

**INFORMATIONAL REPORT ON REVIEW COMMITTEE AND
 COMMISSION MEETING DATES**

Background: Below is the meeting schedule for all Review Committees and the Commission through Summer 2023. Review Committees meet at least two (2) weeks prior to the Commission meeting.

REVIEW COMMITTEE AND COMMISSION MEETING DATES

	Winter 2022	Summer 2022**	Winter 2023**	Summer 2023**
PREDOC RC	Jan 10-11	July 11-12	Jan 9-10	July 10-11
PGD RC	Jan 13-14	July 14-15	Jan 12-13	July 13-14
DA RC	Jan 13-14	July 14-15	Jan 12-13	July 13-14
DH RC	Jan 11-12	July 12-13	Jan 10-11	July 11-12
DLT RC	Jan 10	July 11	Jan 9	July 10
DPH RC	Jan 14	July 15	Jan 13	July 14
ENDO RC	Jan 10	July 11	Jan 11	July 10
OMP RC	Jan 13	July 14	Jan 12	July 13
OMR RC	Jan 10	July 11	Jan 9	July 10
OMS RC	Jan 11	July 12	Jan 10	July 11
ORTHO RC	Jan 14	July 15	Jan 13	July 14
PED RC	Jan 11	July 12	Jan 10	July 11
PERIO RC	Jan 13	July 14	Jan 12	July 13
PROS RC	Jan 12	July 13	Jan 11	July 12
DENTANES RC	Jan 12	July 13	Jan 11	July 12
OM RC	Jan 11	July 12	Jan 10	July 11
OFP RC	Jan 10	July 11	Jan 9	July 10
Closed Session Commission	Feb. 10 10:00 a.m.	Aug. 4 10:00 a.m.	Feb. 9 10:00 a.m.	Aug. 10 10:00 a.m.
Open Session Commission	Feb. 11 8:30 a.m.	Aug. 5 8:30 a.m.	Feb. 10 10:00 a.m.	Aug. 11 10:00 a.m.

**Summer 2022 and 2023 meeting dates are tentative, pending final room availability.

Recommendation: This report is informational in nature and no action is required.

Prepared by: Dr. Sherin Tooks

**REMINDER OF PROFESSIONAL CONDUCT POLICY AND
PROHIBITION AGAINST HARASSMENT**

Background: Members of the Commission, as well as members of the Commission's committees, are reminded that the Commission supports the American Dental Association's policy on professional conduct and prohibition against harassment (**Appendix 1**).

Recommendation: The report is informational in nature and no action is required.

POLICY ON PROFESSIONAL CONDUCT AND PROHIBITION AGAINST HARASSMENT

All staff members and volunteers must treat each other and all others with whom we work on behalf of the ADA¹ with integrity, courtesy and professionalism. It is ADA policy that all staff members and volunteers are responsible for assuring that the work place is free from improper harassment. With this policy, the ADA prohibits not only unlawful harassment, but also other unprofessional and discourteous actions. For example, rude, insulting, disrespectful, disruptive, uncivil and unprofessional comments or conduct will also not be tolerated.

To Report a Potential Incident

If you believe you have experienced or have become aware of an incident of harassment or a violation of our professional conduct policy, report it as soon as possible to your supervisor and/or Human Resources at (312) 440-2005.

Workplace harassment isn't limited to sexual harassment, and doesn't preclude same-gender harassment; it can occur between any two people - co-workers, managers, or even non-employees like clients, contractors, or vendors.

The ADA absolutely prohibits sexual harassment and harassment on the basis of one's status as a member of a legally-protected class, such as race, color, religion, sex (including pregnancy, childbirth and related medical conditions), gender, gender identify, national origin, age (40 or older), disability (mental or physical), sexual orientation, military status, genetic information, and marital status. These types of discriminatory harassment are prohibited by state and federal laws and may subject the ADA and/or the individual harasser to liability for any such unlawful conduct.

Offensive conduct may include, but is not limited to, offensive jokes, slurs, epithets or name calling, physical assaults or threats, intimidation, ridicule or mockery, insults or put-downs, offensive objects or pictures, unwelcome sexual advances, unwanted physical contact (including touching), and all other verbal, or physical conduct directed at an individual because of their status as a member of a protected class that is unwelcome and interferes with work performance. Such conduct constitutes unlawful harassment when:

- Submission to such conduct is made either implicitly or explicitly a condition of the individual's employment;
- Submission to or rejection of such conduct is used as the basis for decisions affecting an individual's employment; or
- Such conduct is sufficiently severe or pervasive to alter the conditions of employment and to create a hostile or abusive working environment.

¹ For purposes of these HR protocols 'the ADA' collectively refers to the American Dental Association and its two affiliated organizations, the for-profit company ADA Business Enterprises, Inc. (ADABEI) and the not-for-profit educational and research focused ADA Foundation (ADAF).

Each staff member and volunteer must exercise his or her own good judgment to avoid engaging in conduct that may be perceived by others as harassment. As an ADA staff member or volunteer, you are responsible for keeping our work environment free of all such harassment. If you believe that you have been harassed, or if you become aware of an incident of harassment, whether by an employee, a member, or a non-employee or non-member, you should report it as soon as possible to your supervisor, a volunteer leader, and/or to the Human Resources, (312-440-2005).

If the incident is reported to an employee's supervisor or a volunteer leader, the supervisor or volunteer leader must then report the incident to the head of ADA Human Resources. Do not allow an inappropriate situation to continue by not reporting it, regardless of who is creating that situation.

No staff member or volunteer in this organization is exempt from this policy. This policy applies to the immediate work place as well as to ADA related activity outside the ordinary work place, such as travel on ADA business, meetings outside the ADA building, email and telephone communications, and ADA-sponsored social or recreational events.

In response to every complaint, the ADA will take prompt investigatory actions and corrective and preventative actions where necessary. A staff member who brings such a complaint to the ADA in good faith will not be adversely affected as a result of reporting the harassment or objectionable conduct. All staff members should be aware that the privacy of the charging party and the person accused of the harassment will be protected to the extent consistent with effective enforcement of this policy.

**** Reminder to Supervisors and Volunteer Leaders****

If you witness or are informed of a potential incident of harassment or violation of our professional conduct policy, you **MUST** report it to Human Resources at (312) 440-2005.

The ADA will retain confidential documentation of all allegations and investigations. Any staff member or volunteer found to have violated this policy may be subject to disciplinary action up to and including discharge from employment with the ADA or removal from a volunteer position. Any memoranda regarding a determination that a violation of the Professional Conduct Policy and Prohibition against Harassment has occurred shall be placed in a staff member's personnel file. Effective: January 1, 2015

Procedures Applicable to Professional Conduct Policy and Prohibition against Harassment

- a. If you believe that there has been a violation of the ADA's Professional Conduct Policy and Prohibition against Harassment (ADA's Policy) immediately contact your supervisor, or Human Resources.
- b. If an incident is reported to a supervisor or volunteer leader, the supervisor or volunteer leader must then notify Human Resources of the incident.
- c. In a timely and confidential manner, the ADA will conduct an investigation of any complaint that is made pursuant to the ADA's Policy. Human Resources will conduct an

investigation, which includes interviewing witnesses with potential knowledge of the objectionable conduct.

- d. It is the obligation of each staff member and volunteer to cooperate in these investigations by providing truthful, thorough information.
- e. The alleged harasser is given an opportunity to relate his/her version of the events and to provide any information that the ADA should consider before it finalizes its investigation. If the alleged harasser refuses to participate, the ADA will base its decision on the other information gathered during the investigation, the inferences drawn from that evidence and the alleged harasser's unwillingness to cooperate in the interview.
- f. Information obtained pursuant to the investigation is confidential and will be reported to those within the ADA on a "need to know" basis. The privacy of the complaining party and the person accused of the harassment will be protected to the extent consistent with effective enforcement of this Policy.
- g. Attempting to influence the investigation or to disclose confidential information by discussing it with others can be cause for disciplinary action, up to and including discharge, except to the extent such disclosure may be legally permissible.
- h. Human Resources, in consultation with legal counsel, will make a recommendation to the Executive Director as to whether there has been a violation of the ADA's Policy and whether corrective action, if any, should be taken.
- i. Any staff member found to have violated the Professional Conduct Policy and Prohibition against Harassment will be subject to disciplinary action up to and including discharge. Any memoranda regarding violation of the Professional Conduct Policy and Prohibition against Harassment will be placed in the staff member's personnel file.

The ADA prohibits managers and supervisors from taking adverse job consequences against staff who engage in protected activities such as :1) lodging a discrimination complaint or concern, 2) participating in an investigation of such a discrimination complaint or concern or 3) opposing employment practices that an employee reasonably believes discriminate against the employee or another staff member.

The ADA prohibits any form of retaliation against any staff member for making a bona fide complaint under this policy or for assisting in a complaint investigation. Any individual, however, whose complaint is determined to be false or made in bad faith, or supported by false information, may be subject to disciplinary action.

The ADA specifically reserves its right to change, modify or eliminate any of the provisions of its Procedures Applicable to the Professional Conduct Policy and Prohibition against Harassment Policy at any time with or without notice. Effective: January 1, 2015

Revised: 8/15; 8/14; 7/09, 1/03, 7/97; Reaffirmed: 8/18; 8/13; 8/10; CODA: 01/95:11

CONSIDERATION OF RESOLUTIONS ADOPTED BY THE ADA HOUSE OF DELEGATES AND THE ADA BOARD OF TRUSTEES RELATED TO THE COMMISSION ON DENTAL ACCREDITATION AND DENTAL EDUCATION

Background: The American Dental Association's (ADA) House of Delegates met October 13-16, 2021 in Las Vegas, Nevada. Several of the resolutions adopted by the House of Delegates are related to education, accreditation and the Commission on Dental Accreditation (CODA). A summary of those resolutions is provided in **Appendix 1**. Some of the resolutions are considered informational in nature; others may require action.

The ADA's Board of Trustees met on July 16-18, 2021 and September 12-14, 2021 in Chicago, Illinois. The Board of Trustees adopted resolutions pertaining to education, accreditation and the Commission on Dental Accreditation (CODA). A summary of those resolutions is provided in **Appendix 2**. Some of the resolutions are considered informational in nature; others may require action.

Recommendation:

**UNOFFICIAL REPORT OF ACTIONS
AMERICAN DENTAL ASSOCIATION HOUSE OF DELEGATES
Las Vegas, Nevada: October 13-16, 2021**

Resolution Number	House Action	Resolution	Notes
31H.	Adopted	<p>Commission for Continuing Education Provider Recognition Resolution 31—Amendment of Chapter IX, Section A of the Governance and Organizational Manual of the American Dental Association</p> <p>Resolved, that Chapter IX. Section A.3 of the <i>Governance and Organizational Manual of the American Dental Association</i> be amended as shown below (additions <u>underscored</u>; deletions stricken):</p> <p>Commission for Continuing Education Provider Recognition. The number of and the method of selection of members of the Commission for Continuing Education Provider Recognition shall be governed by the Rules of the Commission for Continuing Education Provider Recognition, except that six <u>five (65)</u> members shall be selected as follows:</p> <p>a. Four (4) members who shall be appointed by the Board of Trustees from the names of active, life or retired members of this Association. None of the appointees shall be a faculty member of any dental education program working more than one day per week or a member of a state board of dental examiners or jurisdictional dental licensing agency. At least two (2) of the members appointed shall be general dentists.</p>	CCEPR CEBJA

		<p>b. One (1) member who is an active member of the American Association of Dental Boards and also, if eligible, an active, life or retired member of this Association shall be selected by the American Association of Dental Boards.</p> <p>eb. One (1) member who is an active member of the American Dental Education Association and also, if eligible, an active, life or retired member of this Association shall be selected by the American Dental Education Association.</p>	
32H.	Adopted— Consent Calendar Action	<p>Reference Committee C (Dental Education, Science and Related Matters) Resolution 32RC adopted in lieu of Council on Dental Education and Licensure Resolution 32—Amendment of the Policy: Review of ADA Definition: Continuing Competency</p> <p>Resolved, that the ADA definition of Continuing Competency (<i>Trans.</i>1999:939) be amended as follows (additions <u>underscored</u>; deletions stricken):</p> <p style="padding-left: 40px;">Continuing Competency: The continuance of the appropriate knowledge and skills <u>appropriateness, necessity and quality of the care provided by the dentists</u> in order to maintain and improve the <u>dental, oral, and craniofacial</u> health care of his or her <u>their</u> patients in accordance with the ethical principles of dentistry.</p>	CDEL
41H.	Adopted— Consent Calendar Action	<p>Council on Advocacy for Access and Prevention Resolution 41—Amendment of the Policy, Encouraging the Development of Oral Health Literacy Continuing Education Programs</p> <p>Resolved, that the policy titled Encouraging the Development of Oral Health Literacy Continuing Education Programs (<i>Trans.</i>2006:316) be amended as follows (additions are <u>underscored</u>; deletions are stricken):</p>	CAAP CDEL

		<p>Resolved, that the Council on Dental Education and Licensure and other appropriate ADA agencies encourage the development of undergraduate, graduate and continuing education programs to train dentists and allied dental team members to effectively communicate <u>in a culturally-competent, plain language, accurate manner with all patients.</u> with limited literacy skills.</p>	
46H.	<p>Adopted— Consent Calendar Action</p>	<p>Council on Dental Education and Licensure Report 1— Special Care Dentistry Association</p> <p>Resolved, that the findings of the feasibility study conducted by the Council on Dental Education and Licensure be provided to the Special Care Dentistry Association for its consideration in pursuing an accreditation process and accreditation standards for advanced education programs in special needs dentistry by the Commission on Dental Accreditation, and be if further</p> <p>Resolved, that the Special Care Dentistry Association be urged to collaborate with advanced dental education programs and their sponsoring institutions to enhance the current scope and depth of instruction related to special needs dentistry and to encourage the establishment of more training programs in special needs dentistry.</p>	CDEL
47H.	<p>Adopted— Consent Calendar Action</p>	<p>Council on Dental Education and Licensure Resolution 47—Continuing Education Market Research</p> <p>Resolved, that market research be conducted to learn more about the continuing education interests of practicing dentists related to managing and treating patients with special needs, i.e., people with developmental disabilities, cognitive</p>	<p>Department of Continuing Education. CDEL</p>

		impairment, complex medical problems, significant physical limitations, and the vulnerable elderly.	
48H.	Adopted— Consent Calendar Action	<p>Council on Dental Education and Licensure Resolution 48—Developing Continuing Education Activities</p> <p>Resolved that a variety of continuing education activities related to special needs dentistry be developed by the appropriate ADA agency.</p>	CAAP Department of Continuing Education CAM
49H.	Adopted— Consent Calendar Action	<p>Council on Dental Education and Licensure Resolution 49—Proposed Policy: Patients with Special Needs</p> <p>Resolved, that the following policy be adopted:</p> <p style="text-align: center;">Patients with Special Needs</p> <p>The dental profession’s continued ability to effectively provide dental care for America’s special needs population is dependent on sustaining a strong educational foundation in this area. The ADA encourages efforts to maintain and expand the availability of courses and programs at the predoctoral, advanced and continuing educational levels that support practitioners in providing dental treatment to patients whose medical, physical, psychological, cognitive or social situations make it necessary to consider a wide range of assessment and care options. These individuals include, but are not limited to, people with developmental disabilities, cognitive impairment, complex medical problems, significant physical limitations, and the vulnerable elderly. The ADA encourages dental practitioners to regularly participate in continuing education in this area.</p>	CDEL

<p>81H.</p>	<p>Adopted— Consent Calendar Action</p>	<p>Reference Committee C (Dental Education, Science and Related Matters) Resolution 81RC adopted in lieu of Board of Trustees Resolution 81 and Third Trustee District Resolution 81S-1—Response to Resolution 74-2020 – Elder Care Strategies for Continuing Education</p> <p>Resolved, that in order to prepare the profession for the increased demographic shift to an older population, the appropriate ADA agencies should consider integrating the following elder care strategies on both the oral-systemic connection and the dental management of the medically complex older adult as priority projects, and be it further</p> <p>Resolved, elevate the importance of both the oral-systemic connection and the dental management of the medically complex older adult, to both members and the public <u>the dental community and medical communities</u>, as appropriate, by:</p> <ol style="list-style-type: none"> 1. providing educational opportunities for the profession on the oral-systemic connection. 2. promoting dental continuing education on treating the medically, functionally or cognitively complex patients through the Annual Meeting or other ADA meetings. 3. developing and maintaining a roster of qualified speakers both the oral-systemic connection and the dental management of the medically complex older adult. <ol style="list-style-type: none"> 1. <u>developing and delivering dental continuing education on both the oral-systemic connection and the dental management of the medically complex older adult through ADA online CE, SmileCon programs ADA conferences and other ADA meetings, publications and programming as appropriate.</u> 	<p>CDP CSA Department of Continuing Education</p>
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		<p>4.2. developing presentations on both the oral-systemic connection and the dental management of the medically complex older adult for use by member state or local dental societies, and to be shared with other Associations and other Health Care Professionals <u>with an increased emphasis on the need for a more active collaboration and consultation between dental and medical providers when managing medically complex older adults.</u></p> <p>3. <u>the development of continuing educational curricula for the delivery of preventive and quality of life dental care for institutional, long-term care and home-bound individuals to allow for greater access in their respective environments.</u></p>	
85H.	Adopted	<p>Reference Committee B (Dental Benefits, Practice and Related Matters) Resolution 85RC adopted in lieu of Indiana Dental Association Resolution 85, Third Trustee District Resolution 85S-1 and Indiana Dental Association Resolution 85S-2—Addressing the Dental Team Workforce Shortage</p> <p>Resolved, that the appropriate ADA agency distribute existing print and social media communications materials to state and local dental societies to use to promote and encourage middle and high school students to consider careers in dentistry, dental hygiene and dental assisting, and be it further</p> <p>Resolved, that the appropriate ADA agency study the issue of dental hygienist and dental assistant employment tenure to determine variables that lead to attrition and high employee turnover, as well as variables that encourage long term employees. The research will be used to develop a toolkit that dentists can use to help increase the tenure of dental team members, and be it further</p>	CDP HPI CDEL CGA

		<p>Resolved, that the appropriate ADA agency request ADEA to collaborate in conducting a study of accredited dental hygiene and assisting programs and formulate ideal enrollment recommendations by state and or region and make this information available to state and local dental societies, as well as dentistry, hygiene and assisting education administrators, and be it further</p> <p>Resolved, that the appropriate ADA agency investigate financial incentives, such as possible tax abatements and grants, to motivate educational institutions to create, or expand existing, dental hygiene and dental assisting programs in order to expedite the resolution of the workforce issue.</p>	
108H.	Adopted— Consent Calendar Action	<p>Fifth Trustee District and Sixteenth Trustee District Resolution 108— National Commission On Recognition Of Dental Specialties And Certifying Boards Requirements For Recognition Review</p> <p>Resolved, that the Requirements for Recognition of Dental Specialties and National Certifying Boards for Dental Specialists, currently used by the National Commission on Recognition of Dental Specialties and Certifying Boards, be reviewed by the ADA Council on Dental Education and Licensure in 2022, rather than 2023, and be it further</p> <p>Resolved, that CDEL report its findings and any proposed revisions to the Requirements for Recognition to the National Commission and to the 2022 ADA House of Delegates.</p>	CDEL
111H.	Adopted	<p>Reference Committee C (Dental Education, Science and Related Matters) Resolution 111—as amended—Consent Calendar</p> <p>111. Resolved, that the recommendations of Reference Committee C on the following resolutions be accepted by the House of Delegates.</p>	--

		<p>1. Resolution 31—Adopt—Amendment of Chapter IX, Section A of the Governance and Organizational Manual of the American Dental Association (Worksheet:4001) \$: None</p> <p>COMMITTEE RECOMMENDATION: Vote Yes</p> <p>2. Resolution 32RC—Adopt Resolution 32RC in lieu of Resolutions 32—Amendment of the Policy: Review of ADA Definition: Continuing Competency (Worksheet:4005) \$: None</p> <p>COMMITTEE RECOMMENDATION: Vote Yes</p> <p>3. Resolution 46—Adopt—Special Care Dentistry Association (Worksheet:4057) \$: None</p> <p>COMMITTEE RECOMMENDATION: Vote Yes</p> <p>4. Resolution 47—Adopt—Continuing Education Market Research (Worksheet:4058) \$: 35,000</p> <p>COMMITTEE RECOMMENDATION: Vote Yes</p> <p>5. Resolution 48—Adopt—Developing Continuing Education Activities (Worksheet:4059) \$: 7,500</p> <p>COMMITTEE RECOMMENDATION: Vote Yes</p> <p>6. Resolution 49—Adopt—Proposed Policy: Patients With Special Needs (Worksheet:4060) \$: None</p> <p>COMMITTEE RECOMMENDATION: Vote Yes</p> <p>7. Resolution 64—Adopt—Amendment of the Policy Statement on Intraoral/Perioral Piercing and Tongue Splitting (Worksheet:4065) \$: None</p>	
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		<p style="text-align: center;">COMMITTEE RECOMMENDATION: Vote Yes</p> <p>8. Resolution 65RC—Adopt Resolution 65RC in lieu of Resolution 65—Amendment of the Policy, Research Funds (Worksheet:4066) \$: None</p> <p style="text-align: center;">COMMITTEE RECOMMENDATION: Vote Yes</p> <p>9. Resolution 66—Adopt—Rescission of the Policy, Comparative Effectiveness Research and Patient-Centered Outcomes Research (Worksheet:4069) \$: None</p> <p style="text-align: center;">COMMITTEE RECOMMENDATION: Vote Yes</p> <p>10. Resolution 80—Adopt—Electronic Archiving of State and Component Dental Publications (Worksheet:4099) \$: 5,000</p> <p style="text-align: center;">COMMITTEE RECOMMENDATION: Vote Yes</p> <p>11. Resolution 81RC—Adopt Resolution 81RC in lieu of Resolution 81 and Resolution 81S-1—Response to Resolution 74-2020 - Elder Care Work Group—Elder Care Strategies for Continuing Education (Worksheet:4101) \$: 10,000</p> <p style="text-align: center;">COMMITTEE RECOMMENDATION: Vote Yes</p> <p>12. Resolution 96RC—Adopt Resolution 96RC in lieu of Resolution 96 and Resolution 96S-1—The Practice of Dentistry and Cannabis (Worksheet:4108) \$: None</p> <p style="text-align: center;">COMMITTEE RECOMMENDATION: Vote Yes</p> <p>13. Resolution 97—Not Adopt—Development of Best Practices for the Inclusion of Research with Negative Findings and Failed Replications Studies (Worksheet:4107) \$: None</p> <p style="text-align: center;">COMMITTEE RECOMMENDATION: Vote No</p>	
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**AMERICAN DENTAL ASSOCIATION
BOARD OF TRUSTEES
July 16-18, 2021 and September 12-14, 2021
Chicago, Illinois**

Resolution Number	Board Action	Resolution	Notes
B-74 July 2021	Adopted	Resolved , that the following two general dentist commissioners be appointed to serve on the Commission for Continuing Education Provider Recognition for the 2021-2025 term. Dr. Mark Nuger, Maryland Dr. Susan Zelazo-Smith, Illinois	
B-75 July 2021	Adopted	Resolved , that the following commissioner be appointed to serve on the Commission on Dental Accreditation for the 2022-2026 term. Dr. Deborah Weisfuse, New York	
B-76 July 2021	Adopted	Resolved , that Dr. Frank Schiano be appointed to serve on the Joint Commission on National Dental Examinations for the 2021-2025 term.	
B-77 July 2021	Adopted	Resolved , that the following three general dentist commissioners be appointed to serve on the National Commission on Recognition of Dental Specialties and Certifying Boards for the 2021- 2025 term. Dr. Len Aste, Utah Dr. Michele Beeler, Kentucky Dr. Ned Murphy, Wisconsin	

<p>B-90 September 2021</p>	<p>Adopted</p>	<p>Resolved, that the ADA enter a negotiation with the University of Illinois-Chicago College of Dentistry in order to explore the possibility of a CODA-accredited Advanced Education Program in Dental Public Health, where ADA would provide an educational experience up to two days per week as part of the academic school year in areas of dental public health research and/or dental public health policy advocacy, and be it further</p> <p>Resolved, that the ADA contribute \$100,000 per year for three years to support the establishment of the Advanced Education Program in Dental Public Health in collaboration with the University of Illinois-Chicago College of Dentistry, Department of Public Health upon the successful completion of a negotiated agreement.</p>	
<p>B-91 September 2021</p>	<p>Adopted</p>	<p>Resolved, that a steering committee be reauthorized for the 2022 term to oversee the launch and validation of the ADA Admission Test for Dental Hygiene (ATDH), and be it further</p> <p>Resolved, that the following individuals be reappointed to the Steering Committee for the 2022 term to oversee the launch and validation of the ADA Admission Test for Dental Hygiene (ATDH):</p> <ul style="list-style-type: none"> • Dr. Paul Leary, Trustee, Steering Committee Chair • Dr. Stephen M. Lepowsky (CDEL Member) • Dr. Uri Hangorsky (CDEL Member) • Donna Warren Morris, RDH, MEd (Dental Hygiene Program Director) • Wanda Cloet, RDH, DHS (Dental Hygiene Program Director) • Joyce C. Hudson, RDH, MS (Dental Hygiene Program 	

		Director) • Michelle R. Roman, EdD, MSM, MPH (Dental Hygiene Program Director) • Ebony M. Thomas-Butler, MS, BS (Admissions Officer)	
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