American Dental Education Association

2006 House of Delegates Manual
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Information for Delegates

Board of Directors

Dr. Eric J. Hovland, President, Louisiana State University
Dr. Kenneth L. Kalkwarf, President-elect, University of Texas Health Science Center at San Antonio
Dr. Frank A. Catalanotto, Immediate Past President, University of Florida
Dr. Lawrence I. Goldblatt, Vice President for Deans, Indiana University
Prof. Patricia J. Nunn, Vice President for Allied Dental Program Directors, Utah College of Dental Hygiene
Dr. Christopher S. Arena, Vice President for Students, University of Medicine and Dentistry of New Jersey
Dr. John W. Killip, Vice President for Faculties, University of Missouri-Kansas City
Ms. Candy B. Ross, Vice President for the Corporate Council, Dexis ProVision
Dr. Sandra C. Andrieu, Vice President for Sections, Louisiana State University
Dr. Sheila H. Koh, Vice President for Hospitals and Advanced Educational Programs, University of Texas Health Science Center at Houston
Dr. Richard W. Valachovic, Executive Director, American Dental Education Association

Council of Allied Program Directors

Administrative Board
Prof. Patricia J. Nunn, Vice President, Utah College of Dental Hygiene
Prof. Linda Stewart, Chair, University of North Carolina at Chapel Hill
Prof. Susan Bailey Crim, Chair-elect, University of Louisville
Dr. Cindy Amyot, University of Missouri-Kansas City
Member-at-Large: Open

Additional Delegates

Dental Assisting
Prof. Colleen Bradshaw  Palm Beach Community College
Prof. Patricia Capps  Indiana University

Dental Hygiene
Dr. Shirley Beaver  Kennedy-King College
Prof. Gwen Hlava  University of Nebraska
Prof. Sally Mauriello  University of North Carolina at Chapel Hill
Prof. Kathy Schlotthauer  Harrisburg Area Community College
Prof. Angela Rinchuse  Westmoreland County Community College
Dr. Janice DeWald  Baylor College of Dentistry
Dr. Ellen Grimes  University of Vermont
Prof. Deanne Shuman  Old Dominion University
Dental Laboratory Technology
TBD

Special/Advanced Programs
Dr. Elaine Parker University of Maryland
Prof. Kim Bray University of Missouri-Kansas City

Council of Deans

Administrative Board
Dr. Lawrence I. Goldblatt, Vice President, Indiana University
Dr. Michael C. Alfano, Chair, New York University
Dr. Jerold S. Goldberg, Chair-elect, Case School of Dental Medicine
Dr. Ronald J. Hunt, Secretary, Virginia Commonwealth University
Dr. Richard N. Buchanan, Member-at-Large, University at Buffalo

Additional Delegates
Dr. Huw F. Thomas University of Alabama at Birmingham
Dr. Jack Dillenberg Arizona School of Dentistry and Oral Health
Dr. Charles Goodacre Loma Linda University
Dr. No-Hee Park University of California, Los Angeles
Dr. Charles N. Bertolami University of California, San Francisco
Dr. Arthur A. Dugoni Arthur A. Dugoni School of Dentistry
Dr. Harold C. Slavkin University of Southern California
Dr. Denise K. Kassebaum University of Colorado
Dr. Peter J. Robinson University of Connecticut
Dr. Leo E. Rouse Howard University
Dr. Robert A. Uchin Nova Southeastern University
Dr. Teresa A. Dolan University of Florida
Dr. Connie L. Drisko Medical College of Georgia
Dr. Patrick M. Lloyd University of Minnesota
Dr. David Johnsen University of Iowa
Dr. Ann M. Boyle Southern Illinois University
Dr. Bruce Graham University of Illinois at Chicago
Dr. Rowland A. Hutchinson University of Louisville
Dr. Sharon P. Turner University of Kentucky
Dr. Spencer N. Frankl Boston University
Dr. Bruce Donoff Harvard School of Dental Medicine
Dr. Lonnie H. Norris Tufts University
Dr. Christian S. Stohler University of Maryland
Dr. Robert Steiman University of Detroit Mercy
Dr. Peter J Polverini University of Michigan
Dr. Michael J. Reed University of Missouri-Kansas City
Dr. James R. Hupp University of Mississippi
Dr. John N. Williams University of North Carolina at Chapel Hill
Dr. Steven W. Friedrichsen Creighton University
Dr. John W. Reinhardt University of Nebraska
<table>
<thead>
<tr>
<th>Name</th>
<th>Affiliation</th>
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<tbody>
<tr>
<td>Dr. Cecile A. Feldman</td>
<td>University of Medicine and Dentistry of New Jersey</td>
</tr>
<tr>
<td>Dr. Patrick J. Ferrillo, Jr.</td>
<td>University of Nevada, Las Vegas</td>
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<tr>
<td>Dr. Ira B. Lamster</td>
<td>Columbia University, College of Dental Medicine</td>
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<td>Dr. Michael C. Alfano</td>
<td>New York University</td>
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<td>Dr. Barry R. Rifkin</td>
<td>Stony Brook University</td>
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<td>Dr. Richard N. Buchanan</td>
<td>University at Buffalo</td>
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<td>Dr. Jerold Goldberg</td>
<td>Case School of Dental Medicine</td>
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<tr>
<td>Dr. Jan E Kronmiller</td>
<td>The Ohio State University</td>
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<td>Dr. Stephen K. Young</td>
<td>University of Oklahoma</td>
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<tr>
<td>Dr. Jack W. Clinton</td>
<td>Oregon Health &amp; Science University</td>
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<td>Dr. Martin F. Tansy</td>
<td>Temple University</td>
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<td>Dr. Marjorie K. Jeffcoat</td>
<td>University of Pennsylvania</td>
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<td>Dr. Thomas W. Braun</td>
<td>University of Pittsburgh</td>
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<td>Dr. Yilda R. Rivera</td>
<td>University of Puerto Rico</td>
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<td>Dr. John J. Sanders</td>
<td>Medical University of South Carolina</td>
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<td>Dr. William B. Butler</td>
<td>Meharry Medical College</td>
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<td>Dr. Russell O. Gilpatrick</td>
<td>University of Tennessee</td>
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<td>Dr. James S. Cole</td>
<td>Baylor College of Dentistry</td>
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<tr>
<td>Dr. Catherine M. Flaitz</td>
<td>University of Texas Health Science Center at Houston</td>
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<td>Dr. Ron J. Hunt</td>
<td>Virginia Commonwealth University</td>
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<td>Dr. Martha J. Somerman</td>
<td>University of Washington</td>
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<td>Dr. William K. Lobb</td>
<td>Marquette University</td>
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<td>Dr. James J. Koelbl</td>
<td>West Virginia University</td>
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<td>Dr. Johann de Vries</td>
<td>University of Manitoba</td>
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**Non-Hospital Based Advanced Dental Education**

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<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Dr. Rolf Behrents</td>
<td>Saint Louis University</td>
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<tr>
<td>Dr. Dominick DePaola</td>
<td>Forsyth Institute</td>
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<tr>
<td>Dr. Cyril Meyerowitz</td>
<td>University of Rochester</td>
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<tr>
<td>Dr. Roger Nelson</td>
<td>Mayo Graduate School of Medicine</td>
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**Federal Dental Service Programs**

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<th>Name</th>
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<tr>
<td>Brigadier General Thomas S. Bailey, Jr.</td>
<td>United States Air Force Dental Service</td>
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<tr>
<td>Major General Joseph Webb</td>
<td>United States Army Dental Corps</td>
</tr>
<tr>
<td>Colonel Kay H. Malone</td>
<td>United States Army Graduate Dental Education</td>
</tr>
<tr>
<td>Rear Admiral Carol I. Turner</td>
<td>United States Navy Dental Corps</td>
</tr>
<tr>
<td>Dr. Robert T. Frame</td>
<td>Department of Veterans Affairs</td>
</tr>
<tr>
<td>Rear Admiral Dushanka</td>
<td>United States Public Health Service</td>
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Council of Faculties

Administrative Board
Dr. John W. Killip, Vice President, University of Missouri-Kansas City
Dr. Edward Hines, Chair, Meharry Medical College
Dr. Diane C. Hoelscher, Chair-elect, University of Detroit Mercy
Dr. Patricia Nihill, Secretary, University of Illinois at Chicago
Dr. Nadeem Karimbux, Member-at-Large, Harvard School of Dental Medicine

Additional Delegates
Dr. Madelyn Coar University of Alabama at Birmingham
Dr. John E. Peterson Loma Linda University
Dr. Robert Lindemann University of California, Los Angeles
Dr. Larry Jenson University of California, San Francisco
Dr. Nader A. Nadershahi Arthur A. Dugoni School of Dentistry
Dr. Sandra K. Rich University of Southern California
Dr. Bernard Aaron Karshmer University of Colorado
Dr. Joseph A. D'Ambrosio University of Connecticut
Dr. Andrea D. Jackson Howard University
Dr. Michael Alan Siegel Nova Southeastern University
Dr. Nicholas J. Grimaudo University of Florida
Dr. Joseph L. Konzelman Medical College of Georgia
Dr. Marsha A. Cunningham University of Iowa
Dr. Valerie A. Murrah University of North Carolina at Chapel Hill
Dr. Debra M. Schwenk Southern Illinois University
Dr. Patricia Nihill University of Illinois at Chicago
Dr. Brian J. Sanders Indiana University
Dr. Sherrie W. Zaino University of Louisville
Dr. Chet A. Smith Louisiana State University
Dr. John F. Guarente Boston University
Dr. Frank R. Susi Tufts University
Dr. Grishondra Branch-Mays University of Maryland
Dr. Patricia A. Bauer University of Michigan
Dr. Bashar Bakdash University of Minnesota
Dr. Michael D. McCunniff University of Missouri-Kansas City
Dr. Francis G. Serio University of Mississippi
Dr. Valerie A. Murrah University of North Carolina at Chapel Hill
Dr. Charles W. Wilcox Creighton University
Dr. Henry St. Germain University of Nebraska
Dr. Kim E. Fenesy University of Medicine and Dentistry of New Jersey
Dr. Leslie Karns University of Nevada, Las Vegas
Dr. Vicky Evangelidis-Sakellson Columbia University, College of Dental Medicine
Dr. Ivy D. Peltz New York University
Dr. Allan J. Kucine Stony Brook University
Dr. Lisa Mruz University at Buffalo
Dr. T. Roma Jasinevicius Case School of Dental Medicine
Dr. Robert G. Rashid  The Ohio State University
Dr. Thomas L. Coury  University of Oklahoma
Dr. James S. Tinkle  Oregon Health & Science University
Dr. Daniel W. Boston  Temple University
Dr. Yolanda Annetta Slaughter  University of Pennsylvania
Dr. Kenneth R. Etzel  University of Pittsburgh
Dr. Darrel F. Hillman  University of Puerto Rico
Dr. Elizabeth S. Pilcher  Medical University of South Carolina
Dr. Edwin H. Hines  Meharry Medical College
Dr. Simpson Evans  University of Tennessee
Dr. Robert D. Spears  Baylor College of Dentistry
Dr. Richard R. Seals  University of Texas Health Science Center at San Antonio
Dr. Thomas L. Coury  University of Oklahoma
Dr. Robert A. Kaminski  University of Texas Health Science Center at Houston
Dr. Bridget Ellen Byrne  Virginia Commonwealth University
Dr. David L. Pitts  University of Washington
Dr. Lisa J. Koenig  Marquette University
Dr. Gordon G. Keyes  West Virginia University

Council of Sections

Administrative Board
Dr. Sandra Andrieu, Vice President, Louisiana State University
Prof. Gail F. Williamson, Chair, Indiana University
Dr. Ronald W. Botto, Chair-elect, University of Illinois at Chicago
Dr. Lily Garcia, Secretary, University of Texas Health Science Center at San Antonio
Dr. William Davenport, Member-at-Large, University of Nevada, Las Vegas

Additional Delegates
Academic Affairs
Dr. Birgit Junfin Glass, Councilor, University of Texas Health Science Center at San Antonio
Dr. Nadeem Karimbux, Chair, Harvard School of Dental Medicine

Anatomical Sciences
Dr. Jennifer Brueckner, Councilor, University of Kentucky
Dr. Lawrence C. Zoller, Chair, Boston University

Behavioral Sciences
Dr. Evelyn L. Donate-Bartfield, Councilor, Marquette University
Dr. Elaine Davis, Chair, University at Buffalo

Biochemistry and Nutrition
Dr. Allen Otsuka, Councilor, Southern Illinois University
Dr. Alan E. Levine, Chair, University of Texas Health Science Center at Houston
Business and Financial Administration
Mr. Kenneth Tomlinson, Councilor, University of Florida
Ms. Sandy A. Allen, Chair, University of Maryland

Clinic Administration
Dr. Robert M. Trombly, Councilor, University of Colorado
Dr. Lex MacNeil, Chair, University of British Columbia

Clinical Simulation
Dr. Lance Rucker, Councilor, University of British Columbia
Dr. Stephen DuLong, Chair, Boston University

Community and Preventive Dentistry
Dr. Sena Narendran, Councilor, University of Texas Health Science Center at Houston
Dr. Debra M. Schwenk, Chair, Southern Illinois University

Comprehensive Care and General Dentistry
Dr. Alan W. Budenz, Councilor, Arthur A. Dugoni School of Dentistry
Dr. Larry Jenson, Chair, University of California, San Francisco

Continuing Education
Dr. William Butler, Councilor, University of Texas Health Science Center at San Antonio
Dr. Sam Low, Chair, University of Florida

Dental Anatomy and Occlusion
Dr. Sheryl Kane, Major, Councilor, United States Air Force
Dr. Veronique F. DeLattre, Chair, University of Texas Health Science Center at Houston

Dental Assisting Education
Mr. Stephen I. Bruce, Councilor, University of Medicine and Dentistry of New Jersey
Ms. Donna Estes, Chair, Texas State Technical College

Dental Hygiene Education
Ms. Lori Holt, Councilor, University of Missouri-Kansas City
Ms. Cindy Sensabaugh, Chair, The Procter & Gamble Company

Dental Informatics
Dr. Elise S. Eisenberg, Councilor, New York University
Dr. Michelle Robinson, Chair, Marquette University

Dental School Admissions Officers
Dr. Charles Alexander, Councilor, University of California, San Francisco
Ms. Anne Berg, Chair, Harvard School of Dental Medicine

Development, Alumni Affairs, and Public Relations
Ms. Joanne L. Mayne, Councilor, University of Southern California
Mr. Richard H. McKenzie, Chair, University of California, San Francisco

Educational Research/Development and Curriculum
Dr. Judy Skelton, Councilor, University of Kentucky
Dr. Marilyn Lantz, Chair, University of Michigan
Endodontics
Dr. Roberta Pileggi, Councilor, University of Florida
Dr. Anne E. Williamson, Chair, University of Iowa

Gerontology and Geriatrics Education
Dr. Diane E. Ede-Nichols, Councilor, Nova Southeastern University
Dr. Katherine F. Schrubbe, Chair, Marquette University

Graduate and Postgraduate Education
Dr. Gerald Glickman, Councilor, Baylor College of Dentistry
Dr. David Grogan, Chair, Baylor College of Dentistry

Microbiology
Dr. M. Jane Gillespie, Councilor, Southern Illinois University
Dr. Gillian M.P. Galbraith, Chair, University of Nevada, Las Vegas

Minority Affairs
Dr. Todd Ester, Councilor, University of Michigan
Dr. Cherae Farmer-Dixon, Chair, Meharry Medical College

Operative Dentistry and Biomaterials
Dr. Frank E. Pink, Councilor, University of Detroit Mercy
Dr. James S. Dower, Chair, Arthur A. Dugoni School of Dentistry

Oral and Maxillofacial Radiology
Dr. Edwin T. Parks, Councilor, Indiana University
Dr. Debra Dixon, Chair, Southern Illinois University

Oral Biology
Dr. Mark S. Wolff, Councilor, New York University
Dr. Karl Kingsley, Chair, University of Nevada, Las Vegas

Oral Diagnosis/Oral Medicine
Dr. Thomas P. Shopper, Councilor, Louisiana State University
Dr. Catherine M. Gogan, Chair, Erie County Medical Center

Orthodontics
Dr. David Covell, Councilor, Oregon Health & Science University
Dr. Peter Spalding, Chair, University of Nebraska

Pathology
Dr. Jeffery C.B. Stewart, Councilor, Oregon Health & Science University
Dr. Valerie Murrah, Chair, University of North Carolina at Chapel Hill

Pediatric Dentistry
Dr. Joan Kowolik, Councilor, Indiana University
Dr. Timothy B. Henson, Chair, University of Texas Health Science Center at San Antonio
Periodontics
Dr. Dwight McLeod, Councilor, Southern Illinois University
Dr. Lisa Harpenau, Chair, Arthur A. Dugoni School of Dentistry

Physiology, Pharmacology, and Therapeutics
Dr. Gary Jeffers, Councilor, University of Detroit Mercy
Dr. Ted Pate, Chair, University of Texas Health Science Center at Houston

Postdoctoral General Dentistry
Dr. Heidi Crow, Councilor, University at Buffalo
Dr. Robert Arm, Chair, Christiana Care

Practice Administration
Dr. Dave Dunning, Councilor, University of Nebraska
Dr. M. Miles Beach, Chair, Baylor College of Dentistry

Prosthodontics
Dr. Igor Pesun, Councilor, University of Minnesota
Dr. Ivy S. Schwartz, Chair, University of Texas Health Science Center at San Antonio

Student Affairs and Financial Aid
Dr. Carolyn Booker, Councilor, Virginia Commonwealth University
Ms. Laura J. Boland, Chair, University of Minnesota

Council of Hospitals and Advanced Education Programs

Administrative Board
Dr. Sheila H. Koh, Vice President, University of Texas Health Science Center at Houston
Dr. Zakaria Messieha, Chair, University of Illinois at Chicago
Dr. Todd E. Thierer, Chair-elect, University of Rochester
Dr. Stephen Wilson, Secretary, Cincinnati Children’s Hospital
Dr. C. Lynn Hurst, Member-at-Large, University of Nevada, Las Vegas

Additional Delegates
Jane A. Weintraub University of California, San Francisco, American Association of Public Health Dentistry
Dr. Paul Glassman Arthur A. Dugoni School of Dentistry, Special Care Dentistry/AEGD
Dr. John Agar University of Connecticut, American College of Prosthodontists
Dr. Indru C. Punwani University of Illinois
Dr. William T. Johnson University of Iowa, American Association of Endodontists
Dr. Christos Aggelopoulos University of Missouri-Kansas City, American Academy of Oral and Maxillofacial Radiology
Dr. Katherine Kula University of Missouri-Kansas City, American Association of Orthodontists
Dr. George M. Kushner University of Louisville, American Association of Oral and Maxillofacial Surgeons
Dr. Tracy M. Dellinger University of Mississippi

as of February 6, 2006
Dr. Peter M. Jensen  
University of New Mexico

Dr. Vincent J. Iacono  
Stony Brook University, American Academy of Periodontology

Dr. Alice E. Curran  
University of North Carolina at Chapel Hill, American Academy of Oral and Maxillofacial Pathology

Dr. Judy Messura  
Wake Forest University, Special Care Dentistry/GPR

Dr. G. Frans Currier  
University of Oklahoma

Dr. Suzi Seale  
Baylor College of Dentistry, American Academy of Pediatric Dentistry

Dr. Timothy Svec  
University of Texas Health Science Center at Houston

---

**Council of Students**

**Administrative Board**
Dr. Christopher Arena, Vice President, University of Medicine and Dentistry of New Jersey  
Mr. Timothy Oh, Chair, Loma Linda University  
Mr. Chad Foster, Vice Chair, University of Southern California  
Ms. Jorelle Alexander, Secretary, University of Louisville  
Mr. Ryan Edmunds, Member-at-Large, Virginia Commonwealth University

**Additional Delegates**
TBD

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**Corporate Council**

Ms. Candy Ross, Vice President, DEXIS ProVision Dental Systems  
Dr. Ronald Rupp, GlaxoSmithKline  
Mr. Ed Schmitt, DentalEZ Group
ADEA:
Introduction to the Governing Process

Introduction

The American Dental Education Association is a democratic organization and thus has a governmental structure that at first appears complex. It really isn’t. Nevertheless, members—especially new ones—would have difficulty trying to understand the Association by studying its Bylaws. This section of the House of Delegates Manual is therefore designed to summarize and clarify the Association’s structure and its policy-making procedures so you will know how to participate in those procedures. If you want further information, you should refer to the Bylaws, pages 48-70. This section discusses (1) how ADEA is organized, (2) how resolutions are introduced, and what happens to them, and (3) how Reference Committees function.

How ADEA is Organized

You first must know how ADEA is organized in order to understand the Association’s policy-making procedures. Illustration 1 on page 15 shows that ADEA is organized into four basic components: (1) the House of Delegates (2) the Board of Directors, (3) councils and their administrative boards, and (4) sections.

House of Delegates. The House of Delegates is the Association’s legislative (policy-making) body. It convenes twice at each ADEA Annual Session. 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 Councils of Deans and Faculties are delegates. The numbers of delegates from the Councils of Allied Dental Program Directors, Hospitals and Advanced Educational Programs, Students, and the Corporate Council are based on percentages of those councils’ members. The number of section delegates depends on the number of sections. The Councilor and Chair from each Section serve as delegates.

Board of Directors. The Board of Directors is the ADEA’s administrative body and is responsible for running the Association’s affairs between annual sessions. It has 11 members—president, president-elect, immediate past president, a vice president or councilor representing each of the seven councils, and the executive director.

The Board of Directors can establish interim Association policies that are consistent with existing policies if it apprises the House of its actions at the next Annual Session.

Councils. Six of the Association’s seven councils represent different constituencies at member institutions. The seventh consists of the councilor and chair of each ADEA section (see below). Councils represent their constituencies in the Association and at its member institutions. They identify, initiate, and oversee projects and reports of value to their members and other Association members. Councils may also participate in the Association’s policy-making process. When requested, they identify potential consultants to the Board of Directors and other groups.

All councils meet at the annual sessions, and some hold additional meetings between annual sessions.
The **Council of Allied Dental Program Directors** consists of the directors of dental hygiene, assisting, and laboratory technology education programs conducted by member institutions, and any coordinators of those programs. In addition, the council includes directors of special allied dental education programs at the post-entry level that lead to a baccalaureate or advanced degree.

The **Council of Deans** consists of the dean of each U.S. dental school; the chief dental administrative officer of each affiliate (nondental school) member institution conducting nonhospital-based postdoctoral dental education programs; the chief dental officer of the U.S. Air Force, Army, Navy, Public Health Service, and Veteran’s Administration; and the president of the Association of Canadian Faculties of Dentistry.

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

The **Council of Hospitals and Advanced Education Programs** consists of the chief of dental service and directors of general practice and specialty residency programs that conduct postdoctoral dental education programs at member institutions.

The **Council of Sections** consists of the councilor and chair of each of the Association’s 36 sections.

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

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

**Council Administrative Boards.** Each council has a five-member administrative board, consisting of a vice president (who is also an Association officer who serves on the Board of Directors), a chair, chair-elect, secretary, and member-at-large. Each administrative board meets at least once between annual sessions and is responsible for planning its council’s annual session program and for managing the council’s affairs. Administrative boards relate to their councils much as the Board of Directors relates to the House of Delegates.

**Sections.** Each ADEA individual, student, honorary, or retired member may join any of the Association’s 36 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 annual session meetings and manage the section’s affairs between annual sessions.

**Standing and Special Committees.** From time to time, the Board of Directors appoints standing and special committees to assist it in its operations.
How Resolutions are Introduced and What Happens to Them

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

Resolutions can be introduced either between annual sessions or at an annual session during the Opening Session of the House of Delegates. Each year, the Board of Directors presents several resolutions to the House, and any individual member may also present resolutions.

How to Introduce a Resolution at an Annual Session. Only delegates can introduce resolutions at annual sessions and only at the Opening Session of the House. (See Illustration 2 on page 16.) The ADEA councils meet before the Opening Session of the House. During those meetings, they have an opportunity to develop resolutions that can then be presented by one of their delegates at the Opening Session.

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

How to Introduce a Resolution between Annual Sessions. Any individual member can submit a resolution between annual sessions. (See Illustration 3 on page 21). Resolutions should be sent to the executive director who forwards them to the other members of the Board of Directors.

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

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

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

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

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

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

The following fictitious statement and resolution incorporate most examples of format.
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 constitutes a quorum for the transaction of business at regular or special sessions.

How Reference Committees Function

Purpose. Before each Annual Session, the Board of Directors appoints two Reference Committees. Most resolutions to be considered by the House of Delegates are referred to one of these committees. 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.

The Board of Directors appoints a Reference Committee on Association Administrative Affairs and a Reference Committee on Association Policy. Resolutions dealing with the Association's administrative, procedural, and business affairs are referred to the Reference Committee on Association Administrative Affairs. Resolutions dealing with the Association's policies and public positions are referred to the Reference Committee on Association Policy.

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

At their hearings, the Reference Committees provide an opportunity for discussion on each resolution referred to them. A Reference Committee must recommend action to the House on each resolution, even if there is no discussion at the hearing. However, if there is no discussion, a Reference Committee need not necessarily recommend approval of a resolution; it can recommend another action. Reference Committees have considerable authority; they may propose the adoption of a resolution, or they may recommend amendment, postponement, or rejection. Reference Committees are
required in their reports to explain their recommendations briefly, noting the reasons for their 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.

**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 us at the Central Office for any further information you need.
Organizational Structure of the American Dental Education Association

**Academic Affairs**
- Anatomical Sciences
- Behavioral Sciences
- Biochemistry and Nutrition
- Business and Financial Administration
- Clinic Administration

**Clinical Simulation**
- Community and Preventive Dentistry
- Comprehensive Care and General Dentistry
- Continuing Education
- Dental Anatomy and Occlusion
- Dental Assisting Education

**Dental Hygiene Education**
- Dental Informatics
- Dental School Admissions Officers
- Development, Alumni Affairs, and Public Relations
- Educational Research/Development and Curricula
- Endodontics

**Gerontology and Geriatrics Education**
- Graduate and Postgraduate Education
- Microbiology
- Minority Affairs
- Operative Dentistry and Biomaterials
- Oral and Maxillofacial Radiology

**Oral and Maxillofacial Surgery, Anesthesia, and Hospital Dentistry**
- Oral Biology
- Oral Diagnosis/Oral Medicine
- Orthodontics
- Pathology
- Pediatric Dentistry

**Periodontics**
- Physiology, Pharmacology and Therapeutics
- Postdoctoral General Dentistry
- Practice Administration
- Prosthodontics
- Student Affairs and Financial Aid

**Solutions**
What Happens to Resolutions Introduced at Annual Session

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

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

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

Reference Committee on Association Administrative Affairs
Dr. Ellen Grimes, University of Vermont, Council of Allied Program Directors
Ms. Phyllis Martina, Hu-Friedy Manufacturing Co., Corporate Council
Council of Deans: TBD
Dr. Grishonda Branch-Mays, University of Maryland, Council of Faculties
Dr. Lynn Hurst, University of Nevada, Las Vegas, Council of Hospitals and Advanced Education Programs
Dr. Lorie Holt, University of Missouri-Kansas City, Council of Sections
Mr. Timothy Oh, Loma Linda University, Council of Students

Reference Committee on Association Policy
Prof. Colleen Bradshaw, Palm Beach Community College, Council of Allied Program Directors
Ms. Barbara Nordquist, Discus Dental, Inc., Corporate Council
Council of Deans: TBD
Dr. Madelyn Coar, University of Alabama at Birmingham, Council of Faculties
Dr. Todd Thierer, University of Rochester, Council of Hospitals and Advanced Education Programs
Dr. Ted Parks, Indiana University, Council of Sections
Mr. Chad Foster, University of Southern California, Council of Students

The Reference Committees’ hearings will be held on Friday, March 10 in the Swan Hotel: Swan 6. The hearing of the Reference Committee on Association Policy will meet from 11 a.m. to noon. The hearing of the Reference Committee on Association Administrative Affairs is scheduled from 1 to 2 p.m.

The House will act on Resolutions 1H-2006 – 4H-2006 at the Opening Session of the House on Wednesday, March 8, 4:15 to 5:30 p.m. The Board of Directors has referred resolutions 5H-2006 and 6H-2006 to the appropriate Reference Committee. Any resolutions introduced at the Opening Session of the House will also be referred to the appropriate Reference Committee.

The House will consider the Reference Committee’s recommendations on resolutions at the Closing Session on Saturday afternoon, March 11. The Reference Committee chairs will not read their complete reports, but they will read the resolutions.

The Board of Directors has referred Resolutions 5H-2006 and 6H-2006 as follows:

Reference Committee on Association Policy
At this time there is one resolution being referred to the Reference Committee on Association Policy, 5H-2006. Additional resolutions introduced at the Opening Session of the House may be referred to this Committee.
Reference Committee on Association Administrative Affairs
At this time there is one resolution being referred to the Reference Committee on Association Administrative Affairs, 6H-2006. Additional resolutions introduced at the Opening Session of the House may be referred to this Committee.

House Procedures and Rules

House Program. The program for the 2006 Delegates is as follows:

Opening Session: Wednesday, March 8, from 4:15 to 5:30 p.m.
Call to Order, President Eric Hovland, Presiding
Report of Quorum
Approval of the Minutes of the Previous Session
President-elect’s Address—Dr. Kenneth Kalkwarf
Introduction of Additional Resolutions and Referrals of Reports and Resolutions
Recess, until March 11, 2006, 4 p.m.

Closing Session—Saturday, March 11, 4 to 5 p.m.
Call to Order, President Eric Hovland, Presiding
Report of Quorum
Consideration of Reference Committee Reports
President’s Address—Dr. Eric Hovland
Unfinished Business
New Business
Announcement of New Representatives and Installation of Officers
Adjournment

Designates. Delegates unable to attend a House session or who serve in the House in two or more positions (e.g., as a member of the Council of Faculties and Council of Sections) may appoint designates to represent them. Delegates from the Councils of Allied Dental Program Directors, Hospitals and Advanced Education Programs, and Students must appoint designates who are members of their council. Delegates from the Council of Sections must appoint the secretary or immediate past chair of their section. Delegates from the Councils of Deans and Faculties must appoint individuals from their institutions. Delegates representing two or more councils in the House must decide which council they wish to represent and then appoint a designate(s) for the other council(s) according to the foregoing guidelines. Delegates must indicate the name of the designate on the official Annual Session registration form and sign it.

Admission Cards. At registration, each delegate and designate 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 voting. Delegates/designates must surrender the signed appropriate card when entering the floor for the Opening and Closing Sessions. Any delegates or designates who misplace their admission and/or voting cards should immediately report their 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 Annual Session participants are not only invited but also encouraged to attend the House sessions. There will be visitors’ seating sections at both the Opening and Closing Sessions.

Presiding Officer. The Association’s president—Dr. Eric Hovland—is the presiding officer of the House. In the absence of the president, the president-elect is the presiding officer. The president casts the deciding vote in case of a tie, appoints judges and tellers to assist in determining the result of any action taken by ballot, and performs any other duties required by parliamentary procedure.

Recording Officer. The executive director is the recording officer of the House of Delegates and the custodian of its records. The executive director may appoint a public stenographer to record the verbatim proceedings of the Opening and Closing Sessions of the House.

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

The third edition of Sturgis eliminates the motion to postpone indefinitely. See below.

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 table on page 21.

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 indefinitely may be used to defer consideration of a resolution until some definite future time, usually the next Annual Session. Such resolutions are often referred to the Board of Directors, councils, and/or sections for their recommendations.

As noted above, the latest edition of Sturgis eliminates the motion to postpone indefinitely. Because the ADEA Bylaws require the House of Delegates to follow the latest edition of Sturgis, take care not to introduce motions to postpone indefinitely. Sturgis offers the following explanation and discussion of why this motion has been disapproved.

The motion to postpone indefinitely was often confused with the motion to table, because they both set aside the pending main motion without bringing it to a direct vote. Unlike to table, however, postpone indefinitely was debatable, and also opened the main question to debate. Because theoretically it was a new motion, it provided a loophole for those who had exhausted their right of debate, enabling them to get around the limitation and continue debating the main motion. This practice has been criticized because it prolongs debate, and because it violates the principle of majority rule, providing a means of thwarting the will of the assembly, as expressed in the motion limiting debate. It also confuses those who are not familiar with the motion, and who assume that it would merely “postpone” the pending question, as the name might seem to indicate, instead of killing it.
The motion to lay on the table, or, as it is more commonly called, the motion to table, accomplishes the main purpose of the motion to postpone indefinitely—that is, it suppresses the main motion without bringing it to a vote—but without the unintended result of prolonging discussion without the assembly’s permission.

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

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

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

**Voting Procedures.** The presiding officer usually determines the method of voting. 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 wishes of the delegates.
## Principal Rules Governing Motions

### Privileged Motions

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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>1. Adjourn</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Majority</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>2. Recess</td>
<td>No</td>
<td>Yes</td>
<td>Yes*</td>
<td>Yes*</td>
<td>Majority</td>
<td>None</td>
<td>Amend*</td>
</tr>
<tr>
<td>3. Question of privilege</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
</tbody>
</table>

### Subsidiary Motions

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<tr>
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<tbody>
<tr>
<td>4. Postpone temporarily (table)</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Majority*</td>
<td>Main motion</td>
<td>None</td>
</tr>
<tr>
<td>5. 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>
</tr>
<tr>
<td>6. Limit debate</td>
<td>No</td>
<td>Yes</td>
<td>Yes*</td>
<td>Yes*</td>
<td>2/3</td>
<td>Debatable motions</td>
<td>Amend*</td>
</tr>
<tr>
<td>7. Postpone definitely</td>
<td>No</td>
<td>Yes</td>
<td>Yes*</td>
<td>Yes*</td>
<td>Majority</td>
<td>Main motion</td>
<td>Amend*, close debate, limit debate</td>
</tr>
<tr>
<td>8. Refer to committee</td>
<td>No</td>
<td>Yes</td>
<td>Yes*</td>
<td>Yes*</td>
<td>Majority</td>
<td>Main motion</td>
<td>Amend*, close debate, limit debate</td>
</tr>
<tr>
<td>9. Amend</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Majority</td>
<td>Rewordable motions</td>
<td>Close debate, limit debate</td>
</tr>
</tbody>
</table>

### Main Motions

10. a. The main motion

<table>
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<tr>
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</thead>
<tbody>
<tr>
<td>Reconsider</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes*</td>
<td>No</td>
<td>Majority</td>
<td>Main motion</td>
<td>Close debate, limit debate</td>
</tr>
<tr>
<td>Rescind</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Majority</td>
<td>Main motion</td>
<td>Close debate, limit debate</td>
</tr>
<tr>
<td>Resume consideration</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Majority</td>
<td>Main motion</td>
<td>None</td>
</tr>
</tbody>
</table>

### Incidental Motions

|---------------------|---------------|-----------------|------------|------------|----------------|-------------------------------|--------------------------------------------------|

### Motions

- **Appeal**: Yes, Yes, Yes, No, Majority, Decision of chair, Close debate, limit debate
- **Suspend rules**: No, Yes, No, No, 2/3, None, None
- **Consider informally**: No, Yes, No, No, Majority, Main motion, None

### Requests

- **Point of order**: Yes, No, No, No, None, Any error, None
- **Parliamentary inquiry**: Yes, No, No, No, None, All motions, None
- **Withdraw a motion**: Yes, No, No, No, None, All motions, None
- **Division of question**: No, No, No, No, None, Main motion, None
- **Division of assembly**: Yes, No, No, No, None, Indecisive vote, None

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

* Restricted
ADEA Staff Attending the Annual Session

These ADEA staff will be present at the Annual Session and will be pleased to assist you.

**Office of the Executive Director**
Dr. Richard Valachovic, Executive Director

**Division of Knowledge Management**
Ms. Sue Sandmeyer, Associate Executive Director

**Division of Member Services**
Dr. Jane Hamblin, Associate Executive Director
Ms. Lauren Gaffney, Manager of Public Relations and Publications
Ms. Sulu Ghoting, Membership Associate
Ms. Meridith Menken, Director of Publications
Ms. Lynn Whittaker, Consultant

**Office of Professional Development**
Ms. Ann Donahue, Senior Director
Ms. Toni Fanelli, Meetings Assistant
Ms. Robyn Morrow, Meetings Manager
Ms. Simone Smith, Meetings Manager
Ms. Jill Zeigenfus, Meetings Manager

**ADEA Center for Educational Policy and Research**
Dr. Richard Weaver, Acting Center Director
Ms. Jackie Chmar, Policy Analyst

**ADEA Center for Equity and Diversity**
Dr. Jeanne Sinkford, Associate Executive Director and Center Director
Dr. David Brunson, Associate Director
Ms. Sonja Harrison, Director, Program Services
Ms. Cassandra Allen, Administrative Assistant

**Division of Application Services**
Dr. Anne Wells, Associate Executive Director
Ms. Cynthia Gunn, Customer Service Manager
Mr. Joshua Hargrove, AADSAS Official Document Coordinator
Ms. Marie Hemsley-Tolliver, Customer Service Representative
Ms. Aree Henderson, Customer Service Representative
Ms. Chontè James, Director, AADSAS

Ms. Yolanda Jones, PASS Administrative Manager
Ms. Monique Morgan, Senior Project Manager, AADSAS
Ms. Jennifer Patton, Director, PASS
Ms. Leslie Payne, Customer Service Representative
Ms. Jettie Taylor, Customer Service Representative

**ADEA Center for Public Policy and Advocacy**
Mr. Jack Bresch, Associate Executive Director and Center Director
Ms. Gina Luke, Director of Legislative Policy Development
Ms. Monette McKinnon, Director of Grassroots Advocacy and State Issues
Ms. Myla Moss, Director of Congressional Relations and Regulatory Affairs

**Division of Finance and Operations**
Ms. Abigail Gorman, Chief Operating Officer
Mr. Anthony Clark, Administrative Services Manager
Mr. Learneus Doren, Senior Administrative Assistant
Mr. Kevin Hawkins, Mail Services Coordinator
Mr. Qi Li, Director of Information Technology
Ms. Susan Parmele, Office Manager
Mr. Satyan Ramanna, Senior Systems Analyst

**Office of the Editor, Journal of Dental Education**
Dr. Olav Alvares, Editor
Prof. William Hendricson, Associate Editor
Board of Directors Resolutions to the 2006 House of Delegates

Introduction

The House of Delegates will consider the resolutions in this report, plus any additional ones introduced at the Opening Session. The House will act on Resolutions 1H-2006 – 4H-2006 at the Opening Session on Wednesday, March 8, 2006, from 4:15 to 5:30 p.m., and on all others at the Closing Session on Saturday afternoon, March 11, 2006, from 4 to 5 p.m. Both meetings are in the Dolphin Hotel, Southern Hemisphere, Room 133. The resolutions from the Board of Directors in the report are sequenced as follows:

• Resolutions to be acted on at the Opening Session 1H-2006 – 4H-2006
• Resolutions dealing with ADEA Policy Matters 5H-2006
• Resolutions dealing with ADEA Administrative Affairs 6H-2006

All of the resolutions in the report requiring House action are printed in **boldface** for ease of identification.

**House Actions at the Opening Session**

**Nominees for ADEA President-elect**

The nominating procedures this past year were as follows:

* The Board of Directors placed several calls for nominations in the *Bulletin of Dental Education* and *Journal of Dental Education*.
* All members were invited to nominate as many individuals as they wished, including themselves.
* The council administrative boards were also invited to nominate candidates; however, the boards were not informed of the identity of the other candidates. In order to maintain confidentiality, only the Nominating Committee knew the identity of all nominees.
* The deadline for submitting nominations was November 1, 2005.
* The Nominating Committee voted to select the candidate(s) to stand for election.

Upon the recommendation of the Nominating Committee, the Board of Directors is presenting two candidates for 2006-2007 President-elect. (The office leads in successive years to the offices of president and immediate past president.) The candidates are

- Dr. Lawrence Goldblatt, Dean of the Indiana University School of Dentistry, and
- Dr. James Swift, Director of the Division of Oral and Maxillofacial Surgery at the University of Minnesota.

A brief biographical sketch of each candidate follows.

**Lawrence I. Goldblatt, D.D.S., M.S.D.**

Dr. Goldblatt received his D.D.S. at Georgetown University and then served in the U.S. Navy Dental Corps for three years. He completed the advanced education program in oral pathology at Indiana University School of Dentistry and served on the full-time faculty of that school for the next 20 years, the last eight of which he was Associate Dean. From January 1, 1994, through December 31, 1996, Dr. Goldblatt served as Dean of Dentistry of Case Western Reserve University and then in 1997 returned to Indiana University School of Dentistry as Dean.
Dr. Goldblatt is a diplomate of the American Board of Oral and Maxillofacial Pathology. He is a long-time member and fellow of the American Academy of Oral and Maxillofacial Pathology, having served two terms on its Executive Council. He served from 1988 to 1995 as a member of the editorial board of *Oral Surgery Oral Medicine Oral Pathology*. Dr. Goldblatt holds fellowship in both the American and International Colleges of Dentists, is a member of Omicron Kappa Upsilon Honor Dental Society, and has served as President of its Supreme Chapter.

Dr. Goldblatt has held positions with the American Dental Association including three terms on the Board of Directors of the Indianapolis District Dental Society, four years on Committee F of the ADA Council on Dental Education, and four years as an ADEA (known as AADS at the time)-appointed commissioner on the Joint Commission on National Dental Examinations, including one year as Chair of the Commission. He also served from 1998 to 2002 as an ADEA-appointed commissioner on the ADA Commission on Dental Accreditation. He is currently a consultant to this Commission as an Accreditation Site Visit Chair.

During his more than 30 years as an ADEA member, Dr. Goldblatt has served in many positions including Council of Faculties Representative from Indiana University School of Dentistry, serving on the Administrative Board of that Council for four years and as Chair of the Council of Faculties in 2001-02; Chair of the Section on Pathology; Chair of the Council of Deans; and Vice President for Deans.

**James Q. Swift, D.D.S.**

Dr. Swift received his D.D.S. at the University of Iowa, where he acted as the ADEA (known as AADS at the time) local representative and was elected as the Regional Correspondent for the Midwest. He served on the ADEA Council of Students Administrative Board and then was elected as Vice President of the Council of Students in 1980 immediately prior to graduation from dental school. After a year of General Practice Residency at Oklahoma Children’s Memorial Hospital, he began his oral and maxillofacial surgery training at the University of Oklahoma.

After finishing his surgery training, Dr. Swift took his first faculty post at the University of Oklahoma College of Dentistry, after which he accepted the position of Director of the Advanced Education Program in Oral and Maxillofacial Surgery at the University of Minnesota. He has been a member of the faculty there for 17 years and continues to serve as the Director of the Division of Oral and Maxillofacial Surgery, teaching in both the predoctoral and residency program, doing basic science and clinical research, providing service to the institution and community, and practicing oral and maxillofacial surgery.

Dr. Swift holds fellowships in the American and International College of Dentists and is a member of Omicron Kappa Upsilon Honor Society. In 2000, he was recognized as Distinguished Lecturer by the Minnesota Dental Association; and in 2004, the Oral and Maxillofacial Surgery Foundation Board of Directors named him recipient of the Ambassador Service Award for outstanding service to the Foundation.

Dr. Swift has served ADEA in the Section on Oral and Maxillofacial Surgery/Anesthesia/Hospital Dentistry in the Council of Sections, and also on the Administrative Board for the Council of Hospitals and Advanced Education Programs, and as the Vice President of the Council from 2002 to 2005. He has served on numerous committees, councils, boards, task forces, and as an officer, site visitor, and delegate for the ADA, Commission on Dental Accreditation, AAOMS, and the American Board of Oral and Maxillofacial Surgery, as well as ADEA.
Delegates will be able to vote for president-elect by secret ballot from 8 a.m. to 5 p.m. on Thursday and Friday, March 9 and 10. Voting will be in the ADEA registration area in the Dolphin Hotel. Only delegates (or their official designees) may vote, and they must surrender their voter registration card to receive a ballot.

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RESOLUTION 1H-2006
Commission on Dental Accreditation Member Appointed by ADEA

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

- Dr. Ronald Johnson, University of Texas Health Science Center at Houston (2006)
- Dr. Ann Boyle, Dean, Southern Illinois University (2007)
- Dr. Cecile Feldman, Dean, University of Medicine and Dentistry (2008)
- Dr. James Koelbl, Dean, West Virginia University (2009)

Dr. Johnson will complete his term on the Commission on Dental Accreditation (CDA) this fall at the 2006 ADA Annual Session. He is not eligible for an additional term. Thus, the 2006 ADEA House will have to elect a new Commission member. To replace Dr. Johnson on the Commission, the ADEA Board of Directors is recommending that the House elect Dr. Michael J. Reed, Dean, University of Missouri-Kansas City, School of Dentistry, to a four-year term to expire in 2010.

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

The following instructions apply only if an election is necessary. Otherwise, delegates will declare Dr. Reed elected by acclamation at the Opening Session of the House. If there should be an additional nomination(s), delegates will be able to vote for the CDA member by secret ballot from 8 a.m. to 5 p.m. on Thursday and Friday, March 9 and 10. Voting will be in the ADEA registration area in the Dolphin Hotel. Only delegates (or their official designates) may vote, and they must surrender their voter registration card to receive a ballot.

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

1H-2006. Resolved, that the House of Delegates elect Dr. Michael Reed to a four-year term on the Commission on Dental Accreditation with the term to begin at the
The current ADEA members to The Council on Dental Education and Licensure (CDEL) and their termination date (in the fall of the years shown) are:

- Dr. Peter Robinson, University of Connecticut (2006)
- Dr. John Reinhardt, University of Nebraska (2007)
- Dr. Stephen Young, University of Oklahoma (2008)
- Dr. William Lobb, Marquette University (2009)

The ADEA Bylaws allow delegates to nominate additional candidates for CDEL membership at the Opening Session of the House. (Please note: 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 vita, which will be made available for delegates’ review in the ADEA Registration Area, Dolphin Hotel.

Dr. Robinson will complete his term on CDEL this fall at the 2006 ADA Annual Session. He is not eligible for an additional term. Thus, the 2006 ADEA House will have to elect a new CDEL member. To replace Dr. Robinson on the Council, the Board of Directors is recommending that the House elect Dr. James Hupp, Dean, University of Mississippi, School of Dentistry, to a four-year term to expire in 2010.

The following instructions apply only if an election is necessary. Otherwise, delegates will declare Dr. Hupp elected by acclamation at the Opening Session of the House. If there should be an additional nomination(s), delegates will be able to vote for the CDA member by secret ballot from 8 a.m. to 5 p.m. on Thursday and Friday, March 9 and 10. Voting will be in the ADEA registration area in the Dolphin Hotel. Only delegates (or their official designates) can vote, and they must surrender their voter registration card to receive a ballot.

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

2H-2006. Resolved, that the House of Delegates elect Dr. James Hupp to a four-year term on the Council on Dental Education and Licensure with the term to begin at the conclusion of the 2006 ADA Annual Session and end at the conclusion of the 2010 ADA Annual Session.

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

- Dr. Fotinos Panagakos, University of Medicine and Dentistry of New Jersey (2006)
- Dr. Michael Reddy, University of Alabama at Birmingham (2007)
- Dr. Marsha Pyle, Case School of Dental Medicine (2009)

Dr. Panagakos will complete his term this fall at the 2006 ADA Annual Session. To represent ADEA, the Board of Directors recommends that Dr. Andrew Spielman, New York University College of Dentistry, be appointed to this Council for a four-year term beginning in 2006 and ending in 2010.

The ADEA Bylaws allow delegates to nominate additional candidates to represent JCNDE 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 vita, which will be made available for delegates’ review in the ADEA registration area.

The following instructions apply only if an election is necessary. Otherwise, delegates will declare Dr. Spielman elected by acclamation at the Opening Session of the House. If there should be an additional nomination(s), delegates will be able to vote for the CDA member by secret ballot from 8 a.m. to 5 p.m. on Thursday and Friday, March 9 and 10. Voting will be in the ADEA registration area in the Dolphin Hotel. Only delegates (or their official designates) can vote, and they must surrender their voter registration card to receive a ballot.

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

3H-2006. Resolved, that the House of Delegates elect Dr. Andrew Spielman to a four-year term on the Joint Commission on National Dental Examinations with the term to begin at the conclusion of the 2006 ADA Annual Session and end at the conclusion of the 2010 ADA Annual Session.

RESOLUTION 4H-2006
Appreciations

ADEA relies significantly on outside support for a number of its activities, and numerous organizations provided much-needed assistance since last year’s Annual Session. The ADEA Board of Directors expresses its sincere appreciation to the following companies and organizations for their generous support. The organizations are listed alphabetically. Most of the companies listed are also Corporate Members of ADEA, and we are especially grateful to them.

The ADEA Council of Students supported National Dental Student Lobby Day.

A-dec sponsored a luncheon at the 2005 Deans’ Conference and a reception and theme banquet for the 2005 midyear meeting of the Section on Business and Financial Administration and the Section on Clinic Administration. It also sponsored a reception at the 2005 Allied Program Directors’ Conference.
AEGIS Communications, LLC cosponsored the welcoming reception at the 2005 Deans’ Conference.

The American Academy of Oral and Maxillofacial Radiology supported National Dental Student Lobby Day.

The American Academy of Periodontology cosponsored the Deans’ Reception at the 2005 Annual Session.

The American Association for Dental Research was a cosponsor of the Third International Women’s Leadership Conference.

The American Association of Women Dentists was a cosponsor of the Third International Women’s Leadership Conference.

The American College of Dentists was a cosponsor of the Third International Women’s Leadership Conference.

The American College of Prosthodontists cosponsored the Deans’ Reception at the 2005 Annual Session.

The American Dental Association provided support for the Sections on Admissions, Financial Aid, and Student Affairs midyear meeting and the Third International Women’s Leadership Conference. The American Dental Association Political Action Committee supported National Dental Student Lobby Day.

The American Dental Association Health Foundation continued its support as a Founding Sponsor of the ADEA Center for Educational Policy and Research.

The American Dental Hygienists’ Association was a cosponsor of the Third International Women’s Leadership Conference.

American Eagle Instruments sponsored an educational program on foundation knowledge at the 2005 Deans’ Conference and an educational program at the midyear meeting of the Section on Business and Financial Administration and Section on Clinic Administration. It also cosponsored breakfast and discussion groups at the 2005 Allied Program Directors’ Conference.

The American Society of Dental Ethics cosponsored a program at the 2005 Annual Session on dealing with unprofessional conduct.

Ascend Media provided support for speaker participation on the program of the Third International Women’s Leadership Conference.

The Association for Dental Education in Europe was a cosponsor of the Third International Women’s Leadership Conference.

The Association of Canadian Faculties of Dentistry was a cosponsor of the Third International Women’s Leadership Conference.
\textit{Axis Dental Corp.} sponsored a curriculum workshop review session at the 2005 Deans’ Conference.

\textit{axiUm Software} provided a break for the midyear meeting of the Section on Business and Financial Administration and Clinic Administration.

\textit{Brasseler USA} sponsored the orientation for first time attendees at the Allied Dental Programs Directors’ Conference. It also sponsored a golf tournament reception and prizes at the 2005 midyear meeting of the Section on Business and Financial Administration and the Section on Clinic Administration, and at the 2005 Deans’ Conference.

The \textit{Canadian Dental Association} was a cosponsor of the Third International Women’s Leadership Conference.

\textit{Colgate Oral Pharmaceuticals, Inc.}, a subsidiary of Colgate-Palmolive Company, sponsored the New Deans’ Workshop and the President’s Reception at the 2005 Annual Session. Colgate again provided generous support for the Allied Dental Educators Fellowship. It provided support for the Discourse and Dessert plenary and the President’s Reception at the 2005 Annual Session. Colgate was a founding and continuing supporter of the online \textit{Journal of Dental Education}. It cosponsored Lunch and Learn Sessions at the 2005 Allied Program Directors’ Conference and sponsored conference portfolios at the midyear meeting of the Section on Business and Financial Administration and the Section on Clinic Administration. Colgate was also a general sponsor of the Third International Women’s Leadership Conference.

\textit{Collegiate Funding Services, LLC} supported National Dental Student Lobby Day.

\textit{The DentalEZ Group} sponsored a Council of Sections Presentation at the 2005 Deans’ Conference and cosponsored the President’s Reception at the 2005 Annual Session.

\textit{Dentatus USA} supported a break at the midyear meeting of the Section on Business and Financial Administration and the Section on Clinic Administration.

\textit{DENTSPLY International, Inc.} hosted the 2005 Annual Session Student Reception and a reception at the 2005 Deans’ Conference. It provided general sponsorship for the Third International Women’s Leadership Conference and cosponsored the 2005 National Dental Student Lobby Day. DENTSPLY Professional and DENTSPLY Alliance sponsored a breakfast at the midyear meeting of the Section on Business and Financial Administration and the Section on Clinic Administration, and DENTSPLY Professional sponsored the conference portfolios for the 2005 Allied Program Directors’ Conference.

\textit{Discus Dental, Inc.} sponsored the keynote address at the 2005 Allied Program Directors’ Conference and the keynote address at the 2005 Deans’ Conference. It also sponsored the golf tournament beverage cart for the midyear meeting of the Section on Business and Financial Administration and the Section on Clinic Administration.

\textit{FDI World Dental Federation} was a cosponsor of the Third International Women’s Leadership Conference.

\textit{Fortress Insurance} was a founding and continuing supporter of the online \textit{Journal of Dental Education}. 

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\textit{as of February 6, 2006}
G. Hartzell and Son cosponsored the welcome reception at the 2005 Allied Dental Program Directors’ Conference.

GC America, Inc. supported the golf tournament beverage cart at the 2005 Deans’ Conference and continued support for the ADEA Center for Educational Policy and Research. It was also a general sponsor of the Third International Women’s Leadership Conference.

GlaxoSmithKline cosponsored the welcoming reception at the 2005 Deans’ Conference. It was a founding and continuing supporter of the online Journal of Dental Education, and it continued sponsorship for the ADEA/GlaxoSmithKline Sensodyne® Excellence in Teaching Award. It sponsored Faculty Development Workshops and additional educational programs at the Annual Session including “Improving Oral Health Outcomes for Elders.” The company also established the GSK Prosthodontic Endowment in the William J. Gies Foundation of ADEA to support ADEA’s section on prosthodontics.

Henry Schein, Inc./Sullivan-Schein Dental cosponsored the President’s Reception at the 2005 Annual Session and a break at the 2005 Deans’ Conference. It also sponsored the golfers’ box lunch at the midyear meeting of the Section on Business and Financial Administration and the Section on Clinic Administration.

The Hispanic Dental Association (U.S.) was a cosponsor of the Third International Women’s Leadership Conference.

Hu-Friedy Manufacturing Co. sponsored a box lunch for golfers at the 2005 Deans’ Conference and cosponsored a reception and theme banquet for the 2005 midyear meeting of the Section on Business and Financial Administration and the Section on Clinic Administration. It also sponsored an evening reception and dinner at the 2005 Allied Dental Program Directors’ Conference. Hu-Friedy was a general sponsor of the Third International Women’s Leadership Conference. It was a founding and continuing supporter of the online Journal of Dental Education.

The International Association for Dental Research was a cosponsor of the Third International Women’s Leadership Conference.

The International College of Dentists was a cosponsor of the Third International Women’s Leadership Conference.

The International Federation of Dental Education Associations was a cosponsor of the Third International Women’s Leadership Conference.

KaVo Dental Corporation/Gendex Imaging sponsored a welcome reception for the 2005 midyear meeting of the Section on Business and Financial Administration and the Section on Clinic Administration. KaVo also supported a breakfast at the 2005 Deans’ Conference.

Kodak Dental Systems sponsored an educational session on risk management at the midyear meeting of the Section on Business and Financial Administration and the Section on Clinic Administration and cosponsored the audience response system at the 2005 Deans’ Conference.

Liaison International supported the 2005 Sections on Admissions, Financial Aid, and Student Affairs midyear meeting.
The National Dental Association (U.S.) was a cosponsor of the Third International Women’s Leadership Conference.

The National Dental Association Foundation continued support of the Minority Affairs Section programming at the 2005 Annual Session.

The National Institute of Dental and Craniofacial Research was a cosponsor of the Third International Women’s Leadership Conference.

Nobel Biocare supported an educational session on National Board Examinations at the 2005 Deans’ Conference.

Nova Southeastern University supported a tour at the 2005 Deans’ Conference.

The Office of Research on Women’s Health, National Institutes of Health (U.S.) was a cosponsor of the Third International Women’s Leadership Conference.

The Office of Women’s Health, Department of Health and Human Services (U.S.) was a cosponsor of the Third International Women’s Leadership Conference.

OMNII Oral Pharmaceuticals sponsored the business meeting at the 2005 Allied Program Directors Conference and a pharmacology workshop at the 2005 Deans’ Conference.

Oral-B Laboratories continued its support as a Founding Sponsor of the ADEA Center for Educational Policy and Research and the Leadership Institute. It was a founding and continuing supporter of the online Journal of Dental Education. It again sponsored the ADEA/Oral-B Scholarship for Dental Hygiene Students Pursuing Academic Careers. Oral-B sponsored a Breakfast and Learn session at the 2005 Allied Program Directors Conference and a break at the 2005 Deans’ Conference. It sponsored a lunch at the midyear meeting of the Section on Business and Financial Administration and the Section on Clinic Administration. Oral-B sponsored the portfolios at the Annual Session.

Oral Health America was a cosponsor of the Third International Women’s Leadership Conference.

OraPharma, Inc. sponsored three components of the 2005 Dean’s Conference: an educational session, The Avenues Group facilitators, and the audience response system for the conference. It also cosponsored breakfast and discussion groups at the 2005 Allied Program Directors’ Conference.

Pacific Dental Services, Inc. provided general meeting support for the 2005 Deans’ Conference.

Patterson Dental Supply, Inc. sponsored a break at the 2005 Allied Program Directors’ Conference.

Pfizer Consumer Healthcare Division of Pfizer Inc cosponsored the audience response system at the 2005 Deans’ Conference and provided travel support for Enid Neidle Fellows at the Third International Women’s Leadership Conference. It continued to support the ADEA/Listerine® Preventive Dentistry Scholarships and the ADEA/Pfizer Inc Enid A. Neidle Scholarship-in-Residence Program for Women. Pfizer was also a general sponsor of the Third International Women’s Leadership Conference.
Philips Oral Healthcare, Inc. sponsored the hotel keycards at the 2005 Annual Session and conference lanyards at the 2005 Allied Program Directors Conference.

Premier Dental Products Company supported a box lunch for non-golfers at the midyear meeting of the Section on Business and Financial Administration and the Section on Clinic Administration.

The Procter & Gamble Company provided major support for the Third International Women’s Leadership Conference. Procter & Gamble sponsored a breakfast and the meeting portfolios at the 2005 Deans’ Conference. It sponsored an educational program for regional predental advisors, the allied dental hygiene clinic coordinators’ lunch, and a symposium on the Healthy People Curriculum Task Force at the 2005 Annual Session. Procter & Gamble sponsored an educational program at the Admissions, Financial Affairs and Student Affairs Interim Meeting, and a breakfast at the 2005 Allied Program Directors’ Conference. It continued its support as a Founding Sponsor of ADEA’s Center for Educational Policy and Research. It was a founding and continuing supporter of the online Journal of Dental Education. Crest® Dental ResourceNet of Procter & Gamble supported the 2005 TechnoFair and Expo, coordinated by the Section on Dental Informatics.

The Robert Wood Johnson Foundation continued its support as a Founding Sponsor of ADEA’s Center for Educational Policy and Research.

Sallie Mae and USA funds provided support for the Sections on Admissions, Financial Aid, and Student Affairs midyear meeting.

The Salt Water Institute cosponsored a symposium on entrepreneurial training at the 2005 Annual Session.

Sigma Phi Alpha, the dental hygiene honor society, sponsored the first Linda DeVore Scholarship.

Sirona Dental Systems supported an educational program on regulatory risks at the 2005 midyear meeting of the Section on Business and Financial Administration and the Section on Clinic Administration, and a workshop on restorative dentistry at the 2005 Deans’ Conference.

Software of Excellence sponsored a coffee break at the midyear meeting of the Section on Business and Financial Administration and the Section on Clinic Administration.

Stage Front Presentation Systems sponsored at breakfast at the 2005 midyear meeting of the Section on Business and Financial Administration and the Section on Clinic Administration.

Straumann USA cosponsored the audience response system at the 2005 Deans’ Conference.

Sunstar Butler Inc sponsored the ADEA/Sunstar Butler Inc/Harry W. Bruce, Jr. Legislative Fellowship. It was a founding and continuing sponsor of the online Journal of Dental Education and a general supporter of the Third International Women’s Leadership Conference. The company supported the ADEA/Sunstar Butler Inc. Legislative Leadership Dinner and the Program at-a–Glance, and cosponsored the President’s Reception at the 2005 Annual Session. The company sponsored a reception at the 2005 Deans’ Conference, and a workshop on change and new ideas at the 2005 Allied Program Directors’ Conference.
Tom’s of Maine was a founding and continuing supporter of the online *Journal of Dental Education*. The company initiated an endowment in the William J. Gies Foundation of ADEA for ADEA’s Gay-Straight Alliance Special Interest Group. It sponsored a Gay-Straight Alliance program on diversity in higher education and cosponsored a symposium on entrepreneurial training at the 2005 Annual Session.

*Two-Ten Health* supported a breakfast at the 2005 midyear meeting of the Section on Business and Financial Administration and the Section on Clinic Administration.

*Ultradent Products, Inc.* provided golf shirts and a break at the 2005 midyear meeting of the Section on Business and Financial Administration and the Section on Clinic Administration, and at the 2005 Deans’ Conference. It also sponsored a session on envisioning the future at the 2005 Allied Program Directors’ Conference.

The *University of Maryland Dental School* hosted a campus tour during the 2005 Annual Session.

The *University of Nevada, Las Vegas School of Dental Medicine* hosted a reception and tour at the Sections on Admissions, Financial Aid, and Student Affairs midyear meeting.

*VitalSource Technologies* sponsored the Council of Students’ Junior Faculty Award and cosponsored the TechnoFair Expo at the 2005 Annual Session.

*Water Pik Technologies* cosponsored the Welcome Reception at the 2005 Allied Dental Program Directors’ Conference.

*William J. Gies Foundation for the Advancement of Dentistry of the American Dental Education Association, Inc.* funds the ADEA/William J. Gies Educational Fellowship and the ADEA/William J. Gies Research Scholarship. The William J. Gies Foundation also provided support for a Leadership Development Program for Diversity Officers.

*Women in Dentistry U.K.* was a cosponsor of the Third International Women’s Leadership Conference.

The *Young Dental/Athena Champion Manufacturing Company* cosponsored Lunch and Learn Sessions at the 2005 Allied Dental Program Directors’ Conference.

*Zimmer Dental* has formed an educational partnership to strengthen undergraduate and advanced dental education, including the teaching of implant dentistry, and committed $500,000 to ADEA over a six-year period to support several education programs. It sponsored a breakfast at the 2005 Deans’ Conference and supported a session on curriculum reform at the 2005 midyear meeting of the Section on Business and Financial Administration and the Section on Clinic Administration. It also sponsored a session on changing needs in allied dental education at the 2005 Allied Program Directors Conference. Zimmer sponsored the lanyards and underwrote the program for the 2005 Annual Session Opening Ceremony.

The Board of Directors asks the House to approve the following resolution:
4H-2006. Resolved, that the American Dental Education Association expresses its sincere appreciation to the following organizations for their generous support of the Association and its activities since the 2005 Annual Session:

A-dec
AEGIS Communications, LLC
American Academy of Oral and Maxillofacial Radiology
American Academy of Periodontology
American Association for Dental Research
American Association of Women Dentists
American College of Dentists
American College of Prosthodontists
American Dental Association; American Dental Association Health Foundation
American Dental Hygienists’ Association
American Eagle Instruments
American Society of Dental Ethics
Ascend Media
Association for Dental Education in Europe
Association of Canadian Faculties of Dentistry
Axis Dental Corp.
axiUm Software
Brasseler USA
Canadian Dental Association
Colgate Palmolive Company/Colgate Oral Pharmaceuticals, Inc.
Collegiate Funding Services, LLC
The DentalEZ Group
Dentatus USA
DENTSPLY International, Inc.; DENTSPLY Professional; DENTSPLY Alliance
Discus Dental, Inc.
FDI World Dental Federation
Fortress Insurance
G. Hartzell and Son
GC America, Inc.
GlaxoSmithKline
Henry Schein, Inc./Sullivan-Schein Dental
Hispanic Dental Association (U.S.)
Hu-Friedy Manufacturing Co.
International Association for Dental Research
International College of Dentists
International Federation of Dental Education Associations
KaVo Dental Corporation/Gendex Imaging
Kodak Dental Systems
Liaison International
National Dental Association; National Dental Association Foundation
National Institute of Dental and Craniofacial Research
Nobel Biocare
Nova Southeastern University
Office of Research on Women’s Health, National Institutes of Health (U.S.)
Office of Women’s Health, Department of Health and Human Services (U.S.)
OMNII Oral Pharmaceuticals
Oral-B Laboratories
Oral Health America
OraPharma, Inc.
Pacific Dental Service, Inc.
Patterson Dental Supply, Inc.
Pfizer Consumer Healthcare Division of Pfizer Inc
Philips Oral Healthcare, Inc.
Premier Dental Products Company
The Procter & Gamble Company; Crest® Dental ResourceNet of Procter & Gamble
Robert Wood Johnson Foundation
Sallie Mae and USA Funds
Salt Water Institute
Sigma Phi Alpha
Sirona Dental Systems
Software of Excellence
Stage Front Presentations
Straumann USA
Sunstar Butler
Tom’s of Maine
Two-Ten Health
Ultradent Products, Inc.
University of Maryland
The University of Nevada, Las Vegas
VitalSource Technologies
Water Pik Technologies
William J. Gies Foundation for the Advancement of Dentistry of the American Dental Education Association, Inc.
Young Dental/Athena Champion Manufacturing Company
Zimmer Dental
House Actions at the Closing Session

RESOLUTION 5H-2006 Diagnostic Codes

Diagnostic codes are descriptors of a patient’s conditions and status designed to be efficiently recorded in a computerized patient record. They uniquely identify a patient’s diagnoses and allow more accurate and effective communication and analysis of care within a health profession. Diagnostic codes are used routinely in medical practice. While several individuals and groups have supported their use in dental practice, others have opposed their incorporation into dental practice.

The use of diagnostic codes allows a standardized nomenclature to precisely link a patient’s conditions with the care provided and accurately assess factors influencing the outcome of care. Clinical competence is the determination of accurate diagnoses followed by application of appropriate therapy to achieve a beneficial outcome. Use of diagnostic codes will assist dental education programs to develop clinical competence within their students. Their use allows assessment of effectiveness of care by comparing the initial diagnoses and outcomes of care to:

1) identify the most effective care for specific conditions;
2) discern the types of care that provide better outcomes;
3) determine the relationship of severity of disease with prognosis;
4) understand combination of diagnoses and their impact on outcomes; and
5) establish the long-term effectiveness of care.

The use of diagnostic codes in dental practice would enhance clinical research by allowing the use of controlled identifiers to record and store pre-trial diagnostic information for each patient. This would allow more accurate categorization of patients and combination of data from multi-center trials. Their use provides access to more complete clinical documentation and supports aggregation of data across study sites and investigators, thus enhancing the population research base and supporting outcomes research. Diagnostic codes also standardize the process of reporting disease prevalence and incidence creating more reliable measures of societal patterns of disease.

Nationwide and international use of diagnostic codes could provide information helpful in understanding oral health, documenting improvements in oral health, and identifying and monitoring the progress of different segments of the population.

Currently, there is no diagnostic code system available that provides a comprehensive foundation adequate to meet oral health care diagnostic needs. The need for a comprehensive diagnostic code base has become critical with the advent of the digital age and Electronic Patient Record. Ultimately, the use of diagnostic codes in dental practice will benefit the patient with dental disease by assisting the development of best practices for oral health care delivery.

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

5H-2006. Resolved; the American Dental Education Association declares its support for the development and implementation of Diagnostic Codes for dental practice,

and be it further resolved that the American Dental Education Association assemble a Task Force, appointed by the President and consisting of representatives from the
membership, to advocate for the development and implementation of Diagnostic Codes in dental practice,

and be it further resolved that the American Dental Education Association form coalitions with other groups to assist the development and implementation of appropriate Diagnostic Codes for dental practice.

RESOLUTION 6H-2006
Approval of the Fiscal 2007 Budget

In addition to the following narrative, delegates should refer to Exhibits 1-2006 and 2-2006 on pages 43 and 44. Exhibit 1-2006 shows nonrestricted income for fiscal years 2003-2007 and Exhibit 2-2006 shows nonrestricted expenditures for the same years. The ADEA fiscal year runs from July 1 through June 30.

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

6H-2006. Resolved, that the House of Delegates approve the ADEA Fiscal 2007 (July 1, 2006, through June 30, 2007) operating budget.

Overview of the Proposed Fiscal Year 2007 Budget

In addition to several existing strategic initiatives, there are many new ones that are key components of the 2007 fiscal year. 2007 will be the first full budget year of Open Membership. As anticipated when Open Membership was approved, significant resources are proposed to enable ADEA to market to new member institutional programs (with a special emphasis on allied and advanced education institutions), as well as increase individual membership engagement within existing member institutions. With new and increasingly engaged members, the Association’s efforts related to all of the strategic directions will be enhanced. With increased engagement comes new ideas, wider understanding, and greater political clout—all essential components for the Association’s success.

In addition to establishing resources for Open Membership success, the budget also continues ADEA’s current level of programming and proposes resources for such important initiatives as the Commission on Change and Innovation in Dental Education “CCI”, new advocacy training for members at the grassroots level, significant efficiency and customer service improvements in the pre and postdoctoral application services, enhanced professional and leadership development opportunities for members, developing new content, resources, and communication channels to increase member engagement, and an enhanced Association wide effort to improve the opportunities for underrepresented minorities in dental, allied dental and advanced dental education through an unprecedented level of grant support and collaborative partnerships.

The proposed FY2007 (July 1, 2006 - June 30, 2007) Association budget was developed over the last six months through a collaborative process involving staff, the Association’s outside accountants, the Finance Committee, and the Board of Directors. Based on these discussions among staff, accountants and leadership, the proposed FY2007 budget reflects the current level of programming and services with a focus on the Association’s strategic directions.
Furthermore, the proposed budget anticipates a break-even bottom line with no surplus or deficit generated by operations after the contribution to reserves. The contribution to reserves is estimated at $500,000 as scheduled by the Board of Directors in September 2002. As much as possible, budget projections are based on historical information from FY2005 and FY2006 (note that we were only through a half of FY2006 when the proposed FY2007 budget was being prepared).

Exhibits 1-2006 and 2-2006 include the following comparative data:
- actual revenue and expense for fiscal years '03, '04, and '05;
- the house approved budget for fiscal year '06; and
- the staff proposed budget for fiscal year '07.

**REVENUE**

The proposed total budgeted revenue for the Association in FY2007 is $12,722,066. This is a 26% increase from the FY2006 budget, while only an 11% increase from the actual revenue for FY2005. The increase is primarily driven by anticipated increases in publications income, anticipated increases in application fee revenue exclusively from an expected increase in the number of applicants, and anticipated increases in contributions, grants and meeting registration.

**Membership Dues**

The one significant change to the dues structure in the proposed FY2007 budget is to individual dues based on the Open Membership structure that went into effect January 1, 2006. For the other categories modest changes in total dollars by category are driven by changes in number of members based on staff estimates.

**Active**

There is no change in dues revenue from FY2006 to FY2007.

**Affiliate**

The FY2007 budget in affiliate dues has been increased from FY2006 based on a projected increase in member institutions. There is no proposed change in the affiliate dues structure. The proposed budget is based on 100 allied members at $945, 10 advanced members at $984, 40 non-hospital members at $3,998, 10 Canadian members at $1,815 and 6 Federal members at $3,922.

**Individuals**

A modest amount of individual dues is budgeted for members who are not affiliated with an ADEA member institution and therefore would pay $125 for their membership. Proposed budgeted total dues revenue in this category is based on 200 individual members at $125 and $3,120 in dues for the Leadership Institute Alumni Association.

**Students**

A modest amount of student dues budgeted for members who are not affiliated with an ADEA member institution and therefore would pay for their membership. Proposed budgeted total dues revenue in this category is based on 15 student members at $40.
Corporate
The proposed budgeted total dues revenue in this category is based on 50 corporate members at $3,400.

Publications Revenue
The total publications revenue budget for FY2007 is approximately 25% more than FY2005 actual revenue in this category, and the change results from anticipated increases in advertising rates and volume. ADEA is now able to offer more opportunities through print and web-based advertising to advertisers, which include many of our institutional and corporate members.

Journal of Dental Education and Bulletin of Dental Education Subscriptions Sales
JDE/BDE revenues of $115,108 are projected for FY2007 based on prior year actual figures.

ADEA Opportunities for Minority Students in United States Dental Schools

ADEA Official Guide to Dental Schools
Sales of $81,326 are projected for FY2007 which is consistent with FY2005 sales.

ADEA Directory of Institutional Members
Advertising and publication sales are budgeted at $56,815. This amount is comprised of advertising of $54,940 and publication sales of $1,875.

Web Advertising
The proposed budget of $15,421 for FY2007 is based on a 5% increase from the FY2005 actual figure.

JDE Advertising
The proposed budget of $281,988 for FY2007 is based on a 5% rate increase from the FY2005 actual figure.

BDE Advertising
The proposed budget of $70,240 for FY2007 is based on a 5% rate increase from the FY2005 actual figure.

Other Publications/Reprints
Other publications such as the ADEA Faculty Salary Survey Report, the ADEA Senior Survey Report, Survival Guide for New Faculty, as well as JDE reprints and JDE pay per view, webinars and other new online initiatives are budgeted at $120,537 for FY2007.
Application Fees

AADSAS
The proposed FY2007 revenue budget for AADSAS is $6,247,500. This figure is a 13% increase from FY2005 actuals, and is based on an expected increase in applicants, not an increase in fees. This fee structure has been in place since FY2003. The AADSAS revenue projection is based on FY2005 historical and current FY2006 data through November 2005.

PASS
The proposed FY2007 revenue budget for PASS is $1,559,600 and represents a modest increase from the FY2006 budget. This fee structure has been in place since FY2003. The PASS revenue projection is based on FY2005 historical and current FY2006 data through November 2005.

ACCOUNT User Fee
Income of $89,100 has been budgeted for FY2007 and represents no change from the FY2006 budget.

Grants and Contributions

Fellowships and Scholarships
Budgeted at $98,900 based on ADEA’s portfolio of annual fellowships and scholarships.

Sponsor Fees
Budgeted at $848,158 and includes sponsorship of the Annual Session in the amount of $211,400 and other conferences and programs in the amount of $636,758. These figures are based on prior year actual figures and current expectations and commitments already made for FY2007.

Corporate Support (Other)
This item is budgeted at $30,000 for support of the Leadership Development for Diversity Officers initiative.

Meetings Registration Income

Annual Session and Exhibitor Fees
Registration and exhibitor fees for the March, 2007 New Orleans Annual Session are budgeted at $658,623 for FY2007 based on a $295 member registration fee and prior year actual attendance figures. Association meetings have been budgeted for FY2007 based on the Board’s articulated goal of financial neutrality while taking into account specific subsidies as approved by the Board of Directors.

Deans’ Conference Fees
Proposed budgeted revenues include a Deans’ Conference Assessment of $750 that is paid by all U.S. and Canadian dental schools. The budget also includes an amount for other registration fees historically collected at this meeting.

Other Conferences
ADEA will hold a number of its Fall 2006 Meetings in Baltimore in early December, 2006. The Fall Meetings concept came from a “Best Practices” recommendation of the ADEA Board of
Directors to promote more interaction of members, sections, administrative boards, and committees outside of the Annual Session. This inaugural set of meetings contains the following components:

- ADEA Diversity and Access to Dental Careers Conference
- 2\textsuperscript{nd} ADEA Advanced Education Summit
- ADEA Commission on Change and Innovation in Dental Education
- ADEA Council of Faculties Interim Meeting
- ADEA Council of Students Interim Meeting

There will not be an International Women’s Leadership conference in FY2007.

The meeting registrations for all conferences are budgeted at $250,680 with the expectation that registration fees and sponsorships will cover the fully loaded costs of each meeting, as approved by the ADEA Board of Directors.

**Other Income**

Other Income has been projected at $202,149 in FY2007 which is primarily income from the ADEA investment portfolio. This figure is an increase from the FY2006 budget, conservative when compared to the FY2005 actual results.

**EXPENSES**

Total expenses recommended in the proposed FY2006 budget are $12,722,066. This is a 26% increase from the FY2006 expense budget, while only a 14% increase from the actual expenses for FY2005. This increase is driven by a 19% increase in Personnel Costs (including consultants) and Travel Costs and a 34% increase in Other Costs.

**Personnel Services**

Total Personnel Costs and Fees are projected at $5,917,575 in the proposed FY2007 budget. This is an 8% increase from FY2005 actual personnel costs and fees. The proposed personnel services budget includes resources anticipated for Open Membership success, the number of projected applications as well as the new Division of Knowledge Management. A 4% pool is budgeted for salary adjustments in FY2007. Expenses for temporary staff are budgeted for $397,995 based on projections for FY2007 and represent a decrease from the FY2005 actuals due to efficiencies gained by adding a transcript verification service to AADSAS. Employee benefits and payroll taxes are budgeted with a 13% increase overall for FY2007 compared to FY2006, with the health and dental insurance portion projected to increase by 10.5%, and the life and disability portion projected to increase by 12% based on estimates provided by ADEA’s insurance carriers.

**Legal and Auditing Fees**

The legal and audit fees are based on historical experience and projections of required services in FY2007.

**Consultants**
Consultant expense is budgeted at $1,081,066 and includes expenses for both consulting services and honoraria. The proposed consultant budget includes services for outsourced accounting, human resources, development and editorial & production services as well as consultants for both the CCI and GME initiatives.

**Travel**

Travel expenses are budgeted based on modest increases from the FY2006 budget and expectations for FY2007.

**Other Costs**

*Bank and Credit Card Charges*

With the increased level of credit card payments via the online application process for membership and application services, expenses are projected at $235,697 for credit card processing fees for FY2007. The projection is based on FY2005 actuals.

*Developmental Programming*

This is budgeted at $191,798 based on current software vendor agreements. This proposed budget is consistent with actuals for FY2005.

*Data Processing*

Data processing is budgeted based on the transcript verification service for AADSAS. The increase in the data processing expense is offset by the savings in the temporary service expense category.

*Computer Operations*

This is proposed at $253,504. This expense includes payments for AClient User Fee, a state legislative monitoring service, hosting the new association management system, Association Anywhere, and hosting the online *Journal of Dental Education*.

*Office Supplies*

This is budgeted at $139,275 for FY2007 consistent with the FY2005 actuals and FY2006 budget. This reflects the Association’s efforts to maintain its costs.

*Printing*

Printing expense is budgeted at $371,271 based on projections for FY2007 which incorporates the savings anticipated from transitioning the BDE to an online only publication. This savings frees up resources for additional marketing and staffing support for membership recruitment efforts.

*Rent and Refurbishing Expense*

The budget for rent is $684,000 based on the 10-year office lease effective as of September 1, 2004.

*Equipment Rental*

The budget for equipment rental is $191,418, which primarily includes equipment rented during meetings and conferences, and the office equipment that is leased and used at ADEA’s office.

*Insurance*

Insurance expense is budgeted at $75,000 based on estimates provided by insurance vendors for the Association’s directors and officers’ insurance and business insurance rates for FY2007.
Memorials and Contributions
Budgeted at $325,000, including a $300,000 contribution to the ADEAGies Foundation required under the terms of the Memorandum of Understanding signed in 2001.

Meetings Expense
Meeting Expense is budgeted at $1,667,582, which is consistent with FY2005 actuals. These costs are related only to on site expenses such as food & beverage, room nights and meeting room expenses. Association meetings have been budgeted for FY2007 based on the Board of Directors’ goal for all of ADEA meetings of financial neutrality while taking into account specific subsidies as approved by the Board of Directors.

Awards and Fellowships
This is budgeted at $97,400 for ADEA’s portfolio of annual fellowships and scholarships.

Marketing
Budgeted at $253,114 for existing advertising sales expense as well as newly proposed expenditures for advertising, marketing and affinity items related to Open Membership.

Contribution to Reserves
$500,000 is the proposed budget for the contribution to reserves for FY2007.

All other expenses such as: telephone and fax; postage and freight; depreciation and amortization; repairs and maintenance; dues, subscriptions, and membership fees; recruitment and retention expenses; and, marketing and miscellaneous expenses were based on FY2005 actual expenses and expectations for FY2007.
## Exhibit 1-2006 Revenue Budget

### Revenue Budget

**Fiscal Year 2007**

<table>
<thead>
<tr>
<th></th>
<th>Actual FY 2003 Revenue</th>
<th>Actual FY 2004 Revenue</th>
<th>Actual FY 2005 Revenue</th>
<th>Budgeted FY 2006 Revenue</th>
<th>Proposed FY 2007 Revenue</th>
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<tr>
<td><strong>MEMBERSHIP DUES</strong></td>
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<tr>
<td>Active</td>
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<td>1,340,252</td>
<td>1,429,232</td>
<td>1,429,232</td>
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<td>Corporate</td>
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<td>94,659</td>
<td>71,765</td>
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<td>170,000</td>
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<td>195,015</td>
<td>189,567</td>
<td>279,925</td>
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<td>7,412</td>
<td>13,693</td>
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<td>600</td>
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<td>2,925</td>
<td>5,221</td>
<td>3,500</td>
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<td>SIG Dues Administrative Fee</td>
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<td>116</td>
<td>257</td>
<td>250</td>
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<td><strong>TOTAL DUES</strong></td>
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<td>1,761,986</td>
<td>1,714,125</td>
<td>1,970,087</td>
<td>1,933,894</td>
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<td><strong>PUBLICATIONS INCOME</strong></td>
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<td>JDE/BDE Subscriptions</td>
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<td>60,185</td>
<td>83,273</td>
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<td>5,098</td>
<td>7,843</td>
<td>981</td>
<td>5,000</td>
<td>977</td>
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<td>Admission Requirements/Guidebook</td>
<td>32,343</td>
<td>41,121</td>
<td>78,469</td>
<td>50,000</td>
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<td>81,208</td>
<td>52,324</td>
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<td>16,315</td>
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<td>281,988</td>
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<td>70,240</td>
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<td>-</td>
<td>28,110</td>
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<td>120,537</td>
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<td><strong>APPLICATION FEES</strong></td>
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<td>AADSAS</td>
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<td>5,527,006</td>
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<td>PASS</td>
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<td>1,530,617</td>
<td>1,554,997</td>
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<td>ACLIENT USER FEE</td>
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<td>96,100</td>
<td>89,100</td>
<td>89,100</td>
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<td><strong>TOTAL APPLICATION FEES</strong></td>
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<td>6,228,731</td>
<td>7,153,723</td>
<td>5,914,097</td>
<td>7,896,200</td>
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<td><strong>GRANTS</strong></td>
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<tr>
<td>AAMC/SMDEP/RWJ</td>
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<td>-</td>
<td>100,000</td>
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<td>W.K. Kellogg Foundation</td>
<td>2,370,528</td>
<td>50,076</td>
<td>31,565</td>
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<td>Fellowships/Scholarships</td>
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<td>65,000</td>
<td>52,400</td>
<td>147,494</td>
<td>98,900</td>
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<td>Sponsor Fees</td>
<td>387,809</td>
<td>701,796</td>
<td>612,250</td>
<td>542,293</td>
<td>848,158</td>
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<td>Corporate Support (Other)</td>
<td>55,351</td>
<td>24,730</td>
<td>6,966</td>
<td>-</td>
<td>30,000</td>
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<td>Corporate Support CEPR</td>
<td>70,190</td>
<td>11,656</td>
<td>10,000</td>
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<td>Other Contributions</td>
<td>-</td>
<td>-</td>
<td>2,459</td>
<td>10,773</td>
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<td><strong>TOTAL CONTRIBUTIONS/GRANTS</strong></td>
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<td>855,717</td>
<td>823,954</td>
<td>689,787</td>
<td>977,058</td>
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<td><strong>MEETINGS REGISTRATION</strong></td>
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<td>Annual Session/Exhibits Fees</td>
<td>556,109</td>
<td>589,921</td>
<td>604,748</td>
<td>641,640</td>
<td>658,623</td>
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<td>Deans' Conference Fees</td>
<td>34,950</td>
<td>45,179</td>
<td>49,206</td>
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<td>61,050</td>
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<td>Other Meetings</td>
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<td>95,006</td>
<td>182,764</td>
<td>194,695</td>
<td>250,680</td>
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<td><strong>TOTAL MEETINGS REGISTRATION</strong></td>
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<td>730,106</td>
<td>836,718</td>
<td>878,335</td>
<td>970,353</td>
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<td><strong>OTHER INCOME</strong></td>
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<td></td>
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<td></td>
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<tr>
<td>Investment &amp; Other Income</td>
<td>198,730</td>
<td>184,891</td>
<td>369,332</td>
<td>121,275</td>
<td>202,149</td>
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<td><strong>TOTAL REVENUES</strong></td>
<td>11,492,954</td>
<td>10,247,362</td>
<td>11,491,469</td>
<td>10,142,850</td>
<td>12,722,066</td>
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</table>
## Exhibit 2-2006

### Expense Budget: FY 2007

<table>
<thead>
<tr>
<th></th>
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<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Expenses</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Full-time salaries</td>
<td>2,572,753</td>
<td>2,721,301</td>
<td>2,904,297</td>
<td>3,108,905</td>
<td>3,504,775</td>
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<td>Temporary salaries</td>
<td>363,223</td>
<td>382,755</td>
<td>427,065</td>
<td>259,300</td>
<td>397,995</td>
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<td>Payroll Taxes</td>
<td>169,157</td>
<td>176,204</td>
<td>188,025</td>
<td>204,477</td>
<td>236,650</td>
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<td>Benefits</td>
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<td>388,685</td>
<td>435,273</td>
<td>513,930</td>
<td>572,538</td>
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<td>Legal Fees</td>
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<td>212,176</td>
<td>107,395</td>
<td>52,000</td>
<td>54,150</td>
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<td>Auditing Fees</td>
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<td>35,165</td>
<td>29,768</td>
<td>35,000</td>
<td>35,000</td>
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<td>Consultants</td>
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<td>942,946</td>
<td>1,389,012</td>
<td>803,246</td>
<td>1,081,066</td>
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<td>Investment Fees</td>
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<td>15,895</td>
<td>19,117</td>
<td>15,000</td>
<td>20,000</td>
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<td><strong>PERSONNEL COSTS AND FEES,</strong> TOTAL</td>
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<td>4,875,127</td>
<td>5,499,952</td>
<td>4,991,858</td>
<td>5,904,175</td>
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<td>214,820</td>
<td>166,837</td>
<td>215,000</td>
<td>253,048</td>
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<td>Nonstaff</td>
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<td>230,308</td>
<td>240,000</td>
<td>200,000</td>
<td>239,566</td>
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<td><strong>TRAVEL, TOTAL</strong></td>
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<td>445,128</td>
<td>406,837</td>
<td>415,000</td>
<td>492,614</td>
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<td>Bank &amp; Credit Card Charges</td>
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<td>168,334</td>
<td>224,349</td>
<td>160,700</td>
<td>235,697</td>
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<td>Developmental Programming</td>
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<td>107,500</td>
<td>210,644</td>
<td>319,596</td>
<td>191,798</td>
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<td>Data Processing</td>
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<td>11,876</td>
<td>10,551</td>
<td>237,663</td>
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<td>Computer Operations</td>
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<td>142,709</td>
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<td>Rent &amp; Refurbishing expense</td>
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<td>314,194</td>
<td>558,889</td>
<td>577,647</td>
<td>684,000</td>
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<td>Capital Expenditures</td>
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<td>6,234</td>
<td>48,020</td>
<td>700</td>
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<td>Depreciation/Amortization</td>
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<td>245,169</td>
<td>352,524</td>
<td>354,391</td>
<td>362,537</td>
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<td>Equipment Rental</td>
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<td>113,539</td>
<td>32,940</td>
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<td>33,380</td>
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<td>273,237</td>
<td>248,715</td>
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<td>62,389</td>
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<td>Employee Prof. Development</td>
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<td>32,103</td>
<td>29,202</td>
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<td>Miscellaneous Expense</td>
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<td>51,728</td>
<td>23,700</td>
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<td>Meeting Expense</td>
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<td>1,285,560</td>
<td>1,577,533</td>
<td>1,166,439</td>
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<td>Recruitment &amp; Retention</td>
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<td>11,624</td>
<td>2,266</td>
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<td>Awards &amp; Fellowships</td>
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<td>130,705</td>
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<td>Marketing</td>
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<td>Bad Debt Expense</td>
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<td>73,831</td>
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<td>Contribution to Reserves</td>
<td>400,000</td>
<td>452,000</td>
<td>617,000</td>
<td>400,000</td>
<td>500,000</td>
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<td><strong>OTHER COSTS, TOTAL</strong></td>
<td>5,111,443</td>
<td>5,985,703</td>
<td>5,332,783</td>
<td>4,735,993</td>
<td>6,325,277</td>
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<td><strong>TOTAL EXPENSES</strong></td>
<td>10,075,098</td>
<td>11,305,958</td>
<td>11,239,572</td>
<td>10,142,850</td>
<td>12,722,066</td>
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<tr>
<td><strong>NET SURPLUS (DEFICIT)</strong></td>
<td>1,417,856</td>
<td>(1,058,596)</td>
<td>251,897</td>
<td>(0)</td>
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</tbody>
</table>

Note: Net Surplus (Deficit) from FY 2002, FY 2003 and FY 2004 is a result of temporarily restricted revenues (e.g. grant funds) and not from general operations. Net Surplus in FY 2005 is a result of general operations.
New Chief Administrators at Member Institutions

New Dental School Deans
Since the 2005 Annual Session, U.S. and Canadian dental schools have appointed the following new deans. The Board of Directors congratulates these individuals and wishes them success in their assignments.

Dr. Steven W. Friedrichsen, Dean, Creighton University
Dr. Rowland Hutchinson, Acting Dean, University of Louisville
Dr. Jack Sanders, Dean, Medical University of South Carolina
Dr. James Stakiw, Acting Dean, University of Saskatchewan

Other New Administrators at Member Institutions
ADEA member institutions have reported the following appointments since the 2005 Annual Session. The Board of Directors congratulates these new administrators.

University of Alabama, Dr. Eli Capilouto, Provost
Pasadena City College, Prof. Tom Neiderer, Director, Dental Hygiene
St. Petersbourg College, Tami J. Grzesikowski, Dean, School of Dental Hygiene
Armstrong Atlantic State University, Prof. Suzanne M. Edenfield, Interim Department Head, Dental Hygiene
Emory University, Dr. Lisa Tedesco, Dean, Graduate School of Arts and Sciences
Indiana University School of Dentistry, Prof. Pamela T. Ford, Director of Dental Assisting
Massachusetts College of Pharmacy and Health Sciences, Dr. W. Gail Barnes, Chairperson, School of Health Sciences
Community College of Southern Nevada, Prof. Doreen Craig, Program Director, Dental Hygiene
Albert Einstein Medical Center, Dr. Fred Barnett, Program Director, Endodontic Residency
Montefiore Medical Center, Dr. Nadine Newsome, Program Director, GPR
New York University, Dr. Amr M. Moursi, Chair, Department of Pediatric Dentistry
New York University, Dr. Mark S. Wolff, Chair, Department of Cardiology and Comprehensive Care
St. Barnabas Hospital, Dr. Robert Margolin, Program Director, GPR
St. Barnabas Hospital, Dr. Rebecca Tannen, Program Director, Pediatric Dentistry
Case School of Dental Medicine, Dr. Kenneth Chance, Board of Trustees
The Ohio State University, Ms. Jennifer Small, Director, Dental Faculty Practice
Owens Community College, Prof. Elizabeth A. Tronolone, Chair, Dental Hygiene
Pennsylvania College of Technology, Prof. Kathleen E. Morr, Dean of Health Sciences
U.S. Army Graduate Dental Education, Col. Kay H. Malone, Chief, Graduate Dental Education
Utah College of Dental Hygiene, Prof. Patricia Nunn, Academic Dean
Madison Area Technical College, Prof. Sandra Madelung, Program Director, Dental Assisting
Milwaukee Area Technical College, Prof. Laurie J. Klos, Program Director, Dental Hygiene
New Allied Dental Education Program Members

Since the 2005 Annual Session, the following new Allied Dental Education Programs have become ADEA members. The Board of Directors welcomes them to ADEA.

Northern Arizona University Dental Hygiene Program, Prof Denise Helm, Director
Phoenix College Department of Dental Program, Prof. Deborah Kappes, Director
University of Bridgeport Fones School of Dental Hygiene, Prof. Meg Zayan, Director
Pacific University School of Dental Health Science, Prof. Lisa J. Rowley, Director
Utah College of Dental Hygiene, Dr. Kenneth A. Molen, Director
In Memoriam

With regret, the Board of Directors announces the following deaths of faculty and former faculty members as reported by Member Institutions.

Mr. Carl E. Abbey, The Forsyth Institute
Dr. William M. Allen, Loma Linda University
Dr. Donald Walter Baugh, University of Alabama at Birmingham
Dr. Carl Belk, Baylor College of Dentistry
Dr. Harold Berk, The Forsyth Institute and Tufts University
Dr. David Bixler, Indiana University
Dr. Ronald P. Blank, Loma Linda University
Dr. Charles Boozer, Louisiana State University
Dr. Mark Bowden, University of Kentucky
Dr. Coy Mac Boyd, University of Tennessee
Dr. Stanley Brzustowicz, Columbia University, College of Dental Medicine
Ms. Marjory H. Carr, Indiana University
Dr. George Chierici, University of California, San Francisco
Dr. Everett Clinton, Baylor College of Dentistry
Dr. Donald Cooksey, University of Southern California
Dr. George E. Deeley, The Forsyth Institute
Dr. James L. Donahue, University of Minnesota
Dr. Roland W. Dykema, Indiana University
Ms. Ethel Earl, University of North Carolina at Chapel Hill
Dr. Victor Flohr, University of Missouri-Kansas City
Mr. Samuel Franz, New York University
Dr. Charles Hart, University of Missouri-Kansas City
Dr. H. Perry Hitchcock, University of Alabama at Birmingham
Dr. Murry Holland, University of North Carolina at Chapel Hill
Dr. Johnny Johnson, University of Washington
Dr. Victor Flohr, University of Missouri-Kansas City
Dr. Robert Hamm, University of Kentucky
Dr. Jerry Kenison Hart, University of Missouri-Kansas City
Dr. Thomas K. Hasegawa, Baylor College of Dentistry
Dr. Raleigh Holt, University of Oklahoma
Dr. William Martin Keoster, The Forsyth Institute

Dr. Robert L. Kinzer, Loma Linda University
Dr. George C. Lawther, University of Minnesota
Dr. Nicholas Lund, Baylor College of Dentistry
Dr. Sandy Cole Marks, Sr., University of North Carolina at Chapel Hill
Dr. Richard Mascola, Nova Southeastern University
Dr. Rosalie R. Miller, University of Washington
Dr. Phillip Molloy, Tufts University
Dr. Wilma Motley, University of Southern California
Dr. Tom Nowlin, University of Nevada, Las Vegas
Dr. William O’Connell, New York University
Dr. Rugh Ragland, University of Southern California
Dr. Daniel Hugo Retief, University of Alabama at Birmingham
Dr. Stanley Reynolds, University of Alabama at Birmingham
Dr. Bill E. Rigsby, University of Texas Health Science Center at San Antonio
Dr. Gideon Rodan, University of Connecticut
Ms. Diane K. Rohlfing Scott, Indiana University
Dr. Herbert Schilder, Boston University
Dr. William Schuman, University of Detroit Mercy
Dr. Sam Shannon, Louisiana State University
Dr. James Skaggs, University of Louisville
Dr. Thomas B. Smith, Medical University of South Carolina
Dr. Jack L. Stewart, University of Missouri-Kansas City
Dr. Richard Sword, University of Missouri-Kansas City
Dr. Vincent Tagliarino, University of Louisville
Dr. George A. Tiffany, Indiana University
Dr. Leonard J. Tocci, The Forsyth Institute
Dr. Hugh Treanor, Tufts University
Dr. Francis Ursoleo, Tufts University
Dr. Martin Weiselberg, New York University
Dr. Arthur Henry Wuehrmann, University of Alabama at Birmingham
Dr. D. Ken Yoshikawa, University of California, San Francisco
Appendix A:
ADEA Bylaws

(As approved by the 2005 House of Delegates)

Chapter I: Core Values

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

Chapter II: Membership

Section A. Categories. The Association has eight membership categories.
1. Institutional membership
   a. Active
   b. Provisional
   c. Affiliate
   d. Corporate
2. Individual membership
   a. Individual
   b. Student
   c. Retired
   d. Honorary

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

4. **Corporate**. A company dealing with products and/or services beneficial to dental education and/or dentistry is eligible to apply for corporate membership.

**Section C. Election to Institutional Membership.** Applications for active and provisional membership should be presented in writing at least sixty days before an annual session. Institutions are elected to membership by a majority affirmative vote of the House of Delegates. Memberships are effective the July 1 following House approval.

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

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

**Section D. Institutional Membership Dues (effective July 1, 2004)**

1. **Active and Provisional Members.** Effective July 1, 2004, annual dues for active- and provisional-member institutions are $25,522.

   Active and provisional institutional membership dues include one individual membership from each member institution.

2. **Affiliate Members.** Effective July 1, 2004, annual dues for institutions that conduct allied dental education programs are $945. Effective July 1, 2004, annual dues for Canadian dental schools are $1,815.
Effective July 1, 2000, annual dues for the federal dental services are $3,922.

Effective July 1, 2003, annual dues for hospital-based postdoctoral dental education programs are $984. A portion totaling $76 of each such institutional membership shall be allocated as recommended by the Council of Hospitals and Advanced Education Programs and as approved by the Board of Directors.

Effective July 1, 2003, annual dues for institutions that conduct non-hospital-based postdoctoral dental education programs are $3,998. A portion totaling $76 of each such institutional membership shall be allocated as recommended by the Council of Hospitals and Advanced Education Programs and as approved by the Board of Directors.

Dues are payable by February 1, May 1, August 1, or November 1, whichever date first follows approval. Dues include one individual membership, with the institution to determine the individual member.

3. **Corporate Members.** Effective January 1, 2006, annual dues are $3,400. Dues include up to 10 individual members, with the corporation to determine the individual members. $500 of each member’s dues is designated to support the ADEA Annual Session.

**Section E. Forfeiture of Institutional Membership**

1. Ceasing to meet the membership qualifications specified in Chapter II, Section B, of these Bylaws results in immediate forfeiture of membership.

2. Active or provisional member institutions in arrears in payment of their dues at an annual session forfeit their memberships. Affiliate or corporate member institutions in arrears in payment of their dues more than six months beyond the dues payment date forfeit their memberships.

**Section F. Reinstatement of Institutional Membership After Payment of Dues in Arrears.** Institutional memberships forfeited for nonpayment of dues may be reinstated upon payment and approval of the executive director.

**Section G. Qualifications for Individual Memberships**

1. **Individual.** Any faculty member or other person employed by a dental, advanced education, hospital, and/or allied dental education ADEA member institution is eligible for individual membership.

2. **Student.** Any student enrolled in a dental school, a postdoctoral dental education program, and/or an allied dental education ADEA member institution is eligible for individual membership.

3. **Retired.** Any individual who has completely retired from dental education and dental practice and who has been an ADEA individual member is entitled to individual membership.

4. **Honorary.** Any individual who has rendered a distinct service to humankind, made outstanding contributions to dentistry, and/or rendered exceptional service to the Association may be nominated by the Board of Directors for honorary membership.

5. **Affinity.** Any individual with a demonstrable interest in dental, allied, or advanced dental education who is not currently a faculty member, employee, or student in an ADEA member institution.

**Section H. Approval of Individual Memberships**

1. **Individual.** An individual membership may be activated at any time during the year. Memberships become effective as soon as the activation is processed and remain in effect for the following twelve months.

2. **Student.** A student membership may be activated at any time during the year. Memberships become effective as soon as the activation is processed and remain in effect for the following twelve months.
3. **Retired.** A retired membership may be activated at any time during the year. Memberships become effective as soon as the activation is processed and remain in effect for the following twelve months.

4. **Honorary.** Individuals are elected to honorary memberships by a majority affirmative vote of the House of Delegates. Honorary members are entitled to all the privileges of individual membership except the right to vote. An honorary membership is effective for the member’s lifetime.

5. **Affinity.** Applications for Affinity Individual Membership may be submitted at any time during the year. Memberships become effective as soon as the application is processed and remain in effect for the following twelve months.

### Section I. Individual Membership Dues

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

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

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

4. **Honorary Membership.** Honorary members pay no dues.

5. **Affinity Membership.** Effective January 1, 2006, annual dues are $125 for individuals with a demonstrable interest in dental, allied, or advanced dental education and are not currently a faculty member, employee, or student in a member institution. This fee includes membership in any Section(s) or Special Interest Group(s).

### Section J. Forfeiture of Student Membership

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

### Section K. Membership Voting Rights

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

### Chapter III: Elected Association Officers

#### Section A. Names

The Association’s elected officers are:

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

#### Section B. Qualifications

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

Individuals may not serve simultaneously as a principal officer of ADEA (president, president-elect, or immediate past-president) and as a member of the American Dental Association’s Council on Dental Education and Licensure and the Commission on Dental Accreditation.

Section C. Duties of Officers

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

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

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

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

Section D. Succession. The office of president-elect, president, and immediate past-president are successive.

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

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

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

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

Section H. Terms of Office. The president-elect, president, and immediate past-president serve one-year terms. Individuals who have served a full term as president, president-elect, and/or immediate past-president may not succeed themselves in any of those offices. Vice presidents serve three-year terms.

Section I. Replacement. If a president or president-elect dies, resigns, or is removed for any reason, the Association’s nominating committee nominates one or more candidates to fill the vacancy relating to such officer position. An election is then held by mail ballot of all delegates to the last House of Delegates. Ballots are accompanied by biographical sketches of the candidates. Space is provided on the ballots for write-in candidates. Ballots must be returned within fifteen days after mailing. Ballot counting is monitored by two individuals selected by the Board of Directors. A plurality of the votes cast is required for election. If an immediate past-president dies, resigns, or is removed for any reason, the position remains vacant until the president assumes the office at the next annual session, provided, however, that if the person who most recently served as immediate past-president (the “former immediate past-president”) prior to the death, resignation, or removal of the individual that created the vacancy in the office of the immediate past-president is available and willing to serve as the immediate past-president, then the former immediate past-president may be appointed by the president to serve as the immediate past-president until the next annual session when the president assumes such office. In such a case where a vacancy in the office of immediate past-president is not filled, the president serves as chair of the Finance Committee and the nominating committee for president-elect. In the event of the death, resignation, or removal of one or more of the vice presidents, the vacancy created thereby shall be filled in accordance with the procedures set forth at Chapter VIII, Section C.9 of these Bylaws. An individual may not hold two or more elected Association offices simultaneously.

Chapter IV: House of Delegates

Section A. Function. The House of Delegates is the Association’s governing and legislative body.

Section B. Composition. The House of Delegates consists of the following members:
1. Board of Directors
2. The Council of Deans
3. The Council of Faculties
4. Representatives of the Councils of Allied Dental Program Directors, Hospitals and Advanced Education Programs, Sections, and Students, as specified in Chapter VIII (Councils) of these Bylaws.
5. Representatives of the Corporate Council, as specified in Chapter IX (Corporate Council) of these Bylaws.

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

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

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

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

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

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

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

Section J. Order of Business, Regular Session. The order of business at a regular session of the House of Delegates is as follows, unless changed by a two-thirds affirmative vote of the delegates present and voting:
1. Call to order,
2. Report of quorum by executive director,
3. Approval of minutes of previous session,
4. Reports of officers,
5. Report of Board of Directors,
6. Referrals of reports and resolutions,
7. Action on resolutions,
8. Unfinished business,
9. New business,
10. Installation of officers, and
11. Adjournment.

Section K. Order of Business, Special Session. The order of business at a special session is as follows:
1. Call to order,
2. Report of quorum by executive director,
3. Reading of call for special session,
4. Transaction of business as provided in call, and
5. Adjournment.
**Section L. Rules of Order.** The rules contained in the latest edition of Sturgis’s *Standard Code of Parliamentary Procedure* govern the House’s deliberations when not in conflict with these *Bylaws*.

**Section M. Presentation of Resolutions.** Resolutions may be presented to the House of Delegates at annual sessions by:

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

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

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

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

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

**Chapter V: Board of Directors**

**Section A. Function.** The Board of Directors is the Association’s administrative body.

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

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

**Section D. Powers and Duties.** The Board of Directors has the following powers and duties:

1. To serve as the Association’s administrative body;
2. When the House of Delegates is not in session, to establish ad hoc interim policies, provided that such policies are not in conflict with existing Association policy and are presented for review at the next session of the House;
3. To establish rules and regulations consistent with the *Bylaws* and to govern the organization, procedure, and conduct of those rules;
4. To report its actions to the House of Delegates at each annual session;
5. To conduct the Association’s planning, including the development of strategic, operational, and related plans, and to apprise the House of Delegates of those plans;
6. To nominate 1) a candidate(s) for ADEA president; 2) candidates for honorary membership; and 3) candidates for membership in other organizations, as well as to appoint representatives to other organizations;
7. To appoint and evaluate the executive director; and
8. To ensure that all accounts of the Association are audited annually and to prepare for House approval of an annual operating budget for the following fiscal year.
Section E. Sessions
1. **Regular Sessions.** The Board of Directors normally meets at least four times a year either in person or by teleconference.

2. **Special Sessions.** The president may call a special session at the request of at least three Board members, provided that notice of the special session is sent to each member at least ten days before the meeting. No other business except that provided for in the call may be considered unless the members present unanimously agree to consider additional business.

Section F. Quorum. A majority of the board’s members constitutes a quorum for the transaction of business at regular or special sessions.

Section G. Presiding Officer. The president is the presiding officer, and in the president’s absence, the president-elect. In the absence of both, the immediate past-president is the presiding officer.

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

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

Section J. Unanimous Consent Mail Ballots. The Board of Directors is authorized to transact business by unanimous consent in the form of mail ballot. Mail ballots may be sent and returned by mail, facsimile transmission (fax), and/or electronic mail (email). The results of mail ballots are as binding as those obtained at official meetings. The following regulations apply to all mail ballots:
1. Mail ballots should be initiated by an officer or appropriate staff member;
2. Each mail ballot should set forth the specific actions to be considered by the Board of Directors and include a line for his or her signature;
3. A unanimous vote of all the directors then in office is required for approval; and
4. Ballots not returned within thirty days will not be counted.

Chapter VI: Finance Committee of the Board of Directors

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

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

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

Section D. Quorum. A majority of the committee’s members constitutes a quorum for the transaction of business.

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

Section F. Fiscal Year. The Association’s fiscal year runs from July 1 through June 30.

Section G. Budget. The Board of Directors at each annual session submits an operating budget for the following fiscal year to the House of Delegates for approval.
Chapter VII: Other Standing and Special Committees of the Board of Directors

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

Chapter VIII: Councils

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

1. To represent its constituency within the Association and at the member institutions;
2. To recommend to the Board of Directors how the interests of the council’s constituency might be represented through the federal legislative and regulatory processes;
3. To exchange information among its members, with other ADEA component groups, and among member institutions;
4. To work with other ADEA component groups to encourage coordinated approaches to dental and allied dental education and health care delivery;
5. To identify and provide consultation on projects, studies, and reports that will benefit the membership;
6. To introduce resolutions to the Board of Directors and/or House of Delegates; and
7. To meet at annual sessions.

Section B. Composition. The Association’s councils consist of the following members. All council members must be individual members of the Association.

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

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

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

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

3. **The Council of Faculties** consists of one faculty member (or an alternate) elected by the
faculty of each active and provisional member institution, in addition to any members of the
Administrative Board who are no longer in the above category. Members are elected to three-
year terms, and approximately one-third of the members are replaced or reelected annually
according to a schedule maintained in the Central Office. The methods of electing members,
removing members for cause, and electing new members to fill unexpired terms are left to the
discretion of individual member institutions. Each faculty electing or reelecting a member in a
given year is required to notify the Central Office of the name of its representative by January
1 preceding the annual session at which the incumbent faculty member’s term ends.

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

4. **The Council of Hospitals and Advanced Education Programs** consists of the chief of
hospital dental service and directors of each accredited residency program in active or
provisional member institutions (including hospitals under the same governance as a dental
school), and in hospitals that are affiliate members, in addition to any members of the council
Administrative Board who are no longer in the above categories and one representative of all
non-recognized specialty programs at each institution described above. Each ADEA-member
federal dental service may appoint a nonvoting representative to attend meetings of the
Council of Hospitals and Advanced Education Programs.

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

5. **The Council of Sections** consists of the councilor and chair (or their alternates) of each
Association section, in addition to any members of the Council Administrative Board who are
no longer councilors or chairs of their section. In addition, the chair-elect and secretary from
each section are eligible to participate in council meetings and may vote at those meetings.
Section chairs-elect and secretaries are not eligible for election to council office.
Representation in the House of Delegates. The Council of Sections is represented in the House by the chair of each section and a councilor elected by each section to a three-year term. Councilors may be reelected to one additional three-year term. Council Administrative Board members who are not section chairs or councilors also serve as delegates. If a section chair and/or councilor is unable to serve as a delegate, the section’s chair-elect and/or secretary serve as delegate alternates. Section chairs-elect and secretaries are not eligible to sit with the council in the House of Delegates unless they have been appointed delegate alternates.

6. The Council of Students consists of students representing any of the following types of programs conducted by each active, provisional, and affiliate member institution: 1) one representative for a program leading to the D.D.S. or D.M.D. degree, 2) one representative for all students enrolled in postdoctoral education programs, 3) one representative for each dental hygiene education program, 4) one representative for each dental assisting education program, and 5) one representative for each dental laboratory technology education program. The methods of electing members, removing members for cause, and electing new members to fill unexpired terms are left to the discretion of individual member institutions. Each member institution’s chief administrator is required to notify the Central Office of the name(s) of its representative(s) within sixty days after an annual session. Members are elected to one-year terms and may be reelected.

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

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

Section C. Administrative Boards

1. Names of Officers. Each council has an administrative board consisting of a chair, chair-elect (vice-chair for the Council of Students), secretary, member-at-large, and vice president (ex officio).

2. Qualifications. A person must be an individual member of the Association and a member of his or her council to be eligible for a council office, with the exception that past Administrative Board members of the Council of Sections who may no longer be members of the council are eligible for nomination as vice president for sections.

3. Duties
   a. Chairs. It is the duty of chairs:
      1) To provide leadership in meeting council goals and objectives;
      2) To chair council meetings; and
3) To plan programs for council meetings.

b. Chairs-Elect. It is the duty of chairs-elect:
   1) To chair council meetings in the absence of the chair;
   2) To perform any duties requested by the chair; and
   3) To serve as chair of the nominating committee to select candidates for council office.

c. Secretaries. It is the duty of secretaries:
   1) To record the minutes of council and administrative board meetings or to see that they are
      recorded;
   2) To submit the minutes of council annual session meetings to the Central Office within
      sixty days after the session; and
   3) To perform any duties requested by the chair.

d. Members-at-Large. It is the duty of members-at-large:
   1) To perform any duties requested by the chair.

e. Vice Presidents. It is the duty of vice presidents:
   1) To serve as ex officio council officers and Association officers;
   2) To represent the councils’ interests on the Board of Directors;
   3) To serve as consultants from the Board of Directors to the councils in conducting their
      business and meeting their objectives; and
   4) To report Board of Directors’ actions to the council.

4. Succession. Except for the Council of Students, each year, the member-at-large succeeds to
   the office of secretary, the secretary to the office of chair-elect, and the chair-elect to the
   office of chair. For the Council of Students, offices are not automatically successive.

5. Nominations. Before each annual session, the chair-elect and two council members who are
   not officers nominate one or more individuals for the office of member-at-large (and vice
   president if the incumbent vice president will complete a term at the end of the annual
   session). For the Council of Students, the vice-chair and two council members who are not
   officers nominate one or more individuals for the offices of member-at-large, secretary, vice-
   chair, chair, and vice president. Additional nominations may be made from the floor at the
   councils’ annual session meetings.

6. Election and Appointment. Council officers are elected at council annual session meetings.
   The method of voting is left to the discretion of the council chairs. For the Council of
   Students, immediately after the annual session, the four members of the new Administrative
   Board appoint a council member to serve as a member-at-large.

7. Installation. All council officers, except vice presidents, are installed at council annual
   session meetings. Vice presidents are installed at annual sessions at the Closing Session of the
   House of Delegates.

8. Terms of Office. All council officers, except vice presidents, serve one-year terms. Vice
   presidents serve three-year terms, except for the vice president for students, who may serve up
   to three consecutive one-year terms if the individual qualifies for membership on the Council
   of Students during that entire period. An individual who has served a full term as a vice
   president (three consecutive one-year terms as a vice president for students), chair, chair-elect,
   secretary, or member-at-large may not succeed him- or herself in any of those offices.

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

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

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

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

Chapter IX: Corporate Council

Section A. Functions. The Corporate Council has the following functions:
1. To represent the corporate members within the Association;
2. To apprise corporate members of relevant Association activities;
3. To establish criteria for, and advise the Board of Directors on, approval of applications for corporate membership;
4. To exchange information among its members, with other component groups of the Association, and among the Association’s member institutions;
5. To serve in a liaison role between the corporate and academic members of the Association;
6. To impart corporate members’ knowledge to other Association members;
7. To work with other component groups of the Association to encourage coordinated approaches to dental and allied dental education and care delivery;
8. To identify projects, studies, and reports that will benefit the Council’s and/or Association’s membership and to provide consultation on those projects, studies, and reports;
9. To introduce appropriate resolutions to the House of Delegates and/or Board of Directors; and
10. To meet at annual sessions.

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

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

Section D. Officers
1. Names. The Corporate Council has five officers: a chair, chair-elect, secretary, member-at-large, and vice president (ex officio).
2. Qualifications. An individual must be a member of the Corporate Council to be eligible for a Corporate Council office.
3. Duties
   a. Chair. It is the duty of the chair:
      1) To provide leadership in meeting Corporate Council goals and objectives;
      2) To chair Corporate Council meetings; and
      3) To plan programs for Corporate Council meetings.
   b. Chair-Elect. It is the duty of the chair-elect:
      1) To chair Corporate Council meetings in the absence of the chair;
2) To perform any duties requested by the chair; and
3) To serve as chair of the nominating committee to select candidates for Corporate Council office.

c. **Secretary.** It is the duty of the secretary:
   1) To record the minutes of Corporate Council meetings or to see that they are recorded;
   2) To submit the minutes of the Corporate Council’s annual session meetings to the Central Office within sixty days; and
   3) To perform any duties requested by the chair.

d. **Member-at-Large.** It is the duty of the member-at-large to perform any duties requested by the chair.

e. **Vice President.** It is the duty of the vice president:
   1) To serve as a Corporate Council officer and a voting member of the Board of Directors;
   2) To represent the council’s interests on the Board of Directors;
   3) To serve as a consultant from the Board of Directors to the council in conducting its business and meeting its objectives; and
   4) To report Board of Directors’ actions to the council.

4. **Succession.** Each year, the member-at-large succeeds to the office of secretary, the secretary succeeds to the office of chair-elect, and the chair-elect to the office of chair.

5. **Nominations.** Before each annual session, the Corporate Council nominates one or more individuals for the office of member-at-large and vice president. Additional nominations may be made from the floor at the council’s annual session meeting.

6. **Election and Appointment.** Corporate Council officers are elected at the council’s annual session meetings. The method of voting is left to the discretion of the council chair.

7. **Installation.** All Corporate Council officers are installed at the council’s annual session meetings.

8. **Terms of Office.** All Corporate Council officers except vice presidents serve one-year terms. Vice presidents may serve up to three consecutive one-year terms.

9. **Limitation of Terms.** An individual who has served three consecutive one-year terms as a vice president, or as chair, chair-elect, secretary, or member-at-large, may not succeed him- or herself in any of those offices.

10. **Replacement.** An officer who ceases to be a member of the Corporate Council must resign the office at the time he or she ceases to be a member. In such an instance, or when a council officer resigns for any other reason, the other officers appoint another council member to serve out the unexpired term (or successive terms) of office. An individual may not hold two or more Corporate Council offices simultaneously.

11. **Alternates.** Corporate Council officers may not send alternates to attend meetings in their place, except that council officers unable to attend a House of Delegates session may appoint alternates to represent them. Such alternates must be members of the Corporate Council.

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

**Section F. Quorum.** A majority of the members of the Corporate Council constitutes a quorum for the transaction of business.

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

Section A. Functions. Sections are programmatic groups that provide an opportunity for the members of each to exchange information on that section’s specific academic and/or administrative interests. Both academic and administrative sections are periodically asked by the House of Delegates, Board of Directors, president, and executive director to undertake assignments and to comment on appropriate materials. Sections are further encouraged to undertake on their own initiative projects and studies of benefit to the Association and its members. Further, sections may submit resolutions to the House of Delegates.

Section B. Composition. Each section consists of individual ADEA members (including student, retired, and honorary members) who are interested in the section’s particular academic or administrative area(s). The Association has the following thirty-six sections:

- Academic Affairs
- Anatomical Sciences
- Behavioral Sciences
- Biochemistry and Nutrition
- Business and Financial Administration
- Clinic Administration
- Clinical Simulation
- Community and Preventive Dentistry
- Comprehensive Care and General Dentistry
- Continuing Education
- Dental Anatomy and Occlusion
- Dental Assisting Education
- Dental Hygiene Education
- Dental Informatics
- Dental School Admissions Officers
- Development, Alumni Affairs, and Public Relations
- Educational Research/Development and Curriculum
- Endodontics
- Gerontology and Geriatrics Education
- Graduate and Postgraduate Education
- Microbiology
- Minority Affairs
- Operative Dentistry and Biomaterials
- Oral and Maxillofacial Radiology
- Oral and Maxillofacial Surgery, Anesthesia, and Hospital Dentistry
- Oral Biology
- Oral Diagnosis and Oral Medicine
- Orthodontics
- Pathology
- Pediatric Dentistry
- Periodontics
- Physiology, Pharmacology, and Therapeutics
- Postdoctoral General Dentistry Programs
- Practice Administration
- Prosthodontics
- Student Affairs and Financial Aid
Section C. Membership in Sections. ADEA individual members may join as many sections as they wish and may attend the meetings of any others. Section members may vote and participate in the business affairs of all sections to which they belong.

Section D. Formation. Individuals wishing to form a new section should request an application from the Central Office. The completed application should be received in the Central Office no later than August 1. Staff submits the application (if received by that date) to the Council of Sections Administrative Board for consideration at its fall meeting. The board in turn forwards its recommendation to the Board of Directors. If one or both of those bodies approves the application, it is then forwarded to the House of Delegates. Only the House has the authority to officially approve new sections. If both the Administrative Board and Board of Directors disapprove the application, it is not forwarded to the House. However, the individuals wishing to form the section may, in effect, appeal these decisions by having a delegate introduce a resolution to the House proposing the formation of the new section. The following criteria are used in considering applications:

1. Evidence that the subject area exists at a majority of the member institutions involved in the general area of which the subject is a component;
2. The stated goals and objectives of the proposed section;
3. Evidence that no existing section(s) could accommodate the needs of the proposed section;
4. A statement outlining the themes and topics that the proposed section might address; and
5. Estimated membership.

New sections begin operations immediately upon approval by the House of Delegates. New sections are on probationary status for two years following approval, and are then evaluated by the Council of Sections Administrative Board according to the criteria outlined in Section E below. During the probationary period, each new section is subject to all the privileges and responsibilities of regular sections, including the rights of its councilor and chair to sit in the House of Delegates and serve as voting members of the Council of Sections.

Section E. Review. Each year, the Council of Sections Administrative Board reviews the sections, including any sections that have completed probationary periods at the most recent annual session. Reviews are based on criteria established by the Council of Sections Administrative Board.

The Administrative Board may recommend supportive or corrective actions for those sections that fail to submit their annual reports or to perform their prescribed functions. Recommendations that sections be put on probation, dissolved, merged, or changed to special interest group status are forwarded to the Board of Directors, which has the authority to impose probations, effective for one year from the next annual session. To be effective, all actions must be approved by the House, whose decision cannot be appealed.

Section F. Officers
1. **Names.** Each section has a councilor, chair, chair-elect, and secretary.
2. **Qualifications.** A person must be an individual member of the Association and a member of a section to be eligible for office in that section.
3. **Duties**
   a. **Councilors.** Duties:
      1) To provide continuity of leadership for the section;
      2) To attend the ADEA annual sessions and interim meetings of the Council of Sections;
      3) To serve as a delegate in the House of Delegates during the annual sessions;
      4) To assist in planning, implementing, and assessing section programs and projects;
      5) To ensure the preparation of the section’s annual report that is submitted to the ADEA Central Office after annual sessions; and
      6) To serve as section liaison with the Council of Sections Administrative Board.
b. Chairs. Duties:
1) To provide leadership in the coordination of section activities;
2) To chair section meetings;
3) To plan programs for section meetings; and
4) To serve as a delegate to the House.

c. Chairs-Elect. Duties:
1) To serve as chair in the absence of the chair;
2) To perform any duties requested by the chair; and
3) To serve as chair of the nominating committee to select candidates for section office.

d. Secretaries. Duties:
1) To record the minutes of section meetings;
2) To submit the minutes of section annual session meetings to the Central Office within sixty days after an annual session; and
3) To perform any duties requested by the chair

4. Succession. Each year the secretary succeeds to the office of chair-elect, and the chair-elect succeeds to the office of chair. Every year, sections may elect or reelect, as necessary, a councilor to fill vacant positions. Councilors may serve up to two three-year terms.

5. Nominations. Before each annual session, the chair-elect and two section members who are not officers nominate one or more individuals for the office of secretary. Every third year, this nominating committee nominates one or more individuals for the office of councilor. Additional nominations for these offices may be made from the floor at the section’s annual session meeting.

6. Election. Section officers are elected at annual session meetings. The method of voting is left to the discretion of section chairs.

7. Installation. All section officers are installed at section annual session meetings.

8. Terms of Office. Section chairs, chairs-elect, and secretaries serve one-year terms. Section councilors serve three-year terms and are limited to two such terms.

9. Replacement. If a section officer, other than councilor, is unable to serve for any reason, the other three officers appoint another section member to serve out the unexpired term. If the councilor is unable to serve for any reason, a new councilor will be elected by mail ballot by the section members to serve out the unexpired term. An individual may not hold two or more section offices simultaneously.

Section G. Sessions. Section officers plan annual session programs and submit program details to the Central Office for publication in the annual session program. The schedule of section programs is determined by the Board of Directors. Sections able to provide funding may also hold an additional meeting(s) between annual sessions.

Section H. Quorum. Sections have no quorum requirement.

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

Chapter XI: Special Interest Groups

Section A. Functions. Special interest groups may be established to provide an opportunity for their members to exchange information on specific academic and/or administrative interests. Groups are established to represent discreet interests in dental and allied dental education, but do not qualify for section status or represent individuals who seek section status. Groups may be assigned tasks by the House of Delegates and Board of Directors.

Section B. Composition. Special interest groups consist of individual ADEA members (including student, honorary, and retired members).
Section C. Membership in Special Interest Groups. The number of special interest groups that individual members may join is unlimited.

Section D. Formation. Individuals wishing to form a new special interest group should first notify the Central Office. Staff submits the request to the Council of Sections Administrative Board, which then forwards its recommendation to the Board of Directors. Both bodies must support the request for the special interest group to be formed. The following criteria are used in considering applications:

1. Evidence that the subject area exists at least some of the member institutions involved;
2. That the stated goals and objectives of the proposed special interest group meet criteria established by the Council of Sections Administrative Board;
3. Evidence that no existing section(s) or other special interest group(s) could accommodate the needs of the proposed special interest group;
4. A statement outlining the themes and topics that the proposed special interest group might address; and
5. Size of the estimated membership.

Section E. Officer. Each special interest group has a chair.

Qualifications for Being Chair. A person must be an individual member of the Association and a member of the special interest group.

Section F. Quorum. Special interest groups have no quorum requirement.

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

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

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

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

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

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

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

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

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

Section G. Relations with Other Organizations and Agencies. No component group is authorized to appoint an official representative to another organization unless authorized to do so by the Board of Directors.

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

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

Section J. Rules of Order. The rules contained in the latest edition of Sturgis’s Standard Code of Parliamentary Procedure govern the component groups’ deliberations in all cases when not in conflict with these Bylaws.

Section K. Mail Ballots. Component groups are authorized to transact business by mail ballot. Mail ballots may be sent and returned by mail, facsimile transmission (fax), and/or electronic mail (email). The results of mail ballots are as binding as those obtained at official meetings. The following regulations apply to all mail ballots:
1. Mail ballots should be initiated by an officer or appropriate staff member;
2. Each mail ballot should include enough information to allow recipients to register an opinion on the issue in question;
3. A majority affirmative vote of the ballots cast is required for approval; and
4. Ballots not returned within thirty days will not be counted.

Chapter XIII: Executive Director

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

Section B. Appointment. The executive director is appointed by the Board of Directors.

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

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

Chapter XIV: Editor and Official Publication

Section A. Appointment of the Editor. The Association’s editor is appointed by the Board of Directors.

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

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

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

Chapter XV: Representatives to Other Organizations

Section A. Nominees for Membership on the Council on Dental Education and Licensure, Commission on Dental Accreditation, and the Joint Commission on National Dental Examinations. When necessary, the Board of Directors confers between November 1 and December 31 to select a candidate(s) for nomination to membership on the American Dental Association’s Council on Dental Education and Licensure, a candidate(s) for nomination to the Commission on Dental Accreditation, and a candidate(s) for nomination to membership on the Joint Commission on National Dental Examinations. The candidates are nominated at the same time the Board of Directors selects a nominee for president-elect. Additional nominations may be made from the floor at the Opening Session of the House of Delegates. If there are additional nominations, the election procedures are the same as those provided in Chapter III of these
Bylaws. If there are no additional nominations, nominees are declared elected at the Opening Session. Individuals may not serve simultaneously as a principal officer of ADEA (president, president-elect, or immediate past-president) and as a member of the American Dental Association’s Council on Dental Education and Licensure and the Commission on Dental Accreditation.

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

Chapter XVI: Conflicts of Interest

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

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

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

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

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

Chapter XVII: Indemnification and Limitation of Liability

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

Section B. Limitation of Liability. Provided the corporation maintains liability insurance with a limit of coverage of not less than $200,000 per individual claim and $500,000 per total claims that arise from the same occurrence, officers, directors, and other persons who perform services for the Association and who do not receive compensation other than reimbursement of expenses (“volunteers”) shall be immune from civil liability. Additionally, persons regularly employed to perform a service for a salary or wage (“employees”) shall not be held personally liable in damages for any action or omission in providing services or performing duties on behalf of the
Association in an amount greater than the amount of total compensation (other than reimbursement of expenses) received during the twelve (12) months immediately preceding the act or omission for which liability was imposed. Regardless of the amount of liability insurance maintained, this limitation of liability for volunteers and employees shall not apply when the injury or damage was a result of the volunteer or employee’s willful misconduct, crime (unless the volunteer or employee had reasonable cause to believe that the act was lawful), transaction that resulted in an improper personal benefit of money, property, or service to the volunteer or employee, act or omission that occurred prior to the effective date of the District of Columbia Nonprofit Corporation Amendment Act of 1992, or act or omission that was not in good faith and was beyond the scope of authority of the corporation pursuant to this act or the corporate charter. This limitation of liability shall not apply to any licensed professional employee operating in his or her professional capacity. The Association is liable only to the extent of the applicable limits of insurance coverage it maintains.

Chapter XVIII: Amendments

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

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

(As revised and approved by the 2005 House of Delegates)

Introduction
These policy statements have been approved by the 2004 House of Delegates, and are intended as recommendations and guidelines for dental and allied dental education institutions and 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 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 students’ 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;
   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.

All predoctoral institutions should:

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

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

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

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

e) **Applicant Response Periods.** Allow an applicant who has been given a provisional or final acceptance between December 1 and December 31 of the academic year prior to the academic year of matriculation a response period of no fewer than forty-five days to reply to the offer. For applicants who have been accepted between January 1 and January 31, the minimum response period shall be thirty days, and 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 July 15, or two weeks before the beginning of the academic year, whichever comes first.

**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 healthcare 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:

- educating faculty, staff, students, and residents about the issue;
- employing prompt and equitable grievance procedures;
- setting forth formal and informal procedures and sanctions for dealing with instances of sexual harassment;
- creating an environment that encourages persons to come forward with problems;
- 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;
- including safeguards protecting confidentiality and prohibiting retaliation or reprisals; and
- implementing a process to continually monitor all aspects of the policy.

8. **Information Management.** Dental education institutions and programs should demonstrate their commitment to the ethical and professional management of information by:

- educating faculty, staff, and students on the issues of copyright and fair use of information both professionally and personally;
- following copyright and fair use guidelines in the processes of information production and dissemination within the institution;
- 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
- following recognized guidelines, laws, and standards of care for management of patient information.

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

C. **Curriculum**

**Curriculum Management**

All dental education institutions and programs should:

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

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

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

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

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

6. **Competencies.** Provide all resources, including patient experiences, to allow students to reach competency and demonstrate continuing competency 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 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 professions as team members in assessing the oral health status of patients and teach dental students to assume leadership roles in the detection, early recognition, and management of a broad range of complex oral and general diseases and conditions. When possible, interdisciplinary educational opportunities should be pursued.

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

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

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 competency in treatment of people with special needs. Include a requirement that graduates of dental education programs be able to manage or treat, consistent with their educational level, a variety of patients with complex medical and psychosocial conditions, including those with developmental and other disabilities, the very young, the elderly, and individuals with complex psychological and social conditions.

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

Dental hygiene education programs should:

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

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

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

4. Baccalaureate and Advanced Degree Hygiene Programs. Be encouraged to offer baccalaureate and advanced degree programs for dental hygienists.

D. Faculty Recruitment and Retention

All dental education institutions and programs should:

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

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

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

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

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

6. **Alternative Compensation.** Creatively evaluate and implement nonmonetary incentives valued by faculty.

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

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

E. **Faculty Development**

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

**Dental education institutions and programs** should:

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

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

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

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

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

F. **Committees**

**Dental education institutions and programs** should:

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

G. **Counseling**

**Dental education institutions and programs** should:

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

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

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

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

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

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

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

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

H. **Accreditation**

**Dental education institutions and programs** should:

1. **Recognized Agencies.** Participate in an accreditation program conducted by a nongovernmental agency recognized by the Secretary of the 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.
6. **Support for Careers in Education, Research, and Public Service.** Provide fellowships, assistantships, loans, and loan forgiveness to support dental and allied dental personnel preparing for careers in education, research, and patient care services.

J. Advanced Education
Dental education institutions and programs offering advanced education should:
1. **Classic Education Patterns.** Conform their graduate dental education programs to classic educational patterns applicable to other academic disciplines, terminating in a graduate degree under the auspices of the university’s graduate school or a comparable agency of the university.
2. **Requirements for Master’s and Doctoral Degrees.** Award master’s and doctoral degrees in programs that include research and require a thesis or dissertation.
3. **Specialty Program Requirements.** Not require applicants to complete a general practice residency as a prerequisite for possible admission to a specialty education program.
4. **Advanced Education Program Affiliations.** Affiliate these advanced education programs with teaching hospitals and/or academic health centers, preferably those with dental schools or dental departments.
5. **Promoting the Goal of Advanced Education.** Coordinate the educational goals, objectives, and competencies of predoctoral and advanced education to effect a designed continuum of the educational phases of a dental practitioner and ensure readiness as one moves from phase to phase. Encourage all dental graduates to pursue postdoctoral dental education in an advanced general dentistry or other advanced dental education program and continue to monitor the feasibility of providing an opportunity for a year of advanced education for all dental graduates. If feasible, advocate that all dental graduates participate in a year of service and learning in an accredited PGY-1 program.
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 competencies of practitioners in general and specialty practices areas.

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

6. **Evaluation.** Frequently evaluate their continuing education courses for quality and content, soliciting impressions from appropriate groups about their continuing education needs.

7. **Community Service.** Develop mechanisms for academic dental institutions to encourage learning and to provide ongoing services in the form of information and training to former students and area professionals.
II. Research

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

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

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

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

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

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

III. Licensure and Certification

A. Goals. ADEA supports achievement of the following goals for dentists and dental hygienists who are students or graduates of accredited programs and have successfully completed the National Board Dental Examinations or the National Board Dental Hygiene Examinations: 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. 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 Dental and Dental Hygiene Board 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 competency. With valid, reliable, and fair methods for continuing competency determinations, initial licensure examinations may become unnecessary.

C. 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.

D. 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.

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

IV. Access and Delivery of Care

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

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

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

1. Dental education institutions and programs are important national, regional, state, and community resources.
2. Dental education institutions and programs have a vital role in providing access to oral health care to all, with special consideration for the underserved.
3. Dental education institutions and programs are a vital component of the health sciences segment of universities.
4. Dental education institutions and programs, through their graduates, contribute significantly to meeting the oral health needs of the public.

5. Dental education institutions and programs collaborate and create linkages with community-based agencies to increase access to care.

6. Dental education institutions and programs prepare their graduates to provide services in a variety of settings to reduce barriers to care and provide more accessible care to various population groups.

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

1. Strengthening reimbursement and inclusion of meaningful dental and oral health care services provided under Medicaid and the State Children’s Health Insurance Program.

2. Strengthening Medicare by seeking inclusion of medically necessary oral health care services for populations covered under the program.

3. Encouraging states to appoint a chief dental officer for every state.

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

V. Health Promotion and Disease Prevention

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

B. Dental Caries

1. 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.

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

2. 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, Student, 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, 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 pre-matriculation 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 awareness and a strong knowledge base among lawmakers and the public about the role of oral disease on total health.

VII. Public Policy Advocacy

A. ADEA and its membership should work together to identify and promote emerging issues in public policy and take action to secure federal and state policies and programs that support the mission of ADEA.
B. ADEA should work to form and maintain strategic alliances that will promote the public policy objectives of the Association.

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

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