American Dental Education Association
Proceedings of the 2011 ADEA House of Delegates

Fifteen resolutions were introduced at the 2011 ADEA House of Delegates. The House acted on Resolutions 1H-2011 through 5H-2011 at its Opening Session on Saturday, March 12, 2011, from 4:00 to 5:00 p.m. The House acted on all others at its Closing Session on Wednesday, March 16, 2011, from noon to 1:15 p.m. Both sessions were held at the Manchester Grand Hyatt, Elizabeth Ballroom Section A-E. The resolutions are sequenced as follows:

**Resolutions Acted on at the Opening Session**
1H-2011 ADA Council on Dental Education and Licensure Member
2H-2011 Commission on Dental Accreditation Student Commissioner
3H-2011 Commission on Dental Accreditation Commissioner
4H-2011 2011 ADEAGies Foundation Appointment
5H-2011 Appreciations

**Resolutions Acted on at the Closing Session**
6H-2011 ADEA Competencies for Entry into the Allied Dental Professions
7H-2011 ADEA Core Competencies for Graduate Dental Hygiene Education
8HSB-2011 ADEA Guiding Principles for the Education of Oral Health Professionals in Emerging Workforce Models
9H-2011 ADEA Policy Statement on International Student Outreach
11H-2011 ADEA Foundation Knowledge and Skills for the New General Dentist
12H–2011 Amendment to ADEA Bylaws Regarding Membership
13H-2011 Provisional Membership of the Lake Erie College of Osteopathic Medicine School of Dental Medicine
14H-2011 Provisional Membership of the University of New England College of Dental Medicine
15H-2011 Approval of the ADEA Fiscal Year 2012 Budget

**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, 2010.
- The Nominating Committee voted to select the candidate(s) to stand for election.

On the recommendation of the Nominating Committee, the Board of Directors presented three candidates for 2011–12 ADEA President-Elect. (The office leads in successive years to the offices of President and Immediate Past President.) The three candidates were as follows:

- Dr. Gerald N. Glickman, Professor and Chair, Department of Endodontics, Baylor College of Dentistry
- Dr. Diane C. Hoelscher, Associate Professor, University of Detroit Mercy
- Dr. Sheila H. Koh, Special Patient Clinic Director, University of Texas Health Science Center at Houston
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. Gerald N. Glickman as the 2011–12 ADEA President-Elect by secret ballot.

**Resolution 1H-2011**
**ADA Council on Dental Education and Licensure Member**

The current ADEA members of the American Dental Association (ADA) Council on Dental Education and Licensure (CDEL) and their termination dates (in the fall of the years shown) are as follows:
- 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. Teresa A. Dolan, University of Florida (2014)

Dr. Meyerowitz will complete his term on CDEL this fall at the 2011 ADA Annual Session, and he is not eligible for an additional term. Thus, the 2011 ADEA House had to appoint a new CDEL member. To replace Dr. Meyerowitz, the ADEA Board of Directors recommended that the House appoint Dr. Ann Boyle, Southern Illinois University, to a four-year term to expire in 2015.

The House adopted the following resolution:

**1H-2011 Resolved, that the ADEA House of Delegates appoint Dr. Ann Boyle to a four-year term on the ADA Council on Dental Education and Licensure with the term to begin at the conclusion of the 2011 ADA Annual Session and end at the conclusion of the 2015 ADA Annual Session.**

**Resolution 2H-2011**
**Commission on Dental Accreditation Student Commissioner**

Under the rules of the Commission on Dental Accreditation, the American Dental Education Association and the American Student Dental Association jointly appoint one student commissioner every two years. The tradition has been that the two associations alternate in recommending an individual to be appointed to this position for approval by the governing bodies of both associations. In 2007, ADEA recommended the appointment of Mr. Jason Pickup, University of Nevada, Las Vegas, to a two-year term that expired in 2009.

The ADEA Board of Directors recommended that the House appoint Mr. Joseph Eliason, University of California, San Francisco, to a two-year term to begin at the conclusion of the 2011 ADA Annual Session and end at the conclusion of the 2013 ADA Annual Session.

The House adopted the following resolution:

**2H-2011 Resolved, that the ADEA House of Delegates appoint Mr. Joseph Eliason to a two-year term on the Commission on Dental Accreditation with the term to begin at the conclusion of the 2011 ADA Annual Session and end at the conclusion of the 2013 ADA Annual Session.**

**Resolution 3H-2011**
**Commission on Dental Accreditation Commissioner**

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. Karen P. West, University of Nevada, Las Vegas (2011); (Dr. West replaced Dr. Sharon P. Turner, University of Kentucky, in 2010)
- Dr. Richard N. Buchanan, University of Southern Nevada (2012)
- Dr. Yilda Rivera-Nazario, University of Puerto Rico (2013); (Dr. Rivera-Nazario replaced Dr. Leo E. Rouse, Howard University, in 2010)
- Dr. John N. Williams, Indiana University (2014)

Dr. West will complete her term this fall at the 2011 ADA Annual Session. Thus, the 2011 ADEA House had to appoint a new CODA member. To replace Dr. West, the ADEA Board of Directors recommended that the House appoint Dr. William W. Dodge, University of Texas Health Science Center at San Antonio, to a four-year term to expire in 2015.

The House adopted the following resolution:

**3H-2011 Resolved, that the ADEA House of Delegates appoint Dr. William W. Dodge to a four-year term on the Commission on Dental Accreditation with the term to**
begin at the conclusion of the 2011 ADA Annual Session and end at the conclusion of the 2015 ADA Annual Session.

Resolution 4H-2011
2011 ADEAGies Foundation Appointment

To enhance its ability to manage the challenges facing dental and allied dental education and research, the William J. Gies Foundation for the Advancement of Dentistry joined with ADEA in 2002 to create the William J. Gies Foundation for the Advancement of Dentistry of the American Dental Education Association (ADEAGies Foundation). The mission of the ADEAGies Foundation is to enhance the oral health of the public through programs that support dental education, research, leadership, and recognition.

According to the bylaws, the Board of Trustees of the ADEAGies Foundation consists of four or more ADEA-appointed members, including the Past President, the Executive Director, one member appointed by the ADEA Board of Directors (but who cannot be a Board member), and a member appointed by the ADEA House of Delegates. The appointment by the ADEA House of Delegates is for a two-year term, beginning in July 2011 and ending in July 2013.

The ADEA Board of Directors recommended that the House appoint Dr. Connie L. Drisko, Georgia Health Sciences University, to a two-year term to expire in 2013.

The House adopted the following resolution:

4H-2011 Resolved, that the ADEA House of Delegates appoint Dr. Connie L. Drisko to a two-year term to expire in 2013 as a member of the ADEAGies Foundation Board of Trustees.

Resolution 5H-2011
Appreciations

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

**ADA Insurance Plans** was a general sponsor of the ADEA Sections on Dental School Admissions Officers and Student Affairs and Financial Aid at the ADEA Fall 2010 Meetings and was a general sponsor of the 52nd Annual ADEA Deans’ Conference. The company also sponsored an Exhibit Hall raffle item at the 2010 ADEA Annual Session & Exhibition.

**ADEA AADSAS** cosponsored the meeting of the ADEA Sections on Dental School Admissions Officers and Student Affairs and Financial Aid at the ADEA Fall 2010 Meetings.

The **ADEA Corporate Council** sponsored the Opening Plenary at the 2010 ADEA Annual Session & Exhibition.

The **ADEA Council of Students, Residents, and Fellows** cosponsored the 2010 ADEA/ADEA Council of Students, Residents, and Fellows/Colgate-Palmolive Co. Junior Faculty Award.

The **ADEAGies Foundation** funded the ADEA/William J. Gies Foundation Education Fellowship and the ADEA/William J. Gies Foundation Research Scholarship. The Foundation also cosponsored the 2010 ADEA Leadership Institute and supported the Academic Dental Careers Fellowship Program and the Predental Advisors Workshop at the 2010 ADEA Annual Session & Exhibition.

**A-dec** was a Gold Level sponsor of the 2010 William J. Gies Awards for Vision, Innovation, and Achievement. A-dec sponsored lunch at the 52nd Annual ADEA Deans’ Conference and cosponsored dinner and a reception at the ADEA Sections on Business and Financial Administration and Clinic Administration 2010 Mid-Year Meeting. The company also sponsored a reception at the 43rd Annual National ADEA Allied Dental Program Directors’ Conference and an Exhibit Hall raffle item at the 2010 ADEA Annual Session & Exhibition.

**ADI Mobile Health** was a general sponsor of the ADEA Sections on Business and Financial Administration and Clinic Administration 2010 Mid-Year Meeting.
AEGIS Communications was a general sponsor of the Fourth ADEA International Women’s Leadership Conference and a general sponsor of the 2010 ADEA/ASDA National Dental Student Lobby Day. AEGIS Communications was a Gold Level sponsor of the 2010 William J. Gies Awards for Vision, Innovation, and Achievement. The company also sponsored the welcoming reception at the 52nd Annual ADEA Deans’ Conference.

The Alpha Omega Foundation funded the ADEA/Alpha Omega Foundation/Leonard Abrams Scholar in the 2010 ADEA Leadership Institute.

The Association of American Medical Colleges supported the Summer Medical and Dental Education Program.

The American College of Prosthodontists was a 2010 William J. Gies Awards for Vision, Innovation, and Achievement Donor.

Aspen Dental Management, Inc. was a general sponsor of the 52nd Annual ADEA Deans’ Conference. The company also sponsored Exhibit Hall raffle items at the 2010 ADEA Annual Session & Exhibition.

axiUm Software provided a break for the ADEA Sections on Business and Financial Administration and Clinic Administration 2010 Mid-Year Meeting.

Benco Dental was a general sponsor of the 52nd Annual ADEA Deans’ Conference.

Bien-Air USA was a general sponsor of the ADEA Sections on Business and Financial Administration and Clinic Administration 2010 Mid-Year Meeting. The company also sponsored an Exhibit Hall raffle item at the 2010 ADEA Annual Session & Exhibition.

BioHorizons Implant Systems was a general sponsor of the 52nd Annual ADEA Deans’ Conference.

Boston University was a Deans’ List Level sponsor of the 2010 William J. Gies Awards for Vision, Innovation, and Achievement.

Brasseler USA sponsored the golf tournament reception and prizes at the ADEA Sections on Business and Financial Administration and Clinic Administration 2010 Mid-Year Meeting. The company was a general sponsor of the 52nd Annual ADEA Deans’ Conference and also sponsored a reception at the 43rd Annual National ADEA Allied Dental Program Directors’ Conference.

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 52nd Annual ADEA Deans’ Conference.

Case Western Reserve University School of Dental Medicine was a Deans’ List Level sponsor of the 2010 William J. Gies Awards for Vision, Innovation, and Achievement.

Certiphi Screening, Inc. sponsored an Exhibit Hall raffle item at the 2010 ADEA Annual Session & Exhibition.

Colgate-Palmolive Co. was a Diamond Level sponsor of the 2010 William J. Gies Awards for Vision, Innovation, and Achievement. The company supported the ADEA Leadership Institute Alumni Reception for the Class of 2011 at the 2010 ADEA Annual Session & Exhibition. The company again provided generous support for the ADEA/Colgate-Palmolive Co. Allied Dental Educators’ Fellowship, ADEA/Colgate-Palmolive Excellence in Teaching Award, ADEA/Colgate-Palmolive Co./National Dental Association Dr. Jeanne C. Sinkford Scholar in the 2010 ADEA Leadership Institute, the 2010 ADEA/ADEA Council of Students, Residents, and Fellows/Colgate-Palmolive Co. Junior Faculty Award, and the 2010 ADEA Invitational Allied Dental Education Summit. Colgate-Palmolive Co. was a founding and continuing supporter of ADEA’s online Journal of Dental Education. The company sponsored the ADEA/Colgate-Palmolive Oral-Systemic Link curriculum guideline development project. The company sponsored a lunch at the 43rd Annual National ADEA Allied Dental Program Directors’ Conference and sponsored conference laptop sleeves at the ADEA Sections on Business and Financial Administration and Clinic Administration 2010 Mid-Year Meeting. Colgate-Palmolive Co. sponsored an educational session, conference bags, and the New Deans’ Workshop at the 52nd Annual ADEA Deans’ Conference. The company was a general sponsor of the Fourth ADEA International Women’s Leadership Conference.
DentalEZ Group was a Gold Level sponsor of the 2010 William J. Gies Awards for Vision, Innovation, and Achievement.

The Dental Services Group–DSG, Solutions Laboratory sponsored a breakfast at the ADEA Sections on Business and Financial Administration and Clinic Administration 2010 Mid-Year Meeting. The company was also a general sponsor of the 52nd Annual ADEA Deans’ Conference.

DENTSPLY International, Inc. was a Diamond Level sponsor of the 2010 William J. Gies Awards for Vision, Innovation, and Achievement and sponsored the student poster awards at the 2010 ADEA Annual Session & Exhibition. The company hosted a reception at the 52nd Annual ADEA Deans’ Conference and was a general sponsor of the ADEA Sections on Business and Financial Administration and Clinic Administration 2010 Mid-Year Meeting. DENTSPLY International, Inc. was a general sponsor of the 43rd Annual National ADEA Allied Dental Program Directors’ Conference as well.

DEXIS, LLC; GENDEX DENTAL SYSTEMS; ISI cosponsored the welcome reception at the ADEA Sections on Business and Financial Administration and Clinic Administration 2010 Mid-Year Meeting and a breakfast at the 52nd Annual ADEA Deans’ Conference. The company also supported Faculty Development Workshops at the 2010 ADEA Annual Session & Exhibition.

Discus Dental, Inc. sponsored the keynote address at the 52nd Annual ADEA Deans’ Conference and the golf tournament beverage cart for the ADEA Sections on Business and Financial Administration and Clinic Administration 2010 Mid-Year Meeting.

Fortress Insurance Company was a general sponsor of the 52nd Annual ADEA Deans’ Conference.

G. Hartzell & Son sponsored an education session at the 43rd Annual National ADEA Allied Dental Program Directors’ Conference.

GlaxoSmithKline was a general sponsor of the 43rd Annual National ADEA Allied Dental Program Directors’ Conference and the 52nd Annual ADEA Deans’ Conference. The company also funded the ADEA 2010 Dental School Curriculum Development Program.

Harvard School of Dental Medicine was a Deans’ List Level sponsor of the 2010 William J. Gies Awards for Vision, Innovation, and Achievement.

Henry Schein, Inc. was a Diamond Level sponsor of the 2010 William J. Gies Awards for Vision, Innovation, and Achievement. The company also sponsored a breakfast at the ADEA Sections on Business and Financial Administration and Clinic Administration 2010 Mid-Year Meeting and provided support for a break at the 43rd Annual National ADEA Allied Dental Program Directors’ Conference.

Hu-Friedy Mfg. Co., Inc. was a Diamond Level sponsor of the 2010 William J. Gies Awards for Vision, Innovation, and Achievement. The company sponsored a luncheon at the 52nd Annual ADEA Deans’ Conference and cosponsored a reception and dinner for the ADEA Sections on Business and Financial Administration and Clinic Administration 2010 Mid-Year Meeting. Hu-Friedy Mfg. Co., Inc. sponsored a reception at the 43rd Annual National ADEA Allied Dental Program Directors’ Conference. The company also sponsored Exhibit Hall raffle items at the 2010 ADEA Annual Session & Exhibition.

Indiana University was a Deans’ List Level sponsor of the 2010 William J. Gies Awards for Vision, Innovation, and Achievement.

The Institute for Oral Health sponsored lanyards, pens, conference bags, and an Exhibit Hall raffle item at the 2010 ADEA Annual Session & Exhibition. The company was a general sponsor for the ADEA Sections on Business and Financial Administration and Clinic Administration 2010 Mid-Year Meeting and the 52nd Annual ADEA Deans’ Conference.

The International Federation of Dental Educators and Associations supported the 2010 ADEA/International Federation of Dental Educators and Associations Orna Shanley Prize.

Isolite Systems was a general sponsor of the 52nd Annual ADEA Deans’ Conference and the 43rd Annual National ADEA Allied Dental Program Directors’ Conference.

Johnson & Johnson Healthcare Products, Division of McNEILL-PPC, Inc. was a Premier Level sponsor of the 2010 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 43rd Annual National ADEA Allied Dental Program Directors’ Conference and the ADEA Sections on Business and Financial Administration and Clinic Administration 2010 Mid-Year Meeting. The company cosponsored a reception at the 52nd Annual ADEA Deans’ Conference. The company also sponsored the 2010 ADEA Invitational Allied Dental Education Summit, the 2010 ADEA Leadership Institute, and the Fourth ADEA International Women’s Leadership Conference.

The Josiah Macy Jr. Foundation provided a grant to support the 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 and the buses to take conference attendees to tour a dental school at the ADEA Sections on Business and Financial Administration and Clinic Administration 2010 Mid-Year Meeting. The company also was a general sponsor of the 52nd Annual ADEA Deans’ Conference. Komet USA sponsored an Exhibit Hall raffle item at the 2010 ADEA Annual Session & Exhibition.

Liaison International, Inc. was a Gold Level sponsor of the 2010 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 2010 Meetings.

Loma Linda University was a Deans’ List Level sponsor of the 2010 William J. Gies Awards for Vision, Innovation, and Achievement.

Louisiana State University was a Deans’ List Level sponsor of the 2010 William J. Gies Awards for Vision, Innovation, and Achievement.

Medical Protective was a general sponsor of the 52nd Annual ADEA Deans’ Conference.

Midmark Corporation was a general sponsor of the ADEA Sections on Business and Financial Administration and Clinic Administration 2010 Mid-Year Meeting and of the 52nd Annual ADEA Deans’ Conference.

Mosby/Elsevier sponsored Exhibit Hall raffle items at the 2010 ADEA Annual Session & Exhibition.

The National Dental Association was a Gold Level sponsor of the 2010 William J. Gies Awards for Vision, Innovation, and Achievement and cosponsored the ADEA/Colgate-Palmolive Co./National Dental Association Dr. Jeanne C. Sinkford Scholar in the 2010 ADEA Leadership Institute.

National Dentex Corporation was a Donor Level sponsor of the 2010 William J. Gies Awards for Vision, Innovation, and Achievement.

The National Institutes of Health/NIDCR was a general sponsor of the Fourth ADEA International Women’s Leadership Conference.

New York University was a Deans’ List Level sponsor of the 2010 William J. Gies Awards for Vision, Innovation, and Achievement.

Nobel Biocare AB was a general sponsor of the 52nd Annual ADEA Deans’ Conference.

Oral Health America, Beuchamp Funds, George H. Whiteley Memorial Foundation, and DENTSPLY International, Inc. supported the ADEAGies Foundation for the 2010 ADEA Leadership Institute.

OraPharma, Inc. was a Diamond Level sponsor of the 2010 William J. Gies Awards for Vision, Innovation, and Achievement. The company was a cosponsor of a reception at the 52nd Annual ADEA Deans’ Conference and was a general sponsor of the 43rd Annual National ADEA Allied Dental Program Directors’ Conference.

Pacific Dental Services, Inc. sponsored the official 2010 ADEA Annual Session & Exhibition poster and was a general sponsor of the 52nd Annual ADEA Deans’ Conference.

PDT, Inc. sponsored an Exhibit Hall raffle item at the 2010 ADEA Annual Session & Exhibition.

Pelton & Crane, KaVo, Marus Dental Corporation cosponsored a reception at the ADEA Sections on
Business and Financial Administration and Clinic Administration 2010 Mid-Year Meeting and breakfast at the 52nd Annual ADEA Deans’ Conference.

*Philips Oral Healthcare, Inc.* sponsored the conference lanyards at the 43rd Annual National ADEA Allied Dental Program Directors’ Conference and was a general sponsor of the 52nd Annual ADEA Deans’ Conference.

*Premier Dental Products Company* supported a break at the 43rd Annual National ADEA Allied Dental Program Directors’ Conference. The company also sponsored an Exhibit Hall raffle item at the 2010 ADEA Annual Session & Exhibition.

*The Procter & Gamble Company* was a Diamond Level sponsor of the 2010 William J. Gies Awards for Vision, Innovation, and Achievement. The company also sponsored a breakfast at the 52nd Annual ADEA Deans’ Conference. The Procter & Gamble Company also sponsored the ADEA Allied Dental Hygiene Clinic Coordinators’ lunch and the ADEA Dental Hygiene Graduate Program Directors meeting at the 2010 ADEA Annual Session & Exhibition. The company sponsored a lunch at the ADEA Sections on Business and Financial Administration and Clinic Administration 2010 Mid-Year Meeting, as well as a breakfast at the 43rd Annual National ADEA Allied Dental Program Directors’ Conference, and was a general sponsor of the 2010 ADEA Invitational Allied Dental Education Summit. The company is a continuing sponsor of ADEA’s online *Journal of Dental Education*. The Procter & Gamble Company was a sponsor of the ADEA Fall 2010 meetings and of the 2010 ADEA Leadership Institute. The company also was a general sponsor of the 2010 ADEA/ASDA National Dental Student Lobby Day. The company sponsored the ADEA/Crest Oral-B Laboratories Scholarship for Dental Hygiene Students Pursuing Academic Careers. It also was a general sponsor of the Fourth ADEA International Women’s Leadership Conference and sponsored Exhibit Hall raffle items at the 2010 ADEA Annual Session & Exhibition.

*Raffa* was a Gold Level sponsor of the 2010 William J. Gies Awards for Vision, Innovation, and Achievement.

The *Robert Wood Johnson Foundation* provided grants to support the Summer Medical and Dental Education Program and the ExploreHealthCareers.org website. The Foundation also provided support through the RWJF Dental Pipeline II NPO for Admissions Committee Workshops and activities to support efforts to address diversity in the predoctoral accreditation standards.

*SDS/Dental Consumables–Kerr, Pentron Clinical, Axis* sponsored education sessions at the ADEA Sections on Business and Financial Administration and Clinic Administration 2010 Mid-Year Meeting and at the 52nd Annual ADEA Deans’ Conference.

*Secure Innovations, Inc.* sponsored a breakfast at the ADEA Sections on Business and Financial Administration and Clinic Administration 2010 Mid-Year Meeting.

*Septodont, Inc.* was a general sponsor of the 52nd Annual ADEA Deans’ Conference.

*Sigma Phi Alpha,* the dental hygiene honor society, sponsored the 2010 ADEA/Sigma Phi Alpha Linda DeVore Scholarship.

*Sirona Dental Systems, LLC* sponsored educational sessions at the ADEA Sections on Business and Financial Administration and Clinic Administration 2010 Mid-Year Meeting and at the 52nd Annual ADEA Deans’ Conference. The company also sponsored the Connecting with Colleagues Reception at the 2010 ADEA Annual Session & Exhibition and was a general sponsor of the 43rd Annual National ADEA Allied Dental Program Directors’ Conference.

*Stage Front Presentation Systems* sponsored an educational session at the ADEA Sections on Business and Financial Administration and Clinic Administration 2010 Mid-Year Meeting. The company was also a general sponsor of the 43rd Annual National ADEA Allied Dental Program Directors’ Conference.

*Stony Brook University School of Dental Medicine* was a Deans’ List Level sponsor of the 2010 William J. Gies Awards for Vision, Innovation, and Achievement.

*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 at the 2010 ADEA Annual Session & Exhibition. The company was a general sponsor of the 2010 ADEA Invitational Allied Dental Education Summit, a general sponsor of the 52nd Annual ADEA Deans’ Conference, and a supporter of the 2010 ADEA Leadership Institute.
The Texas Association of Community Health Centers sponsored an Exhibit Hall raffle item at the 2010 ADEA Annual Session & Exhibition.

Texas A&M Health Science Center Baylor College of Dentistry was a Deans’ List Level sponsor of the 2010 William J. Gies Awards for Vision, Innovation, and Achievement.

3M ESPE was a general sponsor of the 52nd Annual ADEA Deans’ Conference.

Tufts University School of Dental Medicine was a Deans’ List Level sponsor of the 2010 William J. Gies Awards for Vision, Innovation, and Achievement.

Ultradent Products, Inc. sponsored a break at the ADEA Sections on Business and Financial Administration and Clinic Administration 2010 Mid-Year Meeting as well as the 52nd Annual ADEA Deans’ Conference. The company also sponsored an Exhibit Hall raffle item at the 2010 ADEA Annual Session & Exhibition.

The University of Alabama at Birmingham was a Deans’ List Level sponsor of the 2010 William J. Gies Awards for Vision, Innovation, and Achievement.

The University at Buffalo was a Deans’ List Level sponsor of the 2010 William J. Gies Awards for Vision, Innovation, and Achievement.

The University of California, Los Angeles was a Deans’ List Level sponsor of the 2010 William J. Gies Awards for Vision, Innovation, and Achievement.

The University of California, San Francisco sponsored an Exhibit Hall raffle item at the 2010 ADEA Annual Session & Exhibition.

The University of Connecticut School of Dental Medicine was a Deans’ List Level sponsor of the 2010 William J. Gies Awards for Vision, Innovation, and Achievement.

The University of Illinois at Chicago was a Deans’ List Level sponsor of the 2010 William J. Gies Awards for Vision, Innovation, and Achievement.

The University of Kentucky was a Deans’ List Level sponsor of the 2010 William J. Gies Awards for Vision, Innovation, and Achievement.

The University of Michigan was a Deans’ List Level sponsor of the 2010 William J. Gies Awards for Vision, Innovation, and Achievement.

The University of Minnesota School of Dentistry was a Deans’ List Level sponsor of the 2010 William J. Gies Awards for Vision, Innovation, and Achievement.

The University of Missouri-Kansas City was a Donor Level sponsor of the 2010 William J. Gies Awards for Vision, Innovation, and Achievement.

The University of Nebraska Medical Center was a Deans’ List Level sponsor of the 2010 William J. Gies Awards for Vision, Innovation, and Achievement.

The University of North Carolina at Chapel Hill was a Deans’ List Level sponsor of the 2010 William J. Gies Awards for Vision, Innovation, and Achievement.

The University of Puerto Rico was a Deans’ List Level sponsor of the 2010 William J. Gies Awards for Vision, Innovation, and Achievement.

The University of Texas Health Science Center at Houston was a Deans’ List Level sponsor of the 2010 William J. Gies Awards for Vision, Innovation, and Achievement.

The University of Texas Health Science Center at San Antonio was a Deans’ List Level sponsor of the 2010 William J. Gies Awards for Vision, Innovation, and Achievement.

Virginia Commonwealth University was a Deans’ List Level sponsor of the 2010 William J. Gies Awards for Vision, Innovation, and Achievement.

Vista Dental Products was a general sponsor of the 43rd Annual National ADEA Allied Dental Program Directors’ Conference.

VitalSource Technologies, Inc. was a general sponsor of the 52nd Annual ADEA Deans’ Conference.

VOXEL-MAN Group sponsored an Exhibit Hall raffle item at the 2010 ADEA Annual Session & Exhibition.
The W.K. Kellogg Foundation was a Deans’ List Level sponsor of the 2010 William J. Gies Awards for Vision, Innovation, and Achievement and provided a grant to support the ADEA/WWKF Dental School Outreach Program.

Whip Mix Corporation sponsored a luncheon for the Section on Prosthodontics at the 2010 ADEA Annual Session & Exhibition.

Young Dental Manufacturing sponsored an Exhibit Hall raffle item at the 2010 ADEA Annual Session & Exhibition.

Zimmer Dental sponsored education sessions at the 43rd Annual National ADEA Allied Dental Program Directors’ Conference, the ADEA Sections on Business and Financial Administration and Clinic Administration 2010 Mid-Year Meeting, the 52nd Annual ADEA Deans’ Conference, and the ADEA Fall 2010 Meetings. The company supported the ADEA Council of Hospitals and Advanced Education Programs and the student-centered plenary at the 2010 ADEA Annual Session & Exhibition and also sponsored the conference keycards, the meeting-at-a-glance program, and the ADEA Implant Teaching Award. It also supported the Fourth ADEA International Women’s Leadership Conference and the 2010 ADEA Invitational Allied Dental Education Summit.

The House adopted the following resolution:

5H-2010 Resolved, that the American Dental Education Association expresses its sincere appreciation to the following organizations for their generous support of the Association’s activities and programs between the start of the 2010 ADEA Annual Session & Exhibition and the start of the 2011 ADEA Annual Session & Exhibition:

- ADA Insurance Plans
- ADEA AADSAS
- ADEA Corporate Council
- ADEA Council of Students, Residents, and Fellows
- ADEAGies Foundation
- A-dec
- ADI Mobile Health
- AEGIS Communications
- Alpha Omega Foundation
- Association of American Medical Colleges
- American College of Prosthodontists
- Aspen Dental Management, Inc.
- axiUm Software
- Benco Dental
- Bien-Air USA
- BioHorizons Implant Systems
- Boston University
- Brasseler USA
- The California Endowment
- Carl Zeiss Meditec, Inc.
- Case Western Reserve University
- Certiphi Screening, Inc.
- Colgate-Palmolive Co.
- DentalEZ Group
- The Dental Services Group–DSG, Solutions Laboratory
- DENTSPLY International, Inc.
- DEXIS, LLC; GENDEX DENTAL SYSTEMS; ISI
- Discus Dental, Inc.
- Fortress Insurance Company
- G. Hartzell & Son
- GlaxoSmithKline
- Harvard School of Dental Medicine
- Henry Schein, Inc.
- Hu-Friedy Mfg. Co., Inc.
- Indiana University
- Institute for Oral Health
- International Federation of Dental Educators and Associations
- Isolite Systems
- Johnson & Johnson Healthcare Products, Division of McNEIL-PPC, Inc.
- Josiah Macy Jr. Foundation
- Kahler Slater
- Komet USA
- Liaison International, Inc.
- Loma Linda University
- Louisiana State University
- Medical Protective
- Midmark Corporation
- Mosby/Elsevier
- National Dental Association
- National Dentex Corporation
- National Institutes of Health/NIDCR
- New York University
- Nobel Biocare AB
- Oral Health America, Beauchamp Funds, George H. Whiteley Memorial Foundation, and DENTSPLY International, Inc.
- OraPharma, Inc.
Actions at the Closing Session of the ADEA House of Delegates

Resolution 6H-2011
ADEA Competencies for Entry into the Allied Dental Professions

The ADEA Competencies for Entry into the Allied Dental Professions document was submitted for adoption by the Council of Allied Dental Program Directors 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 2010 Closing of the House regarding the inclusive 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 by the 2010 ADEA House.)

The 2011 ADEA House of Delegates considered a revised Competencies for Entry into the Profession of Dental Laboratory Technology, introduced by the Council of Allied Dental Program Directors, and adopted the following resolution with one change (to delete a misplaced “PC.5” in the section “Planning and Care”):

6H-2011 Resolved, that the ADEA House of Delegates approves the revised ADEA Competencies for Entry into the Profession of Dental Laboratory Technology; Resolved, that it be included in the ADEA Competencies for Entry into the Allied Dental Professions; and Resolved, that the glossaries published in the ADEA Competencies for Entry into the Profession of Dental Hygiene and ADEA Competencies for Entry into the Profession of Dental Assisting reflect the additional definition of “Dental Prosthesis.”
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 were widely used by the majority of accredited dental hygiene programs in defining specific program competencies.

Following the June 2006 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, to 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 was inclusive of both the dental assisting and dental laboratory technology disciplines and served as a companion to the documents produced by the ADEA Commission on Change and Innovation in Dental Education (ADEA CCI).

The purpose of the original document was to

• Define the competencies necessary for entry into the respective allied dental professions.
• Serve as a resource for accredited allied dental education programs to promote change and innovation within their respective 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 the document were written for the three primary allied dental professions and apply to formal, accredited programs in higher education institutions. While some competencies are common to all three disciplines, application would differ based on the allied discipline, type of program, length of program, graduate credentialing options, defined scopes of practice, and institutional mission and goals for the program. Program faculty should define actual competencies and how competence is measured for their program. 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 outlined in the original document described the abilities expected of allied dental health professionals entering their respective professions. These competency statements were 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 students’ independent performance in each area; and 3) the evaluation mechanisms by which competence is determined.

The five general domains described in the 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 respective discipline-specific curricula. 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 faculty, and these should reflect the overall mission and goals of the particular college and
program(s). Demonstration of supporting competencies related to a specific service or task is needed in order to exhibit attainment of a major competency.

This document was 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 respective disciplines. This document was not intended to standardize educational programs in allied dental education but rather to allow for future program innovation, growth, and expansion. This document was also not intended to serve as a validation for program content within allied dental education or for written or clinical licensing examinations.

It was recommended that program faculty adapt the 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 a key component 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)**: The three primary 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 jurisdictions.

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 Laboratory Technology

Dental laboratory technicians provide laboratory services as prescribed by a dentist within a laboratory setting. These competencies assume this prescriptive authority of the dentist. Dental laboratory technicians may be certified but have no licensing requirements.

#### 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 prosthetic laboratory services.

C.3 Use critical thinking skills, comprehensive problem-solving, and evidence-based decision making to evaluate emerging technology that can be applied to achieve high-quality, cost-effective patient care.

C.4 Assume responsibility for professional actions and care based on accepted scientific theories, research, and the accepted standard of care.

C.5 Continuously perform self-assessment for lifelong learning and professional growth.

C.6 Integrate accepted scientific theories and research into prosthetic laboratory services.

C.7 Promote the values of the dental laboratory technology profession through service-based activities, positive community affiliations, and active involvement in local organizations.

C.8 Apply quality assurance mechanisms to ensure continuous commitment to accepted standards of care.

C.9 Communicate effectively with diverse individuals and groups, serving all persons without discrimination by acknowledging and appreciating diversity.

C.10 Provide accurate, consistent, and complete documentation for prosthetic laboratory services.

C.11 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 Respect the goals, values, beliefs, and preferences of patients and oral health professionals in the delivery of care.

HP.2 Promote factors that can be used to enhance patient adherence to disease prevention or health maintenance strategies.

HP.3 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 Facilitate patient access to oral health services by influencing individuals or organizations for the provision of oral health care.

CM.2 Evaluate the outcomes of community-based programs and plan for future activities.

CM.3 Advocate for effective oral health care for underserved populations.

**Patient Care (PC)**

*Assessment*

PC.1 Ensure that adequate information has been supplied by the dentist for the manufacture of custom-made dental restorations and dental prostheses.

PC.2 Provide information on the advantages, limitations, and appropriateness of various designs of custom-made dental restorations and dental prostheses relevant to proposed treatment plans.

*Planning*

PC.3 Demonstrate interpretation of the dentist’s prescription accurately.

PC.4 Facilitate in the design of custom-made dental restorations and dental prostheses.

PC.5 Help guide selection of appropriate materials for manufacture of custom-made dental restorations and dental prostheses.

PC.6 Demonstrate an understanding of the manufacturing requirements for dental restorations and dental prostheses.

*Implementation*

PC.7 Use effective infection control procedures.

PC.8 Manufacture dental restorations and dental prostheses in a broad range of areas to an acceptable level adhering to the standards of appropriate regulatory agencies.

PC.9 Recognize and institute procedures to minimize hazards related to the practice of dental laboratory technology.

**Evaluation**

PC.10 Ensure that the dental restoration or dental prosthesis follows the prescription, and obtain dentist feedback on meeting clinical acceptance.

PC.11 Determine whether manufactured dental restorations and dental prostheses meet established industry standards.

PC.12 Recognize the importance of quality assurance systems and standards in the manufacturing processes.

PC.13 Demonstrate efficient handling, storage, and distribution of dental restorations and dental prostheses.

**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 laboratory technician.

PGD.2 Develop practice management and marketing strategies related to the management of a dental laboratory.

PGD.3 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 restoration and dental prostheses according to the prescriptive 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.

**Dental prosthesis.** An artificial replacement (prosthesis) of one or more teeth (up to the entire dentition in either arch) and associated dental/alveolar structures. Dental prostheses usually are subcategorized as either fixed dental prostheses or removable dental prostheses and include maxillofacial prostheses.

**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.

**Medico-legal.** 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, and sociocultural and economic states.

**Patient-centered.** Approaching services from the perspective that the patient is the main focus of attention, interest, and activity and 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.
Resources


Resolution 7H-2011
ADEA Core Competencies for Graduate Dental Hygiene Education*

Graduate education in dental hygiene is imperative for developing a cadre of dental hygiene professionals who will lead the profession and assume leadership roles in health care and education, as well as developing scholars to participate in the generation and dissemination of knowledge. Dental hygiene graduate education is based on a body of knowledge that is specific to the roles of the dental hygienist. In addition, a master’s degree program must meet the diverse needs and interests of its students, as well as prepare graduates capable of meeting the complex oral health needs of a diverse population. Therefore, the master’s degree program should consist of a multifaceted education composed of theory and practical application that provides an expanded education and the opportunity to develop additional skills in emphasis areas. In addition, technology should be utilized to make graduate education accessible to students regardless of geographic location.

Ultimately, the dental hygiene graduate program should prepare graduates to assume roles in various employment environments and provide them with the tools to initiate as well as to adapt to change. It is imperative that these programs promote advanced communication and interpersonal skills, critical and reflective thinking, evidence-based decision making, problem-solving, technology and information literacy, interdisciplinary and interprofessional collaboration, scholarly inquiry and application, ethical and professional behavior, and the value of lifelong learning.

The intent of this document is to further define the body of professional knowledge and to establish an educational foundation for all graduate-level dental hygiene programs. Competencies describe the knowledge, skills, and attitudes expected of the graduate, establish benchmarks for outcomes assessment, and guide the development of relevant curriculum content. The defined core competencies for the master’s degree in dental hygiene are intended to support the educational quality of existing, developing, and future graduate education programs.

There are several purposes for the creation and use of this document. One purpose is to concisely establish the competencies that are expected of graduates. Educational competencies serve to inform and guide faculty members, students, and other stakeholders to have a common understanding of the knowledge, skills, abilities, and characteristics of program graduates. Second is to offer direction to graduate dental hygiene programs with respect to curriculum development and enhancement and to establish a benchmark of educational quality. Another purpose is to assist new professionals by defining what it means to be a graduate of a master’s degree program in dental hygiene and offer direction to those seeking a graduate degree in the profession.

Core competencies also provide direction to faculty for designing learning experiences for students, while informing stakeholders about the expectations of the

*Developed as a collaboration between ADEA and the American Dental Hygienists’ Association.
Since 2008, both the American Dental Education Association (ADEA) and the American Dental Hygienists’ Association (ADHA) have discussed the development of competencies through their respective structures: the ADEA Graduate Dental Hygiene Program Directors Special Interest Group and the ADHA Council on Education. Both organizations have missions that support the development of graduate competencies for the profession. ADEA’s mission is “to lead individuals and institutions of the dental education community to address contemporary issues influencing education, research, and the delivery of oral health care for the improvement of the health of the public.” For the ADHA, “to improve the public’s total health, the mission of the American Dental Hygienists’ Association is to advance the art and science of dental hygiene by ensuring access to quality oral health care; increasing awareness of the cost-effective benefits of prevention; promoting the highest standards of dental hygiene education, licensure, practice, and research; and representing and promoting the interests of dental hygienists.”

In early 2010, ADEA and the ADHA agreed to collaborate in the development of competencies for graduate dental hygiene education programs. A working group comprised of three representatives from each association was appointed to develop draft core competencies for dental hygiene education. It was agreed that this endeavor is an excellent opportunity for ADEA and the ADHA to work in partnership to support graduate dental hygiene education.

The resulting core competencies for the master’s degree in dental hygiene assist in defining the profession of dental hygiene. In addition, all master’s level dental hygienists should understand how oral health and the profession of dental hygiene align with a global perspective on overall health, regardless of the roles they assume after graduation, e.g., education, teaching, community health, administration, or others.

The organization of the document features eight core domains, which are general categories of content, and competencies within each domain delineating more specific skills, knowledge, and behaviors for the particular domain. Each of the content areas need not be a specific course within the curriculum. Threaded through multiple domains are themes related to critical thinking, lifelong learning, communication, collaboration, advocacy, evidence-based decision making, and ethics. Graduate education provides the opportunity to enhance a professional’s analytical and communication skills with evidence to connect theory to practice. To this end, a culminating experience in the format of a scholarly project is strongly recommended.

To assist programs, the following guidelines are suggested:

1. The dental hygiene graduate program should be offered within an institution of higher learning and build on a foundation of baccalaureate education.
2. The dental hygiene graduate program should consist of a coherent pattern of courses culminating in a scholarly project such as a thesis or equivalent experience.
3. The core curriculum should ensure a basic knowledge/skill framework necessary to support specialization in designated emphasis areas and provide for supervised experience to facilitate the attainment of core competencies.
4. Behaviors expected of graduates will consist of behaviors expected of all graduates of master’s-level programs, as well as the behaviors for the chosen emphasis area.
5. Adequate advanced preparation at the master’s level must include education from the dental hygiene discipline as well as from other compatible disciplines (i.e., education, business, basic sciences, humanities, public health, advanced clinical procedures, health care management, etc.). An interdisciplinary approach is encouraged as much as feasible. However, the primary focus of graduate education in dental hygiene must be in the discipline of dental hygiene.
6. Outcome behaviors will, to varying degrees, reflect the various roles of the dental hygienist: admin-
istrator/manager, educator, researcher, clinician, advocate, and health promoter. Additionally, these roles will be influenced by changes in societal and professional expectations, in the health care delivery system, and the oral health care needs of the public.

REFERENCES


Additional Resources


The House adopted the following resolution, introduced by the ADEA Council of Allied Dental Program Directors:

7H-2011 Resolved, that the ADEA House of Delegates approves the “Core Competencies for Graduate Dental Hygiene Education.”

ADEA Core Competencies for Graduate Dental Hygiene Education

Diversity, Social, and Cultural Sensitivity refers to the ability to engage and interact with individuals and groups across and within diverse communities and cultures in an effective and respectful manner.

1. Recognize the impact of health status and ability, age, gender, ethnicity, and social, economic, and cultural factors on health and disease, health beliefs and attitudes, health literacy, and the determinants of health.
2. Model cultural sensitivity in all professional endeavors.
3. Identify the needs of vulnerable populations and communities to prevent and control oral diseases and reduce health disparities.
4. Develop programs and strategies responsive to the diverse cultural and ethnic values and traditions of the communities served.

Health Care Policy, Interprofessional Collaboration, and Advocacy refers to the understanding of policy and its development, the value of collegiality and interprofessional collaboration, and advocacy related to the promotion of health, education, and the profession of dental hygiene.

1. Examine legislative and regulatory processes that determine policy, health priorities, and funding for health care and education programs.
2. Identify principles related to the organization and financing of various health care delivery systems.
3. Evaluate the impact of legislation, regulation, and policy on oral and general health, education, policy issues, and trends at the national, state, and local levels.
4. Participate in the public policy process to influence consumer groups, businesses, and governmental agencies to support education and oral health care initiatives.
5. Determine evidence and data needed to support the development of new workforce models including
their impact on oral health and overall health from a policy perspective.
6. Examine methods of facilitating access and partnerships to enhance health care and education.
7. Establish and promote interprofessional collaborations with other professionals, interest groups, and social service agencies to promote and restore health.

Health Informatics and Technology relates to the ability to recognize and utilize technology to advance research, health care, teaching, and education.
1. Demonstrate the ability to access, evaluate, and interpret data from various information systems.
2. Identify existing and emerging technologies and their applications.
3. Determine the appropriate technology and software systems in the design, implementation, and evaluation of community or educational programs.
4. Demonstrate knowledge of the legal, ethical, and social issues related to emerging technology and communication/social networks.
5. Utilize information technology and health informatics in health care, educational, business, and/or other employment settings.
6. Use information technology to promote and advocate for programs and policies.
7. Demonstrate effective written, oral, and electronic communication skills.

Health Promotion and Disease Prevention refers to all aspects of health promotion, risk assessment and reduction, and education of individuals, families, and communities in the promotion of optimal oral health and its relationship to general health.
1. Design programs to reduce risks and promote health that are appropriate to health status and ability, age, gender, ethnicity, social, economic, cultural factors, and available resources.
2. Use epidemiological, social, and environmental data to evaluate the oral health status of individuals, families, groups, and communities.
3. Incorporate health promotion theories and translational research into developing teaching and oral health counseling strategies that preserve and promote health and healthy lifestyles.
4. Foster interprofessional collaborations to optimize health for individuals and/or communities.
5. Evaluate the impact of oral disease on overall health to determine patient or community risk and in the development of intervention and prevention strategies to optimize positive health outcomes.

Leadership refers to the ability to inspire individual, community, and/or organizational excellence, create and communicate a shared vision, and successfully manage change to attain an organization’s strategic ends and successful performance.
1. Examine the dynamic interactions of human and social systems and how they affect relationships among individuals, groups, organizations, and communities.
2. Disseminate new knowledge and contribute to best practices in the profession.
3. Apply leadership skills, theories, and principles in interactions with groups and organizations to enhance innovation and change.
4. Advocate for the advancement of the dental hygiene profession and oral health improvement through service activities and affiliations with professional associations.
5. Develop strategies to motivate others for collaborative problem-solving, decision making, and evaluation.
6. Demonstrate team-building, negotiation, and conflict management skills.
7. Demonstrate knowledge of coaching, mentoring, and networking skills in interactions with individuals, groups, organizations, and/or communities.

Professionalism refers to the ability to demonstrate, through knowledge and behavior, a commitment to the highest standards of competence, ethics, integrity, responsibility, and accountability in all professional endeavors.
1. Apply self-assessment skills and lifelong learning to enhance professional development.
2. Demonstrate a commitment to standards of excellence in any role of the dental hygienist.
3. Employ a professional code of ethics in all endeavors.
4. Demonstrate responsibility and accountability for actions within the various roles of the dental hygienist according to defined standards, regulations, and policies.
5. Recognize one’s obligation to take action to enhance the health, welfare, and interest of a diverse society.
6. Promote high standards of personal and organizational integrity, honesty, and respect for all people and communities.

Program Development and Administration relates to the assessment, planning, implementation, and evaluation of programs and systems related to an area
of emphasis such as teaching, education, community outreach, or other area.

1. Demonstrate a program development process to include assessment, planning, implementation, and evaluation to meet the goals of a developed program.
2. Develop collaborative partnerships to accomplish program goals.
3. Select program development models to meet specific program objectives.
4. Apply outcomes assessment and quality improvement models that apply to and evaluate programs.
5. Examine financing and resource management processes within organizational systems.
6. Formulate a comprehensive strategic plan for a department, organization, association, or other entity.
7. Employ basic managerial, administrative, interpersonal, and human relations skills in a team-based environment.

Scholarly Inquiry and Research relates to the ability to utilize scientific theory, research methodology, and research findings, as well as critical and reflective thinking for clinical and/or organizational evidence-based decision making.

1. Apply the research process to an identified problem.
2. Demonstrate professional writing and presentation skills in the dissemination of research findings.
3. Conduct a comprehensive systematic literature search relevant to a specific topic and critically evaluate the evidence gathered.
4. Demonstrate skill in proposal development and writing.
5. Analyze and interpret quantitative and qualitative data from the research literature to guide problem-solving and evidence-based decision making.
6. Synthesize information from evidence-based literature to apply to a community health, education, clinical practice, and/or research problem.
7. Design and implement a scholarly project in an area of emphasis.

Resolution 8HSB-2011
ADEA Guiding Principles for the Education of Oral Health Professionals in Emerging Workforce Models

A substitute resolution (8HSB-2011) was introduced during the ADEA Reference Committee on Association Policy hearing to replace the original Resolution 8H-2011. A variety of comments from most of ADEA’s Councils as well as individuals were heard about both the originally forwarded resolution and the substitute resolution. The ADEA Reference Committee on Association Policy recommended that the original resolution, 8H-2011, be substituted with Resolution 8HSB-2011 and that the ADEA House of Delegates adopt the substitute resolution, 8HSB-2011.

The House adopted the following substitute resolution:

8HSB-2011 Resolved, that the ADEA House of Delegates approves, accepts, and endorses the recommendations of the ADEA Task Force on the Education of Oral Health Professionals in Emerging Workforce Models as contained in the document entitled “ADEA Guiding Principles for the Education of Oral Health Professionals in Emerging Workforce Models” as official policy of the American Dental Education Association.

ADEA Guiding Principles for the Education of Oral Health Professionals in Emerging Workforce Models

Introduction
In September 2009, the Board of Directors of the American Dental Education Association (ADEA) approved the creation of the ADEA Task Force on the Education of Oral Health Professionals in Emerging Workforce Models. Its charge was to “enunciate a set of principles to guide the educational preparation of oral health professionals in emerging workforce models.”

ADEA believes that its role, in collaboration with its member institutions, is to anticipate and prepare for changes to the curriculum and the academic environment that emerging workforce models will require as states consider modifying their practice acts to include emerging workforce models. The Association’s role is not to develop new workforce models, but to ensure the quality of the educational preparation of oral health professionals in these models.

These guiding principles are based, in part, on the following assumptions:

- Demographic shifts in society have major implications for the future composition of the oral health workforce. Professionals in the workforce of the future should possess values, attitudes, knowledge, and skills that enable them to competently meet changing societal needs.
• A single standard of quality should apply when the same service is provided by different members of the oral health team.
• The creation of new workforce models will require modification to the educational preparation of existing oral health team members to support the successful integration of emerging models.
• The guiding principles articulated for emerging workforce models have application to and implications for the education of all oral health professionals.

The ADEA Guiding Principles for the Education of Oral Health Professionals in Emerging Workforce Models aim to maintain high standards for the education, preparation, and competence of oral health professionals in emerging workforce models. These principles can inform and influence the education of oral health professionals in emerging workforce models to ensure they possess the values, attitudes, knowledge, and skills needed to provide quality oral health care.

The American Dental Education Association encourages institutions, organizations, and policymakers that are designing oral health workforce models and those that are developing educational programs to prepare these professionals to incorporate these guiding principles into their planning and decision making.

Principle 1
Educational programs for oral health professionals in emerging workforce models should be based on clearly defined goals and desired educational outcomes. These programs should be competency-based, providing learning experiences to ensure that students attain the values, attitudes, knowledge, skills, and experiences needed to provide quality care in a collaborative, interprofessional environment.

• Competency domains should be consistent across educational programs and should align with the ADEA Competencies for Entry into the Allied Dental Professions. Where the scope of practice for emerging workforce models extends beyond the allied dental competencies, competency domains should align with the ADEA Competencies for the New General Dentist. Competency domains for oral health professionals in emerging workforce models should include communication, culture and diversity, evidence-based patient care, health policy and advocacy, health promotion and disease prevention, professionalism and ethics, and systems thinking and financial management. Specific competencies within each domain should reflect the scope of practice of each professional position.

• The academic dental community should be involved in decisions regarding the length and rigor of educational programs. The academic dental community possesses the expertise and experience to ensure that graduates have sufficient time to achieve competencies and demonstrate the values, attitudes, knowledge, experience, and skills (including critical thinking, ethical decision making, teamwork, communication, and cultural competence) needed to provide care at the level defined by their scope of practice.
• Curricula should include instruction in biomedical, clinical, behavioral, social, and economic sciences. Educational programs should expose students to experiences working with dental, allied dental, and other health professionals in integrated clinical settings to ensure that all members of the oral health team understand the roles and responsibilities of each member of the team.

Principle 2
Educational programs for oral health professionals in emerging workforce models should have appropriate processes to ensure program quality and assessment of graduates’ competencies.

• National accreditation standards should be developed and implemented by the Commission on Dental Accreditation to ensure ongoing quality and continuity across educational programs.
• The education, knowledge, skills, and experience needed to safely provide oral health services, as defined by scope of practice, should inform decisions about the appropriate level of supervision. These decisions should be made with input from the academic dental community.

Principle 3
Educational programs for oral health professionals in emerging workforce models should ensure that students attain the skills necessary to engage individuals from diverse populations in decisions about their oral health.

• Educational programs should emphasize the principles of population-based public health science as a means of engaging diverse populations and communities in the prevention and control of oral diseases and in reducing oral health disparities.
• Educational programs should ensure that graduates attain the values, attitudes, knowledge, and skills needed to provide care that is respectful of a patient’s culture, class, race, and ethnic and socioeconomic background.
• Educational programs should implement strategies to recruit, retain, and promote individuals from diverse backgrounds.
Principle 4
Educational programs for oral health professionals in emerging workforce models should be evaluated continuously to determine their success in meeting their defined goals and educational outcomes.

• Educational programs should ensure that graduates are educated in a timely, efficient, and equitable manner, and possess the values, attitudes, knowledge, and skills needed to provide safe, appropriate, patient-centered care.
• Educational programs should prepare graduates to meet a single standard of quality for the same service provided by different members of the oral health team.

Conclusion
The ADEA Guiding Principles for the Education of Oral Health Professionals in Emerging Workforce Models aim to maintain high standards for the education, preparation, and competence of oral health professionals in emerging workforce models. ADEA encourages institutions, organizations, and policymakers that are designing oral health workforce models and those that are developing educational programs to prepare these professionals to incorporate these guiding principles into their planning and decision making.

Resolution 9H-2011
ADEA Policy Statement on International Student Outreach

Participation in international outreach provides valuable learning opportunities for all participants; however, there is some potential for unethical and unprofessional behavior. Many students are now taking advantage of international opportunities where regulations governing the practice of health professions are less stringent and often less well defined than in the United States and Canada; additionally, existing local regulations may not be fully enforced. While international outreach can provide beneficial educational experiences for students and dental care for those in need, the potential for harm and abuse in these situations cannot be ignored. Predental, dental, and other students who have not been properly trained and/or supervised pose a serious threat to patients, themselves, and the ethical standards of dentistry. In June 2010, this issue was brought to the ADEA Board of Directors, who subsequently voted to post the Guidelines for International Predental Experiences on the ADEA AADSAS website. The ADEA Council of Students, Residents, and Fellows recognizes that participating in international outreach is a privilege, but there is a need to properly address this growing concern.

Therefore, the ADEA Council of Students, Residents, and Fellows proposed expanding ADEA Policy Statement IV. Access and Delivery of Care, to include an additional policy statement, as follows:

E. International Student Outreach. Dental educators and ADEA should advocate for the following guidelines related to participation in international programs:

1. Awareness. All participants in an international outreach program should be informed of and adhere to legal, ethical, and professional standards of care.
2. Procedures performed. Predental, dental, and other students who participate in an international dental outreach program should perform procedures for which they have received an appropriate level of education and training, and thus minimize risk for patients and themselves.
3. Irreversible procedures. Predental and other students may only perform reversible procedures for which they have appropriate education, training, and supervision (for example: fluoride application, oral hygiene instruction, and chairside assisting).
4. Supervision. Predental, dental, and other students who participate in an international dental outreach program should be supervised by an appropriate licensed dental health care provider.
5. Promotion. Dental institutions, students, and organizations that promote international outreach activities should be informed of this policy through appropriate avenues.

The ADEA House of Delegates was asked to adopt this resolution:

9H-2011 Resolved, that the ADEA House of Delegates approves the International Student Outreach policy; and Resolved, that this policy be included as item E in ADEA Policy Statement IV. Access and Delivery of Care.

The ADEA House of Delegates neither adopted nor rejected this resolution. During the ADEA Reference Committee on Association Policy hearing, a substitute resolution was offered. The Reference Committee ultimately recommended that Resolution 9H-2011 be referred back to the ADEA Board of Directors for further study. The House voted to refer the resolution back to the ADEA Board of Directors.
Resolution 10H-2011
ADEA Policy Statement on Elimination of Live Patient Exam by 2015

The ADEA Council of Deans proposed that ADEA's current Policy Statement III. Licensure and Certification be strengthened and a definitive date set for the elimination of the use of live patients in exams for dental licensure. The Council proposed that a new policy on the elimination of the use of patients in clinical examinations be added to this Policy Statement. The new policy would read as follows:

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

During the ADEA Reference Committee on Association Policy hearing, amendments were suggested and became part of the new paragraph recommended by the Reference Committee. This paragraph as amended reads as follows:

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

The House adopted the resolution as amended:

10H-2011 Resolved, that the ADEA House of Delegates approves the Elimination of Live Patient Exam by 2015 policy; Resolved, that this policy be added as item B to ADEA Policy Statement III. Licensure and Certification; and Resolved, that items B through D in the current ADEA Policy Statement III. Licensure and Certification be relettered C through E.

Resolution 11H-2011
ADEA Foundation Knowledge and Skills for the New General Dentist

Under the direction of the ADEA Board of Directors, the ADEA Commission on Change and Innovation in Dental Education (ADEA CCI) and a special ADEA Council of Sections Task Force created a new document upon which dental school curriculum committees might build a curriculum that best meets the mission of each institution. The document is directly linked to ADEA's Competencies for the New General Dentist, which was last approved by the ADEA House of Delegates in 2008. Each of the thirty-nine competencies from the ADEA Competencies for the New General Dentist is listed in this document, and the supporting foundation knowledge/skills are cited below each competency.

The ADEA Council of Sections Task Force developed this document over a two-year period. The Task Force solicited comments from the Administrative Boards of each ADEA Section and SIG. The process and the development were discussed at open member forums, and a meeting was held in January 2010 in Chicago to synthesize all of the comments and input from the wide variety of audiences that contributed to the building of the Foundation Knowledge and Skills document. After drafts were completed, the document was returned to ADEA Sections and SIGS as well as the ADEA Council of Sections Administrative Board.

The ADEA Board of Directors, the ADEA CCI, and the ADEA Council of Sections Task Force recognize that each dental school has its own curriculum and competency statements. The purpose of this overarching document is to provide a scaffold upon which dental school curriculum committees may build a curriculum that best meets the specific mission of each institution. As such, it is deliberately nonprescriptive, providing broad headings under which each institution may construct content-specific instruction for the present while allowing that content to evolve with the discovery of new knowledge and technology. Just as the competencies are complex behaviors and skills encompassing knowledge, experience, critical thinking and problem-solving skills, professionalism, ethical values, and technical and procedural skills, the foundation knowledge and skills that support such competencies are equally complex. They integrate
specific content from multiple biomedical, clinical, and behavioral science sources into a flexible framework upon which each lifelong learner assembles an ever-evolving body of information through experience, outcomes assessment, and critical contemplation.

In competency-based dental education, what students learn is founded upon clearly articulated competencies with the assumption that all behaviors/abilities are supported by foundation knowledge and psychomotor skills in biomedical, behavioral, ethical, clinical dental science, and informatics areas that are essential for independent and unsupervised performance as an entry-level general dentist. Foundation knowledge comprises the basic, essential information that supports the attainment of one or more competencies and is intended to help guide curriculum development in dental schools, assist educators in removing irrelevant or archaic material from current curricula, aid in incorporating important new knowledge into curricula, and help test construction committees develop examinations based upon generally accepted, contemporary information. Foundation knowledge for the practice of dentistry is broad-based, integrating information from multiple biomedical science and clinical discipline sources, is concept-oriented, and is clinically focused toward the desired patient care and outcome and other supporting competencies requisite for the new general dentist.

It is the expectation of the authors of this document of supporting foundation knowledge and skills that these competencies and foundations will long stand as useful guides for organizing, teaching, and reevaluating the curriculum content of our rapidly changing profession. The authors have attempted to create competency goals and foundation knowledge and skill underpinnings that will support dental education content as it grows and changes in ways that we, the dental educators of today, cannot fully conceive or predict.

The House adopted the following resolution with an amendment that was brought to the floor of the Closing of the House. The amendment added a final bullet under 6.21:

- Screening and risk assessment for oral, head, and neck cancer

11H-2011 Resolved, that the ADEA House of Delegates approves “Foundation Knowledge and Skills for the New General Dentist.”

ADEA Foundation Knowledge and Skills for the New General Dentist

In the ADEA Competencies for the New General Dentist [see pp. 932–4], each of the thirty-nine competencies is introduced with the phrase “Graduates must be competent to.” In this document, the supporting foundation knowledge and skills appear below each competency.

1. Critical Thinking

1.1 Evaluate and integrate emerging trends in health care as appropriate.
- Trends in health care
- Health care policy
- Economic principles of health care delivery
- Health care organization and delivery models
- Quality assessment and quality assurance
- Demographics of the oral health care workforce
- Interprofessional health care relationships
- Relationship of systemic health to oral health and disease
- Impact of political and social climate on health care delivery
- Critical evaluation of health care literature

1.2 Utilize critical thinking and problem-solving skills.
- Application of scientific method to clinical problem-solving
- Evidence-based delivery of oral health care
- Clinical reasoning skills
- Diagnostic skills
- Treatment planning
- Self-assessment
- Reading comprehension
- Verbal and written communication skills
- Computer literacy

1.3 Evaluate and integrate best research outcomes with clinical expertise and patient values for evidence-based practice.
- Application of scientific method to clinical problem-solving
- Evidence-based delivery of oral health care
- Critical thinking and problem-solving skills
- Cultural competence
- Communication skills, verbal and written
- Reading comprehension
- Ethics
- Statistics literacy
- Computer literacy
- Epidemiological methods
2. Professionalism

2.1 Apply ethical and legal standards in the provision of dental care.
- Ethical decision making and conflicting obligations
- Legal and regulatory principles and standards

2.2 Practice within one’s scope of competence, and consult with or refer to professional colleagues when indicated.
- Self-assessment of competence
- Standards of care
- Communication skills, both orally and in writing, with patients, patients’ families, colleagues, and others with whom other health care providers must exchange information in carrying out their responsibilities
- Scope of practice of dental and medical specialties and social support services
- Identification of community resources for referrals

3. Communication and Interpersonal Skills

3.1 Apply appropriate interpersonal and communication skills.
- Communication theory and skills
  - Interpersonal (one-on-one) communication principles
  - Verbal and nonverbal communication principles
  - Conflict resolution
  - Reflective listening
  - Collaborative teamwork
- Emotional and behavioral development and sensitivity
- Physiological and psychological indications of anxiety and fear
- Addressing patient concerns/issues/problems
- Behavior modification and motivation techniques
- Special needs/diversity of patients
- Health literacy
- Language barriers
- Cognitive barriers

3.2 Apply psychosocial and behavioral principles in patient-centered health care.
- Counseling skills and motivational interviewing principles
- Social and behavioral applied sciences
- Behavior modification
- Fear and anxiety management
- Pain management (acute and chronic pain)
- Geriatrics
- Special patient needs
- Cultural competence

3.3 Communicate effectively with individuals from diverse populations.
- Influence of culture on health and illness behaviors
- Culture related to oral health
- Complementary and alternative therapies
- Communication with patients in a culturally sensitive manner
- Communication in overcoming language barriers
- Communication with special needs patients
- Communication skills to address diversity-related conflict

4. Health Promotion

4.1 Provide prevention, intervention, and educational strategies.
- Patient and family communication
- Education of patient and/or family
- Risk assessment
- Prevention strategies (intervention, motivation, nutrition)
- Clinical evaluation

4.2 Participate with dental team members and other health care professionals in the management and health promotion for all patients.
- Various practice settings (community settings)
- Organizational behavior of team
- Professional communication
- Collaborative and leadership skills
- Interprofessional education

4.3 Recognize and appreciate the need to contribute to the improvement of oral health beyond those served in traditional practice settings.
- Cultural competence
- Alternative oral health delivery systems
- Barriers to improving oral health
- Global health
- Population trends
- National and international health goals

5. Practice Management and Informatics

5.1 Evaluate and apply contemporary and emerging information including clinical and practice management technology resources.
- Data analysis for disease trends
- Basic understanding of computer software
- Basic computer utilization skills
5.2 **Evaluate and manage current models of oral health care management and delivery.**
- Business models of dental practice
- Effects of governmental health policy decisions
- Workforce models
- Auxiliary utilization principles
- Application of contemporary clinical information systems

5.2 **Evaluate and manage current models of oral health care management and delivery.**
- Business models of dental practice
- Effects of governmental health policy decisions
- Workforce models
- Auxiliary utilization principles
- Application of contemporary clinical information systems

5.3 **Apply principles of risk management including informed consent and appropriate record keeping in patient care.**
- Principles of record keeping/documentation
- Concepts of professional liability
- Risk management protocols
- Legal responsibilities in patient care management
- Legal responsibilities in personnel management
- Management of patient information
- Quality assurance

5.4 **Demonstrate effective business, financial management, and human resource skills.**
- Effective functioning of the oral health care team
- Principles of business management
- Employment laws and regulations
- Reimbursement systems
- Basic communication skills
- Leadership and motivation skills
- Organizational behavior

5.5 **Apply quality assurance, assessment, and improvement concepts.**
- Self-assessment for quality improvement
- Concepts and principles of quality assurance and quality assessment
- Awareness of continuous professional development (lifelong learning)

5.6 **Comply with local, state, and federal regulations including OSHA and HIPAA.**
- Elements of applicable local, state, and federal regulations
- Methods of effective application and pursuance of local, state, and federal regulations

5.7 **Develop a catastrophe preparedness plan for the dental practice.**
- Emergency response planning
- Emergency evacuation planning

6. Patient Care

6.1 **Assessment, Diagnosis, and Treatment Planning**
- Human development (structure and function)
- Pathophysiology of oral and systemic disease
- Patient and social/family assessment
- Communication
- History taking
- Exam techniques
- Diagnostic tests and evaluation
- Diagnosis
- Risk assessment
- Treatment planning
- Implementation
- Outcomes assessment

6.2 **Prevent, identify, and manage trauma, oral diseases, and other disorders.**
- Epidemiology of trauma, oral diseases, and other disorders
- Patient motivation/education for prevention
- Prevention principles and therapies
- Patient assessment and treatment planning
- Risk analysis
- Lab findings
- Systemic conditions
- Diagnostic skills
- Pharmacology and patient medications
- Clinical evaluation
- Applied biomedical sciences related to trauma, oral diseases, and other disorders

6.3 **Select, obtain, and interpret patient/medical data, including a thorough intra/extraroral examination, and use these findings to accurately assess and manage all patients.**
- History acquisition and interpretation
- Pharmacotherapeutics
- Clinical evaluation
- Medical and dental referrals
- Diagnostic test interpretation
- Risk assessment
- Assessment and management of patient behaviors
- Assessment and management of patient social context

6.4 **Select, obtain, and interpret diagnostic images for the individual patient.**
- Diagnostic imaging modalities
• Interpret forms of imaging used in dental practice
• Differential diagnosis
• Imaging safety protocols
• Imaging technologies and techniques

6.5 Recognize the manifestations of systemic disease and how the disease and its management may affect the delivery of dental care.
• Systemic manifestations of oral disease
• Systemic medical conditions that affect oral health and treatment
• Oral conditions that affect systemic health

6.6 Formulate a comprehensive diagnosis, treatment, and/or referral plan for the management of patients.
• Clinical evaluation
• Diagnostic skills and techniques
• Risk assessment and analysis
• Patient assessment
• Sequencing of treatment
• Critical thinking and analysis
• Evidence-based health care
• Treatment presentation, communication, and considerations
• Treatment alternatives and financial considerations
• Self-assessment of clinical competence and limitations
• Referrals
• Case management

B. Establishment and Maintenance of Oral Health

Competency 6.1 serves as an umbrella competency for all competencies (6.7–6.21) under Establishment and Maintenance of Oral Health.

6.7 Utilize universal infection control guidelines for all clinical procedures.
• State/federal regulatory guidelines
• Universal infection control protocols
• Applied biomedical sciences related to transmission of disease

6.8 Prevent, diagnose, and manage pain and anxiety in the dental patient.
• Psychological and social manifestations of pain
• Pathophysiology of pain
• Pharmacotherapeutic management of pain and anxiety
• Behavioral management of pain and anxiety

6.9 Prevent, diagnose, and manage temporomandibular disorders.
• Epidemiology of temporomandibular disorders
• Physical, psychological, and social factors
• Multidisciplinary approaches
• Outcomes assessment
• Applied biomedical sciences related to temporomandibular health and disorders

6.10 Prevent, diagnose, and manage periodontal diseases.
• Epidemiology of periodontal disease
• Pharmacologic management
• Behavioral modification
• Nonsurgical management
• Surgical management
• Applied biomedical sciences related to the periodontium and periodontal diseases

6.11 Develop and implement strategies for the clinical assessment and management of caries.
• Caries risk factors and assessment
• Pharmacotherapeutic management
• Mechanical management
• Behavioral modification
• Applied biomedical sciences related to dental hard tissues, disease transmission, and caries

6.12 Manage restorative procedures that preserve tooth structure, replace missing or defective tooth structure, maintain function, are esthetic, and promote soft and hard tissue health.
• Biomechanical concepts
• Principles of biomaterial sciences
• Behavioral modification
• Applied biomedical sciences related to soft and hard tissues

6.13 Diagnose and manage developmental or acquired occlusal abnormalities.
• Principles of biomaterial sciences
• Multidisciplinary approaches
• Behavioral modification
• Applied biomedical sciences related to health and pathology of dental hard tissues

6.14 Manage the replacement of teeth for the partially or completely edentulous patient.
• Principles of biomaterial sciences
• Multidisciplinary approaches
• Behavioral modification
• Principles of biomechanics
• Applied biomedical sciences related to oral tissues

6.15 Diagnose, identify, and manage pulpal and periradicular diseases.
• Epidemiology of pulpal and periradicular disease
• Principles of endodontic therapy
• Applied biomedical sciences related to the pulpal and periradicular tissues and associated diseases
6.16 Diagnose and manage oral surgical treatment needs.
- Multidisciplinary approaches
- Behavioral modification
- Principles of biomaterials
- Applied biomedical sciences related to oral surgery

6.17 Prevent, recognize, and manage medical and dental emergencies.
- Emergency protocols
- Pharmacotherapeutics
- Multidisciplinary approaches
- Non-pharmacologic approaches
- Applied biomedical sciences related to emergency care

6.18 Recognize and manage patient abuse and/or neglect.
- Signs and symptoms of abuse and/or neglect
- Cultural awareness
- Behavioral modification
- Multidisciplinary approaches
- Ethical/legal principles and responsibilities

6.19 Recognize and manage substance abuse.
- Signs and symptoms of substance abuse
- Cultural awareness
- Behavioral modification
- Multidisciplinary approaches
- Ethical/legal principles and responsibilities

6.20 Evaluate outcomes of comprehensive dental care.
- Criteria for evaluation
- Evaluation methods
- Mechanisms for continuous quality improvement

6.21 Diagnose, identify, and manage oral mucosal and osseous diseases.
- Epidemiology of oral soft tissue and osseous diseases
- Multidisciplinary approaches
- Pharmacotherapeutic management
- Nonsurgical management
- Surgical management
- Applied biomedical sciences related to the health and pathology of oral soft tissue and osseous tissues
- Screening and risk assessment for oral, head, and neck cancer

Resolution 12H–2011
Amendment to ADEA Bylaws Regarding Membership

The ADEA Council of Hospitals and Advanced Education Programs has evolved since its original incarnation as the AADS Council of Hospitals. The current constituency of the Council is almost entirely those involved in the direction of advanced dental education programs. The ADEA Council of Hospitals and Advanced Education Programs (ADEA COHAEP) would like to extend membership to all advanced education faculty, residents, and fellows enrolled in advanced education programs. Further, ADEA COHAEP would also like to eliminate the restriction related to representation from non-recognized specialties as it is no longer necessary. To that end, ADEA COHAEP proposed an amendment to the ADEA Bylaws Chapter VIII, Section B, Number 4, paragraph 1. While these proposed changes may increase the number of individual members in ADEA COHAEP, its voting rights in the House of Delegates, the number of delegates, and the makeup of the ADEA COHAEP Administrative Board would not change.

The ADEA COHAEP proposed a membership bylaws amendment at the 2010 ADEA House of Delegates, but withdrew it on the floor during the Closing of the House, asking that it be returned to the ADEA Board of Directors for further consideration. Resolution 12H-2011 reflects the changes made since the 2010 ADEA House of Delegates.

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

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.
Membership in the ADEA Council of Hospitals and Advanced Education Programs includes the program director, faculty, residents, and fellows in Commission on Dental Accreditation (CODA)-accredited advanced dental education programs located in ADEA-member institutions and any former member of the Council’s Administrative Board. Eligibility for election to the Council’s Administrative Board is limited to program directors of Commission on Dental Accreditation (CODA)-accredited advanced dental education programs located in ADEA-member institutions.

The House adopted the following resolution:

12H-2011 Resolved, that the ADEA House of Delegates approves the amendment to the ADEA Bylaws, Chapter VIII, Section B, Number 4, paragraph 1 so it reads as follows:

Membership in the ADEA Council of Hospitals and Advanced Education Programs includes the program director, faculty, residents, and fellows in Commission on Dental Accreditation (CODA)-accredited advanced dental education programs located in ADEA-member institutions and any former member of the Council’s Administrative Board. Eligibility for election to the Council’s Administrative Board is limited to program directors of Commission on Dental Accreditation (CODA)-accredited advanced dental education programs located in ADEA-member institutions.

Resolution 13H-2011
Provisional Membership of the Lake Erie College of Osteopathic Medicine School 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 60 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 Lake Erie College of Osteopathic Medicine School 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 the fall of 2012.

The House adopted the following resolution:

13H-2011 Resolved, that the ADEA House of Delegates accepts the Lake Erie College of Osteopathic Medicine School of Dental Medicine’s application for Provisional Membership in ADEA.

Resolution 14H-2011
Provisional Membership of the University of New England 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 60 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 New England 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 the fall of 2012.

The House adopted the following resolution:

14H-2011 Resolved, that the ADEA House of Delegates accepts the University of New England College of Dental Medicine’s application for Provisional Membership in ADEA.

Resolution 15H-2011
Approval of the ADEA Fiscal Year 2012 Budget

In addition to the following overview, exhibits were presented showing revenue and expenses for fiscal years 2008 through 2011 (those exhibits appear in these proceedings as Exhibit 4). The ADEA fiscal year runs from July 1 through June 30.
The House adopted the following resolution:

15H-2011 Resolved, that the ADEA House of Delegates approves the ADEA Fiscal Year 2012 (July 1, 2011, through June 30, 2012) operating budget.

OVERVIEW OF THE AMERICAN DENTAL EDUCATION ASSOCIATION PROPOSED FISCAL YEAR 2012 BUDGET

Prepared for the ADEA Finance Committee and Board of Directors, January 11, 2011

The proposed FY 2012 (July 1, 2011, through June 30, 2012) Association budget was developed over the last four months through a collaborative process involving staff, the Association’s outside accountants, the ADEA Finance Committee, and the ADEA Board of Directors. Based on these discussions among staff, accountants, and leadership, the proposed FY 2012 budget reflects the current level of programming and services with a focus on ADEA’s 2011–14 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 FY 2010 and FY 2011 (note that less than half of FY 2011 was complete when the proposed FY 2012 budget was prepared).

The spreadsheet accompanying this memo [published in these proceedings as Exhibit 4, pp. 915–6] included the following comparative data:

- Actual revenue and expense for fiscal years 2008, 2009, and 2010
- The ADEA House of Delegates-approved budget for fiscal year 2011
- The staff-proposed budget for fiscal year 2012

REVENUE

The proposed total budgeted revenue for the Association in FY 2012 is $19,014,633. This figure represents a 9% increase from the FY 2011 budget and a 3% increase from actual FY 2010 revenue. The growth is primarily driven by an increase in projected application fee revenue and positive investment returns expected in FY 2012.

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 one provisional dental school.

Affiliate

Budgeted affiliate dues are based on the current affiliate institutional membership and the continuing recruitment campaign. The proposed budget is based on 155 allied members at $945, 37 advanced members at $984, five non-hospital members at $3,998, and five federal members at $3,922. Also included in this budget are 10 Canadian schools at $1,850 each. Canadian dental schools are reported under this category by ADEA’s membership system.

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 FY 2012 is higher than the FY 2011 budget revenue in this category by 17% or $111,000. The change is based on FY 2010 actual figures, which reflect advertising revenue in all media.

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 FY 2010 actual revenue.
ADEA Official Guide to Dental Schools
Publication sales of $80,000 are based on actual FY 2010 revenue.

ADEA Directory of Institutional Members
Publication sales of $2,400 are based on actual FY 2010 revenue.

JDE Advertising
The proposed budget of $162,600 for FY 2012 represents 90% of FY 2010 actual results, based on current trends that favor advertising in other media over print advertising.

BDE Advertising
The proposed FY 2012 budget is $45,700, based on recent actual revenue and experience in FY 2010.

Other Publications/Reprints
Other publications such as ADEA’s ExploreHealthCareers website, JDE reprints, pay per view, and continuing education, webinars, and sales of ADEA branded items are budgeted at $264,900 for FY 2012.

Application Fees
ADEA AADSAS and CAAPID
Projected revenue for ADEA AADSAS and CAAPID is $9,941,250.

Revenue for AADSAS projected at $9,476,500 is based on 11,100 applicants, including the Fee Reduction Program budget. Revenue is increased 6% from the FY 2011 budget. The proposed budget includes an increase in the initial designation fee from $228 to $235 and an increase in the additional designation fee from $73 to $75. This increase supports the transformation of the application service from a paper-based system to a web-based multidirectional portal that is comprehensive and user-friendly and provides the efficient delivery of applicant data to ADEA’s end users (applicants, admissions officers, and health professions advisors). A Fee Reduction Program budget of $125,000 considers the needs of applicants with extreme financial constraints.

Projected revenue for ADEA CAAPID is $464,750. This figure is based on a projected 1,100 applicants selecting an average of 3.5 designations. Applicant fees for ADEA CAAPID are identical to those of ADEA AADSAS.

ADEA PASS
Projected revenue for ADEA PASS is $3,104,400 based on 3,900 applicants. The initial designation fee increases from $180 to $185 for the initial designation and from $60 to $65 for each additional designation. 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 $21,000 based on an estimated 3,000 Match registrants at $80 per registrant.

ACLIENT User Fee
Income of $166,000 has been budgeted for FY 2012, which is an increase of 53% compared to the FY 2011 budget. FY 2012 is based on actual levels in FY 2010 of 46 participating schools.

Grants & Contributions

Foundation Support
Budgeted support of $427,500 is based on anticipated continued support from the Robert Wood Johnson Foundation (RWJF) for the Association of American Medical Colleges/ADEA Summer Medical and Dental Education Program and a grant from the RWJF Dental Pipeline II National Program Office for Admissions Committee Workshops.

Fellowships and Scholarships
This category is budgeted at $168,250 based on ADEA’s portfolio of annual fellowships and scholarships.

Meetings Registration Income
ADEA Annual Session & Exhibition Fees
Registration and exhibitor fees for the 2012 ADEA Annual Session & Exhibition in Orlando, Florida, are budgeted at $777,254 based on a conservative estimate of the exhibit hall space.

Association meetings have been budgeted for FY 2012 based on the ADEA Board of Directors’ goal of financial neutrality while taking into account specific subsidies
as approved by the Board of Directors. The FY 2012 subsidy for Association meetings is less than $500,000.

ADEA Deans’ Conference Fees
Proposed budgeted revenues include a Deans’ Conference Assessment of $750 that is paid by all U.S. and Canadian dental schools.

Sponsor Fees
Budgeted at $679,800, this figure includes sponsorship of the 2012 ADEA Annual Session & Exhibition in the amount of $77,800 and other conferences and programs in the amount of $602,000. These figures are based on prior year actual figures, commitments already made for FY 2011, and the current economic climate. ADEA will continue to seek additional sponsorships for FY 2012 meetings.

Other Conferences
ADEA will hold a number of meetings at the ADEA Fall 2011 Meetings in October 2011. 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 2011 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 Meeting of Academic Deans
- ADEA Advanced Education Summit
- ADEA AFASA Meeting

The total meeting registration revenue for the ADEA Fall 2011 Meetings, excluding the ADEA Deans’ Conference, is budgeted at $329,765.

Investment and Other Income
Investment income has been conservatively projected at $493,000 in FY 2012 based on the 12 month trailing and long-term (since 1926) annualized return of a basic 60%/40% asset allocation portfolio.

EXPENSES
Total expenses recommended in the proposed FY 2012 budget are $19,014,633. This figure represents a 9% increase from the FY 2011 expense budget and a 16% increase from actual expenses for FY 2010 not including the proposed reserve contribution expenses of $400,000 in FY 2012 and FY 2011.

Personnel Costs and Fees
Total Personnel Costs and Fees are projected at $8,986,208 in the proposed FY 2012 budget. This figure is a 9% increase from the FY 2011 budget and an 18% increase from FY 2010 actual personnel costs.

Full-Time Salaries
A 4.5% pool is budgeted for salary adjustments in FY 2012. The salary adjustment pool was set at this rate since the FY 2012 budget does not include any new FTEs and to accommodate potential changes created by ADEA’s 2011–14 Strategic Directions.

Temporary Salaries
Expenses for temporary staff are budgeted at $224,700 based on projections for FY 2012.

Payroll Taxes and Other Benefits
Employee benefits are conservatively budgeted at 23% of salaries, assuming that all vacant positions will be filled and that employees filling these positions will be eligible for all benefits during FY 2012.

Legal Fees
Legal fees are based on historical experience and projections of required services in FY 2012 and recent actuals.

Consultants
Consultant expense is budgeted at $1,725,455 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 programmatic and website initiatives. The proposed budget was increased from FY 2010 actual expenses and the FY 2011 budget.

Travel
Travel expenses are consistent with the FY 2011 budget and based on the estimated number of people traveling and the number of ADEA meetings in FY 2010.
**Other Costs**

**Bank and Credit Card Charges**
The budget is $414,373 for credit card processing fees for FY 2012. The projection is based on projected credit card revenue for FY 2011.

**Developmental Programming and Data Processing**
The combined budget for both categories is approximately $3.3M compared to $2.9M in the FY 2011 budget. The 13% combined increase is driven by the outsourcing of additional services to Liaison International and includes expense for additional enhancements.

**Computer Operations**
This expense is budgeted at $431,143 and 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 $73,541 for FY 2012, which is 7% less than the FY 2011 budgeted amount. The FY 2012 budget is based on projected purchases.

**Rent and Refurbishing Expense**
The budget for rent is $741,618 based on the 10-year office lease effective as of September 1, 2004.

**Depreciation and Amortization**
Depreciation and amortization expense of $316,012 is based on ADEA’s current fixed assets balances as well as expected upgrades to computer hardware and ADEA’s network system and other IT projects.

**Equipment Rental**
The budget for equipment rental is $42,000 for office equipment that is leased and used at ADEA’s office.

**Insurance**
Insurance expense is budgeted at $65,000 based on actual expenses from FY 2010.

**Memorials and Contributions**
This category is budgeted at $62,500 and includes $25,000 for administrative support for the home institution of the ADEA President, stipends for the 2012 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 $2,352,378, which is 17% higher than the FY 2011 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 $165,250 based on ADEA’s portfolio of annual fellowships and scholarships.

**Marketing**
This is budgeted at $155,308 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, are based on FY 2010 actual expenses as well as initiatives related to ADEA’s 2011–14 Strategic Directions.