, New York University
Section on Pediatric Dentistry
Chair, Dr. Tawana K. Lee-Ware, Indiana University
Councilor, Dr. Sahar Alrayyes, University of Illinois

Section on Periodontics
Chair, Dr. Vera W. L. Tang, New York University
Councilor, Dr. Harlan Shiau, University of Maryland

Section on Physiology, Pharmacology and Therapeutics
Chair, Dr. Bruce D. Gitter, Indiana University
Councilor, Dr. Dharini Van Der Hoeven, University of Texas at Houston

Section on Postdoctoral General Dentistry
Chair, Dr. Michael D. Webb, 55th Dental Squadron/SGD/Offutt AFB
Councilor, Dr. Barbara Macneill, University of Texas Health Science Center at San Antonio

Section on Practice Management
Chair, Dr. Andrew G. Schwartz, Stony Brook University
Councilor, Dr. Brian M. Lange, University of Nebraska

Section on Prosthodontics
Chair, Dr. Alfredo Hernandez, Case Western Reserve University
Councilor, Dr. Mark A. Dellinges, University of California, San Francisco

Section on Substance Abuse, Addicition and Tobacco Dependence Education
Chair, Prof. Donna P. Warren-Morris, University of Texas at Houston
Councilor, Dr. Joan M. Davis, A.T. Still University-Missouri

Section on Student Affairs and Financial Aid
Chair, Dr. Staci Lynne Ripkey, New York University
Councilor, Ms. Dianne D. Foster, University of Louisville

ADEA Council of Students, Residents and Fellows

Administrative Board
Chair, Ms. Allison J. Williams, Indiana University
Vice Chair, Mr. William Jeffrey Keeton, University of the Pacific
Secretary, Ms. Jessica Grenfell, Stony Brook University
Member-at-Large, Ms. Tuvy Phan, Tufts University

District 1 Commissioner
Ms. Meghan Kelley, Tufts University

District 2 Commissioner
Ms. Shannon Green, Stony Brook University

District 3 Commissioner
Mr. Trent W. Gabriel, Temple University

District 4 Commissioner
Ms. Shruti Chandna, Meharry Medical College
District 5 Commissioner  
Ms. Ambika Rani Srivastava, University of Mississippi

District 6 Commissioner  
Mr. Hasanain Alani, University of Detroit Mercy

District 7 Commissioner  
Ms. Natalie J. Lorenzano, Indiana University

District 8 Commissioner  
Ms. Frances E. Hollinger, University of Nebraska

District 9 Commissioner  
Mr. Michael Tehrani, Texas A&M University

District 10 Commissioner  
Ms. Lizanne Rasmussen, Pacific University

District 11 Commissioner  
Ms. Elizabeth Grover, University of California, San Francisco

Advanced Dental Education Students-Hospital Programs  
Dr. Daniel Cameron Reece, Case Western Reserve University

Advanced Dental Education Students-Nonhospital Programs  
Dr. Quratul A. Malik, New York University  
Ms. Vidushi Gupta, University of New England

Allied Dental Students-Dental Hygiene  
Ms. Noura Hervani, University of Southern California  
Ms. Jennifer Lusk, Pacific University

Allied Dental Students-Dental Assisting  
To be determined

Allied Dental Students-Dental Laboratory Technology  
To be determined

ADEA Corporate Council

Administrative Board  
Chair, Mr. Lawrence J. Schnuck, Kahler Slater  
Chair-elect, Ms. Mary C. Morrison-Littleton, Hu-Friedy Manufacturing Co., LLC  
Secretary, Mr. Kenneth Davis, Pacific Dental Services, Inc.  
Member-at-Large, Ms. Jackie L. Sanders, Sunstar Americas, Inc.
Introduction to the ADEA Governing Process

Introduction

The American Dental Education Association (ADEA) is incorporated as a District of Columbia nonprofit corporation and as such is subject to the District of Columbia Nonprofit Corporation Code. As established by its Articles of Incorporation, the purpose of the Association is to advance and support dental education, dental research and the dental health and education of the general public, and it is recognized by the Internal Revenue Service as a 501(c)(3) organization.

ADEA is run by its members and has a democratically based governmental structure. Below is a summary of the Association’s structure and its policymaking procedures.

How ADEA Is Organized

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

ADEA House of Delegates

The ADEA House of Delegates is the Association’s governing (policymaking) body. It convenes twice at each ADEA Annual Session & Exhibition. The House of Delegates consists of the Board of Directors (see below) and all or some members of the Association’s seven councils. All members of the ADEA Councils of Deans and Faculties are delegates. The numbers of delegates from the ADEA Councils of Allied Dental Program Directors and Hospitals and Advanced Education Programs are based on percentages of those councils’ members. The number of delegates from the Council of Students, Residents and Fellows is comprised of the administrative board; 12 predoctoral students; four advanced dental education students, residents or fellows and six allied dental students. The number of Section delegates depends on the number of sections. The councilor and chair of each section serve as delegates. The Administrative Board of the ADEA Corporate Council serves as delegates.

ADEA Board of Directors

The Board of Directors is ADEA’s executive committee and is responsible for running the Association’s affairs between ADEA Annual Sessions. It has 11 members—Chair of the Board, Chair-elect of the Board, Immediate Past Chair of the Board, Board Directors for each of the seven Councils and the President and CEO. The Board of Directors can establish ad hoc interim Association policies, rules and regulations, provided that such policies are not in conflict with existing Association policy and Bylaws and are presented for review at the next meeting of the House of Delegates.

ADEA Councils

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

The Council of Allied Dental Program Directors consists of the directors and administrators of dental hygiene, assisting and laboratory technology education programs conducted by Institutional/Affiliate Member Institutions. In addition, the council includes directors of advanced allied dental education programs at the post-entry level that lead to a baccalaureate or advanced degree at institutions that are not ADEA Institutional Members.

The Council of Deans consists of the dean of each Institutional and Provisional Member Institution, the chief dental administrator of each Affiliate Member institution conducting non-hospital-based advanced dental education programs, the chief dental officer or administrator of each Affiliate Member federal dental service and the President of the Association of Canadian Faculties of Dentistry.

The Council of Faculties consists of one faculty member elected by the faculty of each Institutional and Provisional Member Institution.

The Council of Hospitals and Advanced Education Programs includes faculty in Commission on Dental Accreditation-approved advanced dental education programs located in ADEA Member Institutions, Residents and Fellows in Commission on Dental Accreditation-approved advanced dental education programs located in ADEA Member Institutions and past members of the COHAEP Administrative Board who are appointed to or employed in an ADEA Member Institution.

The Council of Sections Each Section consists of any Individual, Student, Affinity Member, Retired and Honorary ADEA member interested in the Section’s particular academic or administrative area. An ADEA member may join any number of Sections.

The Council of Students, Residents and Fellows consists of students, residents and fellows representing any of the following types of programs conducted by each Active, Provisional and Affiliate Member Institution: (a) students, residents and fellows in a program leading to the D.D.S. or D.M.D. degree; (b) students, residents and fellows enrolled in advanced dental education programs; (c) students, residents and fellows in dental hygiene education programs; (d) students, residents and fellows in dental assisting education programs and (e) students, residents and fellows in dental laboratory technology education programs.

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

Council Representation in the House of Delegates:

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

All members of the Council of Faculties serve as delegates to the House of Delegates. Members are elected or appointed by their institutions.

The Council of Allied Dental Program Directors delegates to the House of Delegates are nominated by members of the Council and approved by the Council’s Administrative Board. The Administrative Board also serves as delegates to the House of Delegates.

The Council of Hospitals and Advanced Education Programs delegates to the House of Delegates include representatives from the dental specialties who are nominated and reviewed by the Council’s Administrative Board. Delegates that represent programs may self-nominate or are nominated by the Council’s Administrative Board. Delegates are appointed by the Council’s Administrative Board.

The Council of Sections delegates to the House of Delegates include the Councilor and Chair of each Section. The members of the Administrative Board also serve as delegates to the House of Delegates.
The Council of Students, Residents and Fellows elects delegates at the Annual Session & Exhibition. Each Member Institution represented at the Council meeting to elect delegates gets one vote.

The Corporate Council delegates to the House of Delegates consist of the Council’s Administrative Board.

**Council Administrative Boards**

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

**Sections**

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

**Standing and Special Committees**

The Board of Directors or the House of Delegates may appoint Standing and Special Committees to assist in performing its duties. Committees of the Board of Directors and House of Delegates shall have two or more directors or delegates, and directors must constitute a majority of committee membership. The Board of Directors may also appoint Advisory Committees. Task forces may include any Individual Member and does not require Director membership.
Figure 1: Organizational Structure of the American Dental Education Association

- **House of Delegates**
- **Board of Directors**
- **Councils**
  - Council of Allied Dental Program Directors
  - Council of Deans
  - Council of Faculties
  - Council of Hospitals/Advanced Education Programs
  - Council of Sections
  - Council of Students, Residents and Fellows
  - Corporate Council

**Administrative Board**

**Sections**

<table>
<thead>
<tr>
<th>Academic Affairs</th>
<th>Anatomical Sciences</th>
<th>Behavioral Sciences</th>
<th>Biochemistry, Nutrition and Microbiology</th>
<th>Business and Financial Administration</th>
<th>Cariology</th>
<th>Clinic Administration</th>
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<tbody>
<tr>
<td>Clinical Simulation</td>
<td>Community, Preventive and Public Health Dentistry</td>
<td>Comprehensive Care and General Dentistry</td>
<td>Continuing Education</td>
<td>Dental Assisting Education</td>
<td>Dental Hygiene Education</td>
<td></td>
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<tr>
<td>Graduate and Postgraduate Education</td>
<td>Integrated Applied Clinical and Biomedical Sciences</td>
<td>Minority Affairs</td>
<td>Operative Dentistry and Biomaterials</td>
<td>Oral Diagnosis/Oral Medicine</td>
<td>Gerontology and Geriatrics Education</td>
<td></td>
</tr>
<tr>
<td>Oral and Maxillofacial Surgery, Anesthesia and Hospital Dentistry</td>
<td>Orthodontics</td>
<td>Pediatric Dentistry</td>
<td>Periodontics</td>
<td>Physiology, Pharmacology and Therapeutics</td>
<td>Oral and Maxillofacial Radiology</td>
<td></td>
</tr>
<tr>
<td>Prosthodontics</td>
<td>Student Affairs, Financial Aid</td>
<td>Substance Abuse, Addiction and Tobacco Dependence Education</td>
<td></td>
<td></td>
<td>Oral and Practice Management</td>
<td></td>
</tr>
</tbody>
</table>
How Resolutions AreIntroduced and What Happens to Them

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

ProceduresRegarding Resolutions

- Resolutions may be presented to the House of Delegates either by the Board of Directors or by any delegate in writing, up to and including the Opening of the House of Delegates.
- Any Individual Member may submit a resolution to the Board of Directors by December 1, prior to the next Annual Session & Exhibition, which in its discretion may or may not choose to forward it for further consideration.
- Resolutions not brought before the last Board of Directors meeting prior to the Annual Session & Exhibition may be introduced at the Opening of the House of Delegates and must be presented by a delegate.
- Resolutions brought after the Opening of the House of Delegates cannot be considered by the House until the following year. The resolution can be sent immediately after the Annual Session & Exhibition to the President and CEO, who then presents it to the Board of Directors for consideration before the next Annual Session & Exhibition.
- At its discretion, the Board of Directors may submit resolutions to an appropriate Association component group for advice before forwarding the resolution to the House of Delegates.
- Annually, the Board of Directors appoints Reference Committee Members to hold hearings at the Annual Session & Exhibition on resolutions being presented to the House of Delegates and to make recommendations on those resolutions upon request of the Board of Directors.
- Resolutions proposing expenditure of Association funds must be accompanied by a cost impact statement estimating the amount of funds required and the period of expenditure.
- Resolutions proposing changes in the ADEA policies and Bylaws must specify how the ADEA Policy Statements, Position Papers and Bylaws would be affected.

Staff will assist members in drafting resolutions and estimating expenditures.

Format of Resolution

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

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

The following fictitious statement and resolution exemplifies the format of an ADEA resolution.
Sample ADEA Resolution
Board of Directors Quorum

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

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

          and be it further

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

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

Be amended to read:

Section E. Quorum. Two thirds of the members constitute a quorum for the transaction of business at regular or special sessions.
Figure 2: What Happens to Resolutions Introduced at Annual Session?

What Can Happen to a Resolution Introduced Between Annual Sessions
How ADEA Reference Committees Function

**Purpose**

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

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

**Hearings**

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

At their hearings, each Reference Committee provides an opportunity for discussion on each resolution referred to it. A Reference Committee must recommend action to the House on each resolution, even if there is no discussion at the hearing. However, if there is no discussion, a Reference Committee need not necessarily recommend approval of a resolution; it can recommend another action. Reference Committees have considerable authority; they may recommend the adoption of a resolution, the rejection of a resolution, to amend and adopt the amended resolution or refer the resolution to the ADEA Board of Directors for further study. Action on a resolution cannot be postponed beyond the close of the 2017 House of Delegates. Each committee should, in its report, explain its recommendations briefly, noting the reasons for agreement or disagreement with the original recommendations.

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

**More**

There is more on Reference Committees specific to the 2018 ADEA Annual Session & Exhibition in the next section.

**Conclusion**

We hope this information has given you a basic understanding of how ADEA works and has encouraged you to participate actively in the Association’s affairs. Please contact ADEA staff member Ms. Monique Morman, Senior Manager for Governance at 202-513-1186 or at MormanM@adea.org, for any further information you need.
ADEA Reference Committees

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

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

**ADEA Reference Committee on Association Administrative Affairs**

- Chair, Dr. Michael Dobos, University of Pittsburgh School of Dental Medicine, ADEA Council of Faculties
- Mr. Kenneth Davis, Pacific Dental Services, Inc., ADEA Corporate Council
- Dr. Susan Daniel, Old Dominion University, ADEA Council of Allied Dental Program Directors
- Dr. Ana López-Fuentes, University of Puerto Rico, ADEA Council of Deans
- Dr. Gregory Ness, The Ohio State University, Council of Hospitals and Advanced Dental Education Programs
- Ms. Gail Parrigin-Clark, Texas A&M University College of Dentistry, ADEA Council of Sections
- Dr. Timothy Treat, Indiana University, ADEA Council of Students, Residents and Fellows

**ADEA Reference Committee on Association Policy**

- Chair, Dr. Linda Wells, University of Missouri - Kansas City School of Dentistry, ADEA Council of Faculties
- Ms. Mary Littleton, Hu-Friedy Manufacturing Co., LLC, ADEA Corporate Council
- Prof. Joyce Hudson, Ivy Tech Community College - East Central Region, ADEA Council of Allied Dental Program Directors
- Dr. Mary Truhlar, Stonybrook University School of Dental Medicine, ADEA Council of Deans
- Dr. Darwin Hayes, Bronx-Lebanon Hospital Center, ADEA Council of Hospitals and Advanced Education Programs
- Dr. Yun Saksena, University of Nebraska, ADEA Council of Sections
- Ms. Allison Williams, Indiana University, ADEA Council of Students, Residents and Fellows
Resolutions to be Considered by the ADEA House of Delegates

While there are five resolutions (1H-2018 through 6H-2018) that will be acted upon by the House at its Opening Session on Saturday, March 17, 2018, from 4:30 to 5:30 p.m., there are 10 resolutions (7H-2018 through 16H-2018) that the ADEA Board of Directors has referred to hearings of Reference Committees. In addition, any resolutions introduced at the Opening Session of the House will also be referred to the appropriate Reference Committee.

After the Reference Committees have met on Sunday, March 18, these resolutions (and any that are presented from the floor) will be considered by the House at its Closing Session on Tuesday, March 20, from 3:30 to 4:30 p.m. At the Closing Session, the Reference Committees’ chairs will read the resolutions that their committees have heard, and their reports will be submitted to the House (but not read aloud).

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

The Reference Committee on Association Policy will hear resolutions on Sunday, March 18 from 1:30 to 2:30 p.m. that may be introduced at the Opening Session of the House and referred to this committee.

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

The Reference Committee on Administrative Affairs will hear Resolution 7H through 16H-2018 on Sunday, March 18, from 3:30 to 4:30 p.m. Additional resolutions introduced at the Opening Session of the House may also be referred to this committee.
Order of Business of the ADEA House of Delegates

Opening Session—Saturday, March 17, 4:30 – 5:30 p.m., Gaylord Palms Resort & Convention Center, City Hall Lobby

- Call to Order—Chair of the ADEA Board of Directors, Dr. Leon Assael
- Report of Quorum
- Approval of the Minutes of the Previous Session
- Reports
- Chair-elect of the ADEA Board of Director’s Address—Dr. Monty MacNeil
- President and CEO’s Report—Dr. Richard Valachovic
- Report of the Nominating Committee—Dr. Cecile Feldman
- Action on Resolutions 1H to 6H-2018
- Referrals of Reports and Resolutions
- Recess until March 20, 2017, 3:30 p.m.

Closing Session—Tuesday, March 20, 3:30 – 4:30 p.m., Gaylord Palms Resort & Convention Center, City Hall Lobby

- Call to Order—Chair of the ADEA Board of Directors, Dr. Leon Assael
- Report of Quorum
- Consideration of Reference Committee Reports and Action on Resolutions 7H to 16H-2018
- Unfinished Business
- New Business
- Chair of the ADEA Board of Director’s Address—Dr. Leon Assael
- Announcement of New Officers and Recognition of Retiring Officers
- Adjournment
Procedures for the Conduct of Business in the ADEA House of Delegates

Alternates
Council members unable to attend a House of Delegates Meeting or a Council meeting, or who serve in the House of Delegates in two or more positions (e.g., as a member of the Council of Faculties and Council of Sections), may appoint alternates to represent them. Members of the Councils of Allied Dental Program Directors; Hospitals and Advanced Education Programs; and Students, Residents and Fellows must appoint alternates who are members of their Councils. Members of the Council of Sections must appoint the Chair-elect or Secretary of their Sections. Members of the Councils of Deans and Faculties must appoint individuals from their institutions.

Delegates representing two or more Councils in the House of Delegates must decide which Council they wish to represent and then appoint an alternate(s) for the other Council(s) according to the foregoing guidelines. All alternates must be ADEA Individual Members. Corporate Council Administrative Board members unable to attend a House of Delegates Meeting may appoint alternates to represent them; such alternates must be members of the Corporate Council. All Council alternates to the House of Delegates must be selected prior to the ADEA Annual Session & Exhibition and be ratified by the appropriate Council prior to the Opening of the House of Delegates. Please notify ADEA of the name of the alternate. This notification can be done by emailing ADEA prior to the ADEA Annual Session & Exhibition or when picking up voting cards at the ADEA House of Delegates booth in the registration area of the ADEA Annual Session & Exhibition.

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

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

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

Presiding Officer
The Association’s Chair of the ADEA Board of Directors—Dr. Leon Assael—is the presiding officer of the House. In the absence of the Chair of the ADEA Board of Directors, the Chair-elect of the ADEA Board of Directors is the presiding officer. The Chair may cast a vote in cases when their vote could alter the outcome, appoint tellers to assist in determining the result of any action taken by ballot and perform any other duties required by the rules of order.
Recording Officer

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

Rules of Order

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

Parliamentarian

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

Explanation of Motions

To avoid confusion, each type of motion is assigned a definite rank as shown in the tables on pages 24-26.

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

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

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

Amendments to the ADEA Bylaws

A Bylaws amendment is enacted if it receives an affirmative vote of at least two thirds of the delegates present and voting.

Voting Procedures During ADEA House of Delegates Sessions

The presiding officer usually determines the method of voting during sessions of the House. He or she may choose a voice vote, a show of hands, a standing vote or a secret ballot, depending on the closeness of the vote and the presiding officer’s sense of the House.
## Principal Rules Governing Motions in the ADEA House of Delegates

<table>
<thead>
<tr>
<th>Order of Precedence1</th>
<th>Can Interrupt</th>
<th>Requires Second</th>
<th>Debatable?</th>
<th>Amendable?</th>
<th>Vote Required?</th>
<th>Applies to what other motions?2</th>
<th>What other motion can be applied to it?</th>
<th>Renewable?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Privileged Motions</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Adjourn</td>
<td>No</td>
<td>Yes</td>
<td>Yes2</td>
<td>Yes2</td>
<td>Majority</td>
<td>None</td>
<td>Amend, limit debate, close debate</td>
<td>Yes</td>
</tr>
<tr>
<td>Recess</td>
<td>No</td>
<td>Yes</td>
<td>Yes2</td>
<td>Yes2</td>
<td>Majority</td>
<td>None</td>
<td>Amend, limit debate, close debate</td>
<td>Yes4</td>
</tr>
<tr>
<td>Question of Privilege</td>
<td>Yes (unless presente d as motion)</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>Yes</td>
</tr>
<tr>
<td>Subsidiary Motions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Table</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>2/3</td>
<td>Main Motion</td>
<td>None</td>
<td>No</td>
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<tr>
<td>Close debate</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>2/3</td>
<td>Debatable motions</td>
<td>None</td>
<td>Yes4</td>
</tr>
<tr>
<td>Limit or extend debate</td>
<td>No</td>
<td>Yes</td>
<td>Yes2</td>
<td>Yes2</td>
<td>2/3</td>
<td>Debatable motions</td>
<td>Amend, close debate</td>
<td>Yes4</td>
</tr>
<tr>
<td>Postpone to a certain time</td>
<td>No</td>
<td>Yes</td>
<td>Yes2</td>
<td>Yes2</td>
<td>Majority</td>
<td>Main motion</td>
<td>Amend, close debate, limit debate</td>
<td>Yes4</td>
</tr>
<tr>
<td>Refer to committee or board</td>
<td>No</td>
<td>Yes</td>
<td>Yes2</td>
<td>Yes2</td>
<td>Majority</td>
<td>Main motion</td>
<td>Amend, close debate, limit debate</td>
<td>Yes4</td>
</tr>
<tr>
<td>Amend</td>
<td>No</td>
<td>Yes</td>
<td>Yes2</td>
<td>Yes</td>
<td>Majority</td>
<td>Re-wordable motions</td>
<td>Close debate, limit debate, amend</td>
<td>No6</td>
</tr>
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<tr>
<td><strong>Main Motions</strong></td>
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<td></td>
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<tr>
<td>a. Main Motion</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Majority</td>
<td>None</td>
<td>Subsidiary</td>
<td>No</td>
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<td>b. Specific Main Motions</td>
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<td>Amend a previous action</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Same vote</td>
<td>Adopted Main motion</td>
<td>Subsidiary</td>
<td>No</td>
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<td>Ratify</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Same vote</td>
<td>Adopted main motion</td>
<td>Subsidiary</td>
<td>No</td>
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<tr>
<td>Adopt in-lieu-of</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Majority</td>
<td>Majority</td>
<td>Close debate, limit debate</td>
<td>No</td>
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<tr>
<td>Reconsider</td>
<td>Yes⁴</td>
<td>Yes</td>
<td>Yes²</td>
<td>No</td>
<td>Majority</td>
<td>Vote on Main motion</td>
<td>Limit debate, close debate</td>
<td>No</td>
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<td>Rescind</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Same vote</td>
<td>Adopted Main motion</td>
<td>Subsidiary except to amend</td>
<td>No</td>
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<td>Recall from committee</td>
<td>No</td>
<td>Yes</td>
<td>Yes²</td>
<td>No</td>
<td>Majority</td>
<td>Referred Main motion</td>
<td>Limit debate, close debate</td>
<td>No</td>
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<tr>
<td>------------------------</td>
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<td>Appeal</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Majority</td>
<td>Decision of Chair</td>
<td>Close debate, limit debate</td>
<td>No</td>
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<td>Suspend rules</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>2/3</td>
<td>Procedural rules</td>
<td>None</td>
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<td>Consider informally</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Majority</td>
<td>Main motion or subject</td>
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<td>Yes</td>
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<td><strong>Requests</strong></td>
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<td>Point of order</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Procedural error</td>
<td>None</td>
<td>No</td>
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<td>Inquiries</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>All motions</td>
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<td>No</td>
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<td>Withdraw a motion</td>
<td>Yes</td>
<td>No (unless presente d as a motion)</td>
<td>No</td>
<td>No</td>
<td>No^8</td>
<td>All motions</td>
<td>None</td>
<td>No</td>
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<td>Division of question</td>
<td>No</td>
<td>No (unless presente d as a motion)</td>
<td>No</td>
<td>No</td>
<td>No^8</td>
<td>Main motion</td>
<td>None</td>
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<tr>
<td>Division of assembly</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No^8</td>
<td>Indecisive vote</td>
<td>None</td>
<td>No</td>
</tr>
</tbody>
</table>


1. Motions are in order only if no motion higher on the list is pending. Thus, if a motion to close debate is pending, a motion to amend would be out of order; but a motion to recess would be in order, since it outranks the pending motion.
2. Restricted.
3. Is not debatable when applied to an undebatable motion.
4. A member may interrupt the proceedings but not a speaker.
5. Withdraw may be applied to all motions.
6. Renewable at the discretion of the presiding officer.
7. A tie or majority vote sustains the ruling of the presiding officer; a majority vote in the negative reverses the ruling.
8. If decided by the assembly, by motion, requires a majority vote to adopt.
The 2018 Nomination Process for Chair-Elect of the ADEA Board of Directors

The ADEA Board of Directors placed several calls for nominations in the Bulletin of Dental Education, Journal of Dental Education and on the ADEA website.

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

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

The deadline for submitting nominations was November 1, 2017.

The ADEA Board of Directors Presents the Following Candidates for Chair-elect of the ADEA Board of Directors.

Upon the recommendation of the Nominating Committee, the Board of Directors presents two candidates for the 2018–19 ADEA Chair-elect of the ADEA Board of Directors. (The office leads in successive years to the offices of Chair of the ADEA Board of Directors and Immediate Past Chair of the ADEA Board of Directors.) The candidates, for whom a brief biographical sketch follows, are Dr. Henry A. Gremillion, Dean, Louisiana State University; and Dr. Joan E. Kowolik, Associate Professor and Director of Pre-doctoral Pediatric Dentistry, Indiana University.

The members of the ADEA House of Delegates will cast ballots for Chair-elect of the ADEA Board of Directors during the 2018 ADEA Annual Session & Exhibition. Delegates may cast their ballots for Chair-elect of the ADEA Board of Directors between the hours of 10:00 a.m. and 5:00 p.m. on Sunday, March 18 and between 8:00 a.m. and 4:30 p.m. on Monday, March 19. Voting will take place at the ADEA House of Delegates booth in the registration area in the Gaylord Palms Resort & Convention Center. These are the only times when a delegate or alternate may cast a ballot for Chair-elect. Only a delegate (or official alternate) may vote, and he or she will surrender his or her voter registration card to receive a ballot.
Nominees for Chair-elect of the ADEA Board of Directors

Henry A. Gremillion, D.D.S., MAGD
Statement: Chair-elect of the Board Candidacy

This is truly an exciting time for the oral health professions. Never in history has there been a more rapid evolution of new technology and expansion of scientific knowledge. Importantly, the ever-increasing awareness of the importance of quality oral health has facilitated a greater appreciation for the dental team to be at the forefront of the primary health care team. The efforts of the ADEA leadership have fostered this awareness because of future thinking and innovation evidenced by our strategic initiatives. ADEA has been the guiding light in the representation of all members of the oral health care team. I am honored and grateful to be nominated for the position of Chair-elect of the 2018 ADEA Board of Directors. If chosen, I will seek to represent each member individually and through the ADEA Councils and to steadfastly support, communicate and foster the vision, mission, goals and strategic initiatives of ADEA.

I became a member of AADS/ADEA in 1993. Early in my academic career, I was fortunate to be a participant in the AADS 1995 Summer Program “Career Development for Innovative Dental Educators: An Immersion Workshop.” This experience clearly demonstrated the commitment of the leadership of the organization to foster professional and personal growth opportunities for its members. More recently, I have been privileged to serve in various administrative positions on the Council of Deans Administrative Board, and currently serve as the Council of Deans representative on the ADEA Board of Directors. The experiences that I have gained have provided an important springboard to enhanced appreciation for and understanding of the many challenges and opportunities facing dental education today. The key to our strategic advancement is predicated on open and optimal communication. I perceive the role of Chair-elect of the ADEA Board of Directors as one of a conduit of potentiation of open dialogue and transfer of information. The importance and involvement of all ADEA Councils cannot be overstated. The incumbent must be able to represent the interests of ADEA to the fullest regarding its strategic initiatives and collaborations between the Councils.

Reflecting on the successes related to our current efforts, there is much to be proud of. The interprofessional education (IPE) initiative has been a success with the expansion of interprofessional collaborative care endeavors. An important step forward is the recently held IPEC inaugural Interprofessional Deans Leadership Program, which brought together 45 deans representing 15 different health care professions. It is expected that this and other events like it will further facilitate the intersection of the dental team with primary care as oral health, and the dental team, will take its rightful place at the table. ADEA has been the critical driving force related to change in the path to licensure and enhanced license portability.

The first ADEA Commission on Change and Innovation in Dental Education (ADEA CCI) has greatly enhanced curricular reform. ADEA CCI 2.0 will provide for an important transformation of oral health education through a broad scope of perspectives in the domains of technology, health care systems, demographic shifts, higher education, and physical and political environmental change. Globalization of ADEA’s efforts will be enhanced by our continued collaboration with colleagues in Europe, Asia, South America and beyond.

The upcoming year will herald a renewal of the ADEA strategic planning process. Core initiatives will be fostered and refined. Efforts related to student debt concerns, nurturing
students as future faculty, redefining the oral health care team’s role in primary health care, and licensure reform will continue. However, it is critical that we recognize the rapidly changing environment and proactively address areas of greatest opportunity and challenge. As new initiatives are developed and evolve to maturity, they will serve as a scaffolding for empowerment and engagement of the entire ADEA family. It is critical to the future of the organization, and in the true spirit of team, that all Councils are vested in the process. This is an ideal opportunity for instituting the concept of intra-organizational education and collaborative effort. It is this premise on which our future successes will be based. This is in keeping with the theme of the 2019 ADEA Annual Session & Exhibition, which celebrates our collaborations within and outside of the organization.

As we anxiously anticipate the future of ADEA it is important that we recognize the opportunity that exists as the entire ADEA community is fully engaged and empowered to shape the future of dental education. Aristotle stated that “The sum of the whole is greater than the sum of the individual parts.” As ADEA moves forward, let’s keep our dialogue open and understand that deliberations and actions should be fueled by the unwavering recognition that we are stronger together.

ADEA is a very special and unique organization. The common purpose of its membership is complimented by healthy diversity in interests and perspectives. As Chair-elect, it will be my priority to engage all stakeholders as we strive to become an even more powerful voice for dental education.

Thank you for your consideration.
Joan E. Kowolik, B.D.S., LDS, RCS Edin.
Statement: Chair-elect of the Board Candidacy

My career has been dedicated to improving the oral health of children, especially those of the working poor; firstly in the United Kingdom and then since 1999 in Indiana and the United States, where I have made my contribution primarily through the education and mentorship of dental students. For the past 12 years, I have been the Director of Pre-doctoral Pediatric Dentistry at the Indiana University (IUSD), and have been an active ADEA Member since 2002. My elected leadership commitment to ADEA began in the ADEA Section on Pediatric Dentistry, subsequently the Administrative Board of the ADEA Council of Sections (ADEA COS) and continued through to the ADEA Board of Directors. While on the ADEA COS Administrative Board, I worked with the membership on the ADEA “Strategic Directions and Key Priorities” as well as ADEA’s 10 Strategic Initiatives, which are our roadmap as we move forward. To me the opinions of each member are significant and important, so we can then develop with a unified voice.

After attending the ADEA Leadership Institute, I received the distinct honor of being appointed as the ADEA/Sunstar Americas Inc. Harry W. Bruce Legislative Fellow, which changed me forever. Under the mentorship of Jack Bresch and his colleagues, I learned so much about the workings of the Association as well as the value and power of advocacy, especially during the struggles to convince the legislators of the value of good oral health care, leading finally to the reauthorization of the SCHIP Bill. I was also the ADEA representative to the HHS Primary Healthcare Policy Fellowship, which led to several years as an active advocate for dental education and primary health care. During this fellowship, I learned the value of interprofessional education (IPE) and practice (IPP), as I worked with several professions to impact health care policies. As we increase IPE, we must be careful to improve the intra-professional approach to oral health, involving all members of the team.

I have served my school, my university, my state and ADEA in many different capacities. However, the mentorship of the students remains foremost and most important to me and can be measured by the number of the students who have progressed to specialist training. As the IUSD liaison and mentor for the ADEA Academic Dental Careers Fellowship Program (ADEA ADCFP), I am expanding that mentorship to new and future faculty. I am passionate in my belief in dental education and the role of oral health in overall health. I know that oral disease and oral health are the same across the world, and I have introduced a study abroad experience for the students at IUSD. A group of students from each dental school in Indianapolis and in Newcastle, England “meet” by video conference every two weeks during the semester, and then my students visit England for a two-week onsite experience. The English students then return to Indianapolis for a similar experience. This is the small beginning of a greater international interaction.

Another international experience, which has illustrated to me that the world is becoming “smaller,” was being part of the Oral Health Delegation to Havana, Cuba earlier this year. This was a two-way learning experience. I was impressed by the description of the community health service, which included oral health and how reduction of childhood caries was achieved by the concerted effort of the government. The data collection might be on paper and not electronic, but it was available and inspiring. Prevention can work. The first joint meeting in London of ADEA and the Association of Dental Education in Europe in May 2017 illustrated this too, and was very successful.
ADEA is only as strong as the members, from fresh student members to seasoned deans, and depends on the work, enthusiasm and dedication of the leaders to guide the path of development. I am ready to step up and work to make a significant contribution to all aspects of dental education and to the oral and general health education of professionals, students and the community.
Report of the ADEA Board of Directors on Resolutions for Consideration by the 2018 ADEA House of Delegates

The ADEA House of Delegates will consider the 16 resolutions in this report, plus any additional ones introduced at the Opening Session. The House will act on Resolutions 1H-2018 through 5H-2018 at its Opening Session on Saturday, March 17, 2018, from 4:30 to 5:30 p.m. The House will act on all others at its Closing Session on Tuesday, March 20, 2018, from 3:30 to 4:30 p.m. Both sessions will be held at the Gaylord Palms Resort & Convention Center.

The resolutions from the Board of Directors in the report are sequenced as follows:

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<thead>
<tr>
<th>Resolutions to be Acted on at the Opening Session:</th>
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<tbody>
<tr>
<td>1H-2018 American Dental Association Council on Dental Education and Licensure Member</td>
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<tr>
<td>2H-2018 Commission on Dental Accreditation Commissioner</td>
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<td>3H-2018 Commission on Dental Accreditation Student Commissioner</td>
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<td>4H-2018 Joint Commission on National Dental Examinations Member</td>
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<td>5H-2018 Appreciations</td>
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<td>6H-2018 Honorary Membership</td>
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<thead>
<tr>
<th>Resolutions to be Acted on at the Closing Session:</th>
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<tr>
<td>7H-2018 Technical Changes to the ADEA Bylaws Related to Membership Operations</td>
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<tr>
<td>8H-2018 Recommended Technical Changes to the ADEA Bylaws Related to the Council of Sections, Chapter VIII</td>
</tr>
<tr>
<td>9H-2018 Amendment to the ADEA Policy on Recommendations and Guidelines for Academic Dental Institutions</td>
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<tr>
<td>10H-2018 ADEA Council of Hospitals and Advanced Education Programs Request to Change Council Name</td>
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<tr>
<td>11H-2018 Membership and Voting Rights in the ADEA Council of Hospitals and Advanced Education Programs</td>
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<tr>
<td>12H-2018 Bylaws Revision to Delegates Representation in the ADEA Council of Hospitals and Advanced Education Programs</td>
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<tr>
<td>13H-2018 ADEA Section on Substance Abuse, Addiction and Tobacco Dependence Education</td>
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<tr>
<td>14H-2018 ADEA Special Interest Group (SIG) on Foreign-Educated Professionals Request to Change SIG Name</td>
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<tr>
<td>15H-2018 Recommended Technical Changes to the ADEA Bylaws Related to ADEA’s Budget Operations</td>
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<tr>
<td>16H-2018 Approval of the Fiscal Year 2019 Budget</td>
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All of the resolutions in this report that require House action are printed in boldface for delegates’ ease of identification.
Actions at the Opening Session of the ADEA House of Delegates

Resolution 1H-2018

American Dental Association Council on Dental Education and Licensure Member

The current ADEA representatives to the American Dental Association Council on Dental Education and Licensure (ADA CDEL) and their termination dates (in the fall of the years shown) are:

- Dr. Gerald Glickman, Texas A&M University (2018)
- Dr. Mert Aksu, University of Detroit Mercy (2019)
- Dr. Bruce Donoff, Harvard University (2020)
- Dr. Linda Niessen, Nova Southeastern University (2021)

Dr. Glickman will complete his term on the ADA CDEL this fall at the close of the 2018 ADA Annual Session. Thus, the 2018 ADEA House of Delegates will have to appoint a new ADA CDEL member. To succeed Dr. Glickman on the Council, the ADEA Board of Directors is recommending that the ADEA House of Delegates elect Dr. Uri Hangorsky, University of Pennsylvania, to a four-year term to expire in 2022.

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

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

1H-2018 Resolved, that the ADEA House of Delegates appoint Dr. Uri Hangorsky to a four-year term on the ADA Council on Dental Education and Licensure with the term to begin at the conclusion of the 2018 ADA Annual Session and end at the conclusion of the 2022 ADA Annual Session.
Resolution 2H-2018
Commission on Dental Accreditation Commission Member

The current ADEA representatives on the Commission on Dental Accreditation (CODA) and their termination dates (in the fall of the years shown) are:

- Dr. Tariq Javed, Medical University of South Carolina (2019)
- Dr. Steve Friedrichsen, Western University of Health Sciences (2020)
- Dr. Lawrence Wolinsky, Texas A&M University (2021)
- Dr. Bruce Rotter, Southern Illinois University (2022)

Dr. Javed will complete his CODA commissioner term at the close of the 2019 ADA Annual Session. The reason for the early appointment is due to CODA’s training requirement, which occurs one year prior to the term start date at the close of the 2019 ADA Annual Session. Thus, the 2018 ADEA House of Delegates will have to appoint a new Commission member.

The ADEA Board of Directors is recommending that the 2018 ADEA House of Delegates elect Dr. Marsha Pyle, University of Missouri - Kansas City, to a four-year term to expire in 2023.

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

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

2H-2018 Resolved, that the ADEA House of Delegates appoint Dr. Marsha Pyle to a four-year term on the Commission on Dental Accreditation with the term to begin at the conclusion of the 2019 ADA Annual Session and end at the conclusion of the 2023 ADA Annual Session.
Resolution 3H-2018

Commission on Dental Accreditation Student Commissioner

Under the rules of the Commission on Dental Accreditation, the American Dental Education Association and the American Student Dental Association jointly appoint one student commissioner every two years. The tradition has been that each association alternates in recommending an individual to be appointed to this position for approval by the governing bodies of both associations. The 2018 ADEA House of Delegates will have to appoint a new CODA Student Commission member.

The ADEA Board of Directors recommends the 2018 ADEA House of Delegates appoint Ms. Ambika Srivastava, of the University of Mississippi, to a two-year term to begin at the close of the 2019 ADA Annual Session and expire at the close of the 2021 ADA Annual Session, with a training year following the close of the 2018 ADA Annual Session.

The ADEA Bylaws allow delegates to nominate additional candidates for CODA Student Commissioner at the Opening Session of the House. Any delegate presenting a nominee must obtain the candidate’s consent to run and a copy of the candidate’s curriculum vitae, which will be made available for delegates’ review in the ADEA Registration Area.

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

3H-2018  Resolved, that the ADEA House of Delegates elect Ms. Ambika Srivastava to a two-year term on the Commission on Dental Accreditation with the term to begin at the conclusion of the 2019 ADA Annual Session and end at the conclusion of the 2021 ADA Annual Session.
The Joint Commission on National Dental Examinations (JCNDE) consists of three representatives each from the American Dental Association and ADEA, six from the American Association of Dental Boards, and one each from the American Dental Hygienists’ Association, the American Student Dental Association and the public sector. The JCNDE members previously appointed by the ADEA House of Delegates and their termination dates (in the fall of the years shown) are:

- Dr. Nader Nadershahi, University of the Pacific, (2019)
- Dr. Cataldo Leone, Boston University (2020)
- Dr. Joseph Zambon, University at Buffalo (2021)

The ADEA Board of Directors is recommending that the House appoint Dr. John Da Silva, Harvard University, to a four-year term to expire at the close of the ADA Annual Session in 2022.

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

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

4H-2018 Resolved, that the ADEA House of Delegates elect Dr. John Da Silva to serve a four-year term on the Joint Commission for National Dental Examinations with the term to begin at the conclusion of the 2018 ADA Annual Session and end at the conclusion of the 2022 ADA Annual Session.
ADEA relies significantly on outside support for a number of its activities, and numerous organizations provided much-needed assistance since last year’s ADEA Annual Session & Exhibition. The ADEA Board of Directors expresses its sincere appreciation to the following companies, organizations, institutions and individuals for their generous support. Those who have supported ADEA activities and events over the past year—from last year’s ADEA Annual Session & Exhibition until the start of this year’s Annual Session & Exhibition—are listed alphabetically. Most of the companies listed are also Corporate Members of ADEA, and we are especially grateful to them.

The ADEA Board of Directors also wishes to thank all the corporate members who made monetary or in-kind donations to help the University of Puerto Rico School of Dentistry and the surrounding community in their ongoing efforts to recover from the ravages of Hurricane Maria in September 2017.

AAL was a Bronze Sponsor of the 2017 William J. Gies Awards for Vision, Innovation and Achievement and sponsored an Exhibit Hall raffle item at the 2017 ADEA Annual Session & Exhibition.

ACTEON, Inc. was a general sponsor of the 2017 ADEA Allied Dental Program Directors’ Conference, the 2017 BFACA Meeting and the 2017 Deans’ Conference.

ADEA Board of Directors was a Deans’ List Sponsor of the 2017 William J. Gies Awards for Vision, Innovation and Achievement.

ADEAGies Foundation collectively sponsored the Opening Plenary Session Keynote Address at the 2017 ADEA Annual Session & Exhibition, as well as the 2017 ADEA Dental Student Virtual Fair.

ADEAGies Foundation funded the ADEA/ADEAGies Foundation/Drs. Connie L. and Richard R. Drisko Scholar in the ADEA Leadership Institute, as well as the ADEA/ADEAGies Foundation/Dr. Anthony R. Volpe Scholar in the ADEA Leadership Institute.

A-dec was a Gold Sponsor of the 2017 William J. Gies Awards for Vision, Innovation and Achievement. The company also sponsored an evening networking reception at the 2017 ADEA Allied Dental Program Directors’ Conference. A-dec was a co-sponsor for a networking reception buffet dinner at the 2017 ADEA BFACA Meeting. The company sponsored a luncheon at the 2017 ADEA Deans’ Conference. A-dec also sponsored an Exhibit Hall raffle item at the 2017 ADEA Annual Session & Exhibition.

AEGIS Communications sponsored the opening evening reception at the 2017 ADEA Deans’ Conference. AEGIS Communications continued its support of the ADEA Curriculum Resource Center Modules; the company also provided website maintenance for the ADEA Curriculum Resource Center. Additionally, AEGIS donated staff time and resources to create a new front cover for the Journal of Dental Education.

Air Techniques, Inc. was a general sponsor of the 2017 ADEA BFACA Meeting and of the 2017 ADEA Deans’ Conference. The company also sponsored an Exhibit Hall raffle item at the 2017 ADEA Annual Session & Exhibition.

AMD Medicom Inc. sponsored an Exhibit Hall raffle item at the 2017 ADEA Annual Session & Exhibition.
American Association of Endodontists Foundation funded the ADEA/American Association of Endodontists Foundation Scholar in the 2017-2018 ADEA Leadership Institute.

American Dental Association was a Bronze Sponsor of the 2017 William J. Gies Awards for Vision, Innovation and Achievement.

axiUm Software - Exan Enterprises, Inc. provided general sponsorship for the 2017 ADEA BFACA Meeting.

Bien-Air USA, Inc. was a general sponsor for the 2017 ADEA BFACA Meeting and the 2017 ADEA Deans’ Conference. The company also sponsored an Exhibit Hall raffle item at the 2017 ADEA Annual Session & Exhibition.

BioHorizons Implant Systems, Inc. was a general sponsor of the 2017 ADEA Deans’ Conference.

Boston University Henry M. Goldman School of Dental Medicine was a Deans’ List Sponsor of the 2017 William J. Gies Awards for Vision, Innovation and Achievement.

Brasseler USA provided general sponsorships for both the 2017 ADEA BFACA Meeting and the 2017 ADEA Deans’ Conference. The company also sponsored the Welcome Reception at the 2017 ADEA Allied Dental Program Directors’ Conference.

Centrix, Inc. was a general sponsor of the 2017 ADEA Deans’ Conference.

Certiphi Screening, Inc. sponsored an Exhibit Hall raffle item at the 2017 ADEA Annual Session & Exhibition.

Colgate-Palmolive Company was a general sponsor of the 2017 ADEA Allied Dental Program Directors’ Conference. The company again provided generous support for the ADEA/Colgate-Palmolive/National Dental Association Dr. Jeanne C. Sinkford Scholar in the ADEA Leadership Institute, the ADEA/Colgate-Palmolive Co./Dominick P. DePaola Scholar in the ADEA Leadership Institute, the ADEA/Colgate-Palmolive Excellence in Teaching Award, the ADEA/ADEA Council of Students/Colgate-Palmolive Junior Faculty Award, and the ADEA/Colgate-Palmolive Allied Dental Educators Fellowship. Colgate-Palmolive Company was a general sponsor of the 2017 ADEA BFACA Meeting and the 2017 ADEA Deans’ Conference. The company also was a sponsor of the 2017 ADEA Phase V Program.

Columbia University College of Dental Medicine was a Deans’ List Sponsor of the 2017 William J. Gies Awards for Vision, Innovation, and Achievement.

Dalhousie University Faculty of Dentistry was a Deans’ List Sponsor of the 2017 William J. Gies Awards for Vision, Innovation and Achievement.

Dental Assisting National Board, Inc./The Dale Foundation was a Bronze Sponsor of the 2017 William J. Gies Awards for Vision, Innovation and Achievement.

Augusta University was a Dean’s List Sponsor of the 2017 William J. Gies Awards for Vision, Innovation and Achievement.

Dental Services Group was a general sponsor of the 2017 ADEA BFACA Meeting.

DentalEZ Integrated Solutions was a Diamond Sponsor of the 2017 William J. Gies Awards for Vision, Innovation and Achievement. DentalEZ Integrated Solutions was also a general sponsor for the 2017 ADEA BFACA Meeting and the 2017 ADEA Deans’ Conference.

Dentsply Sirona, Inc. was the Premier Sponsor of the 2017 William J. Gies Awards for Vision, Innovation and Achievement. The company also provided general sponsorships for the 2017 ADEA Allied Dental Program Directors’ Conference, the 2017 ADEA BFACA Meeting and the 2017 ADEA Deans’ Conference.
Designs for Vision, Inc. was a general sponsor of the 2017 ADEA Allied Dental Program Directors’ Conference and sponsored an Exhibit Hall raffle item at the 2017 ADEA Annual Session & Exhibition.

East Carolina University School of Dental Medicine was a Deans’ List Sponsor of the 2017 William J. Gies Awards for Vision, Innovation and Achievement.

Eastman Center for Oral Health University of Rochester Medical Center was a Deans’ List Sponsor of the 2017 William J. Gies Awards for Vision, Innovation and Achievement.

Eastern Dentists Insurance Company was a general sponsor of the 2017 ADEA Deans’ Conference.

Fortress Insurance Company was a general sponsor of the 2017 ADEA Deans’ Conference.

GlaxoSmithKline Consumer Healthcare was a general sponsor of the 2017 ADEA Annual Session & Exhibition, the 2017 ADEA BFACA Meeting, the 2017 ADEA Allied Dental Program Directors’ Conference and the 2017 ADEA Deans’ Conference. They also sponsored the ADEA/GlaxoSmithKline Consumer Healthcare Preventive Dentistry Scholarships. Lastly, GlaxoSmithKline Consumer Healthcare was a Gold Sponsor of the 2017 William J. Gies Awards for Vision, Innovation and Achievement.

Great Expressions Dental Centers was a general sponsor of the 2017 ADEA Deans’ Conference.

Harvard University was a Dean’s List Sponsor of the 2017 William J. Gies Awards for Vision, Innovation and Achievement.

Heartland Dental sponsored both the 2017 Allied Dental Program Directors’ Conference and the 2017 Deans’ Conference.

Henry Schein, Inc. was a Diamond Sponsor of the 2017 William J. Gies Awards for Vision, Innovation and Achievement. The company was also a general sponsor of the 2017 ADEA BFACA Meeting and the 2017 ADEA Deans’ Conference.

Howard University College of Dentistry was a Deans’ List Sponsor of the 2017 William J. Gies Awards for Vision, Innovation and Achievement.

Hu-Friedy Manufacturing Co., LLC was a Diamond Sponsor of the 2017 William J. Gies Awards for Vision, Innovation and Achievement. The company sponsored a networking reception and dinner at the 2017 ADEA Allied Dental Program Directors’ Conference. In addition, Hu-Friedy Manufacturing Co., LLC co-sponsored a networking reception and buffet dinner at the 2017 ADEA BFACA Meeting and supported an education program at the 2017 ADEA Deans’ Conference.

Indiana University was a Deans’ List Sponsor of the 2017 William J. Gies Awards for Vision, Innovation and Achievement.

International Pemphigus & Pemphigoid Foundation (IPPF) sponsored an Exhibit Hall raffle item at the 2017 ADEA Annual Session & Exhibition.

Isolite Systems was a general sponsor for the 2017 ADEA BFACA Meeting and the 2017 ADEA Deans’ Conference.

Johnson & Johnson Consumer, Inc. provided the “Own the Bathroom” sponsorship during the 2017 ADEA Annual Session & Exhibition.

Kahler Slater was a general sponsor of the 2017 ADEA BFACA Meeting and the 2017 ADEA Deans’ Conference.
KaVo Kerr Group – Consumables supported an education program at the 2017 ADEA Allied Dental Program Directors’ Conference, the 2017 ADEA BFACA Meeting and the 2017 ADEA Deans’ Conference.

KaVo Kerr Group – Equipment supported an education program at the 2017 ADEA BFACA Meeting.

Liaison International, Inc. was a Gold Sponsor of the 2017 William J. Gies Awards for Vision, Innovation and Achievement. The company sponsored the ADEA GoDental® Recruitment at the 2017 ADEA Annual Session & Exhibition. The company also supported the ADEA/Liaison International Academic Dental Career Program Fellowship and the ADEA/Liaison International ADEA GoDental Internship. Liaison International, Inc. sponsored an Exhibit Hall raffle item at the 2017 ADEA Annual Session & Exhibition.

Loma Linda University School of Dentistry was a Deans’ List Sponsor of the 2017 William J. Gies Awards for Vision, Innovation and Achievement.

Louisiana State University was a Deans’ List Sponsor of the 2017 William J. Gies Awards for Vision, Innovation and Achievement.

Marquette University School of Dentistry was a Deans’ List Sponsor of the 2017 William J. Gies Awards for Vision, Innovation and Achievement.

Medical University of South Carolina James B. Edwards College of Dental Medicine was a Deans’ List Sponsor of the 2017 William J. Gies Awards for Vision, Innovation and Achievement.

Medicor Imaging sponsored was a general sponsor of the 2017 ADEA BFACA Meeting.

Meharry Medical College School of Dentistry was a Deans’ List Sponsor of the 2017 William J. Gies Awards for Vision, Innovation and Achievement.

Midmark Corporation was a Gold Sponsor of the 2017 William J. Gies Awards for Vision, Innovation and Achievement. Midmark Corporation also provided general sponsorships for the 2017 ADEA BFACA Meeting and the 2017 ADEA Deans’ Conference.

Midwestern University College of Dental Medicine-Illinois was a Deans’ List Sponsor of the 2017 William J. Gies Awards for Vision, Innovation and Achievement.

National Dental Association supported the ADEA/Colgate-Palmolive Co./National Dental Association Dr. Jeanne C. Sinkford Scholar in the ADEA Leadership Institute in 2017.

New York University was a Deans’ List Sponsor of the 2017 William J. Gies Awards for Vision, Innovation and Achievement.

Nobel Biocare USA, LLC was a Gold Sponsor of the 2017 William J. Gies Awards for Vision, Innovation and Achievement. The company also provided a general sponsorship for the 2017 ADEA Deans’ Conference.

Nova Southeastern University was a Deans’ List Sponsor of the 2017 William J. Gies Awards for Vision, Innovation and Achievement.

NSK America was a general sponsor of the 2017 ADEA BFACA Meeting and the 2017 ADEA Deans’ Conference. NSK America also sponsored an Exhibit Hall raffle item at the 2017 ADEA Annual Session & Exhibition.

OraPharma, Inc., a subsidiary of Valeant Pharmaceuticals provided an educational grant in support of the 2017 ADEA Allied Dental Program Directors’ Conference.

Pacific Dental Services, Inc. sponsored a raffle item at the 2017 ADEA Annual Session & Exhibition. The company was a general sponsor of the 2017 ADEA Deans’ Conference.
Panadent Corporation sponsored an Exhibit Hall raffle item at the 2017 ADEA Annual Session & Exhibition.

Paradigm Dental Models sponsored an Exhibit Hall raffle item at the 2017 ADEA Annual Session & Exhibition.

Philips Oral Healthcare, Inc. provided a grant to the ADEAGies Foundation. The company sponsored an Exhibit Hall raffle item at the 2017 ADEA Annual Session & Exhibition. They also provided lanyards for the 2017 ADEA Annual Session & Exhibition and for the 2017 ADEA Allied Dental Program Directors’ Conference.

PLANMECA USA, Inc. was a general sponsor of the 2017 ADEA Deans’ Conference.

Premier Dental Products Company was a general sponsor of the 2017 ADEA Allied Dental Program Directors’ Conference.

The Procter & Gamble Company was a Diamond Sponsor of the 2017 William J. Gies Awards for Vision, Innovation and Achievement. The company sponsored the Chair of the ADEA Board of Directors’ Reception and the Special Interest Group on Dental Hygiene Clinic Coordinators Members’ Forum and Luncheon at the 2017 ADEA Annual Session & Exhibition. The Procter & Gamble Company funded both the ADEA/Crest Oral-B Scholarship for Predoctoral Dental Students Pursuing Academic Careers and the ADEA/Crest Oral-B Laboratories Scholarship for Dental Hygiene Students Pursuing Academic Careers. The company sponsored a breakfast at the 2017 ADEA Allied Dental Program Directors’ Conference and the 2017 ADEA Deans’ Conference. The company sponsored the 2017 ADEA GoDental Recruitment Event. The company sponsored a luncheon at the 2017 ADEA BFACA Meeting. Lastly, the Procter & Gamble Company was a general sponsor of the ADEA Deans’ Institute.

Roseman University of Health Sciences College of Dental Medicine – South Jordan, Utah was a Deans’ List Sponsor of the 2017 William J. Gies Awards for Vision, Innovation and Achievement.

Rutgers, The State University of New Jersey was a Deans’ List Sponsor of the 2017 William J. Gies Awards for Vision, Innovation and Achievement.

Sapphire sponsored an Exhibit Hall raffle item at the 2017 ADEA Annual Session & Exhibition.

Sigma Phi Alpha funded the ADEA/Sigma Phi Alpha Linda DeVore Scholarship.

Stony Brook University School of Dental Medicine was a Deans’ List Sponsor of the 2017 William J. Gies Awards for Vision, Innovation and Achievement.

Sunstar Americas, Inc. was a general sponsor for the 2017 ADEA Allied Dental Program Directors’ Conference and the 2017 ADEA Deans’ Conference. Sunstar Americas sponsored the ADEA/Sunstar Americas, Inc./Harry W. Bruce, Jr. Legislative Dinner at the 2017 ADEA Annual Session & Exhibition. The company also supported the ADEA/Sunstar Americas, Inc./Harry W. Bruce, Jr. Legislative Fellowship and the ADEA/Sunstar Americas, Inc./Jack Bresch Student Internship Award Program.

Suzhou Digital-healthcare Co., Ltd. sponsored an Exhibit Hall raffle item at the 2017 ADEA Annual Session & Exhibition.

Texas A&M University College of Dentistry was a Deans’ List Sponsor of the 2017 William J. Gies Awards for Vision, Innovation and Achievement.

Tufts University School of Dental Medicine was a Deans’ List Sponsor of the 2017 William J. Gies Awards for Vision, Innovation and Achievement.

Ultradent Products, Inc. was a general sponsor of the 2017 BFACA Meeting. The company also provided an Exhibit Hall raffle item at the 2017 ADEA Annual Session & Exhibition.
University of California, Los Angeles, School of Dentistry was a Deans’ List Sponsor of the 2017 William J. Gies Awards for Vision, Innovation and Achievement.

University of Colorado School of Dental Medicine was a Deans’ List Sponsor of the 2017 William J. Gies Awards for Vision, Innovation and Achievement.

University of Connecticut School of Dental Medicine was a Deans’ List Sponsor of the 2017 William J. Gies Awards for Vision, Innovation and Achievement.

University of Detroit Mercy was a Deans’ List Sponsor of the 2017 William J. Gies Awards for Vision, Innovation and Achievement.

University of Louisville School of Dentistry was a Deans’ List Sponsor of the 2017 William J. Gies Awards for Vision, Innovation and Achievement.

University of Maryland School of Dentistry was a Deans’ List Sponsor of the 2017 William J. Gies Awards for Vision, Innovation and Achievement.

University of Michigan School of Dentistry was a Deans’ List Sponsor of the 2017 William J. Gies Awards for Vision, Innovation and Achievement.

University of Minnesota was a Deans’ List Sponsor of the 2017 William J. Gies Awards for Vision, Innovation and Achievement.

University of Nebraska Medical Center, College of Dentistry was a Deans’ List Sponsor of the 2017 William J. Gies Awards for Vision, Innovation and Achievement.

University of Nevada, Las Vegas was a Deans’ List Sponsor of the 2017 William J. Gies Awards for Vision, Innovation and Achievement.

University of New England College of Dental Medicine was a Deans’ List Sponsor of the 2017 William J. Gies Awards for Vision, Innovation and Achievement and sponsored an Exhibit Hall raffle item at the 2016 ADEA Annual Session & Exhibition.

University of North Carolina at Chapel Hill School of Dentistry was a Deans’ List Sponsor of the 2017 William J. Gies Awards for Vision, Innovation and Achievement.

University of Oklahoma College of Dentistry was a Deans’ List Sponsor of the 2017 William J. Gies Awards for Vision, Innovation and Achievement.

University of Pennsylvania was a Deans’ List Sponsor of the 2017 William J. Gies Awards for Vision, Innovation and Achievement.

University of the Pacific, Arthur A. Dugoni School of Dentistry was a Deans’ List Sponsor of the 2017 William J. Gies Awards for Vision, Innovation and Achievement.

University of Tennessee Health Science Center College of Dentistry was a Deans’ List Sponsor of the 2017 William J. Gies Awards for Vision, Innovation and Achievement.

University of Texas Health Science Center at San Antonio School of Dentistry was a Deans’ List Sponsor of the 2017 William J. Gies Awards for Vision, Innovation and Achievement.

University of Texas at Houston was a Deans’ List Sponsor of the 2017 William J. Gies Awards for Vision, Innovation and Achievement.

University of Toronto Faculty of Dentistry was a Deans’ List Sponsor of the 2017 William J. Gies Awards for Vision, Innovation and Achievement.

University of Washington School of Dentistry was a Deans’ List Sponsor of the 2017 William J. Gies Awards for Vision, Innovation and Achievement.

Virginia Commonwealth University School of Dentistry was a Deans’ List Sponsor of the 2017 William J. Gies Awards for Vision, Innovation and Achievement.
VitalSource Technologies, Inc. provided a general sponsorship for the 2017 ADEA Deans’ Conference and sponsored an Exhibit Hall raffle item at the 2017 ADEA Annual Session & Exhibition.

Western University of Health Sciences College of Dental Medicine was a Deans’ List Sponsor of the 2017 William J. Gies Awards for Vision, Innovation and Achievement.

Whip Mix Corporation sponsored the Section on Prosthodontics Members’ Forum and also provided an Exhibit Hall raffle item at the 2017 ADEA Annual Session & Exhibition.

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

**5H-2018** Resolved, that the American Dental Education Association expresses its sincere appreciation to the following organizations and individuals for their generous support of the Association’s activities and programs between the start of the 2017 ADEA Annual Session & Exhibition and the start of the 2018 ADEA Annual Session & Exhibition:

AAL
ACTEON, Inc.
ADEA Board of Directors
ADEA Corporate Council
ADEAGies Foundation
A-dec
AEGIS Communications
Air Techniques, Inc.
AMD Medicom, Inc.
American Association of Endodontists Foundation
axiUm Software - Exan Enterprises, Inc.
Bien-Air USA, Inc.
BioHorizons Implant Systems, Inc.
Boston University Henry M. Goldman School of Dental Medicine
Brasseler USA
Centrix, Inc.
Certiphi Screening, Inc.
Colgate-Palmolive Company
Columbia University College of Dental Medicine
Dalhousie University Faculty of Dentistry
Dental Assisting National Board, Inc.
Augusta University
Dental Services Group
DentalEZ Integrated Solutions
Dentsply Sirona, Inc.
Designs for Vision, Inc.
East Carolina University School of Dental Medicine
Eastman Center for Oral Health University of Rochester Medical Center
Eastern Dentists Insurance Company
Fortress Insurance Company
GlaxoSmithKline Consumer Healthcare
Harvard University
Heartland Dental
Henry Schein, Inc.
Howard University College of Dentistry
Hu-Friedy Manufacturing Co., LLC
Indiana University
International Pemphigus & Pemphigoid Foundation
Isolite Systems
Johnson & Johnson Healthcare Products, Division of McNEIL-PPC, Inc.
Kahler Slater
KaVo Kerr Group – Consumables
KaVo Kerr Group – Equipment
Liaison International, Inc.
Loma Linda University School of Dentistry
Louisiana State University
Marquette University School of Dentistry
Medical University of South Carolina James B. Edwards College of Dental Medicine
Medicor Imaging
Meharry Medical College School of Dentistry
Midmark Corporation
Midwestern University of College of Dental Medicine-Illinois
National Dental Association
New York University
Nobel Biocare USA, LLC
Nova Southeastern University
NSK America
OraPharma, Inc., a subsidiary of Valeant Pharmaceuticals
Pacific Dental Services, Inc.
Panadent Corporation
Paradigm Dental Models
Philips Oral Healthcare, Inc.
PLANMECA USA, Inc.
Premier Dental Products Company
The Procter & Gamble Company
Roseman University of Health Sciences College of Dental Medicine – South Jordan, Utah
Rutgers, The State University of New Jersey
Sapphire
Sigma Phi Alpha
Stony Brook University School of Dental Medicine
Sunstar Americas, Inc.
Suzhou Digital-Healthcare Co., Ltd.
Texas A&M University Baylor College of Dentistry
Tufts University School of Dental Medicine
Ultradent Products, Inc.
University of California, Los Angeles, School of Dentistry
University of Colorado School of Dental Medicine
University of Connecticut School of Dental Medicine
University of Detroit Mercy
University of Louisville School of Dentistry
University of Maryland School of Dentistry
University of Michigan School of Dentistry
University of Minnesota
University of Nebraska
University of Nevada, Las Vegas, School of Dental Medicine
University of New England College of Dental Medicine
University of North Carolina at Chapel Hill School of Dentistry
University of Oklahoma College of Dentistry
University of Pennsylvania, School of Dental Medicine
University of the Pacific, Arthur A. Dugoni School of Dentistry
University of Tennessee Health Science Center College of Dentistry
University of Texas Health Science Center at San Antonio School of Dentistry
University of Texas at Houston
University of Toronto Faculty of Dentistry
Virginia Commonwealth University School of Dentistry
VitalSource Technologies, Inc.
Western University of Health Sciences College of Dental Medicine
Whip Mix Corporation
Background: The ADEA Bylaws allows any individual who has rendered a distinct service to humankind, made outstanding contributions to dentistry and/or rendered exceptional service to the Association to be nominated by the ADEA Board of Directors for Honorary Membership. Individuals become Honorary Members by being elected by the affirmative vote from a majority in the House of Delegates. Honorary Members are entitled to all the privileges of Individual Membership except the right to vote and is effective for the member’s lifetime.

Dr. Joseph P. Crowley, President of the American Dental Association, has exemplified these qualities and the ADEA Board of Directors unanimously voted to nominate Dr. Crowley as an honorary member of the American Dental Education Association.

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

6H-2018 Resolved, that the ADEA House of Delegates appoints Dr. Joseph P. Crowley as a lifetime honorary member of the American Dental Education Association.
Resolution 7H-2018

Technical Changes to the ADEA Bylaws Related to ADEA Membership Operations

Background: The prescriptiveness of the language for operational methods of ADEA memberships would be more appropriate if moved to the ADEA Governance Policy and Procedures Manual. This change would support the purpose of the Manual and allow for timely updates as needed.

It is recommended to remove the following text from the ADEA Bylaws for inclusion in the ADEA Governance Policy and Procedures Manual.

Chapter VI: Membership. C. Institutional Membership.

2. Forfeiture of Institutional Membership. An Institutional Member forfeits his or her membership as follows: Bylaws of the American Dental Education Association Revised March 2017 14 a) Ceasing to meet the membership qualifications specified in Chapter VI, Section C of these Bylaws renders an Institutional Member subject to immediate forfeiture of membership as determined by the President and CEO. b) Institutional or Provisional Member Institutions in arrears in payment of their dues at an ADEA Annual Session & Exhibition forfeit their memberships. c) Affiliate or Corporate Member Institutions in arrears in payment of their dues more than six months beyond the dues payment date forfeit their memberships.

3. Reinstatement of Institutional Membership After Payment of Dues in Arrears. Institutional Memberships forfeited for nonpayment of dues may be reinstated upon payment and approval of the President and CEO.

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

7H-2018 Resolved, that the ADEA House of Delegates approves removing the language for operational methods related to ADEA membership from the ADEA Bylaws for inclusion in the ADEA Governance Policy and Procedures Manual.
Resolution 8H-2018
Recommended Technical Changes to the ADEA Bylaws
Related to the Council of Sections, Chapter VIII

Black text = original Bylaws text to remain
Red Strikethrough text = strike text from current Bylaws
Green underline text = editing of original Bylaws

Background: Improved clarity and organization are needed to ensure the numeration and headings in Chapter VIII (Sections) is consistent with the numeration and headings in Chapter IX (Special Interest Groups). The recommended changes are indicated through strike-through or underline.

Chapter VIII: Sections

A. Functions. A Section is a programmatic group that provides an opportunity for its members to exchange information on the Section's specific academic and administrative interests.
1. Academic and administrative Sections are periodically asked by the House of Delegates, Board of Directors, Chair of the Board, and President and CEO to undertake assignments and to comment on appropriate materials.
2. A Section is further encouraged to initiate projects and studies of benefit to the Association and its members.
3. A Section may submit resolutions to the House of Delegates.

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

C. Formation of a Section
1. To form a new Section, a group must have begun as a special interest group (SIG; see Chapter IX, Section C: Formation of a New SIG). When Section status is desired, the SIG must:
   a. Notify the Chair of the Council of Sections Administrative Board and Council of Sections Staff Liaison of the intent to propose a new Section.
   b. Prepare a proposal to support the case following criteria established by the Council of Sections Administrative Board.
   c. Submit the completed proposal to the Chair of the Council of Sections Administrative Board and the Council of Sections Staff Liaison no later than the designated deadline date.
2. The Council of Sections Administrative Board considers each proposal to form a new Section at its interim fall meeting.
a. If the proposal is approved, the Council of Sections Administrative Board forwards the recommendation to the Board of Directors for consideration at its subsequent meeting.

b. If the recommendation is approved by the Board of Directors, the Board of Directors forwards a resolution to form the new Section to the House of Delegates for hearing at the subsequent Annual Session & Exhibition.

c. Only the House of Delegates has the authority to approve a resolution proposing a new Section. Upon approval by the House of Delegates, a new Section begins operation immediately. If the proposal is not approved, the SIG may resubmit its request in a subsequent year.

D. 3. Review. The Council of Sections Administrative Board reviews each Section annually. A review of performance is based on criteria established by the Council of Sections Administrative Board:

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

b. The Council of Sections Administrative Board may recommend that a Section be disbanded or suggest that two or more Sections be merged into one Section based on strong similarities.

a. The Council of Sections Administrative Board forwards a recommendation that a Section be disbanded or merged to the Board of Directors.

b. If the recommendation is approved by the Board of Directors, the Board of Directors forwards an appropriately worded resolution to the House of Delegates for hearing at the subsequent Annual Session & Exhibition.

c. Only the House of Delegates has the authority to disband a Section or merge Sections.

E. 4. Officer and Term of Office. Each Section has a Councilor, who serves a three-year term of office, and a Chair, Chair-elect, and Secretary, who serve one-year terms in each office in succession.

1. a. Qualifications and Duties: A person must be a member of the Association and a member of the Section to be eligible for office in that Section. In the instance of Councilor, the person must first have served through the Officer positions, including the Chair, to be eligible for election to the Councilor position.

b. Duties: It is the duty of the Councilor to provide continuity of leadership for the Section and mentoring of new Section Officers; attend the ADEA Annual Session & Exhibition and interim meetings of the Council of Sections; serve as a Delegate in the House of Delegates during the Annual Session & Exhibition; assist in planning, implementing, and assessing Section programs and projects; prepare and submit the Section annual report after each Annual Session & Exhibition to the Council of Sections Staff Liaison; and serve as Section liaison with the Council of Sections Administrative Board.

b. 2. It is the duty of the Chair to provide leadership in the coordination of Section activities; attend the Annual Session & Exhibition and interim fall meetings of the Council of Sections; chair Section meetings; assist in planning programs for Section meetings; and serve as a Delegate in the House of Delegates during the Annual Session & Exhibition.
c. 3. It is the duty of the Chair-elect to serve as Chair in the absence of the Chair; attend the ADEA Annual Session & Exhibition and interim meetings of the Council of Sections; perform any Section-related duties requested by the Chair; serve as Chair of the Nominating Committee, which receives and considers nominations and recommends eligible candidates to stand for election for Section office; and serve as the Program Chair for the Section and be responsible for submitting program proposals on behalf of the Section.

d. 4. It is the duty of the Secretary to record the minutes of Section meetings and disseminate them to the Section membership; attend the Annual Session & Exhibition and interim fall meetings of the Council of Sections; submit the minutes and current Officer contact information to the Section Councilor for submission with the Section annual report to the Council of Sections Staff Liaison; publish and disseminate a Section newsletter; and perform any Section-related duties requested by the Chair.

3. b. Succession: Each year the Secretary succeeds to the office of Chair-elect, and the Chair-elect succeeds to the office of Chair. There is no automatic succession to the office of Councilor.

4. c. Nominations: Before each ADEA Annual Session & Exhibition, the Nominating Committee (Chair-elect and two Section members who are not Officers) recommends eligible candidates for the office of Secretary. Every third year, the Committee recommends eligible candidates for the office of Councilor. Additional nominations for these offices may be made from the floor at the Section business meeting during the Annual Session & Exhibition when the nominating committee does not receive any nominations via the Call for Nominations process. An individual's eligibility for the open position will be reviewed and vetted by the nominating committee.

5. d. Election: Section Officers are elected at the Section Members’ Forum held at the Annual Session & Exhibition. The method of voting is left to the discretion of the Chairs or presiding officer.

6. e. Installation: All Section Officers take office after the conclusion of the Closing of the House of Delegates at the Annual Session & Exhibition.

7. f. Consecutive and Simultaneous Terms of Office: A Section Councilor may serve two consecutive three-year terms. A person may not hold more than one Section Officer position simultaneously or hold office in more than one Section simultaneously.

8. g. Replacement of Vacancy: If the position of Chair, Chair-elect, or Secretary becomes vacant, the remaining Section Officers appoint another member of the Section to serve out the unexpired term. If the Councilor is unable to serve for any reason, a new Councilor will be elected by mail or electronic ballot by the Section members to serve out the unexpired term.

Chapter IX: Special Interest Groups (SIGs)

A. Functions. A Special Interest Group (SIG) provides an opportunity for its members to exchange information and work together on specific academic or administrative interests in dental, allied dental, and advanced dental education not otherwise routinely
addressed by an established Section. The structure of a SIG provides an opportunity and
provides a means for a group of ADEA members to focus on areas of common interest.

1. A SIG may be assigned tasks by the Board of Directors, House of Delegates, or the
   Council of Sections Administrative Board on related studies of benefit to the
   Association and its members.

2. Each SIG Chair may be an active voting member of the Council of Sections at
   Council business meetings.

B. Participation and Membership in a SIG. A SIG consists of any Individual, Student, Affinity
   Member, Retired, and Honorary ADEA member interested in the SIG’s particular
   academic or administrative area. An ADEA member may join any number of SIGs and
   attend any meetings of a SIG to which he or she belongs.

C. Formation of a New SIG
   1. To form a new SIG, an individual or group must:
      a. Notify the Chair of the Council of Sections Administrative Board and the Council
         of Sections Staff Liaison of the intent to propose a new SIG
      b. Prepare a proposal to support the case following criteria established by the
         Council of Sections Administrative Board
      c. Submit the completed proposal to the Chair of the Council of Sections
         Administrative Board no later than the designated deadline date.

   2. The Council of Sections Administrative Board considers each submitted proposal
      a. If the proposal is approved, the Council of Sections Administrative Board
         forwards its recommendation to the Board of Directors for consideration at its
         subsequent January meeting
      b. If the proposal is approved by the Board of Directors, the SIG begins operation
         immediately upon notification by the Chair of the Council of Sections
         Administrative Board.

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

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

   2. The Council of Sections Administrative Board may disband a SIG.

E. Officer and Term of Office. Each SIG must have a Chair, who serves a one-year term. A
   Chair may serve three consecutive one-year terms if reelected by the members. The SIG
   may voluntarily form a leadership organizational structure similar to that of a Section
   (Chair, Chair-elect, and Secretary) for managing the business of the group. The SIG
   Chair is the only Officer who can vote in the Council of Section’s business meetings.

   1. Qualifications. A person must be a member of the Association and a member of the
      SIG to be eligible for office in that SIG.
2. **Duties.**
   a. The duties of the Chair are to: provide leadership in the coordination of SIG activities; attend the Annual Session & Exhibition and interim fall meetings of the Council of Sections; Chair SIG meetings; plan programs for SIG meetings; record the minutes of SIG meetings and disseminate them to the SIG membership; and submit the SIG annual report and business meeting minutes.
   b. If a SIG chooses to have a leadership organizational structure similar to that of a Section, see Chapter VIII, Section C.4 for Officer duties.

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

4. **Nominations, Elections, Terms and Installation.** If a SIG has a leadership organizational structure similar to that of a Section, before each Annual Session & Exhibition, the Nominating Committee (Chair-elect and two SIG members who are not Officers) receives and considers nominations and recommends eligible candidates to stand for election for the SIG office. Each year, a Chair is elected to serve a one-year term. Chairs may serve a maximum of three one-year terms. SIG Officers are elected at the SIG business meeting held at the Annual Session & Exhibition. A SIG Officer takes office at the conclusion of the Annual Session & Exhibition. A person may not hold office in more than one SIG simultaneously. SIG Chairs are not eligible to serve as an alternate in the House of Delegates.

5. **Replacement of Vacancy.**
   a. If the position of Chair becomes vacant, the SIG members must nominate and elect another member of the SIG to serve out the unexpired term by mail or electronic ballot.
   b. If a SIG chooses to have a leadership organizational structure similar to that of a Section (i.e., Chair, Chair-elect, and Secretary), the remaining Officers will appoint a SIG member to serve out the unexpired term of the Officer whose position has become vacant.

F. **Establishing a Section from a Special Interest Group**

1. A SIG is eligible to apply for Section status after a minimum of two years of viable leadership and sustainable membership. If the SIG chooses to apply for Section status, it must:
   a. Prepare a proposal to support the case following criteria established by the Council of Sections Administrative Board located in the ADEA Governance Policy and Procedures Manual.
   b. Submit the completed proposal to the Chair of the Council of Sections Administrative Board and the ADEA Staff Liaison to the Council of Sections no later than the designated deadline date.

2. The Council of Sections Administrative Board considers each proposal that has been submitted.
   a. If the proposal is approved, the Council of Sections' Administrative Board forwards the recommendation to the Board of Directors for consideration at its subsequent meeting.
b. If the recommendation is approved by the Board of Directors, the Board of Directors forwards a resolution to form the new Section to the House of Delegates for hearing at the subsequent Annual Session & Exhibition.

c. Only the House of Delegates has the authority to approve a resolution proposing establishing a SIG as a Section. Upon approval by the House of Delegates, the new Section begins operation immediately. If the proposal is not approved, the SIG may resubmit its request in a subsequent year.

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

8H-2018 Resolved, that the ADEA House of Delegates approves the technical changes to the ADEA Bylaws effective at the close of the 2018 ADEA Annual Session & Exhibition.
**Resolution 9H-2018**

Amendment to the ADEA Policy Statement on Recommendations and Guidelines for Academic Dental Institutions

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Black text = original Bylaws text to remain

Red Strikethrough text = strike text from current Bylaws

Green underline text = editing of original Bylaws

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**Background:** The ADEA Section on Dental School Admissions Officers seeks to amend the ADEA Policy Statement on Recommendations and Guidelines for Academic Dental Institutions, Section 1. Education, A. Admissions, 8f. Applicants Holding Positions at Multiple Institutions.

The recommendation was discussed at the ADEA AFASA Meeting in Denver, Colorado, March 11, 2016.

Evolving technology has enabled dental school admissions officers using the ADEA AADSAS® platform of WebAdMIT to access applications more quickly and thus they are able to process applications more efficiently. As such, dental school admissions officers are able to complete their admissions cycles in less time. Additionally, some dental schools start the academic year in June, while most start in July (some as early as July 1). Schools are seeking more time to identify individuals who are holding multiple places at several dental schools but do not intend to enroll. Reducing the number of individuals who are holding multiple places allows wait listed applicants to be contacted, offered admission, and given a reasonable time frame to transition to dental school.

The ADEA Section on Dental School Admissions Officers supports the following amendments to the ADEA Policy Statement on Recommendations and Guidelines for Academic Dental Institutions, Section 1. Education, A. Admissions, 8. f. Applicants Holding Positions at Multiple Institutions, indicated by strikethroughs or underline:

**Applicants Holding Positions at Multiple Institutions**

Dental schools participating in ADEA AADSAS will report to ADEA AADSAS by March 1 the names of and identification numbers of candidates who have paid a deposit and/or hold a position in their entering class. After March 5, ADEA AADSAS will report to each institution the names of candidates in their entering class who are holding acceptance(s) at additional institutions. Dental schools will have the option of rescinding an offer of admission to candidates who have paid deposits and are holding positions at multiple institutions. Dental schools with candidates holding multiple positions on April 1 of the year of admission will give such candidates a minimum fifteen-day notice if they choose to withdraw the candidate from the entering class. Notification times may be shortened after May 15. This policy will be evaluated every two years by the ADEA Section on Dental School Admissions Officers to assess its impact on applicants and dental schools and whether it provides applicants a reasonable time frame to complete their enrollment process.

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

9H-2018 Resolved, that the ADEA House of Delegates approves, accepts and endorses the amendment to the ADEA Policy Statement on Recommendations and Guidelines for Academic Dental Institutions related to Applicants Holding Positions at Multiple Institutions.
Positions at Multiple Institutions to read as follows effective at the close of the
2018 ADEA Annual Session & Exhibition:

Dental schools participating in ADEA AADSAS will report to ADEA AADSAS by
March 1 the names of candidates who hold a position in their entering class.
After March 5, ADEA AADSAS will report to each institution the names of
candidates in their entering class who are holding acceptance(s) at additional
institutions. Dental schools with candidates holding multiple positions on March
1 of the year of admission will give such candidates a minimum fifteen-day notice
if they choose to withdraw the candidate from the entering class. Notification
times may be shortened after April 15. Dental schools will have the option of
rescinding an offer of admission to candidates who are holding positions at
multiple institutions. This policy will be evaluated every two years by the ADEA
Section on Dental School Admissions Officers to assess its impact on applicants
and dental schools and whether it provides applicants a reasonable time frame
to complete their enrollment process.
Resolution 10H-2018
ADEA Council of Hospitals and Advanced Education Programs (COHAEP)
Request to Change Council Name

Background: The Council represents advanced dental education programs regardless of their type of institution. To clarify the inclusiveness of the council, the COHAEP Administrative Board is requesting to change their name to the Council of Advanced Education Programs.

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

10H-2018 Resolved, that the ADEA House of Delegates approves that the ADEA Council of Hospitals and Advanced Education Programs shall be known as the ADEA Council of Advanced Education Programs effective at the close of the 2018 ADEA Annual Session & Exhibition.

Be it further resolved, that upon approval of name change the ADEA Bylaws will reflect the change accordingly.
Resolution 11H-2018
Membership and Voting Rights in the
ADEA Council of Hospitals and Advanced Education Programs

Background: The definition of membership and voting rights in the Council of Hospitals and Advanced Education Programs (COHAEP) has been imprecise. The ambiguity has led to confusion about which members can vote or be nominated for the COHAEP Administrative Board. The administrative board seeks to change the wording of the bylaws to more accurately depict who can participate in COHAEP activities and business.

The ADEA COHAEP Administrative Board supports the following amendment to the ADEA Bylaws Chapter VII (Councils), Section D.4 (The Councils of the Association--Membership and Quorum), indicated by strike-through or underline:

Membership of the Council of Hospitals and Advanced Education Programs includes Program Directors or Chiefs of a Hospital Dental Service (as defined by CODA’s list of Program Directors), faculty, residents and fellows, as well as advanced dental education administrators, in Commission on Dental Accreditation-approved accredited advanced dental education programs located in ADEA-member institutions; Residents and Fellows in Commission on Dental Accreditation-approved advanced dental education programs located in ADEA-member institutions; and past members of the COHAEP Administrative Board who are appointed to or employed in an ADEA member institution.

Eligibility to vote on Council business or to vote for candidates nominated for either the Council’s Administrative Board or for the Council’s Board Director election to the Council’s Administrative Board or for Board Director is limited to one vote per advanced education program. Program Directors and/or Chiefs of Service on Commission on Dental Accreditation-approved advanced dental education programs located in ADEA-member institutions; and Program Directors and Chiefs of a Hospital Dental Service, or their designees, may vote during Council meetings on Council business. Each program receives one vote. Program Directors or Chiefs of Service in Commission on Dental Accreditation-approved advanced dental education programs located in ADEA member institutions are eligible for election to the Council’s Administrative Board or Board Director. The quorum requirement for the transaction of any Council business, including the election for the Member-at-Large and Board Director positions is one-tenth of the total voting membership of the Council.

To be eligible to be elected to the Administrative Board, a person must:
• Be an individual member of ADEA.
• Be a member of ADEA COHAEP.
• Be a current Program Director or Chief of a Hospital Dental Service in a CODA-accredited advanced dental education program located in an ADEA-member institution.

To be eligible to serve as Board Director of the Council, a person must:
• Be an individual member of ADEA.
• Be a member of ADEA COHAEP.
• Be appointed to or employed in an ADEA Member Institution.
• Be involved in advanced dental education at their institution.
The ADEA Board of Directors asks the ADEA House of Delegates to approve the following resolution:

11H-2018 Resolved, that the ADEA House of Delegates adopts the revisions to the ADEA Bylaws related to the membership and voting rights in the ADEA Council of Hospitals and Advanced Education Programs effective at the close of the 2018 ADEA Annual Session & Exhibition.

Membership of the Council of Hospitals and Advanced Education Programs includes Program Directors or Chiefs of a Hospital Dental Service (as defined by CODA’s list of Program Directors), faculty, residents and fellows, as well as advanced dental education administrators, in Commission on Dental Accreditation-accredited advanced dental education programs located in ADEA-member institutions, as well as past members of the COHAEP Administrative Board who are appointed to or employed in an ADEA member institution.

Eligibility to vote on Council business or to vote for candidates nominated for either the Council’s Administrative Board or for the Council’s Board Director is limited to one vote per advanced education program. Only Program Directors or Chiefs of a Hospital Dental Service, or their designee, may vote during Council meetings on Council business. The quorum requirement for the transaction for any Council business, including the election of the Member-at-Large and Board Director positions, is one-tenth of the total voting membership of the Council.

To be eligible to serve as member of the COHAEP Administrative Board, a person must:
1. Be an individual member of ADEA.
2. Be a member of ADEA COHAEP.
3. Be a current Program Director or Chief of a Hospital Dental Service in a CODA-accredited advanced dental education program located in an ADEA-member institution.

To be eligible to serve as a COHAEP Board Director, a person must:
1. Be an individual member of ADEA.
2. Be a member of ADEA COHAEP.
3. Be appointed to or employed in an ADEA Member Institution.
4. Be involved in advanced dental education at their institution.
5. Be a current or former Program Director or Chief of a Hospital Dental Service.
6. Have previously been elected to and served on the Council’s Administrative Board.
Resolution 12H-2018
Bylaws Revision to Delegates Representation in the
ADEA Council of Hospitals and Advanced Education Programs (COHAEP)

Black text = original Bylaws text to remain
Red Strikethrough text = strike text from current Bylaws
Green underline text = editing of original Bylaws

Background: The Council of Hospitals and Advanced Education Programs (COHAEP) has different eligibility requirements for delegate nominations to the ADEA House of Delegates than for other Council business. Because eligibility is often discussed in parallel with nominations for other Council business, the administrative board believes this clarification is necessary.

The COHAEP would like to recommend the following edits to define the representation of its delegates in the ADEA House of Delegates located in Chapter I: The House of Delegates-The Governing Body, A. Function, Powers, Obligations and Duties, B. Composition. 5. The recommended changes are indicated through strike-through or underline.

The Council of Hospitals and Advanced Education Programs (COHAEP) is represented in the ADEA House of Delegates by its Administrative Board, one representative from each of the ADA-recognized dental specialties, two representatives from advanced education in general dentistry programs, plus one delegate for every 10 COHAEP member programs. COHAEP shall have at least 16 Delegates. Delegates do not need to be a current Program Director or Chief of a Hospital Dental Service.

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

12H-2018 Resolved, that the ADEA House of Delegates adopts the recommended revisions to the ADEA Bylaws related to the ADEA Council of Hospitals and Advanced Education Programs representation in the ADEA House of Delegates effective at the close of the 2018 ADEA Annual Session & Exhibition.
Resolution 13H-2018
ADEA Section on Substance Abuse, Addiction and Tobacco Dependence Education
Request to Change Section Name

**Background:** The ADEA Section on Substance Abuse, Addiction and Tobacco Dependence Education (ADEA SAATDE) has a longstanding history of active contribution and involvement in the Association. The section’s mission “seeks to promote activities and curricula for substance abuse, addictions and tobacco dependence in dental education.” The section has sponsored and co-sponsored numerous interactive symposia with broad appeal to numerous sections and SIGs addressing addictions involving alcohol, tobacco, opioids, marijuana, diet-related disorders among others. The ADEA SAATDE contributes to and provides education resources such as the SAATDE newsletters and the SAATDE Facebook page highlighting addiction-related information and up-dates. The SAATDE site draws not only ADEA SAATDE members but a wide-array of nondental professionals: Interprofessional collaboration in action.

**The Problem:** The United States continues to struggle with an opioid epidemic, now considered a national emergency; it is estimated that more than 480,000 deaths annually are from smoking-related illnesses each year; the manufacturing and use of methamphetamine continues to plague rural and urban regions of the country; the use of e-cigarettes and Electronic Nicotine Delivery System continues to increase with oral and general health effects still unknown. The need for an active, collaborative ADEA section dedicated to providing evidence-based addictions resources and information is needed now more than ever.

However, our existing name, Section on Substance Abuse, Addiction and Tobacco Dependence Education is long, is often shortened to SAATDE and lacks recognition or familiarity. This lack of recognition and awareness hinders our ability to be an effective evidence-based addictions resource for other ADEA sections, SIGs and members.

To begin to address the problem of minimal name recognition and awareness, the SAATDE leadership discussed the issue during the ADEA Annual Session & Exhibition Members’ Forum in March 2017. The members in attendance discussed the pros and cons of changing the section name to something easily recognizable. The majority in attendance were in favor of simplifying the name and recommended that the complete membership be polled in the fall. The SAATDE leadership formally polled all registered SAATDE members via SurveyMonkey. The survey included a brief rationale for the name change, an option to vote the proposal Yes or No, two possible names, a write-in option and a comment section. The survey link was distributed and promoted digitally through an email directly to members via the SAATDE ADEA listserv initially in September 2017 with two follow-up emails, the link posted in our Fall Newsletter and posted on the SAATDE Facebook page for one month. Of the 29 responses received: 97% agreed that the section name was too long; 62% selected Section on Addiction Education, 28% selected Section on Substance Abuse/Misuse with 10% choosing other with a variety of names suggested. Though the response was small, every effort was made to reach out to the SAATDE membership to obtain feedback. Therefore, the SAATDE officers would like to move forward a resolution to change our name from Section on Substance Abuse, Addiction and Tobacco Dependence Education to Section on Addiction Education. This name change allows more recognition and awareness, facilitating both inter and intraprofessional collaborations within, and external to, ADEA.

**Proposed Amendment:** To address the member survey response, immediate and long-term addiction issues dental professionals face and the need for addiction issues to be addressed by interprofessional teams, the officers of the ADEA Section on Substance Abuse, Addiction, and
Tobacco Dependence Education be renamed the ADEA Section on Addiction Education. The name change will clarify the mission and focus and expertise of the section and result in additional opportunities for broader collaboration with other sections and SIGs. This change also aligns with the overall mission of ADEA Council of Sections, which is “to address contemporary issues influencing education, research, and the delivery of oral health care for the improvement of the health of the public.” The requested name change will not have a financial impact on ADEA.

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

1H-2018 Resolved, that the ADEA House of Delegates approves that the ADEA Section on Substance Abuse, Addiction, and Tobacco Dependence Education shall be known as the ADEA Section on Addiction Education effective at the close of the 2018 ADEA Annual Session & Exhibition.
Resolution 14H-2018
ADEA Special Interest Group (SIG) on Foreign-Educated Dental Professionals
Request to Change SIG Name

Background: The name of this Special Interest Group, “Foreign Educated Dental Professionals” has been uncomfortable for many of its members for four or five years. Our group currently has over 300 members, and in a 2017 survey to identify its members’ backgrounds, interests, and needs, included an official, well documented, and unanimous intent to change our name to that presented here per 94 respondents: “Internationally Educated Oral Health Professionals.”

Previous Members Forum discussions (at the 2016 ADEA Annual Session & Exhibition) with nearly the same universal consensus to change our name were not acted upon due to individuals in leadership positions of the SIG leaving their posts and dental education, without submitting an official Resolution to the House of Delegates for the consideration of the name change at the following annual House of Delegates meeting. Thus, this request is made officially for consideration at the March 2018 House of Delegates to be held in Orlando, FL after unanimous vote of March 2017.

Our membership has two distinct identities:
1) Those who are associated with the administration and programming of International Dentist Programs, of which there are 43 among the U.S. dental schools.
2) Those who identity as “foreign” (hopefully “international” in the future) faculty members who were educated in countries other than the United States for some, part, or all of their dental education, and other international allied health professionals, including our corporate oral health partners.

Regarding the specifics of our existing name:

Change the word “foreign” to “international”: The word “foreign” has the following definitions:
1) “Of, from, in or characteristic of a country or language other than one’s own.” Synonyms include: “distant, external, alien, nonnative”
2) “Strange and unfamiliar” Synonyms include: “alien, unfamiliar, unknown, unheard of, strange.”

The word international, by contrast, has the following definition:
1) “existing, occurring, or carried on between two or more nations.”
2) Synonyms include: “universal, global, worldwide, intercontinental, multinational.”

The word foreign connotes an unattractive quality, is limiting, and may subtly disengage those whom identify as international, by their heritage, education, or international experience. The word foreign is highly U.S.-centric, and by default would distinguish our Canadian full member partners as “foreigners.” ADEA’s identity strives to be inclusive. The word foreign implies the exact opposite. Unity must be implied in the language we use. We seek a more appropriate word for the name and identity of our Special Interest Group, “international.”

Change the word “dental” to “oral health”: The word “dental” also is limiting. Its definition is “relating to teeth,” and thus implicitly limits our mission and identity, rather than whole mouth, complete oral health. Oral health and systemic connections, and interprofessional integration of patient care are clearly a focus of ADEA, and we want this more inclusive and broader name and identity.
The words “oral health” are more inclusive of our partners in ADEA’s mission, which include nondentists, physicians, pharmacists, nurses, businesses, and medicine and surgical specialties. We have many nondentist members whose passion and expertise are in promoting and serving oral health needs and oral health education, and are an integral part of ADEA’s community.

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

14H-2018 Resolved, that the ADEA House of Delegates approves that the ADEA Special Interest Group on Foreign-Educated Dental Professionals shall be known as the ADEA Special Interest Group on Internationally Educated Oral Health Professionals effective at the close of the 2018 ADEA Annual Session & Exhibition.
Resolution 15H-2018
Recommended Technical Changes to the ADEA Bylaws
Related to ADEA’s Budget Operations

Black text = original Bylaws text to remain
Red strikethrough text = strike text from current Bylaws
Green underline text = editing of original Bylaws

Background: The ADEA Board of Directors (Board) is requesting that the ADEA House of Delegates (HOD) make a modification to the current budget approval process to: 1) meet contemporary best practices for nonprofit management, and 2) increase transparency of the process. The proposed modification would place final budget approval authority with the Board.

Current Process for the Development of the ADEA Budget
The development of ADEA’s annual budget begins at the staff level, based upon the strategic and operating plans that have been approved by the Board. The process usually begins in the first quarter of the fiscal year, continues with review and approval by the Board in January of the following calendar year, and ends with final adoption by the HOD at the ADEA Annual Session & Exhibition in March.

Weaknesses in the Current Process
1. The ADEA HOD currently has the responsibility for final budget approval, yet the fiduciary responsibility for ADEA resides with the Board.
2. The current model does not follow best practices for the management of nonprofit organizations, including Associations.

Benefits of the Proposed Bylaws Change
1. The overarching rationale for having budget authority lie with the Board is to place that authority on the entity responsible for its implementation and review. At ADEA and other nonprofit organizations, the Board of Directors has fiduciary responsibility for the financial health and oversight of the organization and is much closer to the operations through its connection with the ADEA staff and the frequency of Board meetings.
2. ADEA’s auditors have looked at the question of proper placement of budget authority and support shifting that authority to the Board.
3. The proposed Bylaws change continues to allow input from the HOD on the budget process through two main mechanisms: (1) the Board Director for each Council who is responsible for bringing issues forward from their constituency, and (2) an open forum at each ADEA Annual Session & Exhibition.
4. The proposed Bylaws change allows for a more transparent, dedicated discussion regarding the budget in the form of an open hearing during each ADEA Annual Session & Exhibition versus the current reference committee hearing format, where a number of topics are discussed.
Below are the recommended changes to the Bylaws that will shift budget approval authority to the Board following the adoption of the resolution, identified by strikethrough and renumeration. These changes would take effect with the Fiscal Year 2020 Budget cycle.

Chapter I: The House of Delegates—The ADEA Governing Body

A. Function, Powers, Obligations, and Duties

1. Functions, Powers, and Obligations. The House of Delegates is the Association’s governing and legislative body. The House of Delegates manages the property, business, and affairs of the Association in accordance with these Bylaws and the purposes of the Association, and has the power:
   a. To enact and, where appropriate, enforce policies of the Association;
   b. To approve all resolutions in the name of the Association;
   c. To elect Active, Provisional, and Honorary Members;
   d. To approve changes to the Bylaws, Policy Statements, and Position Papers;
   e. To approve new sections;
   f. To approve the Association’s operating budgets;
   g. To establish branch offices of the Association or change the location of the ADEA Headquarters;
   h. To elect the Chair-elect of the Board of Directors of the Association;
   i. To elect nominees for representation in other organizations when so requested; and
   j. To serve as an advocate on behalf of all Association policies and positions.
The ADEA Board of Directors asks the ADEA House of Delegates to approve the following resolution:

Resolved, that the ADEA House of Delegates approves moving the responsibility “To approve the Association’s operating budgets” from the ADEA House of Delegates to the ADEA Board of Directors.

Be it further resolved the ADEA Bylaws are updated to reflect the changes accordingly.
In addition to the following overview, delegates should refer to Exhibits 1-2019 and 2-2019 below. Exhibit 1-2019 shows revenue for fiscal years 2015 through 2019 and Exhibit 2-2019 shows expenses for the same years. The ADEA fiscal year runs from July 1 through June 30. The ADEA Board of Directors asks the House to approve the following resolution:

16H-2018 Resolved, that the ADEA House of Delegates approves the ADEA Fiscal Year 2019 (July 1, 2018 through June 30, 2019) operating budget.
Overview of the Fiscal Year 2019 Budget for American Dental Education Association

PROPOSED FISCAL YEAR 2019 (FY2019) BUDGET
Prepared for the ADEA Finance Committee and ADEA Board of Directors
January 18, 2018

The proposed FY2019 (July 1, 2018–June 30, 2019) Association budget was developed over the last four months through a collaborative process involving ADEA staff, the ADEA Finance Committee, and the ADEA Board of Directors. Based on these discussions among staff and leadership, the proposed FY2019 budget focuses on ADEA’s 2015–2018 Strategic Directions, 10 strategic initiatives, as well as striving for overall cost efficiencies. As much as possible, the budget projections are based on historical information from FY2015 through FY2018 (note that approximately half of FY2018 was completed at the time that the proposed FY2019 budget was prepared), as well as priorities for the coming fiscal year.

The exhibits (Exhibits 1-2019 and 2-2019) accompanying this overview include the following comparative data:
- The ADEA House of Delegates-approved budget for FY2018.
- The proposed budget for FY2019.

REVENUE

The proposed total budgeted revenue for the Association in FY2019 is $25,319,203. Revenue for FY2019 is a 1.7% decrease from the FY2018 budget and a 6.3% decrease from FY2017 actual results. The difference in budgeted operating revenue versus the FY18 budget and fiscal year FY17 actual operating revenue is primarily driven by a projected decrease in Application Fees Revenue.

The other significant sources of revenue from Membership Dues, Publications, and Meetings income are projected to be essentially the same for FY2019 compared with previous years.

In addition, there is a budgeted difference in overall FY2019 revenue compared with FY2017 actual revenue due to $1.3 million in Investment income in FY2017 versus $100,000 projected for FY2019. Net investment revenue is not included in this proposed operating budget.

Membership Dues ($2,248,837)

Modest changes in total dollars by category are driven by increases or decreases in the number of members in each category based on staff estimates for FY2019. There are no proposed changes to the level of dues in any membership category.

Active
Revenue from Active Member dues is budgeted at $1,709,452 and is based mainly on 67 U.S. dental schools at $25,000 each. For FY2019 we expect to add one additional school to our Active Membership. Individual school dues in this membership category have not changed since 2004.
Affiliate
Revenue from Affiliate Member dues is budgeted at $220,707 and based on the current affiliate institutional membership of 10 Canadian Schools at $1,815 each, 189 allied member institutions at $945 each, 34 hospital-based member institutions at $984 each, four advanced non-hospital member institutions at $3,998 each, and 6 federal member institutions at $3,922 each. Dues in this membership category have not changed since 2004.

Corporate
The proposed total budgeted dues revenue of $261,400 in this category is based on 69 Corporate Members at $3,750 each. Dues in these membership categories have not changed since FY15.

Individual
Proposed total budgeted dues revenue of $52,758 in this category is based on the current individual member count of 273 individual members at $125 each, as well as 78 retirees at $62.50 each. Dues in this membership category have not changed since 2004.

Student
A modest amount of revenue from student dues of $4,250 is budgeted for members not affiliated with an ADEA Member Institution who therefore pay for their memberships. Proposed total budgeted dues revenue in this category is based on 113 student members at $40 each. Dues in this membership category have not changed since 2004.

Publications Revenue ($554,000)
The proposed total budget for publications revenue for FY2019 is consistent with the FY2018 budgeted revenue $546,750, with a slight increase of $7,250. The change is based on advertising revenue trends in all media with more advertising dollars being shifted online and among our different publications.

Journal of Dental Education (JDE) Subscriptions
The proposed JDE subscription sales budget of $155,000 reflects the downward trend in sales over the last four years and the belief that the level of sales has stabilized.

ADEA Official Guide to Dental Schools
Publication sales of $90,000, a 9% increase, are based on increased demand due to more sales occurring online.

Journal of Dental Education Advertising
The proposed FY2019 budget is $110,000, a 5% decrease from FY2018, based on current trends and discussions with ADEA’s new advertising sales agency. ADEA made a change in agencies in an effort to increase advertising revenues and reach other potential advertisers.

Bulletin of Dental Education Advertising
Revenue in this category is budgeted at $145,000, an increase of 20%, based on current trends and discussions with ADEA’s new advertising sales agency.

Other Publications/Advertising
This category includes Journal of Dental Education pay per view articles, Journal of Dental Education reprints, and website advertising revenue, and is budgeted at $54,000 for FY2019 versus $78,750 in the FY2018 budget.
Application Fees ($18,999,920)

Revenue from application fees for all of ADEA’s centralized application services have been budgeted based on actual FY2018 performance and projects a slight decline in the number of applicants, consistent with current trends.

ADEA AADSAS (ADEA Associated American Dental Schools Application Service)
Revenue from ADEA AADSAS fees are projected at $12,025,820 based on 10,700 applicants with 9.8 designations each, 6% below the 11,400 applicants and 10 designations each projected for FY2018. The budget includes no increase in the initial designation fee of $245 and a 3% increase of $3, to $102, for each additional designation. These projections are conservative based on FY2018 projected results.

The ADEA AADSAS Fee Reduction Program budget of $200,000 for FY2019 is consistent with FY2018 ADEA AADSAS Fee Reduction allowance. The purpose of this allowance is to provide reduced application fees for those applicants with demonstrated financial constraints.

ADEA CAAPID (ADEA Centralized Application for Advanced Placement for International Dentists)
Projected revenue for ADEA CAAPID is $1,623,250. This figure is based on a projected 2,150 applicants selecting an average of five designations. The budget includes no increase in the initial designation fee of $245 and a 3% increase of $3, to $102, for additional designations.

ADEA PASS (ADEA Postdoctoral Application Support Service)
Projected revenue for ADEA PASS is $5,265,350 based on 5,162 applicants. The initial designation fee remains unchanged since FY14 of $190, and a 3.7% increase in the additional designation fee of $3, to $80.

ADEA PASS also serves as the registration site for the Dental Match. ADEA PASS collects Dental Match fees, reserves $7 per registration to cover credit card and operational costs and passes the remaining $83 per registrant to the National Matching Service. ADEA’s net PASS-Match revenue is projected to be $24,500 based on an estimated 3,500 Match registrants at $7 per registrant.

ADEA DHCAS (ADEA Dental Hygiene Centralized Application Service)
This is a centralized application service for dental hygiene programs launched in August 2013. The projected revenue for ADEA DHCAS is $85,500 based on 1,200 applicants. The initial designation fee remains at $50 and $35 for each additional designation.

Grants & Contributions ($375,614)

Foundation and Grant Support
Budgeted support of $247,114 is based on anticipated continued support from the Robert Wood Johnson Foundation for the Association of American Medical Colleges/ADEA Summer Health Professions Education Program and for projects supported by the W. K. Kellogg Foundation

Fellowships and Scholarships
This category is budgeted at $128,500 based on ADEA’s portfolio of annual fellowships and scholarships.
Meetings Registration and Exhibits Revenue ($3,040,832)

ADEA meetings overall have been budgeted for FY2019 based on the ADEA Board of Directors goal of financial neutrality while considering specific subsidies as approved by the Board of Directors.

ADEA Annual Session & Exhibition Fees
Revenue from registration fees and exhibitor fees for the FY2019 ADEA Annual Session & Exhibition in Chicago, IL are budgeted at $1,486,925 based on historical data and trends from previous annual meetings.

ADEA Deans’ Conference Fees
The proposed $51,000 budgeted revenue include a Deans’ Conference Assessment of $750 that is paid by all U.S. and Canadian dental schools.

Sponsor Fees
Budgeted at $991,930, this figure includes sponsorship of various conferences and programs for members and partners throughout the year. These figures are based on prior year actual figures, current commitments, prospective commitments and the current economic climate.

Other Conferences
Registration revenue of $510,977 is consistent with prior years. Modest increases in conference fees and meeting attendance are included in this estimate. In addition to annual meetings (such as the ADEA Fall Meetings, the ADEA Allied Dental Program Directors’ Conference, the ADEA Summer Program for Emerging Academic Leaders, and the ADEA Leadership Institute), we will conduct the ADEA Allied Dental Faculty Leadership Development Program, the ADEA New Deans’ Orientation, and a series of webinars.

Investment and Other Income ($100,000)
Investment income from ADEA’s cash reserves and operating accounts at $100,000 in FY2019 and will be mostly offset for operating budget purposes by investment fees and other related expenses. These funds are typically not used in operations and these estimates are conservative and offset by investment expenses projected to be incurred.

EXPENSES

Total expenses recommended in the proposed FY2019 budget are $25,319,203. The expenses in the FY2019 budget are 2% lower than the FY2018 budget and $9,000 lower than the FY2017 actual expenses. These differences in expenses occurred in multiple areas throughout the organization as resources are allocated per FY2019 priorities.

Personnel Costs and Fees
Total Personnel Costs and Fees are projected at $10,603,149 in the proposed FY2019 budget. This is $211,170 less than the FY2018 budget and $741,234 less than ADEA’s FY2017 actual Personnel Costs and Fees. The most significant item in this budget is the addition of new finance and HR staff who are replacing the previously outsourced human resources, accounting and finance functions.

While additional positions have been added for accounting and finance functions, the total number of recommended positions has decreased by one position from 75 staff in the FY2018 budget to 74 staff in the FY2019 Budget.
**Temporary Salaries**
Expenses for temporary staff are budgeted at $103,980 based on projections for FY2019. This is a $13,499 increase from the FY2018 budget and a $178,105 decrease from FY2017 actual costs.

**Payroll Taxes and Other Benefits**
Payroll taxes and benefits are budgeted at 23% of salaries. This is in line with the past, where taxes and benefits ranged from 20–23% of salaries.

**Legal Fees**
Legal fees of $52,000 are based on historical experience and projections of required services in FY2019.

**Consultants, Honoraria and Stipends**
This expense is budgeted at $1,376,830. The proposed Consultants, Honoraria and Stipends budget includes support for a variety of services, such as for editorial and production services, as well as consultants for ADEA’s website initiatives. These costs have decreased significantly, approximately 36% from FY2017 actuals and 6% from the FY2018 budget. This reflects some of the savings from bringing previously outsourced finance, payroll and human resource functions in-house as well as the elimination of certain contractual arrangements consistent with our operating plans.

**Travel**
Travel is budgeted at $1,148,809, which is an increase of $86,915 from the FY2018 budget. The amount of travel can vary from year to year, depending on the location and types of meetings held. The organization has taken concrete steps to reduce travel costs through better planning, stronger controls, better management and increased staff accountability.

**Other Costs**

**Bank and Credit Card Charges**
The budgeted expense of $353,622 for credit card processing fees for FY2019 is based on projected credit card revenue for FY2019 and industry fee structure. Credit card processing fees decreased for FY2019 and these variations are related mainly to the centralized application services.

**Developmental Programming and Data Processing**
The combined budgeted expense of for both categories is approximately $5.71M compared with $5.93M in the FY2018 budget. This decreased is primarily driven by a projected decrease in application services costs and is consistent with our previously negotiated contracts.

**Computer Operations**
The budgeted expense of is $571,170 reflects ADEA’s continuing investment in technology. While these costs have increased over the last few years, the increases have been offset by cost reductions in other areas. Previous investments in computer operations are in place and the FY2019 budget is showing a decrease as initial investment costs dropped from prior years. We anticipate this area will continue to require future investments to keep up with a rapidly changing technological environment.

**Telephone/FAX**
The budgeted expense of is $50,445 reflects the continuing reduction in technology costs and the consolidation of communication technology with the Internet. These costs have decreased significantly since FY2015.
**Postage/Freight**
The budgeted expense is $110,267 and has decreased slightly from FY2017 actuals. This category covers organizational mailings, including all publication and membership materials. It also covers shipping expenses for ADEA’s meeting materials, including to and from the ADEA Annual Session & Exhibition. This number is expected to decline in future years as ADEA does less direct mail and relies more on electronic communications.

**Office Supplies**
The budget for FY2019 in this category is $40,000. These costs have decreased over the years as ADEA has increased investments in technology, allowing enhanced efficiency and productivity.

**Printing/Reproduction**
The combined $235,428 budgeted expense for both categories is based on the estimated printing costs for meeting materials and publications. This expense covers all booklets, brochures, flyers and banners for all ADEA meetings. Printing costs for all ADEA publications, such as the *Journal of Dental Education*, *ADEA Snapshot of Dental Education*, *ADEA Official Guide to Dental Schools*, and other documents such as the *ADEA House of Delegates manual*.

**Rent/Refurbishing**
The budgeted expense of $1,848,152 reflects the completed addition of 9,002 square feet of meeting and office space in FY2017 and annual escalation costs in the lease. The additional space has been effectively used as a conference facility allowing more meetings to be held at ADEA’s Washington, DC offices instead of out of town locations. This has helped us save on travel costs and to host events for our partners, strengthening our efforts to cultivate closer relationships. The space includes a state-of-the-art studio to produce webinars and online content.

**Depreciation/Amortization**
These are noncash expenses and the combined budgeted expense of for both categories is $658,402. This is due to the increased amortization for the leasehold improvements that were made to the new space being spread over the 10-year life of the lease and investments in information technology and audio-visual equipment in the new meeting space.

**Equipment Rental**
This line item is for equipment rental for items such as copiers and postage machines. The budgeted expense for FY2019 is $56,608 and maintenance of some of the equipment is included in the lease cost.

**Repairs and Maintenance**
This line item is for repairs and maintenance of equipment throughout the organization. The budgeted expense for FY2019 is $2,000.

**Insurance**
This line item is for Corporate Liability insurance, Directors and Officers Liability insurance and Cybersecurity insurance to protect the organization considering the large number of individual financial transactions that occur through ADEA’s application services. The budget for FY2019 is $164,319.

**Dues/Subscriptions/Membership Fees**
For FY2019, we have budgeted $79,566. As a professional association with many partners and allies, ADEA is most successful working together toward common goals. We have closely examined these costs across the organization and have reduced the costs from prior years.
**Employee Professional Development**
Total employee professional development expenses have been budgeted at $63,540, which approximates historical norms over the last four years.

**Miscellaneous Expense**
Miscellaneous Expenses for FY2019 are $64,263 and consist of those items in each of the budget areas which do not fit into a specific category. These costs have ranged from $34,000 to $69,000 in the FY2015–FY2018 time frame.

**Meeting Expense**
The budget for meetings expense is higher than prior years at $3,034,815 and is one of the main benefits ADEA provides to members, sponsors and partners. This category includes participant food and beverage costs, audiovisual equipment, speakers and facilitators, meeting space rental and other meeting related costs for the ADEA Fall Meetings, ADEA Deans’ Conference, ADEA Sections on Business and Financial Administration and Clinic Administration (BFACA) Meeting, ADEA Annual Session & Exhibition, the ADEA Allied Dental Program Directors’ Conference, in addition to a variety of other ADEA conferences.

**Donated Services**
Donated Services usually consist of professional services donated to the organization from supporters and partners. These costs are calculated at the end of the year and do not have an impact on the organization’s final results. Therefore, they are not budgeted prospectively, but as part of our end-of-year audit to determine the amount of donated services and their impact on specific programs or events. In past years donated services have ranged from $12,000 to $46,000 annually.

**Recruitment and Retention**
With the creation of an internal Human Resources department in FY2017, top caliber personnel were recruited, which allowed more thorough and effective searches for new employees without the need for outside assistance. In FY2019, this is another area where cost reductions resulted from the creation of an in-house Human Resources department, and the expenses in this category are reduced to $1,150.

**Awards and Fellowships**
ADEA recognizes achievement and distinction among its members through an awards program. In conjunction with ADEA’s corporate partners, ADEA offers student scholarships, awards for educators and funding opportunities for various fellowships. The budget for FY2019 is $32,850.

**Marketing and Promotion**
Total marketing costs budgeted for FY2019 is $449,125. Beginning in FY2018 ADEA separated the overall marketing budget into its key elements and separate line items. The line items for FY2019 include Marketing ($16,000), Design ($159,720), ADEA Advertising ($121,738), Media ($23,000), Commission ($95,250) and Promotional Items ($33,417). Breaking out these items allows for better tracking of ADEA’s overall marketing expenses and provides better information to determine where to allocate marketing resources. On a combined basis, these line items for Marketing and Promotion total $449,125, which is an increase from the FY2018 budget by $77,139. These additional costs are budgeted to help ensure demand for our publications, application services, and other programs.
**Bad Debt Expense**
Bad Debt expense is incurred when an advertiser or sponsor has been extended credit and does not follow through with payment. We do not normally budget for bad debt or uncollectible receivables, but in past years Bad Debt expense has ranged from $8,500 to $36,000 on an annual basis.

**Business Meals and Entertainment**
The budget for this area is $34,910 and reflects organizational efforts to reduce the costs of these meals. Costs in this area have significantly decreased over the past few years.

**Contribution to Reserves**
Contributions to Reserves are not budgeted. The ADEA Board of Directors made a contribution to reserves of $850,000 for FY2017. If there is an operating surplus in FY2018 or FY2019, the ADEA Finance Committee will make a recommendation to be considered by the Board of Directors to make a reserve contribution equal to one-half of that surplus. This recommendation is usually made after the audit is completed for a given fiscal year. Since FY2015, the Board of Directors has approved $1,657,000 in contributions to the Reserve Fund.
### ADEA Revenue Budget

**EXHIBIT 1-2019**

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### ADEA Expense Budget

**EXHIBIT 2-2019**

#### Fiscal Year 2019

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New Chief Administrators at Member Institutions

New Dental School Deans

Since the 2017 ADEA Annual Session & Exhibition, U.S. and Canadian academic dental institutions have appointed the following new deans, interim deans, acting deans and directors, whose service began between the end of the 2017 ADEA Annual Session & Exhibition and the beginning of the current ADEA Annual Session & Exhibition. The ADEA Board of Directors congratulates these members and wishes them success in their assignments.

- Dr. Douglas J. Brothwell, University of Saskatchewan College of Dentistry
- Dr. Bernard Costello, University of Pittsburgh
- Dr. J. Stansill Covington III, University of Tennessee Health Science Center College of Dentistry
- Dr. Benjamin Davis, Dalhousie University Faculty of Dentistry
- Dr. Renee Delaquis, Université de Montréal Faculté de Médecine Dentaire
- Dr. Dana T. Graves, University of Pennsylvania
- Dr. Harold J. Haering, Jr., Midwestern University College of Dental Medicine-Illinois
- Dr. Robert Allan Handysides, Loma Linda University School of Dentistry
- Dr. Sarandeep S. Huja, Medical University of South Carolina James B. Edwards College of Dental Medicine
- Dr. James David Johnson, University of Washington School of Dentistry
- Dr. Mark D. Kirkland, University of California, San Francisco, School of Dentistry
- Dr. Mary MacDougall, University of British Columbia Faculty of Dentistry
- Dr. José R. Matos, University of Puerto Rico
- Dr. Ronnie Myers, Touro College of Dental Medicine at New York Medical College
- Dr. Wenyuan Shi, Forsyth Institute
- Dr. Robert M. Trombly, Arizona School of Dentistry & Oral Health

New Federal Dental Chiefs

U.S. federal government agencies have reported the following appointments since February 2017. The ADEA Board of Directors congratulates these new Dental Service Chiefs:

- Col. Peter Howard Guevara, Army Postgraduate Dental School
- RADM Gayle D. Shaffer, U.S. Navy Dental Corps

New Affiliate Members

Since February 2017, these programs and schools have become Affiliate Members. The ADEA Board of Directors welcomes them.

Allied Dental Members

- Luzerne County Community College, Dr. Rachel Coffee, Director of Dental Health, (Nanticoke, PA)
- Hagerstown Community College, Dr. Kathleen D’Ambris, Health Sciences Division Director (Hagerstown, MD)
- University of New England - Westbrook College of Health Professions, Prof. Marji Harmer-Beem, Dental Hygiene Program Director (Portland, ME)
- Front Range Community College, Prof. Nicola Edwards, Dental Assisting Program Director, (Fort Collins, CO)
• Columbia Basin College, Prof. Tammy Sanderson, Dental Hygiene Program Director, (Pasco, WA)
• Mount Wachusett Community College, Ms. Cindy Cadoret, Dental Hygiene Program Director, (Gardner, MA)
• El Paso Community College, Prof. Elia M. Mendez, Dental Hygiene Program Director, (El Paso, TX)
• Prairie State College, Dr. Carol Braun, Dental Hygiene Program Director, (Chicago Heights, IL)
• Concorde Career College-Dallas, Prof. Tammy Fisher, Dental Hygiene Program Director, (Dallas, TX)
• Douglas College - Health Sciences Dental Assisting Certificate Program, Ms. Pamela Cawley, Dean of Health Sciences, (New Westminster, BC)
• Camosun College, Prof. Mandy Hayre, Chair of Dental Programs, (Victoria, BC)

Corporate Members
These companies have become ADEA Corporate Members since February 2017. The ADEA Board of Directors welcomes them.

• MacPractice, Inc., Mr. Mark Hollis, CEO, (Lincoln, NE)
• Great Expressions Dental Centers, Dr. Robert Brody, Chief Clinical Officer, (Southfield, MI)
• PDT, Inc. - Paradise Dental Technologies, Ms. Christie Bailey, Director of Sales & Marketing (Missoula, MT)
• STONEGLASS, Inc., Mr. Georges Sara, President, (New York, NY)

The ADEA Board of Directors welcomes all.
In Memoriam

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

Dr. A. Birk Adams, University of Nebraska
Mr. Marodin Aghassi, A.T. Still University-Arizona
Mr. Khalid Albaba, New York University
Dr. Robert A. Aslanian, New York University
Dr. Ali Attarpour, Harvard University
Dr. Michael Barnett, Harvard University
Dr. Ronald Barrett, Louisiana State University
Dr. Ebb A. Berry, University of Texas at Houston
Dr. Sheldon Baumrind, University of the Pacific
Dr. David Bikoff, Harvard University
Dr. Michael B. Birdsong, University of Texas at Houston
Dr. John Braasch, Harvard University
Dr. Dana Brockington, Augusta University
Dr. Edwin Brown, Louisiana State University
Dr. Bill Browning, Augusta University
Dr. William Browning, Indiana University
Dr. Margo Carter, University of Mississippi
Dr. Richard C. Carver, University of Texas at Houston
Dr. Robert Coker, Louisiana State University
Dr. Paul J. Collins, The University of Iowa
Dr. Donald R. Costa, University of Texas at Houston
Dr. William C. Daniels, University of Texas at Houston
Dr. Kenneth Diehl, Harvard University
Dr. Richard E. Dunnahoe, University of Texas at Houston
Dr. Phillip Eversman, Indiana University
Dr. Richard R. Garay, University of Texas at Houston
Dr. Jose M. Garcia, University of Texas at Houston
Dr. Lee Getter, Augusta University
Dr. Daniel Goodman, University of Detroit Mercy
Dr. Shelley N. Grimes, University of Minnesota
Dr. Herbert N. Gross, New York University
Dr. Walter Guralnick, Harvard University
Dr. Charles E. Hand, University of Texas at Houston
Dr. Kenneth Harman, University of Nebraska
Dr. Jack H. Harris, University of Texas at Houston
Dr. Ernest Hausmann, University at Buffalo
Dr. David Hennon, Indiana University
Ms. Ellen Herrick, University of Nevada, Las Vegas
Ms. Vivian Hilton, Augusta University
Dr. Franklin Hines Jr., Augusta University
Dr. Edmund Jeansonne, Louisiana State University
Dr. Howard Jenkins, Harvard University
Ms. Jan John, University of Nebraska
Dr. Gayathri Konchady, Augusta University
Dr. David Korris, New York University
Dr. Robert Kunovich, The Ohio State University
Dr. Harry Kushnir, Harvard University
Dr. Bruce Larrick, University of Florida
Dr. Gary Alan Lewis, Augusta University
Dr. Stephen Miller, Harvard University
Mrs. Cynthia Mulenga-Alexander, University of Detroit Mercy
Dr. William H. Olin Sr., The University of Iowa
Dr. Ronnie Owens, Augusta University
Dr. Joan Phelan, New York University
Mr. Frankly Pino, Indiana University
Dr. Jay Pivor, Harvard University
Dr. Norris Richmond, Indiana University
Mrs. Deb Rodaway, University of Nebraska
Dr. Morton Rosenbluth, Nova Southeastern University
Dr. Thomas Shelton, Augusta University
Dr. Arthur Ship, Harvard University
Dr. H. Sam Skjonsby, University of Texas at Houston
Dr. Walter O. Stanford, University of Texas at Houston
Dr. Gene C. Stevenson, University of Texas at Houston
Dr. Karen A. Storthz, University of Texas at Houston
Dr. Dennis C. Sullivan, University of Texas at Houston
Dr. Ernest Svensson, The Ohio State University
Dr. L. G. Taylor, University of Texas at Houston
Dr. Ricardo Teles, University of Pennsylvania
Dr. Donald Tharp, Indiana University
Dr. Eugene M. Tokar, University of Texas at Houston
Dr. Glenn E. Turner, University of Florida
Dr. Tritala K. Vaidyanathan, Rutgers, The State University of New Jersey
Dr. Paul Walker, Indiana University
Dr. Alfred Weinstock, Harvard University
Dr. Jefferson Weishaar, Harvard University
Dr. Raymond Mikel Westwood, University of Texas at Houston
Dr. Julian Woelfel, The Ohio State University
Dr. Ira Zinner, New York University
Dr. Jack D. Zwemer, Augusta University
BYLAWS OF THE
AMERICAN DENTAL EDUCATION ASSOCIATION

Preamble
The American Dental Education Association (ADEA) is incorporated as a District of Columbia nonprofit corporation and as such is subject to the District of Columbia Nonprofit Corporation Code. As established by its Articles of Incorporation, the purpose of the Association is to advance and support dental education, dental research and the dental health and education of the general public, and it is recognized by the Internal Revenue Service as a 501(c)(3) organization.

Chapter I: The House of Delegates—The ADEA Governing Body
A. Function, Powers, Obligations and Duties
1. Functions, Powers and Obligations. The House of Delegates is the Association’s governing and legislative body. The House of Delegates manages the property, business and affairs of the Association in accordance with these Bylaws and the purposes of the Association, and has the power:
   a) To enact and, where appropriate, enforce policies of the Association;
   b) To approve all resolutions in the name of the Association;
   c) To elect Active, Provisional and Honorary Members;
   d) To approve changes to the Bylaws, Policy Statements and Position Papers;
   e) To approve new sections;
   f) To approve the Association’s operating budgets;
   g) To establish branch offices of the Association or change the location of the ADEA Headquarters;
   h) To elect the Chair-elect of the Board of Directors of the Association;
   i) To elect nominees for representation in other organizations when so requested; and
   j) To serve as an advocate on behalf of all Association policies and positions.

2. Duties. As the ADEA governing body, pursuant to the District of Columbia Nonprofit Code, members of the House of Delegates, are expected to discharge their duties in good faith with the care an ordinarily prudent person in a like position would exercise under similar circumstances in a manner the Delegate reasonably believes to be in the best interests of the Association; and in doing so to disclose to their fellow Delegates known information relevant to the issues being considered by the House of Delegates.

B. Composition
The House of Delegates is comprised the following:
   1. The Officers;
   2. The Council of Deans as represented by all of its members;
   3. The Council of Faculties as represented by all of its members;
   4. The Council of Allied Dental Program Directors is represented by its Administrative Board and one delegate for every 10 of its member programs (or major portion thereof) in each of its four membership categories—dental assisting education, dental hygiene education, dental laboratory technology education and advanced allied dental education. Each category is represented by at least two delegates; a
minimum number is not required in the event that there are less than 10 programs in a particular category.

5. The Council of Hospitals and Advanced Education Programs (COHAEP) is represented by its Administrative Board, one representative from each of the ADA-recognized dental specialties, two representatives from advanced education in general dentistry programs plus one delegate for every 10 COHAEP member programs. COHAEP shall have at least 16 Delegates;

6. The Council of Sections is represented by each Section’s Councilor, Section Chair and its Administrative Board members. If a Section Councilor and/or Section Chair is unable to serve as a Delegate in the House of Delegates, he or she may appoint either the current Section Chair-elect or Section Secretary to be ratified to serve as the alternate Delegate;

7. The Council of Students, Residents and Fellows is represented by its Administrative Board; by 11 members of the Council of Students, Residents and Fellows (one each from each of the 11 districts recognized by the Council); by four advanced dental students, residents or fellows (two from hospital-based programs and two from non-hospital-based programs) and by six allied dental students (two each from dental hygiene, dental assisting and dental laboratory technology education programs);

8. The Corporate Council is represented in the House of Delegates by its Administrative Board.

9. Delegate Selection
   a) All members of the Council of Deans serve as Delegates to the House of Delegates.
   b) All members of the Council of Faculties serve as Delegates to the House of Delegates. Members are elected or appointed by their institution.
   c) The Council of Allied Dental Program Director’s Delegates to the House of Delegates are nominated by members of the Council and approved by the Council’s Administrative Board. The Administrative Board also serves as Delegates to the House of Delegates.
   d) The Council of Hospitals and Advanced Education Program’s Delegates to the House of Delegates include representatives from the dental specialties who are nominated and reviewed by the Council’s Administrative Board. Delegates that represent programs may self-nominate or are nominated by the Council’s Administrative Board. Delegates are appointed by the Council’s Administrative Board.
   e) The Council of Sections Delegates to the House of Delegates include the Councilor and Chair of each Section. The members of the Administrative Board also serve as Delegates to the House of Delegates.
   f) The Council of Students, Residents and Fellows elects Delegates at the ADEA Annual Session & Exhibition. Each member institution represented at the Council meeting to elect Delegates gets one vote.
   g) The Corporate Council Delegates to the House of Delegates consist of the Council’s Administrative Board.

C. Meetings of the House of Delegates

1. Annual Session & Exhibition. The House of Delegates normally convenes at the Association’s Annual Session & Exhibition. The President and CEO sends each Delegate an official notice of the time and place of each Annual Session & Exhibition or other House of Delegates meeting electronically or via postal mail. The notice is sent no fewer than 30 days before the first day of the meeting.
2. **Special Meetings.** Special Meetings may be called by the Chair of the Board or by request of the membership as specified in the Bylaws, Chapter III, Section C.2. The President and CEO sends each Delegate an official notice of the time and place of each Special Meeting along with a statement of the business to be considered. The notice is sent electronically or via postal mail no fewer than 30 days before the first day of the Meeting. No other business except that provided for in the call may be considered unless the members present unanimously agree to consider additional business.

3. **Quorum.** A majority of the House of Delegates or any of its committees constitutes a quorum for the transaction of business at regular or special meetings.

4. **Order of Business in Meetings.**
   a) **Regular Meeting:** The order of business at a regular Meeting of the House of Delegates is as follows, unless changed by a two-thirds vote by the Delegates.
      1. Call to order;
      2. Report of quorum by President and CEO;
      3. Approval of minutes of previous Meeting;
      4. Reports of Officers;
      5. Report of the Board of Directors;
      6. Referrals of reports and resolutions;
      7. Action on resolutions;
      8. Unfinished business;
      9. New business;
     10. Installation of Officers; and
     11. Adjournment.
   b) **Special Meeting:** The order of business at a Special Meeting is as follows:
      1. Call to order;
      2. Report of quorum by President and CEO;
      3. Reading of call for Special Meeting;
      4. Transaction of business as provided in call; and
      5. Adjournment.

5. **Procedures Regarding Resolutions.**
   a) Resolutions may be presented to the House of Delegates either by the Board of Directors or by any Delegate in writing up to and including the Opening of the House of Delegates.
   b) Any Individual Member may submit a resolution to the Board of Directors by December 1, prior to the next ADEA Annual Session & Exhibition, which in its discretion may or may not choose to forward it for further consideration.
   c) Resolutions not brought before the last Board of Directors meeting prior to the Annual Session & Exhibition may be introduced at the Opening of the House of Delegates and must be presented by a Delegate.
   d) Resolutions brought after the Opening of the House of Delegates cannot be considered by the House until the following year. The resolution can be sent immediately after the ADEA Annual Session & Exhibition to the President and CEO, who then presents it to the Board of Directors for consideration before the next ADEA Annual Session & Exhibition.
   e) At its discretion, the Board of Directors may submit resolutions to an appropriate Association component group for advice before forwarding the resolution to the House of Delegates.
f) Annually, the Board of Directors appoints Reference Committee Members to hold hearings at the ADEA Annual Session & Exhibition on resolutions being presented to the House of Delegates and to make recommendations on those resolutions upon request of the Board of Directors.

g) Resolutions proposing expenditure of Association funds must be accompanied by a cost impact statement estimating the amount of funds required and the period of expenditure.

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

6. **Removal.** A member of the House of Delegates may be removed with or without cause upon a majority vote of the Delegates whenever in the Delegates’ judgment the best interest of the Association would be served thereby, provided that all the Delegates have at least 21 days’ notice of the proposed removal and the Delegate at issue has an opportunity to address the House of Delegates personally, either by phone, in-person or electronically as determined by the discretion of the Board of Directors.

**Chapter II: The Association’s Officers**

A. **Officers.**

The Association’s Elected Officers and ex officio Officers are as follows and, per Chapter III below, function as the Association’s Executive Committee:

1. Chair of the Board
2. Chair-elect of the Board (who serves ex officio as Secretary)
3. Immediate Past Chair of the Board (who serves ex officio as Treasurer)
4. Board Director for Allied Dental Program Directors
5. Board Director for Deans
6. Board Director for Faculties
7. Board Director for Hospitals and Advanced Education Programs
8. Board Director for Sections
9. Board Director for Students, Residents and Fellows
10. Board Director for the Corporate Council
11. President and CEO (ex officio, voting)
12. In addition, the House of Delegates may from time to time appoint or authorize the President and CEO to appoint assistant Officers such as an Assistant Secretary or an Assistant Treasurer.

B. **Qualifications.**

To qualify for and serve as an Elected Officer, a person must be: an Individual Member of the Association, a member of the Council for which he or she serves as a Board Director, employed by, matriculated at or appointed to a Commission on Dental Accreditation-approved program and satisfy any other Council-specific criteria.

C. **Duties and Responsibilities of Officers**

1. **Duties in General.** Officers shall have such authority and shall perform such responsibilities as may be provided in these Bylaws or by resolution of the Board of Directors, subject to the control of the Board of Directors. Pursuant to the District of Columbia Nonprofit Code, Officers are expected to discharge their duties in good faith, with the care an ordinarily prudent person in a like position would exercise.
under similar circumstances, in a manner the Officer reasonably believes to be in the best interests of the Association; and to disclose relevant known information and any actual or probable material violation of law involving the Association or material breach of duty to the Association by an Officer, employee, or agent of the Association, that the Officer believes has occurred or is likely to occur.

2. Duties of Specific Officers.

a) The Chair of the Board shall provide leadership in achieving the Association’s mission, objectives, and ongoing business; to serve as presiding Officer of the House of Delegates and Board of Directors; and to supervise all of the affairs of the Association in accordance with the policies and directives approved by the Board of Directors.

b) The Chair-elect of the Board is to serve in place of the Chair of the Board at the request of the Chair or in the absence of the Chair; and to perform any duties requested by the Chair of the Board.

c) The Immediate Past Chair of the Board serves in place of the Chair of the Board at the request of the Chair or Chair-elect of the Board, or in the absence of both; to perform any duties requested by the Chair of the Board; to Chair the Finance Committee of the Board of Directors; and to Chair the Nominating Committee for Chair-elect of the Board.

d) The Secretary shall cause there to be a process managed by the President and CEO for keeping the minutes of all meetings of the Board of Directors, including all votes and resolutions adopted, and shall cause there to be a process to record all such documents and records (in print or electronically) in a medium kept for that purpose. The Secretary will cause there to be a process managed by the President and CEO for issuing notices of all Board of Directors meetings, filing of all reports required by governmental authorities and performing such other functions and duties as the Board may from time to time prescribe.

e) The Treasurer as the Chair of the Finance Committee will cause there to be a process to ensure the safe custody of all funds, securities and assets of the Association and the preparation of financial reports. He or she will cause there to be a process by the Finance Committee to review and approve an annual budget for the Association, conduct regular reviews of the Association’s financial statements and progress against the budget, oversee Association investments and review the annual financial audit and reports required by governmental authorities. The Board of Directors may appoint and empower such Assistant Treasurers as shall be required to carry out the purpose of this section.

f) Each Board Director represents an Association Council and, in addition to fulfilling the duties in this subsection, fulfills the responsibilities set forth in Chapter VII (Councils) of these Bylaws. The Board Directors are nominated according to procedures set forth in Chapter VIII (Councils) of these Bylaws.

D. Nominating and Electing the Chair-elect

1. Nominating the Chair-elect of the Board. Annually, the Board of Directors shall constitute a Nominating Committee, chaired by the Immediate Past Chair of the Board, to nominate one or more candidates for Chair-elect of the Board. The Committee shall receive and consider nominations from the general membership, Council Administrative Boards and Delegates, and shall recommend one or more candidates to stand for election.
Any member may make nominations according to the timetable and procedures set forth in the Policy on Nominations for Chair-elect of the Board.

2. **E lecting the Chair-elect of the Board of Directors.** If there is only one candidate for Chair-Elect of the Board, he or she is declared elected at the Opening of the House of Delegates. If there are two or more candidates, the members of the House of Delegates shall cast ballots at the Annual Session & Exhibition during times designated by the Board of Directors. A majority vote is required for election.

**E. Terms of Office, Succession, Installation, Removal, Filling Vacancies**

1. **Terms of Office.** The term of office of any Officer shall be as follows, but shall not terminate until: (a) the installation of a successor, (b) the effective date of his or her resignation submitted in writing to the Secretary or Chair of the Board, (c) upon his or her death or (d) upon removal from Office in accordance with the provisions of these Bylaws. The Chair-elect of the Board, Chair of the Board and Immediate Past Chair of the Board serve one-year terms. After serving a term in any such position, they are ineligible to serve again in any of those offices. The Board Directors serve a single three-year term, except that the Board Director for Students, Residents and Fellows shall serve a term of office specified in Chapter VII, Section B.7 of these Bylaws. Board Directors are ineligible to succeed themselves in the same role.

2. **Succession.** The Chair-elect of the Board automatically succeeds to the office of Chair of the Board, and the Chair of the Board automatically succeeds to the office of Immediate Past Chair of the Board.

3. **Installation.** Elected Association Officers are installed at the ADEA Annual Session & Exhibition on the floor at the Closing Session of the House of Delegates.

4. **Removal.** Any elected Officer may be removed from office, with or without cause, upon a vote of a majority of the Board of Directors Members then in office, whenever in the Board of Directors Members’ judgment the best interest of the Association would be served thereby, provided that all the Board of Directors Members have at least 10 days’ notice of the proposed removal and the Officer at issue has an opportunity to address the Board of Directors prior to the removal vote either in person, electronically or via a telephone meeting, as determined in the discretion of the Board of Directors. Any Officer appointed by the Chair of the Board may be removed by the Chair of the Board.

5. **Filling Vacancies.**
   a) If either the Chair of the Board or Chair-elect of the Board dies, resigns or is removed for any reason, the Association’s Nominating Committee shall nominate one or more candidates and conduct an election by ballot to fill that vacancy by vote of the last House of Delegates, to be held electronically, such as by email, or by postal mail, as determined in the discretion and according to procedures set forth by the Board of Directors. A majority of the votes cast is required for election.
   
   b) If an Immediate Past Chair of the Board dies, resigns or is removed for any reason, the position remains vacant until the Chair of the Board assumes the office at the next ADEA Annual Session & Exhibition, except that the Chair of the Board may appoint the most recent Immediate Past Chair of the Board, if he or she is willing, to serve as the Immediate Past Chair of the Board until the next
ADEA Annual Session & Exhibition when the Chair of the Board assumes such office.
c) If a vacancy in the office of Immediate Past Chair of the Board is not filled, the Chair of the Board serves as Chair of the Finance Committee and the Nominating Committee for the Chair-Elect of the Board.
d) In the event of the death, resignation or removal of one or more of the Board Directors, the vacancy shall be filled in accordance with the procedures set forth in Chapter VII, Section B.8 of these Bylaws.

Chapter III: Board of Directors

A. Composition and Function.

The Board of Directors is comprised of the Officers of the Association and functions as the Association’s Executive Committee.

B. Powers and Duties.

The Board of Directors has the power to engage in the oversight in the business affairs of the Association, including the following powers and duties:

1. To serve as the Association’s Executive Committee;
2. When the House of Delegates is not in session, to establish ad hoc interim policies, rules and regulations, provided that such policies are not in conflict with existing Association policy and Bylaws and are presented for review at the next Meeting of the House of Delegates;
3. To report its actions to the House of Delegates at each Annual Session & Exhibition;
4. To conduct the Association’s planning, including the development of strategic, operational and related plans, and to apprise the House of Delegates of those plans;
5. To nominate: (a) a candidate(s) for ADEA Chair-elect of the Board, (b) candidates for honorary membership and (c) candidates for membership in other organizations, as well as to appoint representatives to other organizations;
6. To appoint and evaluate the President and CEO;
7. To ensure that all accounts of the Association are audited annually;
8. For each ADEA Annual Session & Exhibition, to prepare and submit an annual operating budget for the following fiscal year to the House of Delegates for approval;
10. To establish branch offices of the Association or change the location of the ADEA Headquarters.

C. Meetings

1. Regular Meetings. The Board of Directors normally meets at least four times a year upon at least 10 days’ notice, sent electronically or via postal mail, either in person or by teleconference.

2. Special Meetings. The Chair of the Board of Directors may call a Special Meeting at the request of at least three Board of Directors members, provided that notice of the Special Meeting is sent electronically or via postal mail to each member at least 10 days’ before the meeting by the President and CEO. No other business, except that provided for in the call, may be considered unless the members present unanimously agree to consider additional business.
D. **Limited Proxy Use.**

A Board Director who is unable to attend a Board of Directors meeting may designate one of the other elected Council Officers to attend in his or her place as a non-voting member of the Board of Directors for that meeting.

**Chapter IV: Governance Procedures**

The following provisions apply to the members and committees of the House of Delegates and the Board of Directors.

A. **Leadership.**

The following officials have the described leadership roles at the Meetings of the House of Delegates:

1. **Presiding Officer.** The Chair of the Board is the presiding Officer. In the absence of the Chair of the Board, the Chair-elect of the Board is the presiding Officer. In the absence of both, past Chairs of the Board, in reverse order of service, are called on to preside.

2. **Recording Officer.** The President and CEO is the recording Officer and custodian of the House of Delegates records. Staff and/or a professional recorder may be used to obtain a record of the House of Delegates proceedings. The President and CEO ensures that a record of the proceedings is published annually in the Association’s Proceedings.

3. **Parliamentarian.** The President and CEO appoints the Parliamentarian.

B. **Quorum.**

A majority of the membership of the Board, or any Committee of the Board, constitutes a quorum for the transaction of business for that entity.

C. **Manner of Acting.**

A majority of the votes cast on a matter where a quorum is present shall be necessary for the adoption thereof unless a greater proportion is required by law or these Bylaws.

D. **Alternative Action.**

Any action required by law to be taken at a meeting may be taken without a meeting if a consent in writing, setting forth the action so taken, is signed by (or sent by electronic means) all of those entitled to vote with respect to the subject matter thereof with the consent effective upon receipt of the last Director’s or Delegate’s consent, unless the consent form specifies a different effective date. Any requirement in these Bylaws that there be a writing or something in written form is satisfied by email or any form of communication inscribed on a tangible medium or that is stored in an electronic or other medium and is retrievable in perceivable form.

E. **Meetings Held in Whole or Part Through the Use of Telecommunications.**

Anyone who participates in a governance or committee meeting by means of a conference telephone or other telecommunications device which allows all persons participating in the meeting to hear each other and such participation in a meeting shall be deemed present in person at such meeting.
F. Emergency Powers.

In an emergency such that a quorum of the Delegates or the Board of Directors cannot readily be assembled because of some catastrophic event, the Board of Directors may modify the lines of succession to accommodate the incapacity of any Director, Officer, employee or agent and may relocate the principal office, designate alternative principal offices or regional offices or authorize the Officers to do so, may give notice of a meeting only to those whom it is practicable to reach and may be given in any practicable manner, may designate one or more Association Officers in order of rank and within the same rank in order of seniority to be Directors for a Board of Directors meeting, and may take corporate action in good faith during an emergency to further the ordinary affairs of the nonprofit corporation, which although binding on the Association, shall not be used to impose liability on a Director, Officer, employee, or agent.

Chapter V: Committees

A. In General.

The Board of Directors or House of Delegates, by resolution adopted by a majority of the Directors or Delegates in office, may designate and appoint one or more committees and their members. Each committee that exercises the authority of the Board of Directors or House of Delegates shall be referred to as a Governance Committee, and shall consist of two or more Board of Directors members or Delegates and of only Board of Directors members. Each Governance Committee, to the extent provided in said resolution, shall have and exercise the authority of the Board of Directors or House of Delegates in the management of the Association, except that no such committee shall have the authority of the Board of Directors or House of Delegates in reference to: amending, altering or repealing the Articles of Incorporation or Bylaws; electing, adopting a plan of merger, dissolution, consolidation or approving the sale, exchange, mortgage or distribution of all or substantially all of the property and assets of the Association; amending, altering or repealing any resolution of the Board of Directors or House of Delegates. Committees that include non-Directors and non-Delegates are considered Advisory Committees.

B. The Finance Committee.

The Finance Committee consists of the Immediate Past Chair of the Board, who is Chair, and the Chair of the Board and Chair-elect of the Board. The Finance Committee is responsible for assisting the President and CEO in preparing the Association’s budget, monitoring the Association’s finances and reporting progress and recommendations to the Board of Directors and House of Delegates. The Finance Committee meets as requested by the Board of Directors and normally in conjunction with Board meetings. The Finance Committee functions as the Audit Committee.

C. Nominating Committee.

The Nominating Committee consists of the Immediate Past Chair of the Board, who will serve as Chair of the Committee, and seven Board Directors, to nominate one or more candidates for Chair-elect of the Board. The Committee shall receive and consider potential nominations from the general membership, Council Administrative Boards and Delegates.

D. Other Standing and Special Committees.

The Board of Directors or the House of Delegates may appoint Standing and Special Committees to assist in performing its duties. Committees of the Board of Directors and House
Chapter VI: Membership

A. General Qualifications—Member Dues.

Membership shall be open to individuals and entities that apply for membership, who are interested in and supportive of the purposes of the Association and that timely remit applicable dues as established by the House of Delegates, within the following categories of membership.


Except as may otherwise be provided by law, the Articles of Incorporation, or by these Bylaws, the number, qualifications, rights, privileges, dues, fees, responsibilities and the provisions governing the withdrawal, suspension and expulsion of members shall be determined by the Board of Directors. Any right of members to title or interest in or to the Association, its properties and franchises, shall cease and divest upon termination of membership, except that the liability of a member for sums due the Association shall survive such termination, unless otherwise expressly provided by the Board of Directors.

C. Institutional Membership

1. Classes, Qualifications and Obligations. Following are the classes, qualifications and obligations for Institutional Membership. Institutional Members do not have the right to vote but their representatives have the right to participate in and vote within the Council for which they qualify.

   a) Institutional Members:
      1. To qualify as an active Institutional Member, an entity shall be a dental school granting a D.D.S. or D.M.D. degree as a part of an accredited college or university in the United States or Canada and having begun instruction of its first class of dental students, residents or fellows is eligible to apply for Institutional Membership (Canadian dental schools have the option of selecting Institutional Membership or Affiliate Membership).
      2. Applications for Institutional Membership should be presented in writing at least 60 days before an ADEA Annual Session & Exhibition. Institutions are elected to membership by a majority affirmative vote of the House of Delegates and their memberships take effect the July 1 following House of Delegates approval.

   b) Provisional Members:
      1. To qualify as a Provisional Member, an entity shall be a developing dental school planning to grant a D.D.S. or D.M.D. degree as part of an accredited college or university in the United States or Canada is eligible to apply for Provisional Membership (Developing Canadian dental schools have the option of selecting Provisional or Affiliate Membership).
      2. Applications for Provisional Membership should be presented in writing at least 60 days before an ADEA Annual Session & Exhibition. Institutions are elected to membership by a majority affirmative vote of the House of Delegates approval.
Delegates and their memberships take effect the July 1 following House of Delegates approval.

3. Provisional Members in good standing automatically become Institutional Members upon matriculation of the first class of students.

c) Affiliate Membership:
   1. The following types of institutions in the United States or Canada are eligible to apply for Affiliate Membership, provided that they are not eligible for Institutional or Provisional Membership and that their dental, advanced dental and/or allied dental education programs are approved by the Commission on Dental Accreditation. Each location or campus of an institution must have its own Institutional Membership.
      • Canadian dental schools approved by the Commission on Dental Accreditation of Canada.
      • Academic institutions—other than hospitals—conducting advanced dental education programs.
      • Hospitals that conduct advanced dental education programs and that are not under the same governance as an Institutional or Provisional Member institution. Hospital programs under the same governance as Institutional or Provisional Member institutions are included in the parent school’s Institutional or Provisional Membership.
      • The United States Air Force, Army, Navy, Public Health Service, Department of Veterans Affairs and comparable agencies of the Canadian government.
      • Institutions conducting dental hygiene, dental assisting and dental laboratory technology education programs, and:
         o Those programs conducted at the main teaching site of an Institutional or Provisional Member institution but are not under the administrative control of that Institutional or Provisional Member institution; and
         o Those programs under the administrative control of an Institutional or Provisional Member institution and are conducted away from the main teaching site of that Institutional or Provisional Member institution. Such programs must be Affiliate Members in order to belong to the Council of Allied Dental Program Directors.
      • Institutions conducting other dental or allied dental education programs recognized by the Board of Directors.

2. Applications for Affiliate Membership can be submitted at any time for approval by the President and CEO. Memberships become effective on January 1, April 1, July 1 or October 1 (whichever date first follows approval).

d) Corporate Membership:
   1. To qualify as a Corporate Member, an entity shall be a company dealing with products and/or services beneficial to dental education and/or dentistry is eligible to apply for corporate membership, and they must not cite Corporate Membership for commercial purposes (e.g., to not imply ADEA endorsement of products and services).
   2. Applications to become a Corporate Member can be submitted at any time for approval by the Board of Directors at its next meeting. Memberships
become effective immediately upon approval by the Board of Directors. Corporate Memberships are reviewed annually.

2. **Forfeiture of Institutional Membership.** An Institutional Member forfeits his or her membership as follows:
   a) Ceasing to meet the membership qualifications specified in Chapter VI, Section C of these Bylaws renders an Institutional Member subject to immediate forfeiture of membership as determined by the President and CEO.
   b) Institutional or Provisional Member institutions in arrears in payment of their dues at an ADEA Annual Session & Exhibition forfeit their memberships.
   c) Affiliate or Corporate Member institutions in arrears in payment of their dues more than six months beyond the dues payment date forfeit their memberships.

3. **Reinstatement of Institutional Membership after Payment of Dues in Arrears.**
   Institutional Memberships forfeited for nonpayment of dues may be reinstated upon payment and approval of the President and CEO.

D. **Individual Membership**

1. **Classes, Qualifications, and Obligations.** The classes, qualifications and obligations of Individual Membership are as follows:
   a) Individual Members:
      1. Any faculty member or other person appointed to or employed by a dental, advanced education, hospital and/or allied dental education ADEA member institution is eligible to become an Individual Member.
      2. An Individual Membership may be activated at any time during the year. They become effective as soon as the activation is processed and remain in effect for the following 12 months.
   b) Student Members:
      1. Any student, resident or fellow enrolled in a dental school, an advanced dental education program and/or an allied dental education program in an ADEA member institution is eligible for Student Membership.
      2. A Student Membership may be activated at any time during the year. It becomes effective as soon as the activation is processed and remains in effect for as long as the member is enrolled at an ADEA member institution.
      3. Ceasing to meet the Student Member qualifications specified in these Bylaws results in immediate forfeiture of Student Membership. However, the individual may then apply for Individual Membership.
   c) Retired Members:
      1. Any individual who has completely retired from dental education and dental practice and who has been an Individual Member is eligible to become a Retired Individual Member.
      2. A Retired Membership may be activated at any time during the year. Such memberships take effect as soon as the activation is processed and remain in effect for the following 12 months.
   d) Honorary Members:
      1. Any individual who has rendered a distinct service to humankind, made outstanding contributions to dentistry and/or rendered exceptional service to
the Association may be nominated by the Board of Directors for Honorary Membership.

2. Individuals become Honorary Members by being elected by the affirmative vote from a majority in the House of Delegates. Honorary Members are entitled to all the privileges of Individual Membership except the right to vote. An Honorary Membership is effective for the member’s lifetime.

e) Affinity Members:
   1. Any individual with a demonstrable interest in dental, allied dental or advanced dental education who is not currently a faculty member, employee or student, resident or fellow in an ADEA member institution is eligible for Affinity Membership.
   2. Applications for Affinity Membership may be submitted at any time during the year. Memberships become effective as soon as the application is processed and remain in effect for the following 12 months.

E. Membership Voting Rights.

Members who are on a Council, except for Honorary Members who are non-voting, have voting rights within respective Councils to elect Board Directors and the Administrative Boards of their Councils as provided for in their specific Council procedures and provisions. No class or category of member of the Association shall otherwise have any right to vote, except as may be expressly required by statute or allowed by the Association’s Articles of Incorporation or Bylaws.

Chapter VII: Councils

A. Functions and Rights of the Councils

1. The Councils represent institutions and programs in each of the Association’s member categories, except that the Council of Sections represents the Association’s Sections, and they have the following functions:
   a) To represent its constituency within the Association and at the member institutions;
   b) To recommend to the Board of Directors how the interests of the Council’s constituency might be represented through the federal legislative and regulatory processes;
   c) To exchange information among its members with other ADEA component groups and among member institutions;
   d) To work with other ADEA component groups to encourage coordinated approaches to dental health care delivery;
   e) To identify and provide consultation on projects, studies, and reports that will benefit the membership;
   f) To introduce resolutions to the Board of Directors and/or House of Delegates; and
   g) To meet at the Annual Session & Exhibition in order to set the priorities for and conduct business of the Council.

2. Each Council is entitled to representation in the House of Delegates as set forth in Chapter I, Section B above.
B. Leadership of the Councils—The Administrative Boards

1. Council Leadership Positions and Duties. Each Council has an Administrative Board consisting of a Chair, Chair-elect (Vice-Chair for the Council of Students, Residents and Fellows), Secretary, Member-at-Large and Board Director (ex officio).
   a) It is the duty of Chairs:
      1. To provide leadership in meeting Council goals and objectives;
      2. To Chair Council meetings; and
      3. To plan programs for Council meetings.
   b) It is the duty of Chairs-Elect:
      1. To Chair Council meetings in the absence of the Chair;
      2. To perform any duties requested by the Chair; and
      3. To serve as Chair of the Nominating Committee, which receives and considers nominations and recommends eligible candidates to stand for election for Council Office.
   c) It is the duty of Secretaries:
      1. To record the minutes of Council and Administrative Board meetings or to see that they are recorded;
      2. To submit the minutes of Council Annual Session meetings to the ADEA Headquarters within 60 days after the Meeting; and
      3. To perform any duties requested by the Chair.
   d) It is the duty of Members-at-Large:
      1. To perform any duties requested by the Chair.
   e) It is the duty of Board Directors:
      1. To serve as ex officio Council Officers and to serve as Association Officers;
      2. To represent the Councils’ interests on the Board of Directors;
      3. To serve as consultants from the Board of Directors to the Councils in conducting their business and meeting their objectives; and
      4. To report Board of Directors’ actions to the Council.

2. Qualifications. A person must be an Individual Member of the Association and a member of his or her Council to be eligible to serve on the Administrative Board, with the exception that a Board Director for Sections must have served as a past member or be a current member of the Council of Sections Administrative Board. To be eligible for nomination as Member-at-Large for Sections, an individual must also currently serve or have previously served as a Section Councilor or Section Chair.

3. Succession. Each year, the Member-at-Large succeeds to the position of Secretary, the Secretary to the position of Chair-elect and the Chair-elect to the position of Chair, except for the Council of Students, Residents and Fellows, whose positions are not automatically successive.

4. Nominations. Before each ADEA Annual Session & Exhibition, the Chair-elect and two Council members who are not on the Administrative Board serve as the nominating committee in order to receive and consider nominations from the membership and recommend eligible candidates for the position of Member-at-Large (and Board Director if the incumbent Board Director will complete a term at the end of the ADEA Annual Session & Exhibition). For the Council of Students, Residents and Fellows, the Vice-Chair and two Council members who are not on the Administrative Board serve as the nominating committee in order to receive and consider nominations from the membership and recommend eligible candidates for the positions of Secretary, Vice-Chair, Chair and Board Director. Members-at-Large
are chosen by the Council of Students, Residents and Fellows’ Administrative Board. Additional nominations may be made from the floor at a Council’s ADEA Annual Session & Exhibition meetings when the nominating committee does not receive any nominations via the Call for Nominations process. An individual’s eligibility for the open position will be reviewed and vetted by the nominating committee.

5. **Election and Appointment.** Administrative Board members are elected at the ADEA Annual Session & Exhibition. The method of voting is left to the discretion of the Council Chairs, or the presiding officer as designated. For the Council of Students, Residents and Fellows, during the ADEA Annual Session & Exhibition, the four members of the new Administrative Board appoint a Council member to serve as a Member-at-Large. In the absence of a quorum at the ADEA Annual Session & Exhibition, an electronic ballot is issued within 30 days after the ADEA Annual Session & Exhibition.

6. **Installation.** All Administrative Board members, except Board Directors, are installed at Council meetings held during the ADEA Annual Session & Exhibition. Board Directors are installed at the ADEA Annual Session & Exhibition at the Closing of the House of Delegates. Administrative Board members who are elected by electronic ballot following the ADEA Annual Session & Exhibition are installed immediately.

7. **Terms.** All Council Administrative Board members, except Board Directors, serve only one, one-year terms. Board Directors serve three-year terms, except for the Board Director for Students, Residents and Fellows, who may serve up to three consecutive one-year terms if the individual qualifies for membership on the Council of Students, Residents and Fellows during that entire period. An individual who has served a full term as a Board Director (or three consecutive one-year terms as a Board Director for Students, Residents and Fellows), and Chair, Chair-elect, Secretary or Member-at-Large may not succeed himself or herself in any of those positions.

8. **Replacement.** An Administrative Board member who ceases to qualify for membership on a Council may continue in that particular position for the duration of his or her term on the Board. An Administrative Board member who completely ceases to be active in dental, advanced dental or allied dental education no longer qualifies and immediately loses his or her position on the Council. In the event of the death, resignation or removal of a Council member or a Board Director, then the Council Administrative Board shall appoint a non-Board member of the Council to serve in such position until the next meeting of the Council at the ADEA Annual Session & Exhibition, at which an election (in accordance with this Chapter VII, 3–8) shall be held to fill the remainder of the term of the office of the Board Director that became vacant by reason of such death, resignation or removal.

9. **Alternates.** Council Administrative Board members may not send alternates to attend Council Administrative Board meetings. Council members unable to attend a House of Delegates Meeting or a Council meeting, or who serve in the House of Delegates in two or more positions (e.g., as a member of the Council of Faculties and Council of Sections), may appoint alternates to represent them. Members of the Councils of Allied Dental Program Directors, Hospitals and Advanced Education Programs and Students, Residents and Fellows must appoint alternates who are members of their Council. Members of the Council of Sections must appoint the Chair-elect or Secretary of their Section. Members of the Councils of Deans and
Faculties must appoint individuals from their institutions. Delegates representing two or more Councils in the House of Delegates must decide which Council they wish to represent and then appoint an alternate(s) for the other Council(s) according to the foregoing guidelines. All alternates must be ADEA Individual Members. Corporate Council Administrative Board members unable to attend a House of Delegates Meeting may appoint alternates to represent them; such alternates must be members of the Corporate Council. All Council alternates to the House of Delegates must be selected prior to the Annual Session & Exhibition and be ratified during a meeting of the appropriate Council prior to participating in the Opening or Closing of the House of Delegates. At this meeting, a Council may choose to waive the notification of an additional meeting to approve alternate delegates that are identified after the initial meeting and prior to the alternate delegates’ participation in either the Opening or Closing of the House of Delegates, provided that the newly identified alternate delegates are qualified and have been vetted by the appropriate Council Administrative Board.

C. Meetings of the Councils

1. Meetings. All Councils meet at the ADEA Annual Session & Exhibition and endeavor to meet in the fall season. Administrative Boards plan ADEA Annual Session & Exhibition programs and submit program details to the ADEA Headquarters for potential publication in the ADEA Annual Session & Exhibition Program. The schedule of Council programs is determined by the Board of Directors. Councils able to provide funding may hold additional conferences between the ADEA Annual Session & Exhibition meetings.

2. Notice.
   a) Any Administrative Board meeting may be called by the Chair or by a majority of the Administrative Board upon seven days’ notice. A majority of any Council’s Administrative Board constitutes a quorum for the transaction of business for their respective meeting.
   b) A Council meeting may be called by the Administrative Board or by 10% of the Council upon 30 days’ notice.

3. Rules. Additional rules for Councils are included in Chapter X (Rules for Councils, Sections and Special Interest Groups) of these Bylaws.

D. The Councils of the Association—Membership and Quorum.

The Councils of the Association, and their membership, are as follows. All Council members must be Individual Members of the Association.

1. The Council of Allied Dental Program Directors consists of the following categories of membership:
   a) Individual Members from an Institutional/Affiliate Member institution are eligible for Council membership, can be elected to a Council office, elected to Board Director of Council to serve on the Board of Directors, vote on Council issues, and can serve as Delegates in the House of Delegates. This includes the following:
      1. Director of a Commission on Dental Accreditation-approved Allied Dental Program or Dean, Department Chair; or
      2. Administrator that has oversight of a Commission on Dental Accreditation-approved Allied Dental Program.
b) Individual Members from an Institutional/Affiliate Member institution are eligible for Council membership, can be elected to a Council office, can vote on Council issues and can serve as a Delegate in the House of Delegates; however, the following individuals are not part of a CODA-approved program and therefore cannot be elected to Board Director of Council to serve on the Board of Directors:
   1. Director of a non-Commission on Dental Accreditation-approved Allied Dental Program in an ADEA member institution; or
   2. Director of an Advanced Allied Dental Education Programs leading to a Master’s or Baccalaureate Degree in an Allied Dental Discipline.

c) Individuals holding Affinity Membership are eligible for Council membership and may participate in selected ADEA meetings and committees; however, they cannot be elected to a Council office or Board Director of Council to serve on the Board of Directors. These individuals are not part of a member institution and are therefore ineligible to vote. This includes the following:
   1. Director of a Commission on Dental Accreditation-approved Allied Dental Program in non-member institutions;
   2. Director of a non-Commission on Dental Accreditation-approved Allied Dental Program;
   3. Director of an Advanced Allied Dental Education Programs leading to a Master’s or Baccalaureate Degree in an Allied Dental Discipline at institutions that are not ADEA institution members.

d) The quorum requirement for the transaction of any Council business, including the election of Members-at-Large and Board Directors, is one fourth of the total voting membership of the Council.

2. The Council of Deans consists of the dean (or an alternate) of each Institutional and Provisional Member institution, the chief dental administrator (or an alternate) of each Affiliate Member institution conducting non-hospital-based advanced dental education programs, the chief dental Officer or administrator (or an alternate) of each Affiliate Member federal dental service and the President (or an alternate) of the Association of Canadian Faculties of Dentistry. In addition, the Council includes any members of its Administrative Board who are no longer in the above categories. The Quorum requirement for the transaction of any Council business, including the election of Members-at-Large and Board Directors, is a majority of the total membership of the Council.

3. The Council of Faculties consists of one faculty member (or an alternate) elected by the faculty of each Institutional and Provisional Member institution, in addition to any members of the Administrative Board who are no longer in the above category. Members are elected to three-year terms, and approximately one third of the members are replaced or reelected annually, according to a schedule maintained in the ADEA Headquarters. The methods of electing members, removing members and electing new members to fill unexpired terms are left to the discretion of individual member institutions. Each faculty electing or reelecting a member in a given year is required to notify the ADEA Headquarters of the name of its representative by January 1 preceding the ADEA Annual Session & Exhibition at which the incumbent faculty member’s term ends. The Quorum requirement for the transaction of any Council business, including the election of Members-at-Large and Board Directors, is a majority of the total membership of the Council.
4. The Council of Hospitals and Advanced Education Programs includes faculty in Commission on Dental Accreditation-approved advanced dental education programs located in ADEA-member institutions, Residents and Fellows in Commission on Dental Accreditation-approved advanced dental education programs located in ADEA-member institutions and past members of the COHAEP Administrative Board who are appointed to or employed in an ADEA member institution. Eligibility to vote for election to the Council’s Administrative Board or for Board Director is limited to Program Directors and/or Chiefs of Service on Commission on Dental Accreditation-approved advanced dental education programs located in ADEA-member institutions. Only Program Directors and Chiefs of Service, or their designees, may vote during Council meetings on Council business. Each program receives one vote. Program Directors or Chiefs of Service in Commission on Dental Accreditation-approved advanced dental education programs located in ADEA-member institutions are eligible for election to the Council’s Administrative Board or Board Director. The Quorum requirement for the transaction of any Council business, including the election of Members-at-Large and Board Directors, is one tenth of the total voting membership of the Council.

5. The Council of Sections includes the Council of Sections Administrative Board, Section Councilors and Chairs or their alternates and any former member of the Council’s Administrative Board. Alternates for the Councilors and Chairs may only be a current Section Chair-elect or Section Secretary. All Section Officers from each Section and Chairs of each Special Interest Group are eligible to participate in Council business meetings and may vote at those meetings. Section Councilors, Chairs and those who have previously served as a Section Councilor or Chair are eligible for election to the Administrative Board. The Council of Sections Section Councilor is elected by each Section to a three-year term. Councilors may be reelected to one additional three-year term. The quorum requirement for the transaction of any Council business, including the election of Members-at-Large and Board Directors, is one third of the total voting membership of the Council.

6. The Council of Students, Residents and Fellows consists of students, residents and fellows representing any of the following types of programs conducted by each Active, Provisional and affiliate member institution: (a) students, residents and fellows in a program leading to the D.D.S. or D.M.D. degree; (b) students, residents and fellows enrolled in advanced dental education programs; (c) students, residents and fellows in dental hygiene education programs; (d) students, residents and fellows in dental assisting education programs and (e) students, residents and fellows in dental laboratory technology education programs. The methods of electing members, removing members and electing new members to fill unexpired terms are left to the discretion of individual member institutions. The quorum requirement for the transaction of any Council business, including the election of Members-at-Large and Board Directors, is a majority of those members who attend a meeting at which an election occurs.

7. The Corporate Council consists of one representative of each Corporate Member. The Corporate Council has five positions: Chair, Chair-elect, Secretary, Member-at-Large and Board Director (ex officio). An individual must be the owner or an employee of a Corporate Member to be eligible for a Corporate Council position. An individual may not hold two or more Corporate Council offices simultaneously. The quorum requirement for the transaction of any Council business, including the
election of Members-at-Large and Board Directors, is a majority of those members who attend a meeting at which an election occurs.

Chapter VIII: Sections

A. Functions.

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

1. Academic and administrative Sections are periodically asked by the House of Delegates, Board of Directors, Chair of the Board and President and CEO to undertake assignments and to comment on appropriate materials.
2. A Section is further encouraged to initiate projects and studies of benefit to the Association and its members.
3. A Section may submit resolutions to the House of Delegates.

B. Membership in a Section.

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

C. Formation of a Section

1. To form a new Section, a group must have begun as a special interest group (SIG; see Chapter IX, Section C: Formation of a New SIG). When Section status is desired, the SIG must:
   a) Notify the Chair of the Council of Sections Administrative Board and Council of Sections Staff Liaison of the intent to propose a new Section.
   b) Prepare a proposal to support the case following criteria established by the Council of Sections Administrative Board.
   c) Submit the completed proposal to the Chair of the Council of Sections Administrative Board and the Council of Sections Staff Liaison no later than the designated deadline date.

2. The Council of Sections Administrative Board considers each proposal to form a new Section at its interim fall meeting.
   a) If the proposal is approved, the Council of Sections Administrative Board forwards the recommendation to the Board of Directors for consideration at its subsequent meeting.
   b) If the recommendation is approved by the Board of Directors, the Board of Directors forwards a resolution to form the new Section to the House of Delegates for hearing at the subsequent Annual Session & Exhibition.
   c) Only the House of Delegates has the authority to approve a resolution proposing a new Section. Upon approval by the House of Delegates, a new Section begins operation immediately. If the proposal is not approved, the SIG may resubmit its request in a subsequent year.

3. The Council of Sections Administrative Board reviews each Section annually. A review of performance is based on criteria established by the Council of Sections Administrative Board:
a) The Administrative Board may impose corrective actions, including probation, for those Sections that fail to submit annual reports or perform prescribed functions.
b) The Council of Sections Administrative Board may recommend that a Section be disbanded or suggest that two or more Sections be merged into one Section based on strong similarities.
   1. The Council of Sections Administrative Board forwards a recommendation that a Section be disbanded or merged to the Board of Directors.
   2. If the recommendation is approved by the Board of Directors, the Board of Directors forwards an appropriately worded resolution to the House of Delegates for hearing at the subsequent ADEA Annual Session & Exhibition.
   3. Only the House of Delegates has the authority to disband a Section or merge Sections.

4. Each Section has a Councilor, who serves a three-year term of office, and a Chair, Chair-elect and Secretary, who serve one-year terms in each office in succession.
   a) **Qualifications and Duties:** A person must be a member of the Association and a member of the Section to be eligible for office in that Section. In the instance of Councilor, the person must first have served through the Officer positions, including the Chair, to be eligible for election to the Councilor position.
      1. It is the duty of the **Councilor** to provide continuity of leadership for the Section and mentoring of new Section Officers; attend the ADEA Annual Session & Exhibition and interim meetings of the Council of Sections; serve as a Delegate in the House of Delegates during the ADEA Annual Session & Exhibition; assist in planning, implementing, and assessing Section programs and projects; prepare and submit the Section annual report after each ADEA Annual Session & Exhibition to the Council of Sections Staff Liaison; and serve as Section liaison with the Council of Sections Administrative Board.
      2. It is the duty of the **Chair** to provide leadership in the coordination of Section activities; attend the ADEA Annual Session & Exhibition and interim fall meetings of the Council of Sections; chair Section meetings; assist in planning programs for Section meetings; and serve as a Delegate in the House of Delegates during the ADEA Annual Session & Exhibition.
      3. It is the duty of the **Chair-elect** to serve as Chair in the absence of the Chair; attend the ADEA Annual Session & Exhibition and interim meetings of the Council of Sections; perform any Section-related duties requested by the Chair; serve as Chair of the Nominating Committee, which receives and considers nominations and recommends eligible candidates to stand for election for Section office; and serve as the Program Chair for the Section and be responsible for submitting program proposals on behalf of the Section.
      4. It is the duty of the **Secretary** to record the minutes of Section meetings and disseminate them to the Section membership; attend the ADEA Annual Session & Exhibition and interim fall meetings of the Council of Sections; submit the minutes and current Officer contact information to the Section Councilor for submission with the Section annual report to the Council of Sections Staff Liaison; publish and disseminate a Section newsletter; and perform any Section-related duties requested by the Chair.

b) **Succession:** Each year the Secretary succeeds to the office of Chair-elect, and the Chair-elect succeeds to the office of Chair. There is no automatic succession to the office of Councilor.
c) **Nominations:** Before each ADEA Annual Session & Exhibition, the Nominating Committee (Chair-elect and two Section members who are not Officers) recommends eligible candidates for the office of Secretary. Every third year, the Committee recommends eligible candidates for the office of Councilor. Additional nominations for these offices may be made from the floor at the Section business meeting during the ADEA Annual Session & Exhibition when the nominating committee does not receive any nominations via the Call for Nominations process. An individual's eligibility for the open position will be reviewed and vetted by the nominating committee.

d) **Election:** Section Officers are elected at the Section Members’ Forum held at the ADEA Annual Session & Exhibition. The method of voting is left to the discretion of the Chairs or presiding officer.

e) **Installation:** All Section Officers take office after the conclusion of the Closing of the House of Delegates at the ADEA Annual Session & Exhibition.

f) **Consecutive and Simultaneous Terms of Office:** A Section Councilor may serve two consecutive three-year terms. A person may not hold more than one Section Officer position simultaneously or hold office in more than one Section simultaneously.

g) **Replacement of Vacancy:** If the position of Chair, Chair-elect or Secretary becomes vacant, the remaining Section Officers appoint another member of the Section to serve out the unexpired term. If the Councilor is unable to serve for any reason, a new Councilor will be elected by mail or electronic ballot by the Section members to serve out the unexpired term.

Chapter IX: Special Interest Groups (SIGs)

A. **Functions.**

A Special Interest Group (SIG) provides an opportunity for its members to exchange information and work together on specific academic or administrative interests in dental, allied dental and advanced dental education not otherwise routinely addressed by an established Section. The structure of a SIG provides an opportunity and provides a means for a group of ADEA members to focus on areas of common interest.

1. A SIG may be assigned tasks by the Board of Directors, House of Delegates, or the Council of Sections Administrative Board on related studies of benefit to the Association and its members.

2. Each SIG Chair may be an active voting member of the Council of Sections at Council business meetings.

B. **Participation and Membership in a SIG.**

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

C. **Formation of a New SIG**

1. To form a new SIG, an individual or group must:
a) Notify the Chair of the Council of Sections Administrative Board and the Council of Sections Staff Liaison of the intent to propose a new SIG.
b) Prepare a proposal to support the case following criteria established by the Council of Sections Administrative Board.
c) Submit the completed proposal to the Chair of the Council of Sections Administrative Board no later than the designated deadline date.

2. The Council of Sections Administrative Board considers each submitted proposal:
   a) If the proposal is approved, the Council of Sections Administrative Board forwards its recommendation to the Board of Directors for consideration at its subsequent January meeting.
   b) If the proposal is approved by the Board of Directors, the SIG begins operation immediately upon notification by the Chair of the Council of Sections Administrative Board.

D. Review.

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

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

2. The Council of Sections Administrative Board may disband a SIG.

E. Officer and Term of Office.

Each SIG must have a Chair, who serves a one-year term. A Chair may serve three consecutive one-year terms if reelected by the members. The SIG may voluntarily form a leadership organizational structure similar to that of a Section (Chair, Chair-elect and Secretary) for managing the business of the group. The SIG Chair is the only Officer who can vote in the Council of Section’s business meetings.

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

2. Duties.
   a) The duties of the Chair are to: provide leadership in the coordination of SIG activities, attend the ADEA Annual Session & Exhibition and interim fall meetings of the Council of Sections, Chair SIG meetings, plan programs for SIG meetings, record the minutes of SIG meetings and disseminate them to the SIG membership and submit the SIG annual report and business meeting minutes.
   b) If a SIG chooses to have a leadership organizational structure similar to that of a Section, see Chapter VIII, Section C, 4 for Officer duties.

3. Succession. If a SIG chooses to have a leadership organizational structure similar to that of a Section (i.e., Chair, Chair-elect and Secretary), the Secretary succeeds to the Office of Chair-elect, and the Chair-elect succeeds to the Office of Chair.

4. Nominations, Elections, Terms and Installation. If a SIG has a leadership organizational structure similar to that of a Section, before each ADEA Annual Session & Exhibition, the Nominating Committee (Chair-elect and two SIG members who are not Officers) receives and considers nominations and recommends eligible
candidates to stand for election for the SIG office. Each year, a Chair is elected to
serve a one-year term. Chairs may serve a maximum of three one-year terms. SIG
Officers are elected at the SIG business meeting held at the ADEA Annual Session &
Exhibition. A SIG Officer takes office at the conclusion of the ADEA Annual Session
& Exhibition. A person may not hold office in more than one SIG simultaneously. SIG
Chairs are not eligible to serve as an alternate in the House of Delegates.

5. Replacement of Vacancy.
   a) If the position of Chair becomes vacant, the SIG members must nominate and
elect another member of the SIG to serve out the unexpired term by mail or
electronic ballot.
   b) If a SIG chooses to have a leadership organizational structure similar to that of a
   Section (i.e., Chair, Chair-elect and Secretary), the remaining Officers will appoint
   a SIG member to serve out the unexpired term of the Officer whose position has
   become vacant.

F. Establishing a Section from a Special Interest Group

1. A SIG is eligible to apply for Section status after a minimum of two years of viable
leadership and sustainable membership. If the SIG chooses to apply for Section
status, it must:
   a) Prepare a proposal to support the case following criteria established by the
   Council of Sections Administrative Board located in the ADEA Governance Policy
   b) Submit the completed proposal to the Chair of the Council of Sections
   Administrative Board and the ADEA Staff Liaison to the Council of Sections no
   later than the designated deadline date.

2. The Council of Sections Administrative Board considers each proposal that has been
submitted.
   a) If the proposal is approved, the Council of Sections Administrative Board
   forwards the recommendation to the Board of Directors for consideration at its
   subsequent meeting.
   b) If the recommendation is approved by the Board of Directors, the Board of
   Directors forwards a resolution to form the new Section to the House of
   Delegates for hearing at the subsequent ADEA Annual Session & Exhibition.
   c) Only the House of Delegates has the authority to approve a resolution proposing
   establishing a SIG as a Section. Upon approval by the House of Delegates, the
   new Section begins operation immediately. If the proposal is not approved, the
   SIG may resubmit its request in a subsequent year.

Chapter X: Rules for Councils, Sections, and SIGs

The above groups, Councils, Sections and SIGs are hereinafter referred to in this chapter as
“component groups” or “groups.”

A. Finances.

Records and accounts are maintained at the ADEA Headquarters. Any special allocation or
residual amount, which is determined by the Board of Directors and House of Delegates, is
available for a group’s annual expenditures. The allocated or residual funds may be used by a
group for any reasonable expenditure as outlined in the Board of Directors approved policies
for such expenses. Reimbursements for approved expenses shall be processed according to
Association policy. All group requests for funding from outside organizations must receive prior Board of Directors’ approval and be coordinated by the ADEA Headquarters.

B. Employment.
Component groups may not employ an individual except on authorization of the Board of Directors.

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

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

E. Public Statements.
The President and CEO shall serve as the principal spokesperson for the Association along with the Chair of the Board of Directors in dealing with the profession and the public. No one except the President and CEO or someone authorized by the Board of Directors is allowed to issue a public statement on behalf of the Association or any subgroup within the Association.

F. Communication.
Communications dealing with major component group activities or policy should be sent to all group members by the Chair or another Officer. No one except the President and CEO or someone authorized by the Board of Directors is allowed to issue a public statement on behalf of the Association or any subgroup within the Association.

G. Relations with Other Organizations and Agencies.
No component group is authorized to appoint an official representative to another organization unless authorized to do so by the Board of Directors. No one except the President and CEO or someone authorized by the Board of Directors is allowed to issue a public statement on behalf of the Association or any subgroup within the Association.

H. Relations with Other Component Groups.
Component group Chairs should refer to the President and CEO all matters that properly are the concern of another component group. Requests for information or assistance from another component group should be channeled through the President and CEO’s office.

I. Additional Rules for Component Groups.
Component groups may prepare additional rules needed to conduct their affairs, provided that those rules are consistent with the Association’s Bylaws. Such additional rules should be transmitted to the President and CEO for his or her records.
J. Mail Ballots.

Component groups are authorized to transact business by mail ballot. Mail ballots may be sent and returned by electronically or via postal mail. The results of mail ballots are as binding as those obtained at official meetings. The following regulations apply to all mail ballots:

1. Mail ballots should be initiated by an Officer or appropriate staff member.
2. Each mail ballot should include enough information to allow recipients to register an opinion on the issue in question.
3. A majority vote of the ballots cast is required for approval; and
4. Ballots not returned within 30 days will not be counted.

Chapter XI: President and CEO

A. Function and Duties.

The President and CEO is the Association’s Chief Administrative Officer appointed under contract by the Board of Directors. That contract establishes the tenure of office and salary, and more fully sets forth the duties, which include the following. The President and CEO is expected and empowered to:

1. Serve as the principal spokesperson for the Association, along with the Chair of the Board of Directors, in dealing with the profession and the public;
2. Serve as the chief administrator of the ADEA Headquarters and all of its branches;
3. Provide for the maintenance of the ADEA Headquarters and all property and offices owned or operated by the Association;
4. Employ and evaluate all members of the Association’s staff;
5. Coordinate the activities of all committees, Councils, Administrative Boards and other Association component groups;
6. Approve applications for Affiliate Membership;
7. Serve as the custodian of all monies, securities and deeds belonging to the Association;
8. Prepare financial reports for the Board of Directors;
9. Disburse the Association’s funds at the direction of the Board of Directors, provided those disbursements are consistent with the annual budget approved by the House of Delegates;
10. Cause all employees entrusted with Association funds to be bonded by a surety company and to determine the amount of the bond;
11. Supervise the publication and distribution of all Association publications;
12. Determine the time and location of the ADEA Annual Session and Exhibition;

13. Notify Individual and Institutional Members of annual and special Meetings of the House of Delegates;

14. Provide a program for the ADEA Annual Session & Exhibition;

15. Present an annual report of the activities of the ADEA Headquarters;

16. Publish an Annual Proceedings of the Association;

17. Perform such other duties as may be determined by the Board of Directors and the Chair of the Board.

B. Appointment.

The President and CEO is appointed by the Board of Directors.

C. Tenure of Office and Salary.

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

Chapter XII: Official Publication, Editor, Tenure of Office and Remuneration

A. Official Publication

1. Title. The Association publishes an official journal under the title of the Journal of Dental Education, hereinafter referred to as the “Journal.”

2. Objective. The objective of the Journal is to report, chronicle and evaluate scientific and professional developments and Association activities of interest to dental and allied dental educators.

3. Frequency of Issue and Subscription Rate. The frequency of issue and the subscription rate of the Journal are determined by the Board of Directors on recommendations of the Editor and the Editorial Review Board.

4. Editor. The Association’s Editor is the Editor of the Journal.

B. Editor.

The Association’s Editor is appointed by the Board of Directors. The duties of the Editor are to consult with the Board of Directors in the selection of the Editorial Review Board; exercise, with the Editorial Review Board, editorial control over the Journal, subject to the policies and procedures established by the Board of Directors and these Bylaws; and perform such other duties as may be determined by the Board of Directors.

C. Tenure of Office and Remuneration.

The Board of Directors determines the tenure of office and remuneration for the Editor. No one term may exceed five years; however, the Editor may be appointed for more than one term.
Chapter XIII: Representatives to Other Organizations

A. Nominees for Appointment to the Commission on Dental Accreditation and the Joint Commission on National Dental Examinations.

The Board of Directors will recommend a person for appointment by the House of Delegates for each vacancy occurring in the following positions:

1. The Commission on Dental Accreditation, and
2. The Joint Commission on National Dental Examinations.

Additional nominations may be made from the floor at the Opening of the House of Delegates. If there are additional nominations, the election procedures are the same as those provided in Chapter I of these Bylaws. If there are no additional nominations, nominees are declared elected at the Opening of the House of Delegates.

B. Representatives to Other Organizations.

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

Chapter XIV: Conflicts of Interest

A. Representing the Association.

Individuals who serve in the House of Delegates as Officers, or who are appointed or elected to represent the Association in its relations with other private organizations or government agencies; who serve as Council, Section and/or SIG Officers; who serve in an advisory or consultative role for the Association individually or through group or committee assignments; or who are otherwise involved in Association policy and administrative matters do so in a representative or fiduciary capacity and, at all times while serving in such positions, shall further the interests of the Association as a whole. Those Association leaders are:

1. Expected to avoid placing themselves in a position where personal or professional interests may conflict with their duty to the Association;
2. Prohibited to use information learned through their position for personal gain or advantage;
3. Prohibited to obtain for a third party an improper gain or advantage at the expense of the Association;
4. Obligated to disclose to the President and CEO any situation that might be construed as placing the individual in a position of having an interest that may conflict with his or her duty to the Association;
5. Presumed to have a conflict of interest if they, their family, employers or business associates have an interest that could be an impediment to the loyalty of the Association leader to the Association, with the determination about whether there is a conflict to be resolved by a majority vote of the Board of Directors;
6. Expected to avoid even the appearance of impropriety while serving the Association;
7. Shall, in the event of an actual or apparent conflict of interest, disclose all the material facts as to the relationship or interest, shall retire from the room, shall not participate in the deliberation and shall not vote on the matter, which shall enable the remaining Association leaders to make a good faith determination about the proposed transaction or matter, including whether it is fair to the Association. Such a good faith determination about the fairness of the proposed transaction or matter may be made post facto, by a ratification vote.

B. Record.

All actions taken pursuant to any conflict of interest shall are be noted in the meeting minutes. As is necessary to maintain a quorum, Association leaders who have the conflict of interest may be counted in determining the minimum number of decision-makers for such a matter.

Chapter XV: Indemnification and Limitation of Liability

Unless expressly prohibited by law, any person made, or threatened to be made, a party to an action, suit or proceeding (whether civil, criminal, administrative or investigative) by reason of the fact that such person, or such person’s testator or intestate, is or was a person who served or is serving the Association as a Director, Officer, committee member, volunteer, partner, trustee, employee or agent of another entity (i.e., an “Eligible Person”) by reason of that Eligible Person’s position with or service to the Association:

A. Shall be indemnified to the extent the Eligible Person was successful, on the merits or otherwise, in the defense of any such proceeding; and,

B. May be indemnified if the person acted in good faith and reasonably believed in the case of conduct in an official capacity, that the conduct was in the best interests of the Association; and in all other cases, that her or his conduct was at least not opposed to the best interests of the Association; and in the case of any criminal proceeding, had no reasonable cause to believe his or her conduct was unlawful;

C. But shall not be indemnified:

1. In connection with the proceeding by or in the right of the Association (unless it is determined that the person met the relevant standard of conduct under subsection B above), or

2. In connection with any proceeding with respect to conduct for which the person was adjudged liable on the basis that the person received a financial benefit to which she or her was not entitled, whether or not involving action in an official capacity; and,

D. With regard to any indemnification, shall be done only after complying with the provisions in the D.C. Nonprofit Corporation Act with regard to the procedures for making determinations about indemnification and the advance of expenses; and,

E. With regard to any Director or Officer, the indemnification provided by this Article shall not be deemed exclusive of any rights to which any such Director or Officer may be entitled under any statute, bylaw, agreement, vote of the Governing Body or otherwise, and shall not restrict the power of the Association to make any indemnification permitted by law; and provided further that
F. The Association may in its judgment advance expenses for indemnification to such persons to the fullest extent allowed by law.

Chapter XVI: Parliamentary Authority

In all matters not covered by its Bylaws, this organization shall be governed by the most current edition of the American Institute of Parliamentarians Standard Code of Parliamentary Procedure.

Chapter XVII: Amendments

A. Procedure to Amend the Bylaws.

These Bylaws may be amended at a meeting of the House of Delegates being held in association with an ADEA Annual Session & Exhibition by a two-thirds vote of the House of Delegates, provided the proposed amendment is presented in writing to the House of Delegates prior to or during the meeting.

B. Procedure to Amend the Articles of Incorporation.

The Articles of Incorporation of the Association may be amended at a meeting of the House of Delegates being held in association with an ADEA Annual Session & Exhibition by a two-thirds vote of the Delegates, provided the proposed amendment is presented in writing to the House of Delegates.

Chapter XVIII: Additional Provisions and Association Rules

A. Fiscal Year.

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

B. Corporate Seal.

The official seal of the Association shall have inscribed thereon the name of the Association and shall be in such form and contain such other words and/or figures as the Board of Directors shall determine. The official seal may be used by printing, engraving, lithographing, stamping or otherwise making, placing or affixing or causing to be printed, engraved, stamped or otherwise made, placed or affixed upon any paper or document, by any process whatsoever, an impression, facsimile or other reproduction of said official seal.

C. Advisory Boards.

The House of Delegates or Board of Directors may establish one or more Advisory Boards, without governing power or authority, to serve as a resource to them by providing advice, assistance, expertise and support for the advancement and promotion of the mission of the Association. They may appoint a Chair of any such Advisory Board who may be authorized to serve as an ex officio, non-voting member of either the House of Delegates or Board of Directors, as the case may be.

D. Nondiscrimination Policy.

ADEA’s Councils, Sections, Boards, the House of Delegates, committees, task forces, and similar entities do not discriminate on the basis of race, color, national or ethnic origin, ancestry, age, religion or religious creed, disability or handicap, sex or gender, gender identity and/or expression, sexual orientation, military or veteran status, genetic information, or any other characteristic as prohibited under applicable federal, state or local law.
ADEA Policy Statements: Recommendations and Guidelines for Academic Dental Institutions

(With changes approved by the 2015 ADEA House of Delegates)

Introduction

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

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

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

I. Education

A. Admissions

All dental education institutions and programs should:

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

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

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

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

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

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

6. Institutions and Programs That Are Closing. If ceasing to accept new applicants, 1) adhere to the policy of the Commission on Dental Accreditation on termination of accredited education programs, 2) make a strong effort to complete the training of matriculated students, and 3) ensure that the school’s or program’s educational standards are maintained. Should the closing institution/program be unable to maintain a quality program, however, the institution/program should facilitate the transfer of students to other accredited institutions/programs.

7. Accepting Students from Institutions and Programs That Are Closing. All academic dental institutions should accept students from academic dental institutions/programs that are closing and assist those students in continuing their education in a reasonable amount of time and at reasonable expense.

8. All predoctoral institutions should:

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

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

c. Class to Which Applied. Consider students for acceptance to only the class to which they have applied.

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

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

f. Applicants Holding Positions at Multiple Institutions. Dental schools participating in AADSAS will report to AADSAS by April 1 the names and identification numbers of candidates who have paid a deposit and/or hold a position in their entering class.
After April 5, AADSAS will report to each institution the names of candidates in their entering class who are holding acceptance(s) at additional institutions. Dental schools will have the option of rescinding an offer of admission to candidates who have paid deposits and are holding positions at multiple institutions. Dental schools with candidates holding multiple positions on April 1 of the year of admission will give such candidates a minimum fifteen-day notice if they choose to withdraw them from the entering class until May 15, after which notification times may be shortened. This policy will be evaluated every two years by the ADEA Section on Dental School Admissions Officers to assess its impact on applicants and dental schools and provide applicants a reasonable time frame to complete their enrollment process.

B. Ethics and Professionalism

Dental education institutions and programs should:

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

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

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

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

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

6. Professional Organizations. Encourage students to participate in professional organizations.

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

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

a. educating faculty, staff, students, and residents about the issue;

b. employing prompt and equitable grievance procedures;

c. setting forth formal and informal procedures and sanctions for dealing with instances of sexual harassment;

d. creating an environment that encourages persons to come forward with problems;

e. ensuring that policies address sexual harassment by any individuals in an interactive or supervisory role, whether they be peers, patients, students, or a third party;

f. including safeguards protecting confidentiality and prohibiting retaliation or reprisals;

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

8. Nondiscrimination. ADEA’s Councils, Sections, Boards, the House of Delegates, committees, task forces, and similar entities do not discriminate on the basis of race, color, national or ethnic origin, ancestry, age, religion or religious creed, disability or handicap, sex or gender, gender identity and/or expression, sexual orientation, military or veteran status, genetic information, or any other characteristic as prohibited under applicable federal, state, or local law.

9. Information Management. Dental education institutions and programs should demonstrate their commitment to the ethical and professional management of information by:
   a. educating faculty, staff, and students on the issues of copyright and fair use of information both professionally and personally;
   b. following copyright and fair use guidelines in the processes of information production and dissemination within the institution;
   c. providing faculty, staff, and students with formal instruction on “information privacy” including their rights and responsibilities in safeguarding information that is confidential, both to the institution and individuals; and
   d. following recognized guidelines, laws, and standards of care for management of patient information.

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

C. Curriculum

Curriculum Management

All dental education institutions and programs should:

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

2. Flexibility and Experimentation. Support curriculum flexibility, evaluation, and experimentation in teaching methods, and oppose any attempt to change state practice acts that restrict such flexibility and experimentation.

3. Student Performance. Use stated criteria and demonstrated competencies as the primary basis for judging student performance.

4. Course Changes. Defer anticipated changes in the objectives or other aspects of an ongoing course until the course is completed.

5. Examination Policies. Develop institution-and program-wide examination policies. These policies should address such areas as:
   a. Examinations reflecting stated course objectives;
   b. Informing students of examination results in a timely manner; and
   c. Providing for faculty-student discussion of examination content and results.

6. Competencies. Provide all resources, including patient experiences, to allow students to reach competence and demonstrate continuing competence in all areas defined by the institution.

7. Dental Institution/Program Affiliations. Institute and periodically update formal affiliations among dental schools and dental hygiene, assisting, and laboratory technology education programs.

8. Curriculum Length
   a. Predoctoral Dental Programs: should have four-academic-year curricula or the equivalent of four-year curricula provided in a flexible format.
   b. Dental Hygiene Programs: should have curricula in a flexible format that consists of a minimum of two academic years or equivalent.
   c. Dental Assisting Programs: should have curricula in a flexible format that consists of a minimum of one academic year or equivalent.
   d. Dental Laboratory Technology Programs: should have curricula in a flexible format that consists of a minimum of two academic years or equivalent.

9. Clinical Guidelines. Provide predoctoral, advanced, and allied students with written clinical guidelines and expectations for graduation as soon as possible.

Curriculum Content

All dental education institutions and programs should:

1. Goals and Objectives. Base their curricula on sound, current educational philosophy and pedagogy in order to achieve defined goals and objectives that reflect contemporary methods of oral health care delivery.
2. **New Ideas and Methods.** Introduce new ideas and methods in their teaching in order to meet the changing needs of their students and the patients they will serve.

3. **Physical, Biological, Technical, and Behavioral Sciences.** Teach their students the physical, biological, technical, and behavioral sciences relevant to the practice of modern oral health care delivery.

4. **Working Within an Integrated Health System.** Develop and support new models of oral health care that involve other health professionals as team members in assessing the oral health status of patients and teach dental students to assume leadership roles in the detection, early recognition, and management of a broad range of complex oral and general diseases and conditions. When possible, interdisciplinary educational opportunities should be pursued.

5. **Student-Patient Contact.** Develop, review, and maintain appropriate clinical policies to ensure optimum clinical education and patient-centered care.

6. **Dental Research**
   a. **Predoctoral, advanced dental, baccalaureate, and graduate dental hygiene programs:** Teach the value, design, and methodology of dental research so that graduates may evaluate research findings and apply them to their practices.
   b. **Certificate or associate degree dental hygiene, dental assisting, and laboratory technician programs:** Teach the value of and apply scientific concepts from research findings.

7. **Basic Cardiac Life Support.** Ensure appropriate training and certification in basic cardiac life support for all students before they begin clinical activity and throughout clinical training. The training should be basic cardiac life support for the health professional and should be provided in accordance with accepted standards and recommended guidelines.

8. **Oral Health Care Team.** Provide experiences working as a member of an interdisciplinary health care team.

9. **Information Technology.** Provide formal instruction, develop skills, and provide opportunities in the use of computer-based applications and information systems. Support the timely access to information by faculty, staff, and students to enhance their knowledge, critical thinking, and decision-making processes and promote quality patient care.

10. **Cultural and Linguistic Competence.** Include cultural and linguistic concepts as an integral component of their curricula to facilitate the provision of oral health care services. Cultural and linguistic concepts should be included in the measurable dental curriculum objectives.

11. **Care of Patients with Special Needs.** Work with the American Dental Association Commission on Dental Accreditation to adopt or strengthen accreditation standards at all levels of dental education related to competence in treatment of people with special needs. Include a requirement that graduates of dental education programs be able to manage or treat, consistent with their educational level, a variety of patients with complex medical and psychosocial conditions, including those with developmental and other disabilities, the very young, the elderly, and individuals with complex psychological and social conditions.

12. **Preparation for Patients with Special Needs.** Include both didactic instruction and clinical experiences involving special population groups such as the elderly, the very young, and patients with mental, medical, or physical disabilities in pre- and postdoctoral education as well as allied dental education.

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

**Dental hygiene education programs should:**

1. **Transfer of Credit.** Design curricula that facilitate transfer of credit from certificate and associate degree programs to baccalaureate degree programs in the same or a related discipline.

2. **Prepare Graduates for New and Emerging Responsibilities.** Monitor and anticipate changes in supervision requirements within the state and modify the curriculum and extramural experiences of students so as to prepare them to provide more extended services in a variety of practice settings.

3. **Collegiate-Level Dental Hygiene Curricula.** Develop and maintain curricula that are collegiate-level and lead to an associate or higher degree.

4. **Baccalaureate and Advanced Degree Hygiene Programs.** Be encouraged to offer baccalaureate and advanced degree programs for dental hygienists.
D. Faculty Recruitment and Retention
All dental education institutions and programs should:

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

2. Promotion Criteria. Develop and utilize promotion criteria that include teaching, research (if appropriate to the type of academic setting), and service, and relate those criteria to the activity assignment profile of each faculty member.

3. Faculty and Administrative Evaluation. 1) Evaluate faculty members’, including administrative personnel’s, effectiveness in order to improve the quality of the educational program; 2) see that evaluation is formal and encompasses all areas of faculty and administrative members’ activity assignment profiles; 3) conduct evaluation at scheduled intervals, with input from a broad cross-section of appropriate personnel at the institution; and 4) give evaluation results appropriate emphasis when reappointment, promotion, and tenure are being considered.

4. Gender and Minority Representation. Identify, recruit, and retain underrepresented minorities to faculty positions and promote, when qualified, underrepresented minorities to senior faculty and administrative positions, proportional to their distribution in the general population. Appropriate gender equity should be a goal of any faculty recruitment, retention, and promotion plan.

5. Debt Repayment. Develop funding sources for debt repayment for young faculty.


7. Allied Dental Faculty. Employ, as faculty of dental students, allied dental personnel who are graduates of programs accredited by the Commission on Dental Accreditation or the Canadian Dental Association.

8. Mentoring Programs. Develop and support formal mentoring programs as a means of recruiting, preparing, and retaining new dental and allied dental faculty, as well as a vehicle for developing and retaining existing faculty.

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

Dental education institutions and programs should:

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

2. Mentoring Programs. Mentoring programs for junior faculty members should be developed and supported as a means of retaining faculty and ensuring their potential for future advancement. Such mentoring programs also have the potential to encourage senior faculty members to maintain their currency and to create collaborative research and scholarship opportunities.

3. Financial Support. Provide financial support and other needed resources for faculty development programs, including incentives for faculty mentors.

4. Sabbaticals and Leaves. Grant faculty sabbaticals and other leaves with the same frequency and on the same basis as for other academicians in the educational institution.

5. Evaluating Faculty Development Programs. Periodically evaluate the availability, quality, and observable impact of faculty development...
initiatives in the departments, programs, sections, divisions, and other components of the institution or program.

F. Committees

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

G. Counseling

Dental education institutions and programs should:

1. **Financial Aid Obligations.** Encourage close working relationships between their admissions and financial aid offices in order to counsel students early and effectively on their financial aid obligations and debt management.

2. **Psychological.** Provide student psychological counseling services by formally trained individuals knowledgeable about the particular problems faced by faculty, staff, and students.

3. **Alcohol, Tobacco, and Other Drug Abuse.** Provide education on alcohol, tobacco, and other drugs of abuse.

4. **Referrals for Substance Abuse.** Provide faculty, staff, and students with confidential referral mechanisms on substance abuse evaluation and treatment.

5. **Advanced Education and Professional Opportunities.** Counsel students on postdoctoral education and professional opportunities, and counsel undergraduate allied dental students on baccalaureate and graduate education opportunities.

6. **Medical.** Provide education and counseling on chronic diseases.

7. **Academic Counseling.** Provide academic counseling, including time and stress management, and study and test-taking skills.

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

H. Accreditation

Dental education institutions and programs should:

1. **Recognized Agencies.** Participate in an accreditation program conducted by a nongovernmental agency recognized by the secretary of the U.S. Department of Education or its equivalent.

2. **Commission on Dental Accreditation.** Recognize the Commission on Dental Accreditation and the Canadian Dental Association, through its Council on Education, as the official accrediting agencies for those dental and allied dental education programs within the purview of the commission and the Canadian Dental Association.

3. **Non-Recognized Specialties.** Ensure that dental education programs in special areas not recognized by the Commission on Dental Accreditation undergo institutional and external review at intervals comparable to those for recognized programs.

4. **Opposition to Preceptorship Training.** Oppose preceptorship training or other nonaccredited alternative programs for dentists, dental hygienists, dental assistants, and dental laboratory technicians.

I. Finance

Federal and state governments should:

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

Federal, state, and private entities should:

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

Dental education institutions and programs should:

3. **Supplemental Funds.** Seek and use supplemental public and private funds if the conditions for accepting those funds do not jeopardize the quality of education or result in loss of control of the educational process. Institutions are encouraged to use such funds only for targeted projects and not for ongoing support.

4. **Clinic Fee Schedules.** Adopt clinic fee schedules that adequately reflect the value of given services. Such reimbursement should be the same as that given to other providers in other settings for the same service. Further, dental education institutions and programs should ensure a fee schedule that promotes educational services to the student and provides care to the underserved.

5. **Policies on Patient Debt Management and Fee Collections.** Provide students, before their clinical experience, with a written statement of the school’s policy on patient debt management and fee collection.

J. Advanced Education
Dental education institutions and programs offering advanced education should:

1. Classic Education Patterns. Conform their graduate dental education programs to classic educational patterns applicable to other academic disciplines, terminating in a graduate degree under the auspices of the university’s graduate school or a comparable agency of the university.

2. Requirements for Master’s and Doctoral Degrees. Award master’s and doctoral degrees in programs that include research and require a thesis or dissertation.

3. Specialty Program Requirements. Not require applicants to complete a general practice residency as a prerequisite for possible admission to a specialty education program.

4. Advanced Education Program Affiliations. Affiliate these advanced education programs with teaching hospitals and/or academic health centers, preferably those with dental schools or dental departments.

5. Promoting the Goal of Advanced Education. Coordinate the educational goals, objectives, and competencies of predoctoral and advanced dental education to allow for a designed continuum of the educational phases of a dental practitioner and ensure readiness as one moves from phase to phase. Encourage dental graduates to pursue postdoctoral dental education. Facilitate and advocate for the development of high-quality, accredited postgraduate education opportunities that build upon an effective predoctoral curriculum.

6. Advanced Education and Residency Positions in Primary Care Dentistry. Work to help ensure that the number of positions in advanced general dentistry and other advanced education programs in primary care dentistry is adequate to provide all dental graduates an opportunity to pursue postdoctoral dental education.

7. Funding. Advocate for increased funding and loan forgiveness for General Practice Residency and Advanced Education in General Dentistry programs and accredited advanced dental education programs, particularly primary care programs, so that the number of positions and funding are sufficient to provide opportunities for all dental graduates to pursue a year of service and learning in an accredited PGY-1 program.

8. Graduate Medical Education (GME). Work with hospitals and organized dentistry groups to increase the number of and funding for dental residency training positions through GME.

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

Dental schools should:

1. Disclosure of Class Rankings. Disclose (with student consent) the class rankings, or equivalent measures of performance, of students applying to advanced education programs.

2. Integration of New Knowledge and Skills. Allow for dynamic incorporation of new knowledge and skills and/or standards of care.

3. Interdisciplinary Communication. Develop mechanisms for effective communication between organizations establishing credentialing and accreditation of advanced dental education training programs/residencies and those administering programs, as well as between the specialties themselves. Develop constructive relations between ADEA sections representing advanced education and specialty boards or organizations bestowing status on practicing members.

K. Continuing Education
Dental education institutions and programs should:

1. Encouragement. Strongly encourage their students to become lifelong learners and to participate meaningfully in continuing education throughout their professional careers.

2. Student Attendance. Give their students an opportunity to attend continuing education courses and professional development opportunities.

3. Faculty Participation. Create incentives for their faculty to conduct, attend, or participate in continuing education courses, and recognize attendance at ADEA annual sessions as a continuing education activity.

4. Content. Offer continuing education programs in the clinical, technical, behavioral, and biomedical sciences to improve the competence of practitioners in general and specialty practice areas.

5. Cooperation with Dental, Allied Dental, and Other Professional Organizations. Cooperate with appropriate dental organizations in providing continuing education.
II. Research

A. Fundamental and Applied Research. Dental education institutions and programs have the right and responsibility to conduct fundamental and applied research in the natural and social sciences and in the area of health services, in particular as it relates to oral health disparities. Dental education institutions and programs should actively foster and support basic and applied clinical research. Incentives should be provided to encourage both faculty and students to actively participate in research as appropriate to the type of academic setting.

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

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

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

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

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

G. Forms of Research. Academic dental institutions should be encouraged to engage in innovative, collaborative, interdisciplinary, and interprofessional research including biomedical, social, and clinical research that contributes to the knowledge base and understanding of health issues that ultimately benefit both men and women, keeping in mind that women’s health should be an integral part of the dental curriculum.

III. Licensure and Certification

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

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

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

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

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

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

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

IV. Access and Delivery of Care

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

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

C. Dental Health Personnel. Dental educators and ADEA should inform policymakers and the public that:

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

D. Dental Insurance, Federal, and State Programs. ADEA should be a strong advocate on both the federal and state levels for:

1. Strengthening reimbursement and inclusion of meaningful dental and oral health care services provided under Medicaid and the State Children’s Health Insurance Program.
2. Strengthening Medicare by seeking inclusion of medically necessary oral health care services for populations covered under the program.
3. Encouraging states to appoint a chief dental officer for every state.
4. Educating federal and state policymakers about the lack of dental insurance and its rela-
V. Health Promotion and Disease Prevention

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

B. Dental Caries

1. Prevention and Management. ADEA supports and encourages the education of students, professionals, and the public on behaviors that will promote health by preventing and managing dental caries based on proper disease diagnosis, caries risk assessment, and prognosis, including preventive oral health care measures, proper nutrition, and the management of dental caries utilizing risk-based, minimally invasive nonsurgical and surgical modalities, as dictated by the best evidence available.

2. Fluoride. ADEA supports and encourages fluoridation of community water supplies and the use of topical fluoride. Community water fluoridation is safe, practical, and the most cost-effective measure for the prevention of dental caries.

3. Dental Sealants and Fluoride. ADEA supports and encourages widespread use of dental sealants and fluoride varnishes as a significant cost-effective primary preventive method for the prevention of dental caries.

C. Periodontal Disease

1. Research. ADEA supports and encourages research into the correlation between oral and general health, including the possible link between periodontal disease and heart and lung diseases, stroke, diabetes, low birth weights, and premature births.

2. Education. ADEA supports and encourages the education of students, professionals, and the public on behaviors that will prevent disease and promote health, including preventive oral health care measures, proper nutrition, and tobacco cessation.

D. Infectious Diseases

1. Human Dignity. All dental personnel are ethically obligated to provide patient care with compassion and respect for human dignity.

2. Refusal to Treat Patients. No dental personnel may ethically refuse to treat a patient solely because the patient is at risk of contracting, or has, an infectious disease, such as human immunodeficiency virus (HIV) infection, acquired immunodeficiency virus (AIDS), or hepatitis B or C infections. These patients must not be subjected to discrimination.

3. Confidentiality of Patients. Dental personnel are ethically obligated to respect the rights of privacy and confidentiality of patients with infectious diseases.

4. Confidentiality of Faculty, Students, and Staff. Dental education institutions and programs are ethically obligated to protect the privacy and confidentiality of any faculty member, student, or staff member who has tested positive for an infectious disease. Dental personnel who pose a risk of transmitting an infectious agent must consult with appropriate health care professionals to determine whether continuing to provide professional services represents a material risk to the patient. If a dental faculty member, student, or staff member learns that continuing to provide professional services represents a material risk to patients, that person should so inform the chief administrative officer of the institution. If so informed, the chief administrative officer should take steps consistent with the advice of appropriate health care professionals and with current federal, state, and/or local guidelines to ensure that such individuals not engage in any professional activity that would create a risk of transmission of the infection to others.

5. Counseling and Follow-Up Care. The chief administrative officer must facilitate appropriate counseling and follow-up care, and should consider establishing retraining and/or counseling programs for those faculty, staff, and students who do not continue to perform patient care procedures. Such counseling should also be available to students who find they cannot practice because of 1) permanent injury that occurs during dental training, 2) illnesses such as severe arthritis, 3) allergies to dental chemicals, or 4) other debilitating conditions. Dental education institutions and programs should make available institutional guidelines and policies in this area to current and prospective students, staff, and faculty.

6. Protocols. Chief administrative officers of dental education institutions and programs must establish and enforce written preclinical, clinical, and laboratory protocols to ensure adequate asepsis, infection and hazard control, and hazardous waste disposal. These protocols should be consistent with current federal, state, and/or local guidelines and must be provided to all
faculty, students, and appropriate support staff. To protect faculty, students, staff, and patients from the possibility of cross-contaminations and other infection, asepsis protocols must include a policy in adequate barrier techniques, policies, and procedures.

7. Testing for Infectious Diseases and Immunization. Chief administrative officers must facilitate the availability of testing of faculty, staff, and students for those infectious diseases presenting a documented risk to dental personnel and patients. Further, the administrative officers must make available the hepatitis B vaccine and appropriate vaccine follow-up to employees such as faculty and staff, in accordance with Occupational Safety and Health Administration (OSHA) regulations. Also, in accordance with Centers for Disease Control and Prevention (CDC) guidelines, all students should 1) demonstrate proof of immunity, 2) be immunized against the hepatitis B virus as part of their preparation for clinical training, or 3) formally decline vaccination. Students who decline to be vaccinated should be required to sign a formal declination waiver form, consistent with procedures promulgated by OSHA for employees. Chief administrative officers should also strongly encourage appropriate faculty, staff, and students to be immunized against not only hepatitis B, but also other infectious diseases such as mumps, measles, and rubella, using standard medical practices. In addition, all dental education institutions and programs should require prematriculation and annual testing for tuberculosis.

E. Alcohol, Tobacco, and Other Drug Hazards

1. Discouraging Alcohol, Tobacco, and Other Drug Abuse. Institutional and individual members are urged to:
   a. discourage use of excessive amounts of alcohol,
   b. discourage the use of illegal and/or harmful drugs,
   c. establish tobacco-free environments and tobacco use policies,
   d. incorporate information about the adverse health effects of all types of tobacco in course offerings and its application to clinical practice, and
   e. provide training on general, culturally competent, and gender-specific tobacco prevention and cessation techniques for application in clinical practice.

2. Tobacco-Free Environments. Institutional and individual members should have tobacco-free environments on their campuses and in their health science centers and patient-care facilities. Institutions should also encourage and support continued research related to the health effects of tobacco use.

3. Community Education Programs. Institutional and individual members are encouraged to participate in the development of community education programs dealing with the health hazards of alcohol, tobacco, and other drug use.

F. Child Abuse/Neglect and Domestic Violence

1. Familiarity with Signs and Symptoms. Dental and allied dental education institution officials and educators should become familiar with all signs and symptoms of child abuse/neglect and family violence that are observable in the normal course of a dental visit and should report suspected cases to the proper authorities, consistent with state laws.

2. Instruction in Recognizing Signs. Dental and allied dental education institution officials and educators should instruct all of their students, faculty, and clinical staff on how to recognize all signs and symptoms of child abuse/neglect and domestic violence observable in a dental visit and how to report suspected cases to the proper authorities, consistent with state laws.

3. Monitoring Regulations. Dental and allied dental education institution officials should monitor state and federal legislative and regulatory activity on child abuse/neglect and family violence and make information on these subjects available to all students, faculty, and clinical staff.

VI. Partnerships

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

B. Dental education institutions and programs should prepare graduates to work with community-based programs to expand disease prevention and health promotion techniques to meet the needs of various populations including the indigent, minorities, the elderly, and other underserved groups.

C. Dental education institutions and programs and ADEA should create, expand, and enhance aware-
ness and a strong knowledge base among lawmakers and the public about the role of oral disease on total health.

**VII. Public Policy Advocacy**

A. ADEA and its membership should work together to identify and promote emerging issues in public policy and take action to secure federal and state policies and programs that support the mission of ADEA.

B. ADEA should work to form and maintain strategic alliances that will promote the public policy objectives of the Association.

C. Dental educators should participate actively in promoting and securing public policy objectives with federal, state, and local executive branch and legislative bodies that promote and secure the public policy issues of ADEA.

D. Dental educators and students should work to ensure that policy decisions that may critically affect dental education be formulated in conjunction with representatives of appropriate educational institutions and organizations.