Fifteen resolutions were introduced in the 2010 ADEA House of Delegates. The House acted on Resolutions 1H-2010 through 4H-2010 at its Opening Session on Saturday, February 27, 2010, from 4:00 to 5:00 p.m. The House acted on all other resolutions at its Closing Session on Wednesday, March 3, 2010, from noon to 1:00 p.m. The ADEA Board of Directors had referred the resolutions acted on at the Closing Session to either the Reference Committee on Association Policy or the Reference Committee on Association Administrative Affairs; the committees held hearings on their assigned resolutions and presented reports on them at the Closing Session.

The 2010 resolutions are sequenced as follows:

**Resolutions Acted on at the Opening Session**

1H-2010 Joint Commission on National Dental Examinations Member
2H-2010 ADA Council on Dental Education and Licensure Member
3H-2010 Commission on Dental Accreditation Member
4H-2010 Appreciations

**Resolutions Acted on at the Closing Session**

5H-2010 ADEA Competencies for Entry into the Allied Dental Professions
6H-2010 Revision of ADEA Policy Statement on Promoting the Goal of Advanced Education
7H-2010 Revision of ADEA Policy Statement on Dental Caries
8H-2010 Revision of ADEA Policy Statement on Admissions: Applicant Response Periods
9H-2010 Revision of ADEA Policy Statement on Admissions: Applicants Holding Positions at Multiple Institutions
10H-2010 ADEA Council of Hospitals and Advanced Education Programs Membership
11H-2010 ADEA Council of Hospitals and Advanced Education Programs Name Change
12H-2010 New ADEA Section on Cariology
13H-2010 Provisional Membership of University of Southern Nevada College of Dental Medicine
14H-2010 Provisional Membership of Midwestern University College of Dental Medicine (Downers Grove, IL)
15H-2010 Approval of the ADEA Fiscal Year 2011 Budget

All of the resolutions are printed in **boldface** for ease of identification.

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**Actions at the Opening Session of the ADEA House of Delegates**

**Election of ADEA President-Elect**

The nomination process was as follows:

- The Board of Directors placed several calls for nomination in the *Bulletin of Dental Education Online* 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 and the ADEA Executive Director knew the identity of all nominees.

- The deadline for submitting nominations was November 1, 2009.
• The Nominating Committee voted to select the candidate to stand for election.

On the recommendation of the Nominating Committee, the Board of Directors presented one candidate for 2010–11 ADEA President-Elect. (The office leads in successive years to the offices of President and Immediate Past-President.) This candidate was Dr. Leo E. Rouse, Dean, Howard University College of Dentistry. During the Opening Session of the House of Delegates, Dr. Anthony M. Iacopino, Dean, University of Manitoba Faculty of Dentistry, was presented as an additional candidate for ADEA President-Elect.

The House elected Dr. Leo E. Rouse as the 2010–11 ADEA President-Elect by secret ballot.

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Resolution 1H-2010
Joint Commission on National Dental Examinations Member

The 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, the American Student Dental Association, and the public sector. The JCNDE members appointed by the ADEA House of Delegates and their termination dates (in the fall of the years shown) are as follows:

- Dr. Andrew I. Spielman, New York University (2010)
- Dr. B. Ellen Byrne, Virginia Commonwealth University (2012)
- Dr. Birgit J. Glass, University of Texas Health Science Center at San Antonio (2013)

Dr. Spielman will complete his term this fall at the 2010 ADA Annual Session. To represent ADEA, the ADEA Board of Directors recommended that Dr. Connie L. Drisko, Medical College of Georgia, be appointed for a four-year term beginning in 2010 and ending in 2014. No additional candidates were nominated by the House.

The House approved the following resolution:

1H-2010. Resolved, that the ADEA House of Delegates appoints Dr. Connie L. Drisko to a four-year term on the Joint Commission on National Dental Examinations with the term to begin at the conclusion of the 2010 ADA Annual Session and end at the conclusion of the 2014 ADA Annual Session.

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Resolution 2H-2010
ADA Council on Dental Education and Licensure Member

The current ADEA members of the ADA Council on Dental Education and Licensure (CDEL) and their termination dates (in the fall of the years shown) are as follows:

- Dr. James R. Hupp, East Carolina University (2010)
- Dr. Cyril Meyerowitz, University of Rochester (2011)
- Dr. Patrick M. Lloyd, University of Minnesota (2012)
- Dr. Tariq Javed, Medical University of South Carolina (2013)

Dr. Hupp will complete his term on CDEL this fall at the 2010 ADA Annual Session. He is not eligible for an additional term. To replace Dr. Hupp, the ADEA Board of Directors recommended that the House appoint Dr. Teresa A. Dolan, University of Florida, to a four-year term to expire in 2014. No additional candidates were nominated by the House.

The House approved the following resolution:

2H-2010. Resolved, that the ADEA House of Delegates appoints Dr. Teresa A. Dolan to a four-year term on the ADA Council on Dental Education and Licensure with the term to begin at the conclusion of the 2010 ADA Annual Session and end at the conclusion of the 2014 ADA Annual Session.

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Resolution 3H-2010
Commission on Dental Accreditation Member

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

- Dr. Michael J. Reed, University of Missouri–Kansas City (2010)
- Dr. Sharon P. Turner, University of Kentucky (2011)
- Dr. Richard N. Buchanan, University at Buffalo (2012)
- Dr. Leo E. Rouse, Howard University (2013)

Dr. Reed will complete his term on the commission this fall at the 2010 ADA Annual Session. He is not eligible for an additional term. To replace Dr. Reed, the ADEA Board of Directors recommended that the House appoint Dr. John N. Williams, University of North Carolina at Chapel Hill, to a four-year term to expire in 2014. No additional candidates were nominated by the House.

The House approved the following resolution:

3H-2010. Resolved, that the ADEA House of Delegates appoints Dr. John N. Williams to a four-year term on the Commission on Dental Accreditation with the term to begin at the conclusion of the 2010 ADA Annual Session and end at the conclusion of the 2014 ADA Annual Session.
The House approved the following resolution:

3H-2010. Resolved, that the ADEA House of Delegates appoint Dr. John N. Williams to a four-year term on the Commission on Dental Accreditation with the term to begin at the conclusion of the 2010 ADA Annual Session and end at the conclusion of the 2014 ADA Annual Session.

Resolution 4H-2010

Appreciations

ADEA relies significantly on outside support for a number of its activities, and numerous organizations provide much-needed assistance. The ADEA Board of Directors expresses its sincere appreciation to the following companies, organizations, institutions, and individuals for their generous support. Those who have supported ADEA activities and events over the past year—from last year’s ADEA Annual Session & Exhibition until the start of this year’s—are listed alphabetically. Most of the companies listed are also Corporate Members of ADEA, and we are especially grateful to them.

**ADA Insurance Plans** cosponsored the meeting of the ADEA Sections on Dental School Admissions Officers and Student Affairs and Financial Aid at the ADEA Fall 2009 Meetings.

**ADEA Associated American Dental Schools Application Service (AADSAS)** cosponsored the meeting of the ADEA Sections on Dental School Admissions Officers and Student Affairs and Financial Aid at the ADEA Fall 2009 Meetings.

The **ADEA Corporate Council** sponsored the Opening Plenary at the 2009 ADEA Annual Session & Exhibition.

The **ADEA Council of Sections** sponsored the student poster awards at the 2009 ADEA Annual Session & Exhibition.

The **ADEA Council of Students, Residents, and Fellows** cosponsored the 2009 ADEA/ADEA Council of Students/Colgate-Palmolive Co. Junior Faculty Award.

The **ADEAGies Foundation** funded the ADEA/William J. Gies Foundation Dental Research Scholarship. The Foundation cosponsored the 2009 ADEA Leadership Institute.

**A-dec** was a Gold Level sponsor of the 2009 William J. Gies Awards for Vision, Innovation, and Achievement. A-dec sponsored lunch at the 51st Annual ADEA Deans’ Conference and cosponsored dinner and a reception at the 2009 Mid-Year Meeting of the ADEA Sections on Business and Financial Administration and Clinic Administration. The company also sponsored a reception at the 42nd Annual National ADEA Allied Dental Program Directors’ Conference and Exhibit Hall raffle items at the 2009 ADEA Annual Session & Exhibition.

**Advantage Dental Products, Inc.** sponsored an Exhibit Hall raffle item at the 2009 ADEA Annual Session & Exhibition.

**AEGIS Communications** cosponsored the welcoming reception at the 51st Annual ADEA Deans’ Conference. AEGIS Communications also sponsored the 2010 ADEA-American Student Dental Association (ASDA) National Dental Student Lobby Day.

**The Alpha Omega Foundation** funded the ADEA/Alpha Omega Foundation/Leonard Abrams Scholarship in the ADEA Leadership Institute.

**The American Dental Association** provided travel stipends for the RWJF/AAMC/ADEA Summer Medical and Dental Education Program.

**Aspen Dental Management, Inc.** was a general sponsor of the 51st Annual ADEA Deans’ Conference.

**Baylor College of Dentistry** was a Deans’ List Level sponsor of the 2009 William J. Gies Awards for Vision, Innovation, and Achievement.

**Benco Dental** cosponsored the meeting of the ADEA Sections on Dental School Admissions Officers and Student Affairs and Financial Aid at the ADEA Fall 2009 Meetings. The company was a general sponsor of the 51st Annual ADEA Deans’ Conference.

**Bien-Air** was a general sponsor of the 51st Annual ADEA Deans’ Conference. The company also sponsored Exhibit Hall raffle items at the 2009 ADEA Annual Session & Exhibition.
Boston University was a Deans’ List Level sponsor of the 2009 William J. Gies Awards for Vision, Innovation, and Achievement.

Brasseler USA sponsored the golf tournament reception and prizes at the 2009 Mid-Year Meeting of the ADEA Sections on Business and Financial Administration and Clinic Administration and at the 51st Annual ADEA Deans’ Conference. The company was a general sponsor of the 2009 ADEA Allied Dental Faculty Leadership Development Program.

The California Endowment provided a grant to conduct a three-year evaluation of the California Dental Pipeline Program Phase II, a program designed to increase access to dental care for underserved populations.

Carl Zeiss Meditec, Inc. sponsored a break at the 51st Annual ADEA Deans’ Conference.

Case School of Dental Medicine was a Deans’ List Level sponsor of the 2009 William J. Gies Awards for Vision, Innovation, and Achievement.

Certiphi Screening, Inc. sponsored Exhibit Hall raffle items at the 2009 ADEA Annual Session & Exhibition.

Colgate-Palmolive Co. was a Diamond Level sponsor of the 2009 William J. Gies Awards for Vision, Innovation, and Achievement. The company supported the ADEA Leadership Institute Alumni Reception for the Class of 2010 at the 2009 ADEA Annual Session & Exhibition. The company again provided generous support for the ADEA/Colgate-Palmolive Co. Allied Dental Educators’ Fellowship, ADEA/Colgate-Palmolive Co. Excellence in Teaching Award, ADEA/Colgate-Palmolive Co./National Dental Association Dr. Jeanne C. Sinkford Scholarship in the 2009 ADEA Leadership Institute, the ADEA/ADEA Council of Students/Colgate-Palmolive Co. Junior Faculty Award, and the 2009 ADEA Allied Dental Faculty Leadership Development Program. Colgate-Palmolive Co. was a founding and continuing supporter of ADEA’s online Journal of Dental Education. The company sponsored the ADEA/Colgate-Palmolive Co. Oral Systemic Link curriculum guideline development project in the ADEA Curriculum Resource Center. The company sponsored a lunch at the 42nd Annual National ADEA Allied Dental Program Directors’ Conference and sponsored conference tote bags at the 2009 Mid-Year Meeting of the ADEA Sections on Business and Financial Administration and Clinic Administration. Colgate-Palmolive Co. sponsored educational sessions and a break at the 51st Annual ADEA Deans’ Conference and also sponsored the New Deans’ Workshop at this meeting.

Columbia University was a Deans’ List Level sponsor of the 2009 William J. Gies Awards for Vision, Innovation, and Achievement.

Creighton University was a Deans’ List Level sponsor of the 2009 William J. Gies Awards for Vision, Innovation, and Achievement.

DentalEZ Group was a Gold Level sponsor of the 2009 William J. Gies Awards for Vision, Innovation, and Achievement.

The Dental Services Group–DSG, Solutions Laboratory sponsored a breakfast at the 2009 Mid-Year Meeting of the ADEA Sections on Business and Financial Administration and Clinic Administration. The company was also a general sponsor of the 51st Annual ADEA Deans’ Conference and sponsored an Exhibit Hall raffle item at the 2009 ADEA Annual Session & Exhibition.

DENTSPLY International, Inc. hosted a reception at the 51st Annual ADEA Deans’ Conference and was a general sponsor of the 2009 Mid-Year Meeting of the ADEA Sections on Business and Financial Administration and Clinic Administration. DENTSPLY International, Inc. provided the conference tote bags for the 42nd Annual National ADEA Allied Dental Program Directors’ Conference.

DEXIS, LLC/Gendex/ISI cosponsored the welcome reception at the 2009 Mid-Year Meeting of the ADEA Sections on Business and Financial Administration and Clinic Administration and a breakfast at the 51st Annual ADEA Deans’ Conference.

Discus Dental, Inc. sponsored the keynote address at the 51st Annual ADEA Deans’ Conference and the golf tournament beverage cart for the 2009 Mid-Year Meeting of the ADEA Sections on Business and Financial Administration and Clinic Administration.

Exan Enterprise, Inc. provided a break for the 2009 Mid-Year Meeting of the ADEA Sections on Business and Financial Administration and Clinic Administration.
Fortress Insurance Company was a general sponsor of the 51st Annual ADEA Deans’ Conference.

G. Hartzell & Son cosponsored the welcome reception at the 42nd Annual National ADEA Allied Dental Program Directors’ Conference.

GC America, Inc. sponsored the golf tournament beverage cart at the 51st Annual ADEA Deans’ Conference.

Gebauer Consumer Healthcare was a general sponsor of the 51st Annual ADEA Deans’ Conference.

GlaxoSmithKline was a general sponsor of the 42nd Annual National ADEA Allied Dental Program Directors’ Conference and the 51st Annual ADEA Deans’ Conference. The company also sponsored the Dentin Hypersensitivity curriculum guideline development project in the ADEA Curriculum Resource Center.

Harvard School of Dental Medicine was a Deans’ List Level sponsor of the 2009 William J. Gies Awards for Vision, Innovation, and Achievement.

Henry Schein, Inc. sponsored a breakfast at the 2009 Mid-Year Meeting of the ADEA Sections on Business and Financial Administration and Clinic Administration. The company also sponsored an Exhibit Hall raffle item at the 2009 ADEA Annual Session.

Hu-Friedy Mfg. Co., Inc. was a Diamond Level sponsor of the 2009 William J. Gies Awards for Vision, Innovation, and Achievement. The company sponsored a breakfast session at the 51st Annual ADEA Deans’ Conference and cosponsored a reception and dinner for the 2009 Mid-Year Meeting of the ADEA Sections on Business and Financial Administration and Clinic Administration. Hu-Friedy Mfg. Co., Inc. sponsored a reception at the 42nd Annual National ADEA Allied Dental Program Directors’ Conference.

Indiana University was a Deans’ List Level sponsor of the 2009 William J. Gies Awards for Vision, Innovation, and Achievement.

Institute for Oral Health sponsored lanyards and pens at the 2009 ADEA Annual Session & Exhibition. The company also was a general sponsor for the 2009 ADEA Allied Dental Faculty Leadership Development Program and the 51st Annual ADEA Deans’ Conference.

The International Federation of Dental Educators and Associations supported the ADEA/International Federation of Dental Educators and Associations Orna Shanley Prize.

Johnson & Johnson Healthcare Products, Division of McNeil-PPC, Inc. was a Premier Level sponsor of the 2009 William J. Gies Awards for Vision, Innovation, and Achievement. The company sponsored the ADEA/Johnson & Johnson Healthcare Products Preventive Dentistry Scholarships and the ADEA/Johnson & Johnson Healthcare Products/Enid A. Neidle Scholar-in-Residence Program for Women. The company sponsored the keynote address at the 42nd Annual National ADEA Allied Dental Program Directors’ Conference and the 2009 Mid-Year Meeting of the ADEA Sections on Business and Financial Administration and Clinic Administration. The company cosponsored a reception at the 51st Annual ADEA Deans’ Conference. The company also cosponsored the 2009 ADEA Allied Dental Faculty Leadership Development Program and the 2009 ADEA Leadership Institute.

The Josiah Macy, Jr. Foundation provided a grant to support the Moving Forward: Bridging the Gap Program, designed to develop a flexible seven-year dental curriculum as a way to increase the number of underrepresented minority and low-income students going into dentistry.

Kahler Slater sponsored lunches for golfers at the 2009 Mid-Year Meeting of the ADEA Sections on Business and Financial Administration and Clinic Administration and at the 51st Annual ADEA Deans’ Conference.

KaVo/Pelton & Crane/Marus Dental Corporation was a Diamond Level sponsor of the 2009 William J. Gies Awards for Vision, Innovation, and Achievement. The company sponsored the welcome reception at the 2009 Mid-Year Meeting of the ADEA Sections on Business and Financial Administration and Clinic Administration and breakfast at the 51st Annual ADEA Deans’ Conference.

LEADTOOLS sponsored Exhibit Hall raffle items at the 2009 ADEA Annual Session & Exhibition.

LED Dental, Inc. sponsored an Exhibit Hall raffle item at the 2009 ADEA Annual Session & Exhibition.

Liaison International, Inc. was a Gold Level sponsor of the 2009 William J. Gies Awards for Vision, Innovation,
and Achievement and cosponsored the meeting of the ADEA Sections on Dental School Admissions Officers and Student Affairs and Financial Aid at the ADEA Fall 2009 Meetings.

*Loma Linda University* was a Deans’ List Level sponsor of the 2009 William J. Gies Awards for Vision, Innovation, and Achievement.

*Louisiana State University* was a Deans’ List Level sponsor of the 2009 William J. Gies Awards for Vision, Innovation, and Achievement.

*Midmark Corporation* was a general sponsor of the 51st Annual ADEA Deans’ Conference.

*Midwestern University* was a Deans’ List Level sponsor of the 2009 William J. Gies Awards for Vision, Innovation, and Achievement.

The *National Dental Association* cosponsored the ADEA/Colgate-Palmolive Co./National Dental Association Dr. Jeanne C. Sinkford Scholarship in the 2009 ADEA Leadership Institute.

*New York University* was a Deans’ List Level sponsor of the 2009 William J. Gies Awards for Vision, Innovation, and Achievement.

*Nobel Biocare AB* was a general sponsor of the 51st Annual ADEA Deans’ Conference.

*Nova Southeastern University* was a Deans’ List Level sponsor of the 2009 William J. Gies Awards for Vision, Innovation, and Achievement.

*Oral Health America, Beauchamp Funds, George H. Whiteley Memorial Foundation,* and *DENTSPLY International, Inc.* supported the ADEAGies Foundation for the ADEA Leadership Institute.

*OraPharma, Inc.* was a Premier Level sponsor of the 2009 William J. Gies Awards for Vision, Innovation, and Achievement. The company cosponsored a reception at the 51st Annual ADEA Deans’ Conference and sponsored an educational program at the 42nd Annual National ADEA Allied Dental Program Directors’ Conference.

*Pacific Dental Services, Inc.* sponsored the official 2009 ADEA Annual Session & Exhibition poster and was a general sponsor of the 51st Annual ADEA Deans’ Conference.

*Patterson Dental* sponsored an educational session at the 51st Annual ADEA Deans’ Conference.

*Pentron Clinical Technologies* sponsored education sessions at the 2009 Mid-Year Meeting of the ADEA Sections on Business and Financial Administration and Clinic Administration and at the 51st Annual ADEA Deans’ Conference.

*Philips Oral Healthcare, Inc.* sponsored the conference lanyards at the 42nd Annual National ADEA Allied Dental Program Directors’ Conference.

*Premier Dental Products Company* supported lunches for non-golfers at the 2009 Mid-Year Meeting of the ADEA Sections on Business and Financial Administration and Clinic Administration and a break at the 42nd Annual National ADEA Allied Dental Program Directors’ Conference.

*Primal Pictures* sponsored an Exhibit Hall raffle item at the 2009 ADEA Annual Session & Exhibition.

*The Procter & Gamble Company* was a Diamond Level sponsor of the 2009 William J. Gies Awards for Vision, Innovation, and Achievement. The company also sponsored a breakfast and the meeting portfolios at the 51st Annual ADEA Deans’ Conference. The Procter & Gamble Company also sponsored the ADEA Allied Dental Hygiene Clinic Coordinators’ Lunch, the ADEA Dental Hygiene Graduate Program Directors meeting, and the meeting bags at the 2009 ADEA Annual Session. The company sponsored a lunch at the 2009 Mid-Year Meeting of the ADEA Sections on Business and Financial Administration and Clinic Administration as well as a breakfast and education program at the 42nd Annual National ADEA Allied Dental Program Directors’ Conference. The company is a continuing supporter of ADEA’s online *Journal of Dental Education*. The Procter & Gamble Company was a sponsor of the ADEA Fall 2009 Meetings and of the 2009 ADEA Leadership Institute. The company also was a general sponsor of the 2010 ADEA/ASDA National Dental Student Lobby Day and the 2009 ADEA Allied Dental Faculty Leadership Development Program. The company sponsored the ADEA/Crest Oral-B Laboratories Scholarship for Dental Hygiene Students Pursuing Academic Careers.
The Robert Wood Johnson Foundation provided grants to support the AAMC/ADEA Summer Medical and Dental Education Program and the ADEA ExploreHealthCareers.org website. The Foundation also provided support through the RWJF Dental Pipeline II NPO for Admission Committee Workshops and activities to support efforts to address diversity in the predoctoral accreditation standards.

Secure Innovations, Inc. sponsored a breakfast at the 2009 Mid-Year Meeting of the ADEA Sections on Business and Financial Administration and Clinic Administration.

Sigma Phi Alpha, the dental hygiene honor society, sponsored the 2009 ADEA/Sigma Phi Alpha Linda E. DeVore Scholarship.

Sirona Dental Systems, LLC was a Gold Level sponsor of the 2009 William J. Gies Awards for Vision, Innovation, and Achievement. The company sponsored educational sessions at the 2009 Mid-Year Meeting of the ADEA Sections on Business and Financial Administration and Clinic Administration and at the 51st Annual ADEA Deans’ Conference. Sirona Dental Systems, LLC also sponsored the Connecting with Colleagues Reception at the 2009 ADEA Annual Session & Exhibition and was a general sponsor of the 42nd Annual National ADEA Allied Dental Program Directors’ Conference.

Stage Front Presentation Systems sponsored an educational session at the 2009 Mid-Year Meeting of the ADEA Sections on Business and Financial Administration and Clinic Administration. The company also cosponsored a reception at the 42nd Annual National ADEA Allied Dental Program Directors’ Conference.

Sunstar Americas, Inc. sponsored the ADEA/Sunstar Americas, Inc. Harry W. Bruce, Jr. Legislative Fellowship and the ADEA Legislative Leadership dinner, as well as the flash drives and Exhibit Hall raffle items at the 2009 ADEA Annual Session & Exhibition. The company sponsored the 2009 ADEA Allied Dental Faculty Leadership Development Program and the 42nd Annual National ADEA Allied Dental Program Directors’ Conference. Sunstar Americas, Inc. provided conference flash drives at the 51st Annual ADEA Deans’ Conference and support for the 2009 ADEA Leadership Institute.

Dr. James Q. and Mrs. Lori Swift were Deans’ List Level sponsors of the 2009 William J. Gies Awards for Vision, Innovation, and Achievement.

3M ESPE was a general sponsor of the 51st Annual ADEA Deans’ Conference and sponsored an educational session at the 42nd Annual National ADEA Allied Dental Program Directors’ Conference.

Tom’s of Maine has continued support for an endowment in the ADEAGies Foundation for ADEA’s Gay-Straight Alliance Section and was a general sponsor of the 2009 ADEA Allied Dental Faculty Leadership Development Program. At the 2009 ADEA Annual Session & Exhibition, Tom’s of Maine sponsored an education program by the Gay-Straight Alliance Section.

Tufts University was a Deans’ List Level sponsor of the 2009 William J. Gies Awards for Vision, Innovation, and Achievement.

Ultradent Products, Inc. sponsored golf shirts and a break at the 2009 Mid-Year Meeting of the ADEA Sections on Business and Financial Administration and Clinic Administration and at the 51st Annual ADEA Deans’ Conference. The company also sponsored an Exhibit Hall raffle item at the 2009 ADEA Annual Session & Exhibition.

University at Buffalo was a Deans’ List Level sponsor of the 2009 William J. Gies Awards for Vision, Innovation, and Achievement.

University of Alabama at Birmingham was a Deans’ List Level sponsor of the 2009 William J. Gies Awards for Vision, Innovation, and Achievement.

University of California, Los Angeles was a Deans’ List Level sponsor of the 2009 William J. Gies Awards for Vision, Innovation, and Achievement.

University of Connecticut was a Deans’ List Level sponsor of the 2009 William J. Gies Awards for Vision, Innovation, and Achievement.

University of Kentucky was a Deans’ List Level sponsor of the 2009 William J. Gies Awards for Vision, Innovation, and Achievement.
University of Louisville was a Deans’ List Level sponsor of the 2009 William J. Gies Awards for Vision, Innovation, and Achievement.

University of Maryland was a Deans’ List Level sponsor of the 2009 William J. Gies Awards for Vision, Innovation, and Achievement.

University of Michigan was a Deans’ List Level sponsor of the 2009 William J. Gies Awards for Vision, Innovation, and Achievement.

University of Minnesota was a Deans’ List Level sponsor of the 2009 William J. Gies Awards for Vision, Innovation, and Achievement.

University of Mississippi was a Deans’ List Level sponsor of the 2009 William J. Gies Awards for Vision, Innovation, and Achievement.

University of Missouri–Kansas City was a Deans’ List sponsor of the 2009 William J. Gies Awards for Vision, Innovation, and Achievement.

University of Nebraska Medical Center was a Deans’ List Level sponsor of the 2009 William J. Gies Awards for Vision, Innovation, and Achievement.

University of North Carolina at Chapel Hill was a Deans’ List Level sponsor of the 2009 William J. Gies Awards for Vision, Innovation, and Achievement.

University of Oklahoma was a Deans’ List Level sponsor of the 2009 William J. Gies Awards for Vision, Innovation, and Achievement.

University of Puerto Rico was a Deans’ List Level sponsor of the 2009 William J. Gies Awards for Vision, Innovation, and Achievement.

University of Texas Health Science Center at Houston was a Deans’ List Level sponsor of the 2009 William J. Gies Awards for Vision, Innovation, and Achievement.

University of Texas Health Science Center at San Antonio was a Deans’ List Level sponsor of the 2009 William J. Gies Awards for Vision, Innovation, and Achievement.

University of the Pacific Arthur A. Dugoni School of Dentistry was a Diamond Level sponsor of the 2009 William J. Gies Awards for Vision, Innovation, and Achievement.

Virginia Commonwealth University was a Deans’ List Level sponsor of the 2009 William J. Gies Awards for Vision, Innovation, and Achievement.

Vista Dental Products cosponsored a reception at the 42nd Annual National ADEA Allied Dental Program Directors’ Conference.

VitalSource Technologies, Inc. was a general sponsor of the 51st Annual ADEA Deans’ Conference. The company also sponsored an Exhibit Hall raffle item at the 2009 ADEA Annual Session.

W.K. Kellogg Foundation (WKKF) provided a grant to support the ADEA/WKKF Dental School Outreach Program.

Whip Mix Corporation sponsored an ADEA Section educational program at the 2009 ADEA Annual Session.

Zimmer Dental sponsored educational sessions at the 42nd Annual National ADEA Allied Dental Program Directors’ Conference, the 2009 Mid-Year Meeting of the ADEA Sections on Business and Financial Administration and Clinic Administration, the 51st Annual ADEA Deans’ Conference, and the ADEA Fall 2009 Meetings. The company also funded the ADEA/Zimmer Dental Implant Education Teaching Award. Zimmer Dental supported the ADEA Council of Hospitals and Advanced Education Programs and the student-centered plenary at the 2009 ADEA Annual Session & Exhibition and also sponsored the conference keycards and the Meeting-at-a-Glance. Zimmer Dental also supported the International Federation of Dental Educators and Associations.

The House approved the following resolution:

4H-2010. Resolved, that the American Dental Education Association expresses its sincere appreciation to the following organizations and individuals for their generous support of the Association’s activities and programs between the start of the 2009 ADEA Annual Session & Exhibition and the start of the 2010 ADEA Annual Session & Exhibition:

ADA Insurance Plans
ADEA AADSAS
Actions at the Closing Session of the ADEA House of Delegates

Resolution 5H-2010
ADEA Competencies for Entry into the Allied Dental Professions

The ADEA Competencies for Entry into the Allied Dental Professions document was submitted for adoption to the 2010 ADEA House of Delegates. The original version submitted to the House included a fourth section: Competencies for Entry into the Profession of Dental Laboratory Technology. During discussion on the floor during the Closing of the House regarding this competency document, delegates elected to remove the section pertaining to dental laboratory technology and return it to the ADEA Board of Directors for further consideration. The three remaining sections—Competencies for Entry into the Allied Dental Professions Introduction, Competencies for Entry into the Profession of Dental Assisting, and Competencies for Entry into the Profession of Dental Hygiene—were approved.

The House approved the following resolution:

5H-2010. Resolved, that the ADEA House of Delegates approves the revised ADEA Competencies for Entry into the Allied Dental Professions.

ADEA COMPETENCIES FOR ENTRY INTO THE ALLIED DENTAL PROFESSIONS

Introduction

In 1998–99, the Section on Dental Hygiene of the American Association of Dental Schools, now the American Dental Education Association (ADEA), developed and presented Competencies for Entry into the Profession of Dental Hygiene. These competencies were widely used by the majority of accredited dental hygiene programs in defining specific program competencies.

Following the June 2006 ADEA Allied Dental Education Summit, a special task force of the ADEA Council of Allied Dental Program Directors was formed to advance the recommendations from the summit. One recommendation was to develop similar competency statements for the dental assisting and dental laboratory technology disciplines. Given that charge, the ADEA Task Force on Collaboration, Innovation, and Differentiation (ADEA CID) undertook a comparative review of the draft Competencies for the New General Dentist and the Competencies for Entry into the Profession of Dental Hygiene. Both documents were analyzed from the perspective of where the allied dental professions should be headed to support an overall health care team concept and a professional model of education and practice and, at the same time, address curriculum innovation and change and better address access to care issues in the spirit of collaboration with multiple health care partners. The task force decided to focus its energy on updating and revising the dental hygiene competencies document. The final revised document that was submitted to the 2010 ADEA House of Delegates included both the dental assisting and dental laboratory technology disciplines and also serves as a companion to the documents produced by the ADEA Commission on Change and Innovation in Dental Education. Following discussion on the floor of the House regarding the resolution, the section pertaining to dental laboratory technology was returned to the ADEA Board of Directors for further consideration; thus, this approved document consists of an introduction and competencies for the disciplines of dental assisting and dental hygiene.

The purpose of this document is to

• Define the competencies necessary for entry into the allied dental professions.
• Serve as a resource for accredited allied dental education programs to promote change and innovation within their programs.
• Support existing and future curriculum guidelines.
• Serve as a resource for new and developing accredited programs in the allied dental professions.
• Serve as a mechanism to inform other health disciplines about curricular priorities in allied dental education.
• Enhance opportunities for intra- and interprofessional collaboration in understanding professional roles of oral health team members and other health care providers.
• Support developing new education models for accredited allied dental education programs.

The competencies delineated in this document are written for two (dental assisting and dental hygiene) of the three primary allied dental professions and apply to formal, accredited programs in higher education institutions. While some competencies are common to these disciplines, application would differ based on the
discipline, type of program, length of program, graduate credentialing options, defined scopes of practice, and institutional mission and goals for the program. Program faculties should define actual competencies and how competence is measured for their programs. While the majority of allied dental professionals work within an oral health care team supporting private practice dentistry, other models have and will evolve. Accredited allied dental education programs have a responsibility to prepare their graduates for the highest level of practice in all jurisdictions.

The competencies describe the abilities expected of allied dental health professionals entering their respective professions. These competency statements are meant to serve as guidelines. It is important for individual programs to further define the competencies they want their graduates to possess, describing 1) the desired combination of foundational knowledge, psychomotor skills, communication skills, and professional behaviors and attitudes required; 2) the standards used to measure the student’s independent performance in each area; and 3) the evaluation mechanisms by which competence is determined.

The five general domains described in this document should be viewed as themes or broad categories of professional focus that transcend specific courses and learning activities. They are intended to encourage professional emphasis and focus throughout the discipline-specific curriculum. Within each domain, major competencies expected of the program graduate are identified. Each major competency reflects the ability to perform or provide a particular professional activity, which is intellectual, affective, psychomotor, or all of these in nature. Supporting competencies needed to support the major competencies and specific course objectives delineating foundational knowledge, skills, and attitudes should be further developed by each program’s faculty, and these should reflect the overall mission and goals of the particular college and program. Demonstration of supporting competencies related to a specific service or task is needed in order to exhibit attainment of a major competency.

This document is not intended to be a stand-alone document and should be used in conjunction with other professional documents developed by the professional agencies that support the disciplines. This document is not intended to standardize educational programs in allied dental education but rather to allow for future program innovation, growth, and expansion. This document is also not intended to serve as a validation for program content within allied dental education or for written or clinical licensing examinations.

Program faculties should adapt this document to meet the needs of their individual programs and institutions. Given the dynamic nature of science, technology, and the health professions, these competencies should be reviewed and updated periodically.

Domains

1. **Core Competencies** (C) reflect the ethics, values, skills, and knowledge integral to all aspects of each of the allied dental professions. These core competencies are foundational to the specific roles of each allied dental professional.

2. **Health Promotion and Disease Prevention** (HP) are key components of health care. Changes within the health care environment require the allied dental professional to have a general knowledge of wellness, health determinants, and characteristics of various patient communities.

3. **Community Involvement** (CM). Allied dental professionals must appreciate their roles as health professionals at the local, state, and national levels. While the scope of these roles will vary depending on the discipline, the allied dental professional must be prepared to influence others to facilitate access to care and services.

4. **Patient Care** (PC). Allied dental professionals have different roles regarding patient care. These are reflected in the competencies presented for each discipline. The roles of the allied dental disciplines in patient care are ever-changing, yet central to the maintenance of health. Allied dental graduates must use their skills following a defined process of care in the provision of patient care services and treatment modalities. Allied dental personnel must be appropriately educated in an accredited program and credentialed for the patient care services they provide; these requirements vary by individual jurisdiction.

5. **Professional Growth and Development** (PGD) reflect opportunities that may increase patients’ access to the oral health care system or may offer ways to influence the profession and the changing health care environment. The allied dental professional must possess transferable skills (e.g., in communication, problem-solving, and critical thinking) to take advantage of these opportunities.
Competencies for Entry into the Profession of Dental Assisting

Entry-level dental assistants work within a private practice or other clinical setting and assist the dentist in providing patient care. They may be certified but have no uniform state licensing requirements. These competencies assume a supervisory relationship.

Core Competencies (C)

C.1 Apply a professional code of ethics in all endeavors.
C.2 Adhere to state and federal laws, recommendations, and regulations in the provision of oral health care.
C.3 Use critical thinking skills and comprehensive problem-solving to identify oral health care needs.
C.4 Use evidence-based decision making to evaluate emerging technologies and materials to assist in achieving high-quality, cost-effective patient care.
C.5 Assume responsibility for professional actions and care based on accepted scientific theories, research, and the accepted standard of care.
C.6 Continuously perform self-assessment for lifelong learning and professional growth.
C.7 Integrate accepted scientific theories and research into educational, preventive, and therapeutic oral health services.
C.8 Promote the values of the dental assisting profession through service-based activities, positive community affiliations, and active involvement in local organizations.
C.9 Apply quality assurance mechanisms to ensure continuous commitment to accepted standards of care.
C.10 Communicate effectively with diverse individuals and groups, serving all persons without discrimination by acknowledging and appreciating diversity.
C.11 Record accurate, consistent, and complete documentation of oral health services provided.
C.12 Facilitate a collaborative approach with all patients when assisting in the development and presentation of individualized care plans that are specialized, comprehensive, culturally sensitive, and acceptable to all parties involved in care planning.
C.13 Facilitate consultations and referrals with all relevant health care providers for optimal patient care.

C.14 Manage medical emergencies by using professional judgment, providing life support, and utilizing required CPR and any specialized training or knowledge.

Health Promotion and Disease Prevention (HP)

HP.1 Promote positive values of overall health and wellness to the public and organizations within and outside the profession.
HP.2 Respect the goals, values, beliefs, and preferences of all patients.
HP.3 Identify individual and population risk factors, and develop strategies that promote health-related quality of life.
HP.4 Evaluate factors that can be used to promote patient adherence to disease prevention or health maintenance strategies.
HP.5 Utilize methods that ensure the health and safety of the patient and the oral health professional in the delivery of care.

Community Involvement (CM)

CM.1 Assess the oral health needs and services of the community to determine action plans and availability of resources to meet the health care needs.
CM.2 Provide educational services that allow patients to access the resources of the health care system.
CM.3 Provide community oral health services in a variety of settings.
CM.4 Facilitate patient access to oral health services by influencing individuals or organizations for the provision of oral health care.
CM.5 Evaluate reimbursement mechanisms and their impact on the patient’s access to oral health care.
CM.6 Evaluate the outcomes of community-based programs, and plan for future activities.
CM.7 Advocate for effective oral health care for underserved populations.

Patient Care (PC)

Assessment

PC.1 Systematically collect, analyze, and record diagnostic data on the general, oral, and psychosocial health status of a variety of patients, using methods consistent with medicolegal principles.
PC.2 Recognize predisposing and etiologic risk factors that require intervention to prevent disease.
PC.3 Recognize the relationships among systemic disease, medications, and oral health that impact overall patient care and treatment outcomes.

PC.4 Identify patients at risk for a medical emergency, and manage the patient care in a manner that prevents an emergency.

### Planning

PC.5 Select and assemble the appropriate materials and armamentarium for general and specialized patient care.

PC.6 Collaborate with the patient and other health professionals as required to assist in the formulation and presentation of a comprehensive care plan that is patient-centered and based on the best scientific evidence and professional judgment.

### Implementation

PC.7 Utilize universal infection control guidelines for all clinical procedures.

PC.8 Provide, as directed, restorative procedures that preserve tooth structure, replace missing or defective tooth structure, maintain function, are esthetic, and promote soft and hard tissue health.

PC.9 Provide clinical supportive and intraoral treatments within the parameters of general and specialized patient care.

PC.10 Prevent, identify, and manage medical and dental emergencies.

### Evaluation

PC.11 Evaluate the effectiveness of the provided services, and modify as needed.

### Professional Growth and Development (PGD)

PGD.1 Pursue career opportunities within health care, industry, education, research, and other roles as they evolve for the dental assistant.

PGD.2 Develop practice management and marketing strategies to be used in the delivery of oral health care.

PGD.3 Access professional and social networks to pursue professional goals.

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**Competencies for Entry into the Profession of Dental Hygiene**

*Dental hygienists must complete an accredited educational program and qualify for licensure in any state or jurisdiction. They practice in collaboration with dental and other health care professionals in a variety of settings.*

### Core Competencies (C)

C.1 Apply a professional code of ethics in all endeavors.

C.2 Adhere to state and federal laws, recommendations, and regulations in the provision of oral health care.

C.3 Use critical thinking skills and comprehensive problem-solving to identify oral health care strategies that promote patient health and wellness.

C.4 Use evidence-based decision making to evaluate emerging technology and treatment modalities to integrate into patient dental hygiene care plans to achieve high-quality, cost-effective care.

C.5 Assume responsibility for professional actions and care based on accepted scientific theories, research, and the accepted standard of care.

C.6 Continuously perform self-assessment for lifelong learning and professional growth.

C.7 Integrate accepted scientific theories and research into educational, preventive, and therapeutic oral health services.

C.8 Promote the values of the dental hygiene profession through service-based activities, positive community affiliations, and active involvement in local organizations.

C.9 Apply quality assurance mechanisms to ensure continuous commitment to accepted standards of care.

C.10 Communicate effectively with diverse individuals and groups, serving all persons without discrimination by acknowledging and appreciating diversity.

C.11 Record accurate, consistent, and complete documentation of oral health services provided.

C.12 Initiate a collaborative approach with all patients when developing individualized care plans that are specialized, comprehensive, culturally sensitive, and acceptable to all parties involved in care planning.

C.13 Initiate consultations and collaborations with all relevant health care providers to facilitate optimal treatments.

C.14 Manage medical emergencies by using professional judgment, providing life support, and utilizing required CPR and any specialized training or knowledge.
Health Promotion and Disease Prevention (HP)

HP.1 Promote positive values of overall health and wellness to the public and organizations within and outside the profession.

HP.2 Respect the goals, values, beliefs, and preferences of all patients.

HP.3 Refer patients who may have physiological, psychological, or social problems for comprehensive evaluation.

HP.4 Identify individual and population risk factors, and develop strategies that promote health-related quality of life.

HP.5 Evaluate factors that can be used to promote patient adherence to disease prevention or health maintenance strategies.

HP.6 Utilize methods that ensure the health and safety of the patient and the oral health professional in the delivery of care.

Community Involvement (CM)

CM.1 Assess the oral health needs and services of the community to determine action plans and availability of resources to meet the health care needs.

CM.2 Provide screening, referral, and educational services that allow patients to access the resources of the health care system.

CM.3 Provide community oral health services in a variety of settings.

CM.4 Facilitate patient access to oral health services by influencing individuals or organizations for the provision of oral health care.

CM.5 Evaluate reimbursement mechanisms and their impact on the patient’s access to oral health care.

CM.6 Evaluate the outcomes of community-based programs, and plan for future activities.

CM.7 Advocate for effective oral health care for underserved populations.

Patient Care (PC)

Assessment

PC.1 Systematically collect, analyze, and record diagnostic data on the general, oral, and psychosocial health status of a variety of patients using methods consistent with medicolegal principles.

PC.2 Recognize predisposing and etiologic risk factors that require intervention to prevent disease.

PC.3 Recognize the relationships among systemic disease, medications, and oral health that impact overall patient care and treatment outcomes.

PC.4 Identify patients at risk for a medical emergency, and manage the patient care in a manner that prevents an emergency.

Dental Hygiene Diagnosis

PC.5 Use patient assessment data, diagnostic technologies, and critical decision making skills to determine a dental hygiene diagnosis, a component of the dental diagnosis, to reach conclusions about the patient’s dental hygiene care needs.

Planning

PC.6 Utilize reflective judgment in developing a comprehensive patient dental hygiene care plan.

PC.7 Collaborate with the patient and other health professionals as indicated to formulate a comprehensive dental hygiene care plan that is patient-centered and based on the best scientific evidence and professional judgment.

PC.8 Make referrals to professional colleagues and other health care professionals as indicated in the patient care plan.

PC.9 Obtain the patient’s informed consent based on a thorough case presentation.

Implementation

PC.10 Provide specialized treatment that includes educational, preventive, and therapeutic services designed to achieve and maintain oral health. Partner with the patient in achieving oral health goals.

Evaluation

PC.11 Evaluate the effectiveness of the provided services, and modify care plans as needed.

PC.12 Determine the outcomes of dental hygiene interventions using indices, instruments, examination techniques, and patient self-reports as specified in patient goals.

PC.13 Compare actual outcomes to expected outcomes, reevaluating goals, diagnoses, and services when expected outcomes are not achieved.

Professional Growth and Development (PGD)

PGD.1 Pursue career opportunities within health care, industry, education, research, and other roles as they evolve for the dental hygienist.

PGD.2 Develop practice management and marketing strategies to be used in the delivery of oral health care.
Access professional and social networks to pursue professional goals.

GLOSSARY OF TERMS

Access. Mechanism or means of approach into the health care environment or system.

Assessment. Systematic collection, analysis, and documentation of the oral and general health status and patient needs through a variety of methods, including radiographs, diagnostic tools, and instruments.

Critical thinking. The disciplined process of actively conceptualizing, analyzing, and applying information as a guide to action; ability to demonstrate clinical reasoning, diagnostic thinking, or clinical judgment.

Community. Group of two or more individuals with a variety of oral health needs including the physical, psychological, cognitive, economic, cultural, and educational and compromised or impaired people. The community also includes consumers and health professional groups, businesses, and government agencies.

Cultural sensitivity. A quality demonstrated by individuals who have systematically learned and tested awareness of the values and behavior of a specific community and have developed an ability to carry out professional activities consistent with that awareness.

Dental assistant (DA). An allied dental health professional who assists the dentist in practice and may choose to specialize in any of the following areas of dentistry: chairside general dentistry, expanded functions dental assisting (restorative) in general or pediatric dentistry, orthodontics, oral surgery, periodontics, assisting in dental surgery at area hospitals, endodontics, public health dentistry, dental sales, dental insurance, dental research, business assisting, office management, or clinical supervision.

Dental hygiene care plan. An organized presentation or list of interventions to promote health or prevent disease of the patient’s oral condition; plan is designed by the dental hygienist based on assessment data and consists of services that the dental hygienist is educated and licensed to provide.

Dental hygiene diagnosis. The dental hygiene diagnosis is a component of the overall dental diagnosis. It is the identification of an existing or potential oral health problem that a dental hygienist is educationally qualified and licensed to treat. The dental hygiene diagnosis utilizes critical decision making skills to reach conclusions about the patient’s dental hygiene needs based on all available assessment data.

Dental hygiene process of care. There are five components to the dental hygiene process of care: assessment, dental hygiene diagnosis, planning, implementation, and evaluation. The purpose of the dental hygiene process of care is to provide a framework within which individualized needs of the patient can be met and to identify the causative or influencing factors of a condition that can be reduced, eliminated, or prevented by the dental hygienist.

Dental hygienist (DH). A preventive oral health professional who has graduated from an accredited dental hygiene program in an institution of higher education, licensed in dental hygiene to provide educational, clinical, research, administrative, and therapeutic services supporting total health through the promotion of optimum oral health.

Dental laboratory technician (DLT). An allied dental professional who manufactures custom-made dental devices according to written authorization from licensed dentists using a variety of materials, equipment, and manufacturing techniques in the specialty areas of complete dentures, removable partial dentures, orthodontics, crown and bridge, and ceramics.

Evaluate. The process of reviewing and documenting the outcomes of treatment and interventions provided for patients.

Evidence-based care. Provision of patient care based on the integration of best research evidence with clinical expertise and patient values.

Intervention. Oral health services rendered to patients as identified in the care plan. These services may be clinical, educational, or health promotion-related.

Medicolegal. Pertains to both medicine and law; considerations, decisions, definitions, and policies provide the framework for many aspects of current practice in the health care field.

Occupational model. Suggests technical training for a trade or occupation.

Outcome. Result derived from a specific intervention or treatment.

Patient. Potential or actual recipients of health care, including oral health care, and including persons, families, groups, and communities of all ages, genders, sociocultural, and economic states.

Patient-centered. Approaching services from the perspective that the patient is the main focus of attention, interest, and activity and that the patient’s values, beliefs, and needs are of utmost importance in providing care.

Practice. To engage in patient care activities.
**Professional model.** Requires formal academic education and qualification for entry into a profession through prolonged education, licensure, or regulation and adherence to an ethical code of practice.

**Refer.** Through assessment, diagnosis, or treatment, it is determined that services are needed beyond the practitioner’s competence or area of expertise. It assumes that the patient understands and consents to the referral and that some form of evaluation will be accomplished through cooperation with professionals to whom the patient has been referred.

**Reflective judgment.** A construct that merges the mental capabilities of critical thinking and problem-solving and represents a higher level clinical decision making skill.

**Risk assessment.** Qualitative and quantitative evaluation gathered from the assessment process to identify the risks to general and oral health. The data provide the clinician with the information to develop and design strategies for preventing or limiting disease and promoting health.

**Risk factors.** Attributes, aspects of behavior, or environmental exposures that increase the probability of the occurrence of disease.

**Sources**
Old Dominion University, College of Health Sciences, School of Dental Hygiene. Competencies for the baccalaureate degree in dental hygiene program. At: http://hs.odu.edu/...
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.

to read:

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

The House approved the following resolution:

6H-2010. Resolved, that the ADEA House of Delegates amends ADEA Policy Statement I. Education, J. Advanced Education, 5. Promoting the Goal of Advanced Education to read:

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

Resolution 7H-2010
Revision of ADEA Policy Statement on Dental Caries

Caries remains an ongoing and significant disease within the United States, Canada, and the world. The management of dental caries has evolved to include early diagnosis, nonsurgical intervention, and prevention, as well as the minimal and traditional surgical intervention. U.S. and Canadian dental schools and allied dental education programs need to take the lead in the clinical implementation of a curriculum that reflects this change to a more patient-centered, evidence-based practice. The ADEA Council of Sections believes that it is time for ADEA to take the lead in advocating for a universal commitment to teaching caries management by risk assessment.

The Administrative Board of the ADEA Council of Sections proposed revising ADEA Policy Statement V. Health Promotion and Disease Prevention, B. Dental Caries, which currently reads:

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.

The house approved the following resolution:

7H-2010. Resolved, that the ADEA House of Delegates revises ADEA Policy Statement V. Health Promotion and Disease Prevention, B. Dental Caries, which currently reads:

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 and Fluoride. ADEA supports and encourages widespread use of dental sealants and fluoride varnishes as a significant cost-effective primary preventive method for the prevention of dental caries.
The House approved the following resolution:

7H-2010. Resolved, that the ADEA House of Delegates amends ADEA Policy Statement V. Health Promotion and Disease Prevention, B. Dental Caries to read:

B. Dental Caries

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

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

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

The ADEA Section on Dental School Admissions Officers thus proposed revising ADEA Policy Statement I. Education, A. Admissions, 8. Applicant Response Periods, which currently reads:

8. All predoctoral institutions should: . . .

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 of the year of matriculation.

to read:

8. All predoctoral institutions should: . . .

e. Applicant Response Periods. Allow an applicant who has been given a provisional or final acceptance between December 1 of the academic year prior to the academic year of matriculation and January 31 of the year of matriculation a response period of no fewer than thirty days. For applicants accepted on or after February 1, the minimum response period may be reduced to fifteen days. The response period may be lifted after May 15 of the year of matriculation.
Admissions, 8. e. Applicant Response Periods, so that it reads as follows:

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

Resolution 9H-2010
Revision of ADEA Policy Statement on Admissions: Applicants Holding Positions at Multiple Institutions

The ADEA Section on Dental School Admissions Officers proposed revising the ADEA Policy Statement regarding applicants holding positions at multiple institutions. The proposal was discussed at the ADEA AFASA Meeting in Dallas, Texas, October 22, 2009, and affirmed in a survey of all admissions officers following the meeting. The rationale for this change is that start dates for a significant number of dental schools have been moved from August or September to as early as July 1. Because these schools need more time to identify individuals who are holding places in the class but do not intend to enroll, this change will allow wait-listed applicants to be contacted, offered admission, and given a reasonable time frame to transition to dental school.

The ADEA Section on Dental School Admissions Officers proposed revising ADEA Policy Statement I. Education, A. Admissions, 8. f. Applicants Holding Positions at Multiple Institutions, which currently reads:

8. All predoctoral institutions should: . . .

f. Applicants Holding Positions at Multiple Institutions. Dental schools participating in AADSAS will report to AADSAS by May 1 the names and identification numbers of candidates who have paid a deposit and/or hold a position in their entering class. Dental schools will have the option of rescinding an offer of admission to candidates who have paid deposits and are holding positions at multiple institutions.

Dental schools with candidates holding multiple positions on May 1 of the year of admission will give such candidates a minimum fifteen-day notice if they choose to withdraw them from the entering class. This policy will be evaluated every two years by the ADEA Section on Dental School Admissions Officers to assess its impact on applicants and dental schools and provide applicants a reasonable time frame to complete their enrollment process.

to read:

8. All predoctoral institutions should: . . .

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

The House approved the following resolution:

9H-2010. Resolved, that the ADEA House of Delegates approves the following amendment to ADEA Policy Statement I. Education, A. Admissions, 8. f. Applicants Holding Positions at Multiple Institutions, so that it reads as follows:

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

Resolution 10H-2010
ADEA Council of Hospitals and Advanced Education Programs Membership

The ADEA Council of Hospitals and Advanced Education Programs has evolved since its original incarnation as the American Association of Dental Schools Council of Hospitals. The constituency of the Council has become almost entirely those involved in the direction of advanced dental education programs. As the ADEA Bylaws regarding membership are currently constructed, there are two anomalies that likely were not intended initially and now act as a potential obstacle for membership among some who should be granted membership on the Council. The current ADEA Bylaws allow for membership of chiefs of hospital dental services on the Council regardless of whether or not there are any advanced education programs within that service. As a council of an educational organization, the inclusion of those without a supervisory role in an accredited advanced education program is not desired. The second anomaly is that chairs of divisions or departments who have responsibility for an accredited advanced dental education program are excluded from membership on the Council. The changes are meant to address both of these anomalies. Also, because the Commission on Dental Accreditation now allows a pathway for nonspecialty programs to be accredited, the representation from nonrecognized specialties is no longer necessary.

The ADEA Council of Hospitals and Advanced Education Programs proposed amending ADEA Bylaws Chapter VIII, Section B, Number 4, paragraph 1, which currently reads:

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.

to read:

The Council of Hospitals and Advanced Education Programs consists of the program director (or his or her designated alternate) of each Commission on Dental Accreditation (CODA)-approved advanced dental education program located in ADEA member institutions and any former member of the Council’s Administrative Board.

The resolution as introduced was as follows:

10H-2010. Resolved, that the ADEA House of Delegates approves an amendment to the ADEA Bylaws, Chapter VIII, Section B, Number 4, paragraph 1 so it reads as follows:

The Council of Hospitals and Advanced Education Programs consists of the program director (or his or her designated alternate) of each Commission on Dental Accreditation (CODA)-approved advanced dental education program located in ADEA member institutions and any former member of the Council’s Administrative Board.

The ADEA House of Delegates neither approved nor rejected this resolution. After discussion during the ADEA Reference Committee on Association Administrative Affairs’ hearing, the Reference Committee agreed with the request by the ADEA Council of Hospitals and Advanced Education Programs, which brought this resolution to the House, to refer it back to the ADEA Board of Directors for further evaluation and possible modifications to be presented.
Resolution 11H-2010
ADEA Council of Hospitals and Advanced Education Programs Name Change

The ADEA Council of Hospitals and Advanced Education Programs was previously known as the Council of Hospitals. The name was changed in an effort to provide a council-level involvement option for advanced dental education program directors. Previously, the Council had been comprised mostly of oral and maxillofacial surgery and general practice residency program directors and some chiefs of hospital services. After the name change, the Council greatly expanded and has evolved to be the primary representative within ADEA of advanced education programs. These programs reside in a variety of settings. The Council generally does not represent the institutions that the programs reside in (dental schools, hospitals, etc.) independently of the educational programs themselves. Therefore, it becomes redundant to refer to one type of institution, the hospital, in the Council name. While there is a historical significance to the inclusion of “hospitals” in the name, that term no longer accurately reflects the constituency the current Council represents.

The resolution as introduced was as follows:

11H-2010. Resolved, that the ADEA House of Delegates approves changing the name of the ADEA Council of Hospitals and Advanced Education Programs to the ADEA Council of Advanced Dental Education Program Directors, and be it further resolved that the Council’s name change be reflected throughout the ADEA Bylaws.

The ADEA House of Delegates neither approved nor rejected this resolution. After discussion during the ADEA Reference Committee on Association Administrative Affairs’ hearing, the Reference Committee agreed with the request by the ADEA Council of Hospitals and Advanced Education Programs, which brought this resolution to the House, to refer it back to the ADEA Board of Directors for further evaluation and possible modifications to be presented to the 2011 ADEA House of Delegates. The House voted to refer the resolution back to the ADEA Board of Directors.

Resolution 12H-2010
New ADEA Section on Cariology

The Special Interest Group (SIG) on Cariology, which was formed in 2007, submitted an application for Section status to the ADEA Council of Sections Administrative Board. After review, the Administrative Board recommended the change because the SIG has met the criteria to become a Section established by the Administrative Board. The ADEA Board of Directors supported the ADEA Council of Sections Administrative Board’s request to move the ADEA SIG on Cariology to Section status.

The House approved the following resolution:

12H-2010. Resolved, that the ADEA House of Delegates approves that the Special Interest Group on Cariology become the ADEA Section on Cariology.

Resolution 13H-2010
Provisional Membership of University of Southern Nevada College of Dental Medicine

The ADEA Bylaws provide that 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. Applications for Active and Provisional Membership are to be presented in writing at least sixty days before an Annual Session. An institution is elected to membership by a majority affirmative vote of the House of Delegates. Membership becomes effective on July 1 following House approval.

The University of Southern Nevada College of Dental Medicine has made a timely application for ADEA Provisional Membership in writing and does meet the criteria for Provisional Membership. Its first dental school class is expected to begin in fall 2011.

The House approved the following resolution:

13H-2010. Resolved, that the ADEA House of Delegates accepts the University of Southern Nevada College of Dental Medicine’s application for Provisional Membership in ADEA.
Resolution 14H-2010
Provisional Membership of Midwestern University College of Dental Medicine (Downers Grove, IL)

The ADEA Bylaws provide that 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. Applications for Active and Provisional Membership are to be presented in writing at least sixty days before an Annual Session. An institution is elected to membership by a majority affirmative vote of the House of Delegates. Membership becomes effective on July 1 following House approval.

Midwestern University College of Dental Medicine (Downers Grove, IL) has made a timely application for ADEA Provisional Membership in writing and does meet the criteria for Provisional Membership. Its first dental school class is expected to begin in fall 2011.

The House approved the following resolution:

14H-2010. Resolved, that the ADEA House of Delegates accepts Midwestern University College of Dental Medicine (Downers Grove, IL)’s application for Provisional Membership in ADEA.

Resolution 15H-2010
Approval of the ADEA Fiscal Year 2011 Budget

In addition to the following overview, Exhibit 3 shows revenue for fiscal years 2007 through 2011, and Exhibit 4 shows expenses for the same years. The ADEA fiscal year runs from July 1 through June 30.

The House approves the following resolution:


OVERVIEW OF THE PROPOSED ADEA FISCAL YEAR 2011 BUDGET

ADEA has experienced significant growth in programming and services over the last several years, fueled by a robust applicant pipeline and growth in nearly every revenue stream. ADEA has increased staffing and other expenses appropriately over the years in order to meet the increasing programmatic and membership demands. With the worsening economy, revenue categories that were on a sharp upward trajectory beginning in 2003 began to change course in 2008; these categories were primarily ADEA’s investment returns and advertising revenue. This negative impact has been mitigated by ADEA’s diversification strategy (particularly in grant income), very positive results in institutional membership acquisition, and a solid foundation of application fee income. Application fee revenue is now leveling off after five years of double-digit growth.

The FY2011 budget planning process focused on maintaining the current level of programming and expenses until a new strategic plan is in place for FY2011 and beyond. To be conservative, we assumed our revenues in 2011 will remain largely consistent with recent history in FY2009. One of the guidelines to senior staff in constructing FY2011 budget proposals was to assume a baseline of the FY2010 budget and adjust expectations based on our history in FY2009 and the first few months of FY2010.

The proposed FY2011 (July 1, 2010–June 30, 2011) budget was developed over the last four months through a collaborative process involving staff, the Association’s outside accountants, the Finance Committee, and the ADEA Board of Directors. Based on these discussions among staff, accountants, and leadership, the proposed FY2011 budget reflects the current level of programming and services with a focus on the Association’s strategic directions as well as overall cost efficiencies. The contribution to reserves is estimated at $400,000, as scheduled by the ADEA Board of Directors in September 2002. As much as possible, budget projections are based on historical information from FY2009 and FY2010 (note that less than half of FY2010 was complete when the proposed FY2011 budget was prepared).

REVENUE

The proposed total budgeted revenue for the Association in FY2011 is $17,409,976. This represents a 4 percent
increase from the FY2010 budget and a 15 percent increase from actual FY2009 revenue. The growth is primarily driven by an increase in projected application fee revenue and comparisons to negative investment returns in FY2009.

**Membership Dues**

Modest changes in total dollars by category are driven by changes in number of members based on staff estimates. There is no proposed change to the Association’s membership dues.

**Active**

Based on 61 U.S. dental schools and 10 Canadian dental schools, the increase from the FY2010 budget is driven by the addition of the new dental schools at Midwestern University (Downers Grove, IL) and the University of Southern Nevada.

**Affiliate**

Budgeted affiliate dues are based on the current affiliate institutional membership and recent recruitment campaign results. The proposed budget is based on 150 allied members at $945; 42 advanced members at $984; five non-hospital members at $3,998; and five federal members at $3,922.

**Corporate**

The proposed total budgeted dues revenue in this category is based on 65 corporate members at $3,400.

**Individual**

Proposed total budgeted dues revenue in this category is based on the current individual member count of 305 individual members at $125, as well as retiree and ADEA Leadership Institute Alumni Association dues.

**Student**

A modest amount of student dues is budgeted for members not affiliated with an ADEA member institution who therefore pay for their memberships. Proposed total budgeted dues revenue in this category is based on 90 student members at $40.

**Publications Revenue**

The proposed total budgeted publications revenue for FY2011 is approximately 12 percent less than FY2010 budget revenue in this category. The change is based on FY2009 actual figures, which reflect the downward economic trend in advertising revenue in all media. The focus for the proposed FY2011 advertising budget is to sustain revenue at the FY2009 level.

**Journal of Dental Education and Bulletin of Dental Education Subscriptions Sales**

The proposed JDE/BDE subscription sales budget is based on maintaining revenue consistent with FY2009 actual revenue.

**ADEA Opportunities for Minority Students in United States Dental Schools**

Sales of approximately $700 are projected for FY2011 for the 6th edition, 2009–2011, based on FY2009 actual sales data.

**ADEA Official Guide to Dental Schools**

Publication sales of $78,000 are based on actual FY2009 revenue.

**ADEA Directory of Institutional Members**

Publication sales of $1,800 are based on actual FY2009 revenue.

**JDE Advertising**

The proposed budget of $139,300 for FY2011 is based on actual FY2009 revenue.

**BDE Advertising**

The proposed FY2011 budget is $23,000, based on recent actual revenue and experience in FY2009.

**Other Publications/Reprints**

Other publications such as ADEA's ExploreHealthCareers.org website, JDE reprints, pay per view, and continuing education, webinars, and sales of ADEA branded items are budgeted at $192,990 for FY2011.

**Application Fees**

**ADEA AADSAS**

Projected revenue for ADEA AADSAS is $9,420,660 based on 11,100 applicants, including the Fee Reduction Program budget. Revenue is increased 7 percent from the FY2010 budget. The proposed budget includes an increase in the initial designation fee from $217 to $227 and an increase in the additional designation fee from $68 to $72. This increase supports the transformation of the application service from a paper-based system to a web-based multidirectional portal that is comprehensive, user-friendly, and an efficient
delivery system of applicant data to ADEA’s end users (applicants, admissions officers, and health professions advisors). In order to consider the needs of applicants with extreme financial constraints, the Fee Reduction Program budget remains the same at $125,000. Included in the proposed ADEA AADSAS revenue budget is projected revenue for ADEA CAAPID of $392,600. This is based on a projected 1,000 applicants selecting an average of 3.33 designations. Applicant fees for ADEA CAAPID are identical to those of ADEA AADSAS.

ADEA PASS
Projected revenue for ADEA PASS is $2,565,676 based on 3,800 applicants. The initial designation fee does not change. The additional designation fee increases from $53 to $54. This secondary fee increase is necessary to meet the current operational costs of the application service. The continued growth in ADEA PASS revenue is attributable to the increasing number of applicants and programs participating as a result of marketing initiatives. ADEA PASS also serves as the registration site for the Dental Match. ADEA PASS collects Dental Match fees, reserves $7 per registration to cover credit card and operational costs, and passes the remaining $73 per registrant to the National Matching Service. ADEA's net PASS-Match revenue is projected to be $19,600 based on an estimated 2,800 Match registrants at $80 per registrant.

ACLIENT User Fee
Income of $108,400 has been budgeted for FY2011 and is unchanged from the FY2010 budget.

Grants & Contributions
Foundation Support
Budgeted support of $434,122 is based on anticipated continued support from the Robert Wood Johnson Foundation (RWJF) for the RWJF/Association of American Medical Colleges/ADEA Summer Medical and Dental Education Program, a grant from the RWJF Dental Pipeline II National Program Office for Admission Committee Workshops, and contributions for ADEA’s ExploreHealthCareers.org website.

Fellowships and Scholarships
This is budgeted at $138,750 based on ADEA’s portfolio of annual fellowships and scholarships.

Corporate Contributions
This is budgeted at $30,000 and includes contributions for ADEA's Center for Educational Policy and Research.

Meetings Registration Income

ADEA Annual Session & Exhibition Fees
Registration and exhibitor fees for the 2011 ADEA Annual Session & Exhibition in San Diego, California, are budgeted at $863,390 based on recent exhibitor and registration trends. The 2011 ADEA Annual Session & Exhibition registration fees will increase slightly. The advance registration rate is budgeted to be $425, up from $399 in FY2010. Exhibitor fees also increase modestly from $3,440 to $3,800 for ADEA members and from $4,400 to $5,000 for nonmembers. The fee structure was last changed in 2008. Association meetings have been budgeted for FY2011 based on the ADEA Board of Directors’ goal of financial neutrality while taking into account specific subsidies as approved by the ADEA Board of Directors.

ADEA Deans’ Conference Fees
Proposed budgeted revenues include an ADEA 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.

Sponsor Fees
Budgeted at $732,050, this includes sponsorship of the 2011 ADEA Annual Session & Exhibition in the amount of $92,050 and other conferences and programs in the amount of $640,000. These figures are based on prior year actual figures and current expectations and commitments already made for FY2011.

Other Conferences
ADEA will hold a number of meetings at the ADEA Fall 2010 Meetings in October 2010. The ADEA Fall Meetings concept came from a recommendation of the ADEA Board of Directors to promote more interaction among member groups, sections, and committees outside of the ADEA Annual Session & Exhibition. The 2010 set of meetings will include at least the following components and other groups as determined: ADEA Council of Faculties Interim Meeting, ADEA Council of Students, Residents, and Fellows Interim Meeting, ADEA Council of Sections Interim Meeting, ADEA Academic Deans’ Conference, ADEA Council of Hospitals and Advanced Education Programs Interim Meeting, ADEA AFASA Meeting, and the ADEA Diversity and Access to Dental Careers Conference (this year, rather than offering a free-standing conference, plans are under way to creatively integrate the theme of diversity into each of the group meetings listed above). The total meeting registration revenue for all other conferences other than
the ADEA Annual Session & Exhibition and the ADEA Deans’ Conference is budgeted at $279,785.

Other Income
Other Income has been projected at $40,125 in FY2011 and is primarily income from the ADEA Marketplace and the ADEA Division of Knowledge Management data request fees. Given the current economic situation and the uncertainty surrounding investment returns, there is no budget proposed for investment income (or loss) in FY2011.

EXPENSES
Total expenses recommended in the proposed FY2011 budget are $17,409,976. This represents a 4 percent increase from the FY2010 expense budget and a 7 percent increase from actual expenses for FY2009 not including the proposed reserve contribution expenses of $400,000 and $500,000 in FY2011 and FY2010, respectively. Given the downward trend in investment and advertising income and the stabilization of application fee growth, the FY2011 expense budget was developed conservatively based on existing programming, contractual obligations such as rent, and priorities such as improvements for the application services and information technology security, while keeping nonstrategic expenses at FY2009 levels or lower when possible.

Personnel Costs and Fees
Total Personnel Costs and Fees are projected at $8,263,055 in the proposed FY2011 budget. This is an 8 percent increase from the FY2010 budget and FY2009 actual personnel costs. The increase from the FY2010 budget is driven by two factors: half of the increase is due to the 4 percent pool to budget for staff salary adjustments contingent upon ADEA Board of Directors’ approval, and the other half is for three new staff positions to enhance and support ADEA’s website and online services to members, a new finance position, and staff support for the *Journal of Dental Education*.

Full-Time Salaries
A 4 percent pool is budgeted for salary adjustments in FY2011.

Temporary Salaries
Expenses for temporary staff are budgeted at $102,312 based on projections for FY2011. Temporary staff expenses have been reduced over recent years as a result of the investment in technology for ADEA’s application services.

Benefits
Employee benefits are conservatively budgeted at 20 percent of salaries, assuming that all vacant positions will be filled and that employees filling these positions will be eligible for all benefits during FY2011.

Legal Fees
Legal fees are based on historical experience and projections of required services in FY2011.

Consultants
Consultant expense is budgeted at $1,601,800 and includes expenses for consulting services, honoraria, and stipends. The proposed consultant budget includes services for outsourced accounting, human resources, and editorial and production services as well as consultants for ADEA’s ExploreHealthCareers.org programmatic and website initiatives. The proposed budget was reduced from FY2009 actual expenses and the FY2010 budget.

Travel
Travel expenses are consistent with the FY2010 budget and based on the estimated number of people traveling and the number of ADEA meetings in FY2011.

Other Costs
Bank and Credit Card Charges
The budget is $400,050 for credit card processing fees for FY2011. The projection is based on 3 percent of projected credit card revenue for FY2011.

Developmental Programming and Data Processing
The combined budget for both categories is approximately $2.9M compared to $2.2M in the FY2010 budget. The 29 percent combined increase is driven by the outsourcing of additional services to Liaison International and includes expense for additional enhancements. Prior to this new arrangement, Liaison outsourced services were split between Developmental Programming, Data Processing, and Computer Operations categories. Based on the renegotiated fees and Liaison’s billing structure, all of these amounts will be reported in the Data Processing category going forward.

Computer Operations
This is budgeted at $335,385. This expense includes payments for AClient user fees; legislative monitoring services; hosting ADEA’s association management system, Association Anywhere; hosting the online *Journal of Dental Education*; and strategic investment
in the security and reliability of ADEA's information technology systems.

Office Supplies
This is budgeted at $78,885 for FY2011, which is 7 percent less than the FY2010 budgeted amount. The FY2011 budget is based on projected expected purchases.

Rent and Refurbishing Expense
The budget for rent is $786,769 based on the 10-year office lease effective as of September 1, 2004.

Depreciation and Amortization
Depreciation and amortization expense is based on ADEA's current fixed assets balances as well as expected upgrades to computer hardware and ADEA's phone system and other IT projects.

Equipment Rental
The budget for equipment rental is $36,000 for office equipment that is leased and used at ADEA's office. The actual results for FY2009 include audiovisual equipment rental for ADEA's meetings, which is now included in the meetings expense budget line.

Insurance
Insurance expense is budgeted at $73,000 based on actual expenses from FY2009.

Memorials and Contributions
This is budgeted at $52,500 based on FY2009 actual expenses. The proposed budget includes $25,000 for administrative support for the home institution of the ADEA President, stipends for the 2011 ADEA Annual Session & Exhibition Faculty Development Workshop presenters, and other miscellaneous memorials and contributions typically paid by the Association.

Employee Professional Development
Employee professional development is budgeted based on the number of ADEA staff.

Meetings Expense
Meetings expense is budgeted at $2,009,258, which is 17 percent lower than the FY2010 budgeted expense. These costs are related to the on-site meeting expenses such as food and beverage, hotel room nights, audiovisual equipment and services, and meeting room expenses. Estimates are based on anticipated local expenses for the relevant meeting locations and take into account cost efficiencies projected by staff.

Awards and Fellowships
This is budgeted at $140,750 based on ADEA's portfolio of annual fellowships and scholarships.

Marketing
This is budgeted at $130,246 for existing advertising sales expense as well as expenditures for advertising; marketing and affinity items; new products, services, and technology; and attendance marketing.

All other budgeted expenses, such as telephone and fax, postage and freight, printing and reproduction, repairs and maintenance, dues, subscriptions, membership fees, recruitment, retention, and miscellaneous expenses, were based on FY2009 actual expenses and reduced 5 percent based on expectations for cost savings in FY2011.