Arizona Dental Association

Governing Rules
And Regulations

Articles of Incorporation
Bylaws
Principles of Ethics and Code of Professional Conduct
Policies
Manual of the House of Delegates
Contested Campaign Guidelines
Manual on Councils’ and Committees’
Mediation Services Manual

September 17, 2016
The **Articles of Incorporation** contains the fundamental provisions that relate to the existence of the Association.

The **Bylaws** contain the basic structure of the Association, its composition and function, and the relationship between the Association and its members, including the rights, obligations, powers and duties of each. Specific details of procedures necessary to carry out the basic provisions of the **Bylaws** are found in the **Policies** and in the **Manual of the House of Delegates**.

**The Principles of Ethics and Code of Professional Conduct** with official advisory opinions serves as the official guide for the Association and for its member in maintaining the highest level of ethical standards concerning the delivery of oral health care. The **Advisory Opinions** are interpretations, opinions and statements of the American Dental Association and approved by the ADA House of Delegates.

The **policies** are administrative standing rules of procedure which are recommended by the Board of Trustees and/or the AzDA House of Delegates and adopted by the House of Delegates. **Policies** guide the Board of Trustees, committees and headquarters staff in fulfilling their responsibilities on behalf of the membership.

Recommendations for new and amended policies are provided to all delegates and alternates prior to the first session of the House of Delegates.

**The Manual of the House of Delegates** provides the procedures and rules under which the House operates.

**The Campaign Guidelines** provides procedures for the conduct of contested campaigns for AzDA Offices.

**The Mediation Services Manual** describes the ethical mandate for this statewide program, legal protections and constraints on the system and the principles for handling disputes so that they will be consistent in principle among the components concerning the initiation, evaluation and resolution of these cases.
Articles of Incorporation and Bylaws

The **Articles of Incorporation** contains the fundamental provisions that relate to the existence of the Association.

The **Bylaws** contain the basic structure of the Association, its composition and function, and the relationship between the Association and its members, including the rights, obligations, powers and duties of each. Specific details of procedures necessary to carry out the basic provisions of the **Bylaws** are found in the **Policies** and in the **Manual of the House of Delegates**.

Members can contribute to the augmentation or the establishment of new governing rules by their attendance at and participation in component town hall meetings or AzDA Issues Forum which are held prior to each House of Delegates meeting. The Bylaws are updated and published annually in the AzDA Governing Rules and Regulations and are available to the membership.
ARTICLES OF AMENDMENT AND RESTATEMENT

OF

ARTICLES OF INCORPORATION

OF THE

ARIZONA DENTAL ASSOCIATION

These Amended and Restated Articles of Incorporation supersede and take the place of the heretofore existing Articles of Incorporation and any amendments or restatements thereof of the Arizona Dental Association, all pursuant to the Arizona Nonprofit Corporation Act, Sections 10-3101 through 10-11702 of the Arizona Revised Statutes (“ANCA”).

ARTICLE I

Name

The name of the corporation is the Arizona Dental Association (the “Corporation”).

ARTICLE II

Purposes

The Corporation is organized and shall be operated exclusively to promote the dental health of the public in the State of Arizona, to advance the art and science of dentistry, to represent the interest of the members of the dental profession and the public which it serves, and to foster an awareness of the obligations and responsibilities of the dental profession to society within the meaning of I.R.C. § 501(c)(6). The Corporation may carry out its purposes directly or by making gifts, grants or other payments to other qualifying organizations. In these Articles, the term "I.R.C." means the Internal Revenue Code and references to provisions thereof are to such provisions as they are from time to time amended and to corresponding provisions of any future United States Internal Revenue Law.

ARTICLE III

Activities and Restrictions

Section 1. No dividends, liquidating dividends, or distributions shall be declared or paid by the Corporation to any private individual or officer or director of the Corporation.

Section 2. No substantial part of the activities of the Corporation shall consist of participation in, nor intervention in, any political campaign on behalf of (or in opposition to) any candidate for public office, including the publishing or distribution of any statements.

Section 3. No part of the net earnings or net income of the Corporation shall inure to the benefit of any private individual or officer or director of the Corporation; provided, however, that such a person may receive reasonable compensation for personal services rendered, or reimbursement for reasonable expenses incurred, which are necessary to carrying out the exempt purposes of the Corporation.
Section 4. Notwithstanding any other provision of these Articles of Incorporation, the Corporation shall not carry on any other activities not permitted to be carried on by a Corporation exempt from federal income tax under I.R.C. § 501(c)(4).

ARTICLE IV

Members and Delegates

The Corporation shall have one or more classes of members and delegates whose respective qualifications, rights, and method of acceptance shall be as specified in the Bylaws.

ARTICLE V

Board of Trustees

The affairs of the Corporation shall be managed by its Board of Directors, which shall be known as the Board of Trustees and shall consist of such number of persons as shall be fixed by the Bylaws from time to time, but shall not be less than the number of directors required by the ANCA. The terms of office, qualifications and method of election of the trustees shall be as specified in the Bylaws.

ARTICLE VI

Amendment

These Articles of Incorporation may be amended by the members of the Board of Trustees by vote of a super majority (66%); provided, however, that such amendment shall not be effective until adopted by the House of Delegates.

ARTICLE VII

Dissolution

In the event of the dissolution of the Corporation, the Board of Directors shall, after paying or making provision for the payment of all of the liabilities of the Corporation, distribute all of the assets of the Corporation exclusively to one or more organizations then described in I.R.C. Sections 501(c)(3) or 501(c)(6) having purposes substantially similar to those of the Corporation or to one or more units or agencies of federal, state or local government to be used exclusively for public purposes, as the Board of Directors shall determine. Any of such assets not so distributed shall be distributed to one or more of such organizations as determined by the Superior Court of the county in which the principal office of the Corporation is then located.

ARTICLE VIII

Principal Office; Registered Office and Registered Agent

The mailing address of the principal office of the Corporation is 3193 N. Drinkwater Blvd., Scottsdale, Arizona, 85251-6491. The street address of the registered office of the Corporation is 815 N. 1st Ave. #4, Phoenix, Arizona 85003 and the registered agent at such address is Capitol Corporate Services, Inc.
CERTIFICATION

The undersigned officer of Arizona Dental Association hereby certifies that the foregoing Amended and Restated Articles of Incorporation contain amendments to the Articles of Incorporation requiring approval by the Corporation’s House of Delegates and that said Amended and Restated Articles of Incorporation were adopted by the House of Delegates in accordance with Section 10-11003 of the ANCA.

Executed this 17th day of July, 2009.

Arizona Dental Association,
an Arizona nonprofit corporation

By: Gregory Pafford, DDS [signature on file copy]

Its: Secretary
The **Bylaws** contain the basic structure of the Association, its composition and function, and the relationship between the Association and its members, including the rights, obligations, powers and duties of each. Specific details of procedures necessary to carry out the basic provisions of the **Bylaws** are found in the **Policies** and in the **Manual of the House of Delegates**.
Arizona Dental Association

Bylaws

September 17, 2016
ARTICLE I. NAME

SECTION 1.
The name of this organization shall be the ARIZONA DENTAL ASSOCIATION (AzDA).

ARTICLE II. OBJECT

SECTION 1.
The object of this Association, organized as a non-profit corporation, shall be to encourage the improvement of the health of the public and to promote the art and science of dentistry.

ARTICLE III. ORGANIZATION

SECTION 1.
This Association is a non-profit corporation, organized under the laws of the State of Arizona. If this Association shall be dissolved at any time, no part of its funds or property shall be distributed to or among its members, but, after payment of all indebtedness of the corporation, its surplus funds and properties shall be used for dental education and dental research in such manner as the then governing body of the Association shall determine.

SECTION 2.
If the governing body then in existence does not dispose of the aforementioned assets, then the Judge of the Superior Court of the district in which the office of the AzDA is located shall be authorized and instructed by this Article to dispose of the aforementioned assets as outlined in Section 1. above.

SECTION 3.
The principal place of business of this Association shall be Scottsdale, Arizona, but other offices may be established and maintained within the State, at such places as the Board of Trustees may designate. The area to be served by the Association is the State of Arizona.

SECTION 4.
This Association is a constituent society of and chartered by the American Dental Association (ADA) and the Principles of Ethics of the ADA and in addition, such Principles of Ethics as may be adopted by the AzDA shall be the Principles of Ethics of this Association.

ARTICLE IV. GOVERNMENT

SECTION 1.
The legislative and governing body of this Association shall be the House of Delegates, hereinafter referred to as “The House” or “This House.”

ARTICLE V. MEMBERSHIP AND QUALIFICATIONS

SECTION 1.
Membership in this Association shall be classified as Active, Life (Active or Retired), Honorary, Federal Dental Service, Affiliate, Student, Allied Dental Team and Retired Membership. All members of this Association shall be governed by the Principles of Ethics, the Code of Professional Conduct and any other ethical rules of standards adopted by this Association or the various component societies thereof.
Active, Life, Federal Dental Service, Affiliate, Student and Retired members shall be members of the ADA.

SECTION 2. Active Membership
A. An Active Member shall be a dentist legally licensed by the Arizona State Board of Dental Examiners, who has been accepted for membership in the AzDA; or
B. A dentist who is licensed in another state who is engaged on a full time basis as a teacher in an Arizona medical or dental school; or
C. An Active Member in good standing shall be eligible for all privileges of an Active Member in both the ADA and this Association. He/She shall be entitled to vote, to be elected or appointed to any board, council, committee or official position of the Association, except as otherwise stated in these Bylaws. They shall be entitled to vote, to propose motions and to enter discussions. Election to officer or appointment to committee shall be subject to restrictions in Article IX, Section 7, and Article X, Section 2.
D. Any member receiving assistance from the Relief Fund or whose financial obligations have been waived by this Association shall be considered an Active Member in good standing.

SECTION 3. Life Membership
A. A dentist who has met the requirements for Life Membership in the ADA and has been an Active Member of the AzDA for at least ten (10) years shall be automatically notified as to eligibility for Life Membership in either the Active Life or Retired Life category.
B. Regardless of prior classification, Active Life Membership shall be that category of members pursuant to the provisions of this section who continue to have income from the practice of dentistry, as defined in Chapter 1, Section 20 G. of the ADA Bylaws.
C. Retired Life Membership shall be that category of members pursuant to this section who do not have income from dentistry, as defined in Chapter 1, Section 20 G. of the ADA Bylaws. The member shall submit an affidavit attesting to the member’s qualifications for this category of membership.
D. Retired Life Members from other states who now reside in Arizona, and who originally met the requirements for Life Membership in the ADA while a resident of that state, may make written application to AzDA for reclassification as an AzDA Retired Life Member.
E. An AzDA Life Member shall have all the privileges of Active Membership.

SECTION 4. Honorary Membership
A. Honorary Members shall be persons who have made valuable contributions to the science and art of dentistry or have rendered marked service to the profession.
B. Nominations for Honorary Membership shall be made by the Board to the House of Delegates for election.
C. In the event the member shall enter the practice of dentistry in the State of Arizona, his/her Honorary Membership shall be voided.
D. An Honorary Member shall not vote or hold an elective or appointive office. He/She shall be entitled to enjoy all services provided by the Association for the benefit of its members.

SECTION 5. Federal Dental Service Membership
A. Dentists in the Federal Dental Service consist of the Air Force, Army, Civil Service, Navy, Public Health Service and Veteran Affairs. These dentists who are either serving in Arizona or who have an Arizona Dental license may be granted membership in the AzDA.
B. Federal Dental Service members shall not hold elective office in the AzDA.
C. The Board shall have the power to waive all financial obligations, except loans, of members who are called to service with the armed forces of the United States, provided such members have paid dues as Active members for at least one year.
SECTION 6. Affiliate Membership
A. An ADA member dentist in good standing whose constituent membership is in another state, upon application to and approval by the Board may be classified as an Affiliate member.
B. An Affiliate member in good standing shall receive annually a certification of Affiliate membership, the official publications of AzDA, are entitled to attend any session of the House and receive other AzDA member services as the Board may determine.
C. Affiliate members shall not hold elective office in the AzDA.

SECTION 7. Student Membership
A. Classification:
1. Pre-Doctoral: A member of the American Student Dental Association may be classified as a Student member in this Association.
2. Post-Doctoral: A dentist may be classified as a post-doctoral student provided he/she is engaged full-time in (a) an advanced training course of not less than one academic year’s duration in an accredited school or (b) an internship or residency program approved by the Council on Dental Education of the ADA.
B. Privileges: A Student member in good standing shall receive the following benefits of membership: official publication of AzDA; attendance at any scientific session of this Association; and other such services as authorized by the Board of Trustees. Unless otherwise specifically provided, a reference in these bylaws to privileges of “members” shall not include Student members.

SECTION 8. Allied Dental Team Membership
A. Qualification: A person who has not met the educational requirements as a dentist by attending an ADA accredited dental school and/or does not hold a U.S. dental license as a dentist anywhere in the United States, and who is not eligible for any other type of membership in this Association, who is employed in a setting delivering dental care as a dental assistant, dental hygienist, business office employee or dental laboratory technician, and meets one of the following criteria may be classified as an Allied Dental Team Member of this Association upon application to and approval by the Board of Trustees:
   ▪ at the time of application is employed by an Active or Life member of this Association;
   ▪ at the time of application is an employed Faculty member of an assisting, hygiene or laboratory technician educational program in Arizona;
   ▪ at the time of application is employed by a Federally Qualified Health Center (FQHC).
B. Privileges: An Allied Dental Team Member in good standing shall receive annually a membership card of Allied Dental Team Membership. Allied Dental Team Members are eligible to receive the following benefits of membership: official publications of the AzDA, attendance at any scientific session of this Association and other such services as authorized by the Board of Trustees.
C. Loss of Membership: An Allied Dental Team Member may be expelled for actions considered contrary to the objectives and purposes of this Association. Such charges must be submitted in writing. A member so charged shall be given a hearing before the Council on Dental Practice). This Council shall decide by majority vote whether the charges and evidence warrant expulsion. The final and only appeal from the decision of this Council shall be to the Board of Trustees of this Association.

SECTION 9. Retired Membership
A. A dentist who has met the requirements for Retired Membership in the ADA, ADA Bylaws, Chapter 1, Section 20 C., and who now resides in Arizona or who resided in Arizona at the time of retirement, may make written application to be classified as a Retired Member of the AzDA.
Members classified as Retired Members by the AzDA for the year 1990 and prior thereto, shall be eligible to remain as Retired Members.

B. The return to practice in any phase of dentistry shall cancel the Retired Members status, unless waived by the Board of Trustees.

C. A Retired Member shall have all the privileges of an Active Member without exception.

SECTION 10. In Good Standing
A member of this Association who is not under final sentence of suspension or expulsion and whose financial obligations for the current year have been paid to this Association, the ADA and his/her Component Society, or any member receiving assistance from the Relief Fund or whose financial obligations have been waived because of illness or physical disability.

SECTION 11. Dues and Assessments
A. The amount of annual dues of Active members shall be established by the House of Delegates.
B. All other dues categories other than those noted in Sections C. D. and E. below shall be set forth in the ADA Bylaws in the same proportion as provided in the ADA Bylaws.
C. The dues of Affiliate Members shall be set by the Board of Trustees.
D. The dues for Student Members shall be set by the Board of Trustees.
E. The annual dues for Allied Dental Team Membership shall be set by the Board of Trustees.
F. The dues of those members who have suffered a significant financial hardship, illness or physical disability that prohibits them from payment of their full dues may be excused from the payment of twenty-five percent (25%), fifty percent (50%), seventy-five percent (75%) or one hundred percent (100%) of the current year’s dues as determined by the Board of Trustees. The component society, if any, of a member seeking relief under this section shall certify the reason for the waiver of dues and the component society shall provide the same proportionate waiver of its dues as provided by this Association.
G. The AzDA Relief Fund may be utilized to replace revenues that would otherwise be lost to AzDA and the component society through dues waivers for a maximum of three years per member.
H. Assessments, if any, shall be established by the House of Delegates and be stated in the amount to be paid annually by Active Members. Individual members in other categories shall pay the assessment, if any in the same proportion as the dues of the category relate to the dues of the Active Members. The House may vote to exempt certain categories, other than Active Members, from the assessment, but shall not increase the percentage due from any category.

SECTION 12. Resignation -- Reinstatement
A. Any member in good standing may resign from the Association by making his/her desire known in writing to the Board.
B. A member dropped for failure to pay financial obligations may be reinstated by making application to his/her component society, accompanied by payment of all financial obligations owing to the component society and State Association.
C. If reinstatement occurs, no member shall receive benefit from the prorating of dues or assessments.

SECTION 13. Mandatory Mediation Services
A. In the interest of expeditious and inexpensive resolution of disputes regarding the appropriateness and quality of dental care, all persons accepting membership in the AzDA thereby consent to the submission of such cases to the mediation services process referred to in the Mediation Services Manual adopted by the Association and in effect at the time such case or cases arise. As a condition of membership in the Association, all persons accepting such membership hereby agree to:
1. participate and cooperate fully in the resolution of such disputes in accordance with the provisions of the Mediation Services Manual; and
2. comply with any final determination reached as a consequence of the submission of a dispute to mediation services.

B. Any member of this Association who refuses to cooperate with submission of a case for mediation services or fails to comply with a final determination reached in such mediation services proceedings shall be subject to disciplinary action for such refusal or failure, including censure, probation, suspension or expulsion.

SECTION 14. Principles of Ethics and Judicial Procedures

A. PROFESSIONAL CONDUCT OF MEMBERS:
The professional conduct of a member of this Association shall be governed by the Principles of Ethics of the ADA, the Code of Ethics of this Association and the Codes of Ethics of the component societies within whose jurisdiction he/she practices, or conducts or participates in other professional dental activities.

B. DISCIPLINE OF MEMBERS:
1. CONDUCT SUBJECT TO DISCIPLINE: A member may be disciplined by the Council on Dental Practice of this Association or by his/her component society for (1) having been found guilty of a felony, (2) having been found by the State Board of Dental Examiners to have violated the Dental Practice Act of the State of Arizona, (3) violating this Association’s Bylaws, the Principles of Ethics of the ADA, the Code of Ethics of this Association or the Code of Ethics or bylaws of a component society within whose jurisdiction he/she practices, or conducts or participates in other professional dental activities.

2. DISCIPLINARY PENALTIES: A member may be placed under a sentence of censure, suspension or may be expelled from membership for any of the offenses enumerated in Section 14. B. 1. of this article. A member may be placed under the conditional status of probation following the stay of a penalty of censure, suspension or expulsion.

Censure is a disciplinary sentence expressing in writing severe criticism or disapproval of a particular type of conduct or act.
Suspension means all membership privileges except continued entitlement to coverage under insurance programs are lost during the suspension period.
Expulsion is an absolute discipline and may not be imposed conditionally except as otherwise provided herein.
Probation, to be imposed for a specified period and without loss of rights, may be administratively and conditionally imposed when circumstances warrant, in lieu of a disciplinary penalty which has been suspended. Probation shall be conditioned upon good behavior. Additional reasonable conditions may be set forth in the decision for the continuation of probation. In the event that the conditions for probation are found by the society which preferred charges to have been violated, after a hearing on the probation violation charges, the original disciplinary penalty shall be automatically reinstated, except that when circumstances warrant the original disciplinary penalty may be reduced to a lesser penalty. There shall be no right of appeal from a finding that the conditions of probation have been violated.

3. DISCIPLINARY PROCEEDINGS: Except provided hereinafter, disciplinary proceedings shall be initiated only by the Council on Dental Practice of this Association, either upon its own initiative or upon request of any component society. A component society shall refer disciplinary matters to the Council on Dental Practice with a request that said Council initiate disciplinary proceedings. In the event that the Council on Dental Practice declines to initiate the disciplinary proceedings as requested, the Council shall promptly notify the component society which referred the matter the Council. Said component society may thereafter, at its discretion, initiate disciplinary proceedings in the matter. Before a disciplinary penalty is invoked against a member, the following procedures shall be followed by the body preferring charges:
a) **HEARING:** The accused member shall be entitled to a hearing at which he/she shall be given the opportunity to present his/her defense to all charges brought against him/her. The accused may be represented by himself/herself, by another member of this Association, or at his/her option, by legal counsel of his/her own choice.

b) **NOTICE:** The accused member shall be notified in writing of charges brought against him/her and of the time and place of the hearing, such notice to be sent by certified letter addressed to his/her last known address and mailed not less than twenty-one (21) days prior to the date set for the hearing, by the Secretary of this Association or by a representative of the body preferring such charges.

c) **CHARGES:** The written charges shall include an official certified copy of the alleged infraction of determination of guilt, or a specification of the Bylaws or ethical provisions alleged to have been violated, as the case may be, and a description of the conduct alleged to constitute such violation.

d) **DECISION:** Every decision which shall result in censure, suspension, or expulsion shall be reduced to writing and shall specify the charges made against the member, the facts which substantiate any or all of the charges, the verdict rendered and the penalty imposed. A notice shall be mailed to the accused member informing him/her of his/her right to appeal, within ten (10) days of the date on which the decision is rendered a copy thereof shall be sent by certified mail to the last known address of each of the following parties: The accused member, the Secretary of this Association, the chairman of the Council on Dental Practice of this Association, and to the Executive Director and the chairman of the Council on Ethics, Bylaws and Judicial Affairs of the ADA.

e) **APPEALS:** An accused member under sentence of censure, suspension, or expulsion for having been found guilty of conduct as outlined in Section 13.B of this article, shall have the right to appeal a decision of this Association’s Council on Dental Practice (or panel thereof) to the Council on Ethics, Bylaws and Judicial Affairs of the ADA. An appeal to the ADA from any decision shall not be valid unless notice of appeal is filed within thirty (30) days and the supporting brief, if one is to be presented, is filed within sixty (60) days after such decision has been rendered. A reply brief, if one is to be presented, shall be filed within ninety (90) days after such decision is rendered. A rejoinder brief, if one is to be presented, shall be filed within one hundred five (105) days after such decision is rendered. After all briefs have been filed, a minimum of forty-five (45) days shall lapse before the hearing date. Omission of briefs shall not alter the briefing schedule or hearing date unless otherwise agreed to by the parties and the chairman of the appropriate appellate agency. No decision shall become final while an appeal there-from is pending, until the thirty (30) day period for filing a notice of appeal has elapsed. In the event of a sentence of expulsion and no notice of appeal is received within the thirty (30) day period, the constituent society shall notify all parties of the failure of the accused member to file an appeal.

The following procedure shall be used in processing appeals from decisions of component societies of this Association:

i. **HEARINGS ON APPEAL:** The accused member of the society concerned shall be entitled to a hearing on an appeal provided that such appeal is taken in accordance with, and satisfied the requirements of, Section 14. B. 3. of this article.

ii. **NOTICE:** The agency receiving an appeal shall notify the society and the accused member of the time and place of the hearing, such notice to be sent by registered letter to the last known address of the parties to the appeal and mailed not less than thirty (30) days prior to the date set for the hearing. Granting of continuance shall be at the option of the agency hearing the appeal.
iii. **BRIEFS:** Every party to an appeal shall be entitled to submit a brief in support of his/her or its position. The party initiating the appeal shall submit his/her or its brief to the Secretary of this Association, within forty-five (45) days of the date upon which the decision appealed from was rendered.

iv. **RECORD OF DISCIPLINARY PROCEEDINGS:** Upon notice of an appeal, the society which preferred charges shall furnish to the Council on Dental Practice and to the accused member a transcript of or an officially certified copy of the minutes of the hearing accorded the accused member. The transcript, or minutes, shall be accompanied by certified copies of any affidavits or other documents submitted as evidence to support the charges against the member or submitted by the accused member as a part of his/her defense. Where the society preferring charges does not provide for transcription of the hearing, the accused member, at his/her own expense, shall be entitled to arrange for the services of a court reporter to transcribe the hearing.

v. **APPEALS JURISDICTION:** The Council on Dental Practice (or panel thereof) shall be required to review the decision appealed from to determine whether the evidence before the society which preferred charges against the accused member supports that decision or warrants the penalty imposed. The Council on Dental Practice panel shall not be required to consider additional evidence unless there is a clear showing that either party to the appeal shall be reasonably harmed by failure to consider the additional evidence.

vi. **DECISION ON APPEAL:** Every decision on appeal shall be reduced to writing and shall state clearly the conclusion of the appeal agency and the reasons for reaching that conclusion. The appeal agency shall have the discretion, (1) to uphold the decision of the society which preferred charges against the accused member; (2) to reverse the decision of the society which preferred charges and thereby exonerate the accused member; (3) to deny an appeal which fails to satisfy the requirements of Section 13. F. 4. of this article; (4) to refer the case back to the society which preferred charges for a new proceeding, if the rights of the accused member under all applicable Bylaws were not accorded him/her; or (5) to uphold the decision of the society which preferred charges against the accused member and reduce the penalty imposed. Within ten (10) days of the date on which a decision on appeal is rendered, a copy thereof shall be sent by certified mail to the last known address of each of the following parties: the accused member, the Secretary of this Association, the chairman of the Council on Ethics, Bylaws and Judicial Affairs of the ADA, and the Executive Director of the ADA.

vii. **NON-COMPLIANCE:** In the event of a failure of technical conformance to the procedural requirements of Article V, Section 13, the agency hearing the appeal shall determine the effect of technical nonconformance.

**ARTICLE VI. COMPONENT SOCIETIES**

**SECTION 1. Composition and Authority**

A. The component societies of this Association shall be the Central Arizona, Northern Arizona and Southern Arizona Dental Societies, and any additional Dental Societies as may hereafter be established.

B. Each component society shall adopt Bylaws which shall not conflict with those of this Association, and shall file any amendments which may be made thereafter with the Secretary of this Association.
C. Component Presidents shall not serve as an officer or trustee of this Association while holding such office.

SECTION 2. A Component Society Shall Have The Power To:
A. Elect its fully privileged members of the AzDA within the limits imposed by ARTICLE V, SECTIONS 2, 3, 4, 5, 6, 7, 8 & 9 of these Bylaws.
B. Permit a dentist practicing near a district boundary to hold his/her membership in the component society which is most convenient, but shall not be an Active member in more than one.
C. Adopt rules, regulations and Principles of Ethics and to provide for its financial support, providing such regulations are not in conflict with the Bylaws of this Association.
D. Discipline any of its members by censure, probation, suspension or expulsion for having been found guilty of a felony or for violating the Bylaws, The Principles of Ethics, Code of Professional Conduct and the requirements of Mediation Services.
E. Elect annually, two Delegates-At-Large in addition to regular Delegates. Regular Delegates shall be apportioned as follows: that percentage of a component society membership to the total constituent society membership multiplied by 70.
F. Elect two Trustees to serve on the AzDA Board.
G. Certify election of Delegates, Alternates and Trustees to the Secretary of the Association before the end of the next meeting of the House of Delegates. Each component society shall provide in its Bylaws for the indemnification of its officers and committee members.
H. Have the power to undertake the resolution of disputes regarding the quality and appropriateness of dental care in accordance with the Mediation Services Manual. It shall have the power to establish component society mediation services committees, also in accordance with the Mediation Services Manual.

ARTICLE VII. CONFLICT OF INTEREST

A. Individuals who serve in elective, appointive or employed offices or positions do so in a representative or fiduciary capacity that requires loyalty to the Association. At all times while serving in such offices or positions, these individuals shall further the interests of the Association as a whole. In addition, they shall avoid:

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

B. The Association shall maintain specific policy relating to Conflicts of Interest in the policy manual, and these policies relating to Conflicts of Interest shall be made available for review at all meetings of the House of Delegates and the Board of Trustees.

ARTICLE VIII. HOUSE OF DELEGATES

SECTION 1. Composition and Voting
A. VOTING MEMBERS. The Voting members of the House of Delegates shall be composed of:
1. The elected delegates of each component society and;
2. A student representative from each of the dental schools in Arizona who is:
   ▪ In their third or fourth year of matriculation and
   ▪ Member of the American Student Dental Association
3. The Trustees of each component society

B. VOTING DELEGATE ALLOCATION. Elected AzDA Delegates from component societies shall not exceed seventy (70). Delegates shall be apportioned as follows: That percentage of a component society membership to the total constituent society membership as of December 31 of each year shall be multiplied by seventy (70).

C. EX-OFFICIO MEMBERS. The elective officers of this Association: president, president-elect, immediate past president and secretary/treasurer and shall be ex-officio members of the House of Delegates without the right to vote. The editor (appointed) shall also be an ex-officio member of the House of Delegates without the right to vote unless designated as a delegate. Past presidents of this association shall be ex-officio members of the House of Delegates without the right to vote unless designated as delegates.

D. OTHER NON-VOTING PARTICIPANTS. Current Council or Committee members shall have the right to speak before the House of Delegates but shall not have the right to vote unless designated as delegates.

E. Members who are not certified Delegates or serving on a council or committee desiring to bring a matter of new business before the House shall request permission in writing twenty (20) days prior to the meeting date and may appear to discuss such items providing permission is granted, but shall not be granted the privilege of voting. A simple majority vote by the certified Delegates of the House shall grant these requests.

F. Voting credentials shall be issued to each certified Delegate as he/she signs the attendance record.

SECTION 2. The House Shall Have the Power To:

A. Act as the supreme authoritative body of this Association, and shall administer the legislative powers of the Association.

B. Determine the policies which shall govern this Association in all its activities.

C. Enact, amend and repeal the charter of component societies, the Articles of Incorporation and the Bylaws.

D. Adopt and amend the Principles of Ethics for governing the professional conduct of the members, and approve the contents of the Mediation Services Manual.

E. Elect Honorary Members.

F. Determine the amount of annual membership dues and any assessments.

G. Approve all memorials, resolutions or opinions made in the name of the Association.

H. Determine the date and place for the meetings of the House and the Annual Western Regional Dental Convention, hereinafter referred to “the Annual Convention”.

SECTION 3. Duties of the House of Delegates:

A. Elect the officers.

B. Elect Delegates and Alternates to the House of Delegates of the ADA. The President-elect shall be an Alternate.

C. Adopt an annual budget.

D. Recommend a list of members in good standing who have practiced dentistry in Arizona for at least five (5) years, to the Governor, from which he/she may fill any vacancies on the Arizona State Board of Dental Examiners. This list of members shall be recommended to the House for approval by the Board of Trustees.

E. The House, upon recommendation of the Board, is empowered to establish an official publication and appoint the necessary personnel at any time they deem appropriate.

SECTION 4. Officers of the House of Delegates:
A. Speaker and Secretary: The officers of the House of Delegates shall be the Speaker of the House of Delegates and the Secretary of the House of Delegates. The Secretary/Treasurer of this Association shall serve as Secretary of the House of Delegates. These officers do not have a vote. In the case of a vacancy of Speaker, the President shall appoint a Speaker to serve on an interim basis until the position is filled by election at the next Annual Meeting. In the absence of the Secretary of the House of Delegates, the Speaker shall appoint a Secretary pro tem.

B. Duties:
   1. Speaker: The Speaker shall preside at all meetings of the House of Delegates and shall perform such duties as these Bylaws, custom and parliamentary usage requires.
   2. Secretary: The Secretary of the House of Delegates shall serve as the recording officer of the House and custodian of its records, and shall cause a record of the proceedings of the House to be published as the official transactions of the House.

SECTION 5. Sessions of the House of Delegates:
A. The House shall convene annually at such time and place as designated during the previous meeting, and will be held in late summer or early autumn.
B. The Secretary shall notify each Delegate in writing not less than thirty days prior to the date of each meeting.
C. Special meetings of the House may be called by the President or at the request of a majority of the Board members. In the event that an urgent issue arises that requires convening the House such as amendments to these Bylaws or to the AzDA Articles of Incorporation in less than seven (7) days, the Board shall submit the proposal to the House electronically and it shall be approved only when a minimum of two thirds (2/3) of the voting members of the House have responded in the affirmative. When the House fails to select the time and place for the next meeting, the Board shall make such selection.
D. By a majority vote, the AzDA Board of Trustees may direct the President to call a special meeting of the House. The Chair with a majority of the Budget Oversight and Audit Committee may conduct an electronic poll of the House members to determine if a special meeting of the House should be convened. Notice of such meetings must be announced a minimum of seven (7) days prior to meeting date if meeting is conducted electronically or fourteen (14) days prior if a physical meeting of the House is scheduled.
E. A majority of the members of the House shall constitute a quorum for the transaction of business.

SECTION 6. Order of Business for Annual Meeting
A. First Session:
   1. Call to Order
   2. Credentials report
   3. Minutes of previous session
   4. Report of Officers
   5. Review of actions taken by Board
   6. Report of Councils and Committees
   8. Unfinished business
   9. New business
   10. Adjournment of first meeting

B. Second Session:
   1. Call to Order
   2. Credentials report
   3. Election of Officers
4. Selection of time and place for next session  
5. Unfinished business  
6. Report of tellers and presentation of new President  
7. Adjournment

ARTICLE IX. BOARD OF TRUSTEES

SECTION 1. Composition and Restrictions  
A. The Board shall be composed of the President, President-elect, Secretary/Treasurer, and two Trustees from each component society. The Immediate Past President, Speaker of the House, Editor of AzDA Publications (or designee) and the Executive Director shall be ex-officio members of the board without the right to vote.  
B. No President of a component society may serve as an Officer or Trustee of the AzDA.

SECTION 2. The Board of Trustees Shall:  
A. Conduct all business of the Association, subject to the laws of the State of Arizona, the Articles of Incorporation, Bylaws and the Mandates of the House.  
B. Establish policies consistent with the Bylaws to govern the organization’s procedures and conduct.  
C. By a majority vote, may direct the President to call a special meeting of the House. Notice of such meetings must be announced a minimum of seven (7) days prior to meeting date if meeting is conducted electronically or fourteen (14) days prior if a physical meeting of the House is scheduled.  
D. Have the power to establish ad-interim policies when the House is not in session and when such policies are essential to the management of the Association, provided that all such policies shall be presented for review at the next meeting of the House.  
E. Establish the registration fees for the Annual Convention. Have the power to waive all financial obligations for members who are called to serve with the armed forces, provided such member has paid dues for at least one year.  
F. Review on an annual basis all council members and actions of councils and committees and approve the appointment of all council and committee members.  
G. Appoint a Western Regional Dental Convention chairman who shall have the power to appoint the chairmen of sub-councils in scientific arrangements and other necessary committees for convention procedures, except the chairman of the commercial exhibits.  
H. Have the power to change the size of any councils when deemed necessary, specifying the term and manner of serving of each appointee, with the exception of those councils whose size and term are stated in the Bylaws.  
I. Bond by a reliable surety company, any appointive or elective officer entrusted with the Association funds, for whatever amount deemed necessary. The cost is to be paid by the Association.  
J. Approve all expenditures and authorize certain officers or committees to spend money for specific purposes.  
K. Recommend nominees to the House for Honorary Membership.  
L. Submit a supplemental list of recommendations to the Governor for appointment to the Arizona State Board of Dental Examiners in the event of a vacancy of an unexpired term.  
M. Select the date and location for the next House of Delegates when not set by the House at the previous meeting.  
N. Assume the powers of the House in time of extraordinary emergency, except the power to amend the Articles of Incorporation, and Bylaws, fix dues, make assessments and elect officers.

SECTION 3. Vacancies on the Board of Trustees and Removal:  
A. The office of President shall be filled accordingly:
1. If such a vacancy occurs nine (9) months or less before the end of the term, the President-elect shall be acting president for the balance of the term and shall succeed to the office of president at the Annual Meeting.
2. If more than nine (9) months remain to the term of office, the President-elect shall be installed as president by the Board of Trustees within fifteen (15) days and shall be president for the balance of the unexpired term only.
3. In the event that the President-elect succeeds to the office of President due to vacancy or removal, the Council on Nominations and Elections will be called upon to provide a minimum of two names within 30 days, and this ballot will be forwarded to the voting members of the House of Delegates by secure mail or by secure electronic means so that the new President-elect can be installed by the Board of Trustees within 45 days of the office of President-elect becoming vacant.

B. The position of Immediate Past President shall be filled by the next most recent Past President.
C. The office of a component Trustee shall be appointed by the President of the component society, in which the vacancy occurs, with the approval of the component Board.
D. All other elective officers shall be filled by the President with the approval of the Board.
F Any Board member may be removed by the Board whenever, in its judgment, the best interests of the association shall be served thereby. A two-thirds (2/3) vote of the remaining members of the Board is necessary for removal from office. In all such action, the particular member involved and all other members of the Board shall be furnished a copy of a detailed statement of reasons for removal not less than thirty (30) days in advance of the meeting during which the action for removal is to be decided. The Board member facing removal shall be allowed to address the remainder of the Board in order to present a defense and speak against removal. In all such actions, the decision for removal shall be final. If the removed Board member is a Component Trustee, then the respective Component Society shall be notified of the action so that the Component Society can then name a new Trustee to the vacated position for the remainder of the term in a fashion consistent with the Component Society Bylaws.

SECTION 4. Meetings of the Board of Trustees
A. There shall be at least two regular meetings of the Board each year. One meeting is to be held prior to the Annual Meeting of the House of Delegates. The second meeting to be held at the time and place; most convenient to the members.
B. When necessary to save time and expenses and to expedite action, a canvass of votes may be taken by telephone, mail, facsimile or e-mail, and recorded in the minutes of the next Board meeting.
1. A telephone, mail, facsimile or e-mail vote shall be confirmed to the Board within three (3) days following the vote deadline.
2. Response to either of the above options for canvass of voting within the specified times shall result in the member’s vote being recorded as present. No response or a late response shall result in a member’s vote being recorded as absent.
C. Special meetings of the Board may be called by the President or at the request of a majority of the Board members.
D. A quorum for the Board of Trustees shall be a majority of the voting members.

SECTION 5. Executive Committee:
A. The Executive Committee shall be composed of the President (as chairman), President-elect, Secretary/Treasurer as voting members. The Executive Director and Immediate Past President shall be ex-officio members of the Committee without the right to vote.
B. The duties of the Committee shall be:
1. To conduct and supervise all business and affairs of the Association and to direct the officers in the exercise of their powers and duties when the Board is not in session. All decisions of the Executive Committee are subject to review at the next session of the Board of Trustees.

2. To carry out any duties assigned to it by the Board of Trustees.

**ARTICLE X. ELECTED OFFICERS**

**SECTION 1. Composition:**
A. The elected Officers shall be a President, President-elect, Secretary/Treasurer and Speaker of the House.

**SECTION 2. Duties of the President:**
A. Preside at all meetings of the Executive Committee and the Board and serve as the official Representative of the Association in all contacts with government agencies, civic and professional organizations.
B. Serve as an ex-officio member of all councils and committees with the exception of the Council on Nominations and Elections.
C. Fill vacancies that occur on councils and committees unless otherwise provided for in the Bylaws.
D. Appoint the members and designate the chairmen of all councils and committees with the approval of the Board.
E. Appoint one member of the Editorial Board to serve as Editor of AzDA Publications. May also appoint one member of the Editorial Board to serve as Associate Editor of AzDA Publications.
F. In the case of a vacancy of Speaker, shall appoint a Speaker to serve on an interim basis until the position is filled by election at the next Annual Meeting.
G. Call meetings of the Board as may be necessary and special meetings of the House with the approval of the Board.
H. Serve as a Delegate to the ADA.

**SECTION 3. Duties of the President-elect:**
A. Assist the President as requested.
B. Accede to the office of the President for the unexpired portion of the term in the event of a vacancy in that office.
C. Accede to the office of President without other election immediately following the conclusion of the Annual meeting, following the year he/she shall have served as President-elect.
D. Serve as an Alternate Delegate to the ADA.

**SECTION 4. Duties of the Secretary/Treasurer** (assisted by AzDA staff):
A. Record the minutes of all meetings of the Board and the House.
B. Shall notify all Delegates of the date and location of each meeting of the House and Board and send sample ballots prior to an election.
C. Shall be responsible for the certification of voting delegates before each meeting.
D. In conjunction with the President he/she shall certify to all official acts of the Association.
E. Collect all money due the Association from all sources, giving a receipt therefore, and keeping proper account of all transactions.
F. Keep proper contact with the ADA by sending a list of members, certified copy of the list of Delegates and Alternate Delegates, remitting dues, and such other matter as conform to the regulations of the Association as a constituent of the ADA.
G. Serve as custodian of all monies and securities belonging to the association, and to hold, invest and disburse subject to the direction of the Board with the exception of the Continuing Education Fund.
H. Submit to the House a complete audited financial report at the first business meeting following completion of audit by a Certified Public Accountant. Selection of the auditor shall be determined by the Board.

SECTION 6. Duties of the Speaker of the House of Delegates
Preside at the meetings of the House of Delegates and perform such duties as custom and parliamentary usage requires. The Speaker shall be an ex-officio member of the Board of Trustees and all committees and councils, unless otherwise specified in these Bylaws, without the right to vote.

SECTION 7. Elections
A. The following shall be elected at the second session of the Annual Meeting of the House of Delegates by ballot vote unless there is only one nominee for any office or position, and then the vote may be by voice.
   1. A President-elect to serve for one year or until acceding to the office of President according to Section 3., B. above.
   2. A Secretary/Treasurer to serve for one three (3) year term, or until a successor is elected and installed.
   3. A Speaker of the House who shall serve a 3 year term, and may serve a maximum of two consecutive 3-year terms, and who then is eligible for re-election after a minimum of one year following the conclusion of the two consecutive 3-year terms.
   4. Delegates and Alternates as allowed by the ADA to serve for two (2) years.
B. Ballots shall be issued to those eligible to vote as they sign the register to receive their credentials for the business meeting. Only that member shall cast the ballot. The election of officers shall be held annually at the House of Delegates. Where more than one nomination is received for an office, during the election by ballot, a majority of the votes cast shall be necessary to elect. In case no nominee receives a majority of the votes on the first ballot, the name of the nominee receiving the lowest number of votes shall be dropped from the ballot and a new ballot taken. This procedure shall be continued until one of the nominees receives a majority of all votes cast, whereupon the nominee shall be declared elected.
C. The officers, once elected and installed at the second session of the Annual Meeting of the House of Delegates, shall assume their duties on January 1 of the next year. An AzDA Officer’s or ADA delegate’s term of office shall end on December 31 following election of a succeeding officer/delegate at the annual meeting of the AzDA House of Delegates.
D. Nominations from the floor are in order when the Council on Nominations and Elections and submits its report and again before the election.
E. An Active or Life member in Good Standing for three (3) years or more shall be eligible for election to office or to be elected as a Delegate or Alternate to the ADA, with the exception that no President of a component society shall serve as an officer or Trustee of the AzDA.

ARTICLE XI. COUNCILS AND COMMITTEES

SECTION 1. Classification
A. Councils shall be the standing bodies of the Association as established by the House of Delegates and shall continue until the House of Delegates acts to terminate them.
B. Standing councils shall be Editorial Board, Bylaws, Ethics and Mediation Services, Dental Education, Government Affairs, Membership and New Dentists, Nominations and Elections and Annual Session. The standing committees shall be the Legal Liaison committee, Budget and Planning committee and Budget Oversight and Audit committee.
C. This Association shall operate with the concept that the councils shall serve as the main forum for study, investigation and development of ideas and projects for recommendation to the Board of Trustees and House of Delegates of the Association.

D. Ad-Hoc Committees of this Association shall be those committees established by the President to accomplish a specific assignment. The term of all Ad-Hoc committee chairmen and members shall be coterminal with that of the President making the appointment or upon the issuance of a final report whichever occurs first.

SECTION 2. Composition

A. All councils, unless otherwise specified in these Bylaws, shall be a minimum of six (6) to nine (9) members (Active, Life, Federal Dental Service, Affiliate, Allied Dental Team and/or Retired) with at least one (1) member from each component society.

B. The membership of all other Councils and Committees shall be comprised as follows:

1. The Budget and Planning Committee shall be comprised of the President-elect (Chairman), Secretary/Treasurer, Immediate Past President. The Budget and Planning Committee is a Board of Trustees committee.

2. The Budget Oversight and Audit Committee shall be comprised of four members of the House of Delegates: One member from SADS, one member from NADS and two from CADS and shall be appointed by the component society. Respective component society elects members of this committee. The Secretary/Treasurer will make himself/herself available to this Committee as a consultant. The Budget Oversight and Audit Committee is a House of Delegates committee.

3. The Council on Nominations and Elections and shall consist of five members: The four most immediate Past Presidents and the President-elect. The most recent Past President shall serve as chairman.

4. The Legal Liaison Committee shall consist of three members: the President (chairman of this Association), the President-elect and one member who will be appointed by the Board of Trustees. The member selected by the Board of Trustees shall not be a member of the Board of Trustees. The membership of the committee will remain continuous throughout one legal matter.

5. The Editorial Board shall consist of members outlined in this Section 2.A. However, one of these members shall be appointed by the President as Editor of AzDA Publications. The Editor’s term shall be the same as other Council members. The Editor may also serve as Chair of the Council. The Editorial Board may also include an Associate Editor appointed by the President. The Associate Editor’s term shall be the same as other Council members.

6. The Council on Annual Session shall consist of nine (9) to twelve (12) members including up to four (4) Allied Team members with the intent of including a representative from each dental team category.

7. The Council on Membership and New Dentists shall consist of nine (9) to twelve (12) members with up to four (4) of these seats being reserved for new dentists. These new dentists may serve on this Council without waiting one (1) year as noted below under paragraph C. If the new dentists seats are unfilled, these seats may be occupied by members outlined in paragraph E below.

8. Each Council may have no more than one (1) Allied Dental Team member serving as a member with full Council rights except as otherwise specified in these Bylaws (Sections 2.B.1., 2.B.2, and 2.B.5., above).

9. Federal Dental Service members may serve on any council with the exception of the Council on Government Affairs.

10. One (1) non-voting dental student may serve on any Council except Budget and Planning, Nominations and Elections and Bylaws.
C. Council Appointments: The President, with the approval of the Board of Trustees, shall designate the chair of each of the standing councils and committees and appoint a member to fill vacancies occurring due to annual term rotation, resignation or termination on each council, with the exception of the Council on Nominations and Elections, Budget and Planning Committee as otherwise provided. All council chairmen must have a minimum of three (3) consecutive years as an Active, Life or Retired in AzDA.

D. Council members shall be appointed to serve a term of three (3) years, unless otherwise specified in these Bylaws. A member may serve no more than two (2) consecutive three-year terms on any one council with the exception of the Council on Government Affairs for which members shall serve unlimited one year terms. Council members may serve on only one (1) council unless otherwise specified in these Bylaws. Council members may be removed by a majority vote of the council for repeated unexcused absence or non-participation, insubordination or majority vote of the Board of Trustees.

E. All voting members of councils shall be Active, Life, Federal Dental Service, Affiliate, Allied Dental Team and/or Retired members in good standing of this Association at the time of appointment and during their term of office.

F. A substitute may be appointed by the AzDA President with concurrence of the component society President from the same component to serve in the council member’s place with all rights of a member for that meeting.

G. Advisory members: Non-members of the AzDA may be appointed by the president to serve during that President’s term on councils, task forces and committees as non-voting advisory members with approval by the Board of Trustees.

SECTION 3. Procedures
A. All councils shall meet as necessary to complete its work during any fiscal year, except as otherwise provided in these rules, and shall report to the Board of Trustees, and at the Board of Trustees’ direction, such report may be referred to the House.

B. Manual of Councils and Committees: Duties and objectives of each council shall be outlined in the Manual on Councils and Committees. Duties and objectives may be assigned as approved by the Board of Trustees.

C. A majority of the appointed council members must be present to constitute a quorum, provided that all members were duly notified.

D. It shall be mandatory that all council chairmen submit a report at least twenty-five (25) days prior to the Annual Meeting of the House of Delegates. When appropriate the councils shall prepare resolutions for presentation and consideration by the Board of Trustees and/or House.

E. Chairmen and members of councils who are not members of the House or the Board of Trustees shall have the right to present their reports in person to that body and to participate in the discussion thereon, but shall not have the right to propose motions or vote.

F. Any contact with legal counsel by any officer, member or employee of the Association shall be through the Legal Liaison Committee.

ARTICLE XII. DELEGATES TO THE ADA

SECTION 1. Composition
The delegation representing this Association to the ADA shall consist of Delegates selected in accordance with the number assigned to this Association by the ADA. An equal number of Alternate Delegates shall be nominated and elected in the same manner. The President of this Association shall serve as a Delegate during his/her term of office and the President-elect shall serve as Alternate Delegate during his/her term of office. Terms as President and President-elect are not considered in
calculating maximum terms of office as noted in Article XII. Section 2. All Delegate and Alternate Delegate positions are at-large positions, except as herein provided.

SECTION 2. Term of Office
Delegates and Alternate Delegates shall serve a two (2) year term except for the President and President-elect as provided in Article XI, Section 1, and may serve a maximum of three (3) consecutive two-year terms. The terms of the Delegates and Alternate Delegates shall be rotating so that each year the House of Delegates shall elect approximately half (1/2) of the delegation. Delegates and Alternate Delegates shall have no term limits. Additional Delegates, as assigned to this Association by the ADA, shall serve in a similar manner.

SECTION 3. Qualifications
Delegates and Alternate Delegates must be an Active or Life member of this Association for a minimum of three (3) years. Should the status of any Delegate or Alternate Delegate change in regard to the qualifications set forth in these Bylaws during his/her term as a Delegate or Alternate, the office shall be declared vacant by the President, and he/she shall be replaced in the year of vacancy from the list of Alternate Delegates. His/Her unexpired term shall be filled by election of the House of Delegates at the next Annual Meeting. In the event a duly elected Alternate Delegate to the American Dental Association is unable to serve, the position may be appointed by the President for that meeting.

SECTION 4. Nominations and Elections
The Council on Nominations and Elections shall nominate candidate(s) to serve as Delegates and Alternate Delegates to the ADA. For each expiring Delegate and Alternate Delegate term, at least one (1) nominee for each position shall be proposed. Additional nominations may be made as provided in the Bylaws.

A majority of those voting shall elect the Delegate and Alternate Delegate. In the event of a tie, a second ballot shall be cast between the tied candidates.

SECTION 5. Duties
The Delegates shall be the official representatives of this Association in the House of Delegates of the ADA, and shall at all time endeavor to fulfill duties in a manner which shall promote the best interests of the ADA and this Association.

The President of this Association shall serve as chairman of the delegation and shall call a meeting of the Delegates and Alternate Delegates at least once before the annual session of the ADA to study and discuss the proposals. At this meeting the delegations shall elect a Secretary whose duty it shall be to take minutes of each official meeting of the delegation and keep an accurate account of the attendance of Delegates at each meeting of the House of Delegates.

SECTION 6. Funding
The Delegates of this Association to the ADA shall be funded in the manner set by the AzDA Board of Trustees. The President-elect shall also be funded in a like manner. The Board of Trustees is encouraged to consider funding the remainder of the AzDA Alternate Delegates when it is fiscally reasonable to do so.

ARTICLE XIII. FINANCES

SECTION 1. Fiscal Year
The fiscal year of the Association shall begin January 1 and end December 31 of the same year.
SECTION 2. General Fund
The General Fund shall consist of all the money received from all sources other than those specifically allocated to other funds by these Bylaws. This fund shall be used to defray all expenses of this Association not otherwise provided for in the Bylaws.

SECTION 3. Other Funds
The Association may establish other funds, at the direction of the Board of Trustees, and two thirds vote of the House of Delegates for activities and programs requiring separate accounting records to meet governmental and administrative requirements. Such funds shall consist of monies and other assets received or allocated in accordance with the purpose for which they are established. Such funds shall be used for defraying all expenses incurred in their operation, shall serve only as separate accounting entities and continue to be held in the name of the Arizona Dental Association as divisions of the General Fund.

ARTICLE XIV. INDEMNIFICATION OF TRUSTEES AND OFFICERS
The private property of the members, trustees, officers and council members of this Association shall forever be exempt from all Association debts and liabilities.

A Trustee or officer of the Association shall not be personally liable to the Association or its members for monetary damages for breach of fiduciary duty as a Trustee or officer. Further, a Trustee or officer shall be immune from liability and shall not be subject to suit directly or by way of contribution for any act of omission resulting in damage or injury while acting in good faith and within the scope of his/her official capacity in furtherance of the purposes for which the Association in organized. Neither this provision nor any other provision in these Articles shall eliminate the liability of the Trustee or officer for any of the following:

1. Any breach of the Trustee of officer’s duty of loyalty to the Association or its members;
2. Acts of omission which are not in good faith or which involve intentional misconduct or a knowing violation of the law;
3. Any violation of Arizona Revised Statutes 10-1026;
4. Any transaction from which the Trustee or officer derived an improper personal benefit; or
5. Any violation of Arizona Revised Statutes 10-1097.

ARTICLE XV. RULES OF ORDER
The Rules of Order used by the ADA (latest revised edition of the American Institute of Parliamentarians Standard Code of Parliamentary Procedure) shall govern the deliberations of the AzDA in all cases in which they are applicable and not in conflict with these Bylaws.

ARTICLE XVI. AMENDMENTS
These Bylaws and/or Articles of Incorporation may be amended at any session of the House by a two-thirds vote of the Delegates present and voting, provided that the proposed amendment shall have been presented in writing at a previous session or a previous meeting of the same session, or copies mailed to each Delegate in advance of voting date.

Bylaws as revised by the AzDA House of Delegates
Council on Ethics, Bylaws and Judicial Affairs

Principles of Ethics

Dental Ethics

- Patient Autonomy
- Non-maleficence
- Beneficence
- Justice
- Veracity
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I. INTRODUCTION

The dental profession holds a special position of trust within society. As a consequence, society affords the profession certain privileges that are not available to members of the public-at-large. In return, the profession makes a commitment to society that its members will adhere to high ethical standards of conduct. These standards are embodied in the ADA Principles of Ethics and Code of Professional Conduct (ADA Code). The ADA Code is, in effect, a written expression of the obligations arising from the implied contract between the dental profession and society.

Members of the ADA voluntarily agree to abide by the ADA Code as a condition of membership in the Association. They recognize that continued public trust in the dental profession is based on the commitment of individual dentists to high ethical standards of conduct.

The ADA Code has three main components: The Principles of Ethics, the Code of Professional Conduct and the Advisory Opinions.

The Principles of Ethics are the aspirational goals of the profession. They provide guidance and offer justification for the Code of Professional Conduct and the Advisory Opinions. There are five fundamental principles that form the foundation of the ADA Code: patient autonomy, nonmaleficence, beneficence, justice and veracity. Principles can overlap each other as well as compete with each other for priority. More than one principle can justify a given element of the Code of Professional Conduct. Principles may at times need to be balanced against each other, but, otherwise, they are the profession’s firm guideposts.

The Code of Professional Conduct is an expression of specific types of conduct that are either required or prohibited. The Code of Professional Conduct is a product of the ADA’s legislative system. All elements of the Code of Professional Conduct result from resolutions that are adopted by the ADA’s House of Delegates. The Code of Professional Conduct is binding on members of the ADA, and violations may result in disciplinary action.

The Advisory Opinions are interpretations that apply the Code of Professional Conduct to specific fact situations. They are adopted by the ADA’s Council on Ethics, Bylaws and Judicial Affairs to provide guidance to the membership on how the Council might interpret the Code of Professional Conduct in a disciplinary proceeding.

The ADA Code is an evolving document and by its very nature cannot be a complete articulation of all ethical obligations. The ADA Code is the result of an ongoing dialogue between the dental profession and society, and as such, is subject to continuous review.

Although ethics and the law are closely related, they are not the same. Ethical obligations may— and often do— exceed legal duties. In resolving any ethical problem not explicitly covered by the ADA Code, dentists should consider the ethical principles, the patient’s needs and interests, and any applicable laws.

II. PREAMBLE

The American Dental Association calls upon dentists to follow high ethical standards which have the benefit of the patient as their primary goal. In recognition of this goal, the education and training of a dentist has resulted in society affording to the profession the privilege and obligation of self-government. To fulfill this privilege, these high ethical standards should be adopted and practiced throughout the dental school educational process and subsequent professional career.
The Association believes that dentists should possess not only knowledge, skill and technical competence but also those traits of character that foster adherence to ethical principles. Qualities of honesty, compassion, kindness, integrity, fairness and charity are part of the ethical education of a dentist and practice of dentistry and help to define the true professional. As such, each dentist should share in providing advocacy to and care of the underserved. It is urged that the dentist meet this goal, subject to individual circumstances.

The ethical dentist strives to do that which is right and good. The ADA Code is an instrument to help the dentist in this quest.

III. PRINCIPLES, CODE OF PROFESSIONAL CONDUCT AND ADVISORY OPINIONS

Section 1 PRINCIPLE: PATIENT AUTONOMY ("self-governance"). The dentist has a duty to respect the patient's rights to self-determination and confidentiality.

This principle expresses the concept that professionals have a duty to treat the patient according to the patient's desires, within the bounds of accepted treatment, and to protect the patient's confidentiality. Under this principle, the dentist's primary obligations include involving patients in treatment decisions in a meaningful way, with due consideration being given to the patient's needs, desires and abilities, and safeguarding the patient's privacy.

CODE OF PROFESSIONAL CONDUCT

1.A. PATIENT INVOLVEMENT.
The dentist should inform the patient of the proposed treatment, and any reasonable alternatives, in a manner that allows the patient to become involved in treatment decisions.

1.B. PATIENT RECORDS.
Dentists are obliged to safeguard the confidentiality of patient records. Dentists shall maintain patient records in a manner consistent with the protection of the welfare of the patient. Upon request of a patient or another dental practitioner, dentists shall provide any information in accordance with applicable law that will be beneficial for the future treatment of that patient.

ADVISORY OPINIONS

1.B.1. FURNISHING COPIES OF RECORDS.
A dentist has the ethical obligation on request of either the patient or the patient's new dentist to furnish in accordance with applicable law, either gratuitously or for nominal cost, such dental records or copies or summaries of them, including dental X-rays or copies of them, as will be beneficial for the future treatment of that patient. This obligation exists whether or not the patient's account is paid in full.

1.B.2. CONFIDENTIALITY OF PATIENT RECORDS.
The dominant theme in Code Section 1B is the protection of the confidentiality of a patient's records. The statement in this section that relevant information in the records should be released to another dental practitioner assumes that the dentist requesting the information is the patient's present dentist. There may be circumstances where the former dentist has an ethical obligation to inform the present dentist of certain facts. Code Section 1.B assumes that the dentist releasing relevant information is acting in accordance with applicable law.
should be aware that the laws of the various jurisdictions in the United States are not uniform and some confidentiality laws appear to prohibit the transfer of pertinent information, such as HIV seropositivity. Absent certain knowledge that the laws of the dentist’s jurisdiction permit the forwarding of this information, a dentist should obtain the patient’s written permission before forwarding health records which contain information of a sensitive nature, such as HIV seropositivity, chemical dependency or sexual preference. If it is necessary for a treating dentist to consult with another dentist or physician with respect to the patient, and the circumstances do not permit the patient to remain anonymous, the treating dentist should seek the permission of the patient prior to the release of data from the patient’s records to the consulting practitioner. If the patient refuses, the treating dentist should then contemplate obtaining legal advice regarding the termination of the dentist-patient relationship.

Section 2 PRINCIPLE: NONMALEFICENCE ("do no harm"). The dentist has a duty to refrain from harming the patient.

This principle expresses the concept that professionals have a duty to protect the patient from harm. Under this principle, the dentist’s primary obligations include keeping knowledge and skills current, knowing one’s own limitations and when to refer to a specialist or other professional, and knowing when and under what circumstances delegation of patient care to auxiliaries is appropriate.

CODE OF PROFESSIONAL CONDUCT

2. A. EDUCATION.

The privilege of dentists to be accorded professional status rests primarily in the knowledge, skill and experience with which they serve their patients and society. All dentists, therefore, have the obligation of keeping their knowledge and skill current.

2. B. CONSULTATION AND REFERRAL.

Dentists shall be obliged to seek consultation, if possible, whenever the welfare of patients will be safeguarded or advanced by utilizing those who have special skills, knowledge, and experience. When patients visit or are referred to specialists or consulting dentists for consultation:

1. The specialists or consulting dentists upon completion of their care shall return the patient, unless the patient expressly reveals a different preference, to the referring dentist, or, if none, to the dentist of record for future care.

2. The specialists shall be obliged when there is no referring dentist and upon completion of their treatment to inform patients when there is a need for further dental care.

ADVISORY OPINION

2. B. 1. SECOND OPINIONS.

A dentist who has a patient referred by a third party4 for a "second opinion" regarding a diagnosis or treatment plan recommended by the patient’s treating dentist should render the requested second opinion in accordance with this Code of Ethics. In the interest of the patient being afforded quality care, the dentist rendering the second opinion should not have a vested interest in the ensuing recommendation.
2.C. USE OF AUXILIARY PERSONNEL.
Dentists shall be obliged to protect the health of their patients by only assigning to
qualified auxiliaries those duties which can be legally delegated. Dentists shall be
further obliged to prescribe and supervise the patient care provided by all auxiliary
personnel working under their direction.

2.D. PERSONAL IMPAIRMENT.
It is unethical for a dentist to practice while abusing controlled substances, alcohol
or other chemical agents which impair the ability to practice. All dentists have an
ethical obligation to urge chemically impaired colleagues to seek treatment. Dentists
with first-hand knowledge that a colleague is practicing dentistry when so impaired
have an ethical responsibility to report such evidence to the professional assistance
committee of a dental society.

ADVISORY OPINION
2.D.1. ABILITY TO PRACTICE.
A dentist who contracts any disease or becomes impaired in any way that might
endanger patients or dental staff shall, with consultation and advice from a
qualified physician or other authority, limit the activities of practice to those areas
that do not endanger patients or dental staff. A dentist who has been advised
to limit the activities of his or her practice should monitor the aforementioned
disease or impairment and make additional limitations to the activities of the
dentist’s practice, as indicated.

2.E. POSTEXPOSURE, BLOODBORNE PATHOGENS.
All dentists, regardless of their bloodborne pathogen status, have an ethical obligation
to immediately inform any patient who may have been exposed to blood or other
potentially infectious material in the dental office of the need for postexposure
evaluation and follow-up and to immediately refer the patient to a qualified health
care practitioner who can provide postexposure services. The dentist’s ethical
obligation in the event of an exposure incident extends to providing information
concerning the dentist’s own bloodborne pathogen status to the evaluating health
care practitioner, if the dentist is the source individual, and to submitting to testing
that will assist in the evaluation of the patient. If a staff member or other third person
is the source individual, the dentist should encourage that person to cooperate as
needed for the patient’s evaluation.

2.F. PATIENT ABANDONMENT.
Once a dentist has undertaken a course of treatment, the dentist should not
discontinue that treatment without giving the patient adequate notice and the
opportunity to obtain the services of another dentist. Care should be taken that
the patient’s oral health is not jeopardized in the process.

2.G. PERSONAL RELATIONSHIPS WITH PATIENTS.
Dentists should avoid interpersonal relationships that could impair their professional
judgment or risk the possibility of exploiting the confidence placed in them by a
patient.
Section 3 PRINCIPLE: BENEFICENCE ("do good"). The dentist has a duty to promote the patient's welfare.

This principle expresses the concept that professionals have a duty to act for the benefit of others. Under this principle, the dentist's primary obligation is service to the patient and the public-at-large. The most important aspect of this obligation is the competent and timely delivery of dental care within the bounds of clinical circumstances presented by the patient, with due consideration being given to the needs, desires and values of the patient. The some ethical considerations apply whether the dentist engages in fee-for-service, managed care or some other practice arrangement. Dentists may choose to enter into contracts governing the provision of care to a group of patients; however, contract obligations do not excuse dentists from their ethical duty to put the patient's welfare first.

CODE OF PROFESSIONAL CONDUCT

3.A. COMMUNITY SERVICE.
Since dentists have an obligation to use their skills, knowledge and experience for the improvement of the dental health of the public and are encouraged to be leaders in their community, dentists in such service shall conduct themselves in such a manner as to maintain or elevate the esteem of the profession.

3.B. GOVERNMENT OF A PROFESSION.
Every profession owes society the responsibility to regulate itself. Such regulation is achieved largely through the influence of the professional societies. All dentists, therefore, have the dual obligation of making themselves a part of a professional society and of observing its rules of ethics.

3.C. RESEARCH AND DEVELOPMENT.
Dentists have the obligation of making the results and benefits of their investigative efforts available to all when they are useful in safeguarding or promoting the health of the public.

3.D. PATENTS AND COPYRIGHTS.
Patents and copyrights may be secured by dentists provided that such patents and copyrights shall not be used to restrict research or practice.

3.E. ABUSE AND NEGLECT.
Dentists shall be obliged to become familiar with the signs of abuse and neglect and to report suspected cases to the proper authorities, consistent with state laws.

ADVISORY OPINION

3.E.1. REPORTING ABUSE AND NEGLECT.
The public and the profession are best served by dentists who are familiar with identifying the signs of abuse and neglect and knowledgeable about the appropriate intervention resources for all populations.

A dentist's ethical obligation to identify and report the signs of abuse and neglect is, at a minimum, to be consistent with a dentist's legal obligation in the jurisdiction where the dentist practices. Dentists, therefore, are ethically obliged to identify and report suspected cases of abuse and neglect to the same extent as they are legally obliged to do so in the jurisdiction where they practice. Dentists have a concurrent ethical obligation to respect an adult patient's right to
self-determination and confidentiality and to promote the welfare of all patients. Care should be exercised to respect the wishes of an adult patient who asks that a suspected case of abuse and/or neglect not be reported, where such a report is not mandated by law. With the patient’s permission, other possible solutions may be sought.

Dentists should be aware that jurisdictional laws vary in their definitions of abuse and neglect, in their reporting requirements and the extent to which immunity is granted to good faith reporters. The variances may raise potential legal and other risks that should be considered, while keeping in mind the duty to put the welfare of the patient first. Therefore a dentist’s ethical obligation to identify and report suspected cases of abuse and neglect can vary from one jurisdiction to another.

Dentists are ethically obligated to keep current their knowledge of both identifying abuse and neglect and reporting it in the jurisdiction(s) where they practice.

3.F. PROFESSIONAL DEMEANOR IN THE WORKPLACE.
Dentists have the obligation to provide a workplace environment that supports respectful and collaborative relationships for all those involved in oral health care.

ADVISORY OPINION

3.F.1. DISRUPTIVE BEHAVIOR IN THE WORKPLACE.
Dentists are the leaders of the oral healthcare team. As such, their behavior in the workplace is instrumental in establishing and maintaining a practice environment that supports the mutual respect, good communication, and high levels of collaboration among team members required to optimize the quality of patient care provided. Dentists who engage in disruptive behavior in the workplace risk undermining professional relationships among team members, decreasing the quality of patient care provided, and undermining the public’s trust and confidence in the profession.

Section 4 PRINCIPLE: JUSTICE ("fairness"). The dentist has a duty to treat people fairly.

This principle expresses the concept that professionals have a duty to be fair in their dealings with patients, colleagues and society. Under this principle, the dentist’s primary obligations include dealing with people justly and delivering dental care without prejudice. In its broadest sense, this principle expresses the concept that the dental profession should actively seek allies throughout society on specific activities that will help improve access to care for all.

CODE OF PROFESSIONAL CONDUCT

4.A. PATIENT SELECTION.
While dentists, in serving the public, may exercise reasonable discretion in selecting patients for their practices, dentists shall not refuse to accept patients into their practice or deny dental service to patients because of the patient’s race, creed, color, sex or national origin.

ADVISORY OPINION

4.A.1. PATIENTS WITH BLOODBORNE PATHOGENS.
A dentist has the general obligation to provide care to those in need. A decision not to provide treatment to an individual because the individual is infected with Human
Immunodeficiency Virus, Hepatitis B Virus, Hepatitis C Virus or another bloodborne pathogen, based solely on that fact, is unethical. Decisions with regard to the type of dental treatment provided or referrals made or suggested should be made on the same basis as they are made with other patients. As is the case with all patients, the individual dentist should determine if he or she has the need of another’s skills, knowledge, equipment or experience. The dentist should also determine, after consultation with the patient’s physician, if appropriate, if the patient’s health status would be significantly compromised by the provision of dental treatment.

4.B. EMERGENCY SERVICE.
Dentists shall be obliged to make reasonable arrangements for the emergency care of their patients of record. Dentists shall be obliged when consulted in an emergency by patients not of record to make reasonable arrangements for emergency care. If treatment is provided, the dentist, upon completion of treatment, is obliged to return the patient to his or her regular dentist unless the patient expressly reveals a different preference.

4.C. JUSTIFIABLE CRITICISM.
Dentists shall be obliged to report to the appropriate reviewing agency as determined by the local component or constituent society instances of gross or continual faulty treatment by other dentists. Patients should be informed of their present oral health status without disparaging comment about prior services. Dentists issuing a public statement with respect to the profession shall have a reasonable basis to believe that the comments made are true.

ADVISORY OPINION

4.C.1. MEANING OF "JUSTIFIABLE."
Patients are dependent on the expertise of dentists to know their oral health status. Therefore, when informing a patient of the status of his or her oral health, the dentist should exercise care that the comments made are truthful, informed and justifiable. This should, if possible, involve consultation with the previous treating dentist(s), in accordance with applicable law, to determine under what circumstances and conditions the treatment was performed. A difference of opinion as to preferred treatment should not be communicated to the patient in a manner which would unjustly imply mistreatment. There will necessarily be cases where it will be difficult to determine whether the comments made are justifiable. Therefore, this section is phrased to address the discretion of dentists and advises against unknowing or unjustifiable disparaging statements against another dentist. However, it should be noted that, where comments are made which are not supportable and therefore unjustified, such comments can be the basis for the institution of a disciplinary proceeding against the dentist making such statements.

4.D. EXPERT TESTIMONY.
Dentists may provide expert testimony when that testimony is essential to a just and fair disposition of a judicial or administrative action.

ADVISORY OPINION

4.D.1. CONTINGENT FEES.
It is unethical for a dentist to agree to a fee contingent upon the favorable outcome of the litigation in exchange for testifying as a dental expert.
4.E. REBATES AND SPLIT FEES.
Dentists shall not accept or tender "rebates" or "split fees."

ADVISORY OPINION

4.E.1. SPLIT FEES IN ADVERTISING AND MARKETING SERVICES.
The prohibition against a dentist's accepting or tendering rebates or split fees applies to business dealings between dentists and any third party, not just other dentists. Thus, a dentist who pays for advertising or marketing services by sharing a specified portion of the professional fees collected from prospective or actual patients with the vendor providing the advertising or marketing services is engaged in fee splitting. The prohibition against fee splitting is also applicable to the marketing of dental treatments or procedures via "social coupons" if the business arrangement between the dentist and the concern providing the marketing services for that treatment or those procedures allows the issuing company to collect the fee from the prospective patient, retain a defined percentage or portion of the revenue collected as payment for the coupon marketing service provided to the dentist and remit to the dentist the remainder of the amount collected.

Dentists should also be aware that the laws or regulations in their jurisdictions may contain provisions that impact the division of revenue collected from prospective patients between a dentist and a third party to pay for advertising or marketing services.

Section 5 PRINCIPLE: VERACITY ("truthfulness"). The dentist has a duty to communicate truthfully.

This principle expresses the concept that professionals have a duty to be honest and trustworthy in their dealings with people. Under this principle, the dentist's primary obligations include respecting the position of trust inherent in the dentist-patient relationship, communicating truthfully and without deception, and maintaining intellectual integrity.

CODE OF PROFESSIONAL CONDUCT
5.A. REPRESENTATION OF CARE.
Dentists shall not represent the care being rendered to their patients in a false or misleading manner.

ADVISORY OPINIONS

5.A.1. DENTAL AMALGAM AND OTHER RESTORATIVE MATERIALS.
Based on current scientific data, the ADA has determined that the removal of amalgam restorations from the non-allergic patient for the alleged purpose of removing toxic substances from the body, when such treatment is performed solely at the recommendation of the dentist, is improper and unethical. The same principle of veracity applies to the dentist's recommendation concerning the removal of any dental restorative material.

5.A.2. UNSUBSTANTIATED REPRESENTATIONS.
A dentist who represents that dental treatment or diagnostic techniques
recommended or performed by the dentist has the capacity to diagnose, cure or alleviate diseases, infections or other conditions, when such representations are not based upon accepted scientific knowledge or research, is acting unethically.

5.B. REPRESENTATION OF FEES.
Dentists shall not represent the fees being charged for providing care in a false or misleading manner.

ADVISORY OPINIONS
5.B.1. WAIVER OF COPayment.
A dentist who accepts a third party\(^1\) payment under a copayment plan as payment in full without disclosing to the third party\(^1\) that the patient’s payment portion will not be collected, is engaged in overbilling. The essence of this ethical impropriety is deception and misrepresentation; an overbilling dentist makes it appear to the third party\(^1\) that the charge to the patient for services rendered is higher than it actually is.

5.B.2. OVERBILLING.
It is unethical for a dentist to increase a fee to a patient solely because the patient is covered under a dental benefits plan.

5.B.3. FEE DIFFERENTIAL.
The fee for a patient without dental benefits shall be considered a dentist’s full fee.\(^2\) This is the fee that should be represented to all benefit carriers regardless of any negotiated fee discount. Payments accepted by a dentist under a governmentally funded program, a component or constituent dental society-sponsored access program, or a participating agreement entered into under a program with a third party shall not be considered or construed as evidence of overbilling in determining whether a charge to a patient, or to another third party\(^1\) in behalf of a patient not covered under any of the aforesaid programs constitutes overbilling under this section of the Code.

5.B.4. TREATMENT DATES.
A dentist who submits a claim form to a third party\(^1\) reporting incorrect treatment dates for the purpose of assisting a patient in obtaining benefits under a dental plan, which benefits would otherwise be disallowed, is engaged in making an unethical, false or misleading representation to such third party.\(^1\)

5.B.5. DENTAL PROcedURES.
A dentist who incorrectly describes on a third party\(^1\) claim form a dental procedure in order to receive a greater payment or reimbursement or incorrectly makes a non-covered procedure appear to be a covered procedure on such a claim form is engaged in making an unethical, false or misleading representation to such third party.\(^1\)

5.B.6. UNNECESSARY SERVICES.
A dentist who recommends and performs unnecessary dental services or procedures is engaged in unethical conduct. The dentist’s ethical obligation in this matter applies regardless of the type of practice arrangement or contractual obligations in which he or she provides patient care.
5.C. DISCLOSURE OF CONFLICT OF INTEREST.
A dentist who presents educational or scientific information in an article, seminar or other program shall disclose to the readers or participants any monetary or other special interest the dentist may have with a company whose products are promoted or endorsed in the presentation. Disclosure shall be made in any promotional material and in the presentation itself.

5.D. DEVICES AND THERAPEUTIC METHODS.
Except for formal investigative studies, dentists shall be obliged to prescribe, dispense, or promote only those devices, drugs and other agents whose complete formulae are available to the dental profession. Dentists shall have the further obligation of not holding out as exclusive any device, agent, method or technique if that representation would be false or misleading in any material respect.

ADVISORY OPINIONS
5.D.1. REPORTING ADVERSE REACTIONS.
A dentist who suspects the occurrence of an adverse reaction to a drug or dental device has an obligation to communicate that information to the broader medical and dental community, including, in the case of a serious adverse event, the Food and Drug Administration (FDA).

5.D.2. MARKETING OR SALE OF PRODUCTS OR PROCEDURES.
Dentists who, in the regular conduct of their practices, engage in or employ auxiliaries in the marketing or sale of products or procedures to their patients must take care not to exploit the trust inherent in the dentist-patient relationship for their own financial gain. Dentists should not induce their patients to purchase products or undergo procedures by misrepresenting the product's value, the necessity of the procedure or the dentist's professional expertise in recommending the product or procedure.

In the case of a health-related product, it is not enough for the dentist to rely on the manufacturer's or distributor's representations about the product's safety and efficacy. The dentist has an independent obligation to inquire into the truth and accuracy of such claims and verify that they are founded on accepted scientific knowledge or research.

Dentists should disclose to their patients all relevant information the patient needs to make an informed purchase decision, including whether the product is available elsewhere and whether there are any financial incentives for the dentist to recommend the product that would not be evident to the patient.

5.E. PROFESSIONAL ANNOUNCEMENT.
In order to properly serve the public, dentists should represent themselves in a manner that contributes to the esteem of the profession. Dentists should not misrepresent their training and competence in any way that would be false or misleading in any material respect.³

5.F. ADVERTISING.
Although any dentist may advertise, no dentist shall advertise or solicit patients in any form of communication in a manner that is false or misleading in any material respect.³
ADVISORY OPINIONS

5.F.1. PUBLISHED COMMUNICATIONS.

If a dental health article, message or newsletter is published in print or electronic media under a dentist's byline to the public without making truthful disclosure of the source and authorship or is designed to give rise to questionable expectations for the purpose of inducing the public to utilize the services of the sponsoring dentist, the dentist is engaged in making a false or misleading representation to the public in a material respect. 3

5.F.2. EXAMPLES OF “FALSE OR MISLEADING.”

The following examples are set forth to provide insight into the meaning of the term “false or misleading in a material respect.” These examples are not meant to be all-inclusive. Rather, by restating the concept in alternative language and giving general examples, it is hoped that the membership will gain a better understanding of the term. With this in mind, statements shall be avoided which would:

a) contain a material misrepresentation of fact, b) omit a fact necessary to make the statement considered as a whole not materially misleading, c) be intended or be likely to create an unjustified expectation about results the dentist can achieve, and d) contain a material, objective representation, whether express or implied, that the advertised services are superior in quality to those of other dentists, if that representation is not subject to reasonable substantiation.

Subjective statements about the quality of dental services can also raise ethical concerns. In particular, statements of opinion may be misleading if they are not honestly held, if they misrepresent the qualifications of the holder, or the basis of the opinion, or if the patient reasonably interprets them as implied statements of fact. Such statements will be evaluated on a case by case basis, considering how patients are likely to respond to the impression made by the advertisement as a whole. The fundamental issue is whether the advertisement, taken as a whole, is false or misleading in a material respect. 3

5.F.3. UNEARNED, NONHEALTH DEGREES.

A dentist may use the title Doctor or Dentist, D.D.S., D.M.D. or any additional earned, advanced academic degrees in health service areas in an announcement to the public. The announcement of an unearned academic degree may be misleading because of the likelihood that it will indicate to the public the attainment of specialty or diplomate status.

For purposes of this advisory opinion, an unearned academic degree is one which is awarded by an educational institution not accredited by a generally recognized accrediting body or is an honorary degree.

The use of a nonhealth degree in an announcement to the public may be a representation which is misleading because the public is likely to assume that any degree announced is related to the qualifications of the dentist as a practitioner.

Some organizations grant dentists fellowship status as a token of membership in the organization or some other form of voluntary association. The use of such fellowships in advertising to the general public may be misleading because of the likelihood that it will indicate to the public attainment of education or skill in the field of dentistry.

Generally, unearned or nonhealth degrees and fellowships that designate association, rather than attainment, should be limited to scientific papers and
curriculum vitae. In all instances, state law should be consulted. In any review by the
council of the use of designations in advertising to the public, the council will apply
the standard of whether the use of such is false or misleading in a material respect.³

5.F.4. REFERRAL SERVICES.
There are two basic types of referral services for dental care: not-for-profit and
the commercial. The not-for-profit is commonly organized by dental societies or
community services. It is open to all qualified practitioners in the area served. A fee
is sometimes charged the practitioner to be listed with the service. A fee for such
referral services is for the purpose of covering the expenses of the service and
has no relation to the number of patients referred. In contrast, some commercial
referral services restrict access to the referral service to a limited number of
dentists in a particular geographic area. Prospective patients calling the service may
be referred to a single subscribing dentist in the geographic area and the respective
dentist billed for each patient referred. Commercial referral services often advertise
to the public stressing that there is no charge for use of the service and the patient
may not be informed of the referral fee paid by the dentist. There is a notation
to such advertisements that the referral that is being made is in the nature of a
public service. A dentist is allowed to pay for any advertising permitted by the
Code, but is generally not permitted to make payments to another person or entity
for the referral of a patient for professional services. While the particular facts and
circumstances relating to an individual commercial referral service will vary, the
council believes that the aspects outlined above for commercial referral services
violate the Code in that it constitutes advertising which is false or misleading in a
material respect and violates the prohibitions in the Code against fee splitting.³

5.F.5. INFECTIOUS DISEASE TEST RESULTS.
An advertisement or other communication intended to solicit patients which
omits a material fact or facts necessary to put the information conveyed in the
advertisement in a proper context can be misleading in a material respect. A dental
practice should not seek to attract patients on the basis of partial truths which
create a false impression.³

For example, an advertisement to the public of HIV negative test results,
without conveying additional information that will clarify the scientific significance
of this fact contains a misleading omission. A dentist could satisfy his or her
obligation under this advisory opinion to convey additional information by clearly
stating in the advertisement or other communication: “This negative HIV test
cannot guarantee that I am currently free of HIV.”

5.F.6. WEBSITES AND SEARCH ENGINE OPTIMIZATION.
Many dentists employ an internet web site to announce their practices, introduce
viewers to the professionals and staff in the office, describe practice philosophies
and impart oral health care information to the public. Dentists may use services
to increase the visibility of their web sites when consumers perform searches
for dental-related content. This technique is generally known as “search engine
optimization” or “SEO.” Dentists have an ethical obligation to ensure that their web
sites, like their other professional announcements, are truthful and do not present
information in a manner that is false and misleading in a material respect.³ Also, any
SEO techniques used in connection with a dentist’s web site should comport with
the ADA Principles of Ethics and Code of Professional Conduct.
5.G. NAME OF PRACTICE.
Since the name under which a dentist conducts his or her practice may be a factor in the selection process of the patient, the use of a trade name or an assumed name that is false or misleading in any material respect is unethical. Use of the name of a dentist no longer actively associated with the practice may be continued for a period not to exceed one year.²

ADVISORY OPINION

5.G.1. DENTIST LEAVING PRACTICE.
Dentists leaving a practice who authorize continued use of their names should receive competent advice on the legal implications of this action. With permission of a departing dentist, his or her name may be used for more than one year, if, after the one year grace period has expired, prominent notice is provided to the public through such mediums as a sign at the office and a short statement on stationery and business cards that the departing dentist has retired from the practice.

5.H. ANNOUNCEMENT OF SPECIALIZATION AND LIMITATION OF PRACTICE.
This section and Section 5.I are designed to help the public make an informed selection between the practitioner who has completed an accredited program beyond the dental degree and a practitioner who has not completed such a program. The dental specialties recognized by the American Dental Association and the designation for ethical specialty announcement and limitation of practice are: dental public health, endodontics, oral and maxillofacial pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, orthodontics and dentofacial orthopedics, pediatric dentistry, periodontics and prosthodontics. Dentists who choose to announce specialization should use “specialist in” or “practice limited to” and shall limit their practice exclusively to the announced dental specialties, provided at the time of the announcement such dentists have met in each recognized specialty for which they announce the existing educational requirements and standards set forth by the American Dental Association. Dentists who use their eligibility to announce as specialists to make the public believe that specialty services rendered in the dental office are being rendered by qualified specialists when such is not the case are engaged in unethical conduct. The burden of responsibility is on specialists to avoid any inference that general practitioners who are associated with specialists are qualified to announce themselves as specialists.

GENERAL STANDARDS.
The following are included within the standards of the American Dental Association for determining the education, experience and other appropriate requirements for announcing specialization and limitation of practice:

1. The special area(s) of dental practice and an appropriate certifying board must be approved by the American Dental Association.

2. Dentists who announce as specialists must have successfully completed an educational program accredited by the Commission on Dental Accreditation, two or more years in length, as specified by the Council on Dental Education and Licensure, or be diplomates of an American Dental Association recognized certifying board. The scope of the individual specialist’s practice shall be governed by the educational standards for the specialty in which the specialist is announcing.

3. The practice carried on by dentists who announce as specialists shall be limited exclusively to the special area(s) of dental practice announced by the dentist.
STANDARDS FOR MULTIPLE-SPECIALTY ANNOUNCEMENTS.
The educational criterion for announcement of limitation of practice in additional
specialty areas is the successful completion of an advanced educational program
accredited by the Commission on Dental Accreditation (or its equivalent if completed
prior to 1967) in each area for which the dentist wishes to announce. Dentists
who are presently ethically announcing limitation of practice in a specialty area and
who wish to announce in an additional specialty area must submit to the appropriate
constituent society documentation of successful completion of the requisite
education in specialty programs listed by the Council on Dental Education and
Licensure or certification as a diplomat in each area for which they wish to announce.

ADVISORY OPINIONS
5.H.1. DUAL DEGREE DENTISTS.
Nothing in Section 5.H shall be interpreted to prohibit a dual degree dentist who
practices medicine or osteopathy under a valid state license from announcing to
the public as a dental specialist provided the dentist meets the educational, expe-
rience and other standards set forth in the Code for specialty announcement and
further providing that the announcement is truthful and not materially misleading.

5.H.2. SPECIALIST ANNOUNCEMENT OF CREDENTIALS IN NON-SPECIALTY
INTEREST AREAS.
A dentist who is qualified to announce specialization under this section may not
announce to the public that he or she is certified or a diplomate or otherwise
similarly credentialled in an area of dentistry not recognized as a specialty area
by the American Dental Association unless:

1. The organization granting the credential grants certification or diplomate
status based on the following: a) the dentist's successful completion of a formal,
full-time advanced education program (graduate or postgraduate level) of at least
12 months' duration; and b) the dentist's training and experience; and c) successful
completion of an oral and written examination based on psychometric principles;
and

2. The announcement includes the following language: [Name of announced area
of dental practice] is not recognized as a specialty area by the American Dental
Association.

Nothing in this advisory opinion affects the right of a properly qualified dentist
to announce specialization in an ADA-recognized specialty area(s) as provided
for under Section 5.H of this Code or the responsibility of such dentist to limit
his or her practice exclusively to the special area(s) of dental practice announced.
Specialists shall not announce their credentials in a manner that implies specializa-
tion in a non-specialty interest area.

5.I. GENERAL PRACTITIONER ANNOUNCEMENT OF SERVICES.
General dentists who wish to announce the services available in their practices are
permitted to announce the availability of those services so long as they avoid any
communications that express or imply specialization. General dentists shall also state
that the services are being provided by general dentists. No dentist shall announce
available services in any way that would be false or misleading in any material respect.
ADVISORY OPINIONS

5.1.1. GENERAL PRACTITIONER ANNOUNCEMENT OF CREDENTIALS IN INTEREST AREAS IN GENERAL DENTISTRY.
A general dentist may not announce to the public that he or she is certified or a diplomate or otherwise similarly credentialed in an area of dentistry not recognized as a specialty area by the American Dental Association unless:

1. The organization granting the credential grants certification or diplomate status based on the following: a) the dentist's successful completion of a formal, full-time advanced education program (graduate or postgraduate level) of at least 12 months duration; and b) the dentist's training and experience; and c) successful completion of an oral and written examination based on psychometric principles;

2. The dentist discloses that he or she is a general dentist; and

3. The announcement includes the following language: [Name of announced area of dental practice] is not recognized as a specialty area by the American Dental Association.

5.1.2. CREDENTIALS IN GENERAL DENTISTRY.
General dentists may announce fellowships or other credentials earned in the area of general dentistry so long as they avoid any communications that express or imply specialization and the announcement includes the disclaimer that the dentist is a general dentist. The use of abbreviations to designate credentials shall be avoided when such use would lead the reasonable person to believe that the designation represents an academic degree, when such is not the case.

NOTES:
1. A third party is any party to a dental prepayment contract that may collect premiums, assume financial risks, pay claims, and/or provide administrative services.

2. A full fee is the fee for a service that is set by the dentist, which reflects the costs of providing the procedure and the value of the dentist's professional judgment.

3. Advertising, solicitation of patients or business or other promotional activities by dentists or dental care delivery organizations shall not be considered unethical or improper, except for those promotional activities which are false or misleading in any material respect. Notwithstanding any ADA Principles of Ethics and Code of Professional Conduct or other standards of dentist conduct which may be differently worded, this shall be the sole standard for determining the ethical propriety of such promotional activities.

4. Provision of an ADA constituent or component society's code of ethics or other standard of dentist conduct relating to dentists' or dental care delivery organizations' advertising, solicitation, or other promotional activities which is worded differently from the above standard shall be deemed to be in conflict with the ADA Principles of Ethics and Code of Professional Conduct.

4. Completion of three years of advanced training in oral and maxillofacial surgery or two years of advanced training in one of the other recognized dental specialties prior to 1967.

IV. INTERPRETATION AND APPLICATION OF PRINCIPLES OF ETHICS AND CODE OF PROFESSIONAL CONDUCT.
The foregoing ADA Principles of Ethics and Code of Professional Conduct set forth the ethical duties that are binding on members of the American Dental Association. The component and constituent societies may adopt additional requirements or interpretations not in conflict with the ADA Code.

Anyone who believes that a member–dentist has acted unethically should bring the matter to the attention of the appropriate constituent (state) or component (local) dental society. Whenever possible, problems involving questions of ethics should be resolved at the state or local level. If a satisfactory resolution cannot be reached, the dental society may decide, after proper investigation, that the matter warrants issuing
formal charges and conducting a disciplinary hearing pursuant to the procedures set forth in the ADA Bylaws, Chapter XII: PRINCIPLES OF ETHICS AND CODE OF PROFESSIONAL CONDUCT AND JUDICIAL PROCEDURE. The Council on Ethics, Bylaws and Judicial Affairs reminds constituent and component societies that before a dentist can be found to have breached any ethical obligation the dentist is entitled to a fair hearing.

A member who is found guilty of unethical conduct proscribed by the ADA Code or code of ethics of the constituent or component society, may be placed under a sentence of censure or suspension or may be expelled from membership in the Association. A member under a sentence of censure, suspension or expulsion has the right to appeal the decision to his or her constituent society and the ADA Council on Ethics, Bylaws and Judicial Affairs, as provided in Chapter XII of the ADA Bylaws.
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Policies

The policies are administrative standing rules of procedure which are recommended by the Board of Trustees and/or the House of Delegates and adopted by the House of Delegates. Policies guide the Board of Trustees, committees and headquarters staff in fulfilling their responsibilities on behalf of the membership.

Recommendations for new and amended policies are provided to all delegates and alternates prior to the first session of the House of Delegates.

The dates following each policy indicate when it was approved by the House of Delegates.

AzDA POLICY MANUAL

Amendments

This Policy Manual may be amended at any session of the House by a simple majority vote of the Delegates present and voting unless otherwise specified, provided that the proposed amendment shall have been presented in writing at a previous session or a previous meeting of the same session, or copies mailed to each Delegate in advance of voting date.

GENERAL POLICIES

Conflict of Interest

A. It is the policy of this association that individuals who serve in elective, appointive or employed offices or positions for the association or any component society do so in a representative or fiduciary capacity that requires loyalty to the association and its component societies. At all times while serving in such offices or positions, these individuals shall further the interests of the association and its component societies as a whole. In addition, they shall avoid:

1. Placing themselves in a position where personal or professional interests may conflict with their duty to this association and its component societies.

2. Using information learned through such office or position for personal gain or advantage.

3. Obtaining by a third party an improper gain or advantage.

B. As a condition for selection, each nominee, candidate and applicant shall disclose any situation which might be construed as placing the individual in a position of having an interest that may conflict with the individual’s duty to the association or any component society. While serving, the individual shall comply with the conflict of interest policy applicable to the individual’s office or position, and shall report any situation in which a potential conflict of interest may arise.
C. The Executive Committee shall approve the compliance activities that will implement the requirements of this section. (H-2003/04-1, 3/14/2004)

**Smokeless Tobacco** (H-2004/05-2, 3/12/2005)

Resolved, that the Arizona Dental Association adopt a policy on smokeless tobacco declaring that it is against smokeless tobacco; is committed to working to educate the public about the dangers inherent in tobacco use; it committed to working to educate the public about the dangers inherent in tobacco use and encouraging dentists to help their patients kick the habit.

Be it further resolved, that the Arizona Dental Association enforce this policy by supporting initiatives and legislation that will address the following:

- Encourage the development of education programs targeting at-risk populations, particularly youth in elementary, middle and high schools, regarding the adverse affects of smokeless tobacco;
- Support targeted tobacco taxes intended to discourage tobacco use and fund health programs; and
- Encourage the Arizona State Legislature to dedicate part of any money from tobacco settlements to prevention and treatment of oral cancer.

**Sexual Harassment** (as amended by attorney 3/08)

It is our policy, in accordance with providing a positive, discrimination-free work environment, that sexual harassment in the workplace is unacceptable conduct that will not be condoned. The workplace includes but is not limited to the physical work site, washrooms, training sessions, business travel, conferences, work related social gatherings, the employee or client’s home or worksite, etc. The guidelines established by the Federal Equal Employment Opportunity Commission (EEOC) define sexual harassment as follows: “Unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature” will be considered harassment when:

- Submission to such conduct is made either explicitly or implicitly a term or condition of an individual’s employment;
- Submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual; or
- Such conduct has the purpose or effect of unreasonably interfering with an individual’s work performance or creating an intimidating, hostile or offensive working environment.

The types of behaviors that constitute sexual harassment may include, but are not limited to:

- Unwelcome sexual flirtations, advances or propositions;
- Derogatory, vulgar, or graphic written or oral statements regarding one’s sexuality, gender or sexual experience;
- Unnecessary touching, patting, pinching or attention to an individual’s body;
- Physical assault;
- Unwanted sexual compliments, innuendos, suggestions or jokes; or
- The display of sexually suggestive pictures or objects.
Sexual harassment does not refer to occasional compliments of a socially acceptable nature. Instead, it refers to behavior that is not welcome, that is personally offensive, that lowers morale and that interferes with productivity. Conduct or actions that arise out of a personal or social relationship and that are not intended to have a discriminatory effect on employment may not be viewed as harassment.

Any employee who believes they have been the subject of sexual harassment should immediately report the alleged act to their manager, to the Executive Director or other appropriate designee. An employee may bypass their immediate manager to report any harassment that occurs.

Management is responsible to report any allegation of harassment to the Executive Director or appropriate designee immediately upon becoming aware of such situation or incident. An immediate and, to the fullest extent possible, confidential investigation of the circumstances will be made. Although complete confidentiality cannot be maintained in every situation because we cannot conduct an effective investigation without revealing certain pertinent information, every reasonable effort will be made to maintain an employee’s complaint in the strictest of confidence.

The guiding standard is that the work environment is to be free of unlawful discrimination, which includes freedom from sexual harassment.

No employee or applicant will suffer adverse treatment or any form of retaliation because they made a charge, testified, assisted or participated in any manner in an investigation, processing or hearing with the EEOC or with the employer.

Any employee who is found to have engaged in sexual harassment in violation of the law and the guidelines set forth in this policy will be subject to immediate and appropriate corrective action, including discipline up to and including discharge.

Any employee who files a false charge, who makes accusations knowing they are false, or with reckless disregard for their truth or falsehood, and/or who otherwise subverts the process by intentionally misrepresenting the truth, will be subject to appropriate discipline up to and including discharge.

**Antitrust Policy** *(BOT-9-11-09)*

**Introduction**

The Arizona Dental Association is a not-for-profit organization. The association is not organized and may not play any role in the competitive decisions of its members, nor in any way restrict competition among members or potential members. Rather it serves as a forum for a free and open discussion of diverse opinions without in any way attempting to encourage or sanction any particular business practice.

The Association provides a forum for exchange of ideas in a variety of settings including its annual meeting, educational programs, council meetings, and Board meetings. The Board of Trustees recognizes the possibility that the Association and its activities could be viewed by some as an opportunity for anti-competitive conduct. Therefore, this statement supports the policy of competition served by the antitrust laws and to communicate the Association’s uncompromising policy to comply strictly in all respects with those laws.

While recognizing the importance of the principle of competition served by the antitrust laws, the Association also recognizes the severity of the potential penalties that might be imposed on not only the Association but its members as well in the event that certain conduct is found to violate the antitrust
laws. Should the Association or its members be involved in any violation of federal/state antitrust laws, such violation can involve both civil and criminal penalties that may include imprisonment for up to 3 years as well as fines up to $350,000 for individuals and up to $10,000,000 for the Association plus attorney fees. In addition, damage claims awarded to private parties in a civil suit are tripled for antitrust violations. Given the severity of such penalties, the Board intends to take all necessary and proper measures to ensure that violations of the antitrust laws do not occur.

Policy
To ensure that the Association and its members comply with antitrust laws, the following principles will be observed:

- The association of any council, committee, section, component, or activity of the Association shall not be used for the purpose of bringing about or attempting to bring about any understanding or agreement, written or oral, formal or informal, expressed or implied, among two or more members or other competitors with regard to prices or terms and conditions of contracts for services or products. Therefore, discussions and exchanges of information about such topics will not be permitted at Association meetings or other activities.
- There will be no discussions discouraging or withholding patronage or services from, or encouraging exclusive dealing with any supplier or purchaser or group of suppliers or purchasers of products or services, any actual or potential competitor or group of actual potential competitors, or any private or governmental entity.
- There will be no discussions about allocating or dividing geographic or service markets or customers.
- There will be no discussions about restricting, limiting, prohibiting, or sanctioning advertising or solicitation that is not false, misleading, deceptive, or directly competitive with Association products or services.
- There will be no discussions about discouraging entry into or competition in any segment of the marketplace.
- There will be no discussions about whether the practices of any member, actual or potential competitor, or other person are unethical or anti-competitive, unless the discussions or complaints follow the prescribed due process provisions of the Association’s bylaws.
- Certain activities of the Association and its members are deemed protected from antitrust laws under the First Amendment right to petition government. The antitrust exemption for these activities, referred to as the Noerr-Pennington Doctrine, protects ethical and proper actions or discussions by members designed to influence: 1) legislation at the national, state, or local level; 2) regulatory or policy-making activities (as opposed to commercial activities) of a governmental body; or 3) decisions of judicial bodies. However, the exemption does not protect actions designed to cover-up anticompetitive conduct.
- Speakers at councils, committees, education meetings, or other business meetings of the Association shall be informed that they must comply with the Association’s antitrust policy in the preparation and the presentation of their remarks. Meetings will follow a written agenda approved in advance by the Association or its legal counsel.
- Meetings will follow a written agenda. Minutes will be prepared after the meeting to provide a concise summary of important matters discussed and actions taken or conclusions reached.

At informal discussions at the site of any Association meeting all participants are expected to observe the same standards of personal conduct as are required of the Association in its compliance.
Record Retention Policy  [BOT-9-11-09]

This Policy was approved by the Board of Trustees of Arizona Dental Association (the “Association”) on September 11, 2009 and represents the Association’s policy regarding the retention and disposal of records and the retention and disposal of electronic documents.

1. Purpose
The purpose of this Policy is to ensure that necessary records and documents of the Association are adequately protected and maintained and to ensure that records that are no longer needed by the Association or are of no value are discarded at the proper time.

2. Administration
Attached as Appendix A is a Record Retention Schedule that is approved as the initial maintenance, retention and disposal schedule for physical records of the Association and the retention and disposal of electronic documents. The Executive Director is the officer in charge of the administration of this Policy and the implementation of processes and procedures to ensure that the Record Retention Schedule is followed. The Executive Director is also authorized to: make modifications to the Record Retention Schedule from time to time to ensure that it is in compliance with local, state and federal laws and includes the appropriate document and record categories for the Association; monitor local, state and federal laws affecting record retention; annually review the record retention and disposal program; and monitor compliance with this Policy.

Note: In the event of a governmental audit, investigation or pending litigation, record disposal shall be suspended upon the direction of the Executive Director. In addition, the Executive Director should be informed of any situation that might give rise to legal action as soon as the situation becomes apparent and the Executive Director shall thereafter have the discretion to suspend record disposal as he/she may consider appropriate.

3. Applicability
This Policy applies to all physical records generated in the course of the Association’s operation, including both original documents and reproductions.

APPENDIX A - RECORD RETENTION SCHEDULE

The Record Retention Schedule is organized as follows:

SECTION TOPIC

A    Accounting and Finance
B    Contracts
C    Corporate Records
### A. ACCOUNTING AND FINANCE

<table>
<thead>
<tr>
<th>Record Type</th>
<th>Retention Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts Payable ledgers and schedules</td>
<td>7 years</td>
</tr>
<tr>
<td>Accounts Receivable ledgers and schedules</td>
<td>7 years</td>
</tr>
<tr>
<td>Annual Audit Reports and Financial Statements</td>
<td>Permanent</td>
</tr>
<tr>
<td>Annual Audit Records, including workpapers and other</td>
<td>7 years after completion of audit</td>
</tr>
<tr>
<td>and other documents that relate to the audit</td>
<td></td>
</tr>
<tr>
<td>Annual Plans and Budgets</td>
<td>2 years</td>
</tr>
<tr>
<td>Bank Statements and Canceled Checks</td>
<td>7 years</td>
</tr>
<tr>
<td>Employee Expense Reports</td>
<td>7 years</td>
</tr>
<tr>
<td>General Ledgers</td>
<td>Permanent</td>
</tr>
<tr>
<td>Interim Financial Statements</td>
<td>7 years</td>
</tr>
<tr>
<td>Notes Receivable ledgers and schedules</td>
<td>7 years</td>
</tr>
<tr>
<td>Investment Records</td>
<td>7 years after sale of investment</td>
</tr>
</tbody>
</table>

### B. CONTRACTS

<table>
<thead>
<tr>
<th>Record Type</th>
<th>Retention Period</th>
</tr>
</thead>
</table>

Contracts and Related Correspondence 7 years after expiration or (including any proposal that resulted in the contract and all other supportive documentation)

C. CORPORATE RECORDS

<table>
<thead>
<tr>
<th>Record Type</th>
<th>Retention Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corporate Records (minute books, signed minutes of the Board and all committees, corporate seals, articles of incorporation, bylaws, annual corporate reports)</td>
<td>Permanent</td>
</tr>
<tr>
<td>Licenses and Permits</td>
<td>Permanent</td>
</tr>
</tbody>
</table>

D. CORRESPONDENCE AND INTERNAL MEMORANDA

**General Principle:** Most correspondence and internal memoranda should be retained for the same period as the document they pertain to or support. For instance, a letter pertaining to a particular contract would be retained as long as the contract (7 years after expiration). It is recommended that records that support a particular project be kept with the project and take on the retention time of that particular project file.

Correspondence or memoranda that do not pertain to documents having a prescribed retention period should generally be discarded sooner. These may be divided into two general categories:

1. Those pertaining to routine matters and having no significant, lasting consequences should be discarded *within two years*. Some examples include:

   - Routine letters and notes that require no acknowledgment or follow-up, such as notes of appreciation, congratulations, letters of transmittal, and plans for meetings.
   - Form letters that require no follow-up.
   - Letters of general inquiry and replies that complete a cycle of correspondence.
   - Letters or complaints requesting specific action that have no further value after changes are made or action taken (such as name or address change).
- Other letters of inconsequential subject matter or that definitely close correspondence to which no further reference will be necessary.
- Chronological correspondence files.

Please note that copies of interoffice correspondence and documents where a copy will be in the originating department file should be read and destroyed, unless that information provides reference to or direction to other documents and must be kept for project traceability.

2. Those pertaining to non-routine matters or having significant lasting consequences should generally be retained permanently.

F. INSURANCE RECORDS

<table>
<thead>
<tr>
<th>Record Type</th>
<th>Retention Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Loss Summaries</td>
<td>10 years</td>
</tr>
<tr>
<td>Audits and Adjustments</td>
<td>3 years after final adjustment</td>
</tr>
<tr>
<td>Certificates Issued to the Association</td>
<td>Permanent</td>
</tr>
<tr>
<td>Claims Files (including correspondence, medical records, injury documentation, etc.)</td>
<td>Permanent</td>
</tr>
<tr>
<td>Group Insurance Plans - Active Employees</td>
<td>Until Plan is amended or terminated</td>
</tr>
<tr>
<td>Group Insurance Plans – Retirees</td>
<td>Permanent or until 6 years after death of last eligible participant</td>
</tr>
<tr>
<td>Inspections</td>
<td>3 years</td>
</tr>
<tr>
<td>Insurance Policies (including expired policies)</td>
<td>Permanent</td>
</tr>
<tr>
<td>Journal Entry Support Data</td>
<td>7 years</td>
</tr>
<tr>
<td>Loss Runs</td>
<td>10 years</td>
</tr>
<tr>
<td>Releases and Settlements</td>
<td>25 years</td>
</tr>
</tbody>
</table>

G. LEGAL FILES AND PAPERS

<table>
<thead>
<tr>
<th>Record Type</th>
<th>Retention Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Memoranda and Opinions (including all subject matter files)</td>
<td>7 years after close of matter</td>
</tr>
<tr>
<td>Litigation Files</td>
<td>1 year after expiration of appeals or time for filing appeals</td>
</tr>
<tr>
<td>Court Orders</td>
<td>Permanent</td>
</tr>
<tr>
<td>Requests for Departure from Records Retention Plan</td>
<td>10 years</td>
</tr>
</tbody>
</table>
H. MISCELLANEOUS

<table>
<thead>
<tr>
<th>Record Type</th>
<th>Retention Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultant’s Reports</td>
<td>2 years</td>
</tr>
<tr>
<td>Material of Historical Value (including pictures, publications)</td>
<td>Permanent</td>
</tr>
<tr>
<td>Policy and Procedures Manuals – Original</td>
<td>Current version with revision history</td>
</tr>
<tr>
<td>Policy and Procedures Manuals - Copies</td>
<td>Retain current version only</td>
</tr>
<tr>
<td>Annual Reports</td>
<td>Permanent</td>
</tr>
</tbody>
</table>

I. PAYROLL DOCUMENTS

<table>
<thead>
<tr>
<th>Record Type</th>
<th>Retention Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Deduction Authorizations</td>
<td>4 years after termination</td>
</tr>
<tr>
<td>Payroll Deductions</td>
<td>Termination + 7 years</td>
</tr>
<tr>
<td>W-2 and W-4 Forms</td>
<td>Termination + 7 years</td>
</tr>
<tr>
<td>Garnishments, Assignments, Attachments</td>
<td>Termination + 7 years</td>
</tr>
<tr>
<td>Labor Distribution Cost Records</td>
<td>7 years</td>
</tr>
<tr>
<td>Payroll Registers (gross and net)</td>
<td>7 years</td>
</tr>
<tr>
<td>Time Cards/Sheets</td>
<td>2 years</td>
</tr>
<tr>
<td>Unclaimed Wage Records</td>
<td>6 years</td>
</tr>
</tbody>
</table>

J. PENSION DOCUMENTS AND SUPPORTING EMPLOYEE DATA

General Principle: Pension documents and supporting employee data shall be kept in such a manner that the Foundation can establish at all times whether or not any pension is payable to any person and if so the amount of such pension.

<table>
<thead>
<tr>
<th>Record Type</th>
<th>Retention Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retirement and Pension Records</td>
<td>Permanent</td>
</tr>
</tbody>
</table>

K. PERSONNEL RECORDS

<table>
<thead>
<tr>
<th>Record Type</th>
<th>Retention Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commissions/Bonuses/Incentives/Awards</td>
<td>7 years</td>
</tr>
<tr>
<td>EEO- I / EEO-2 - Employer Information Reports</td>
<td>2 years after superseded or filing (whichever is longer)</td>
</tr>
<tr>
<td>Employee Earnings Records</td>
<td>Termination + 7 years</td>
</tr>
<tr>
<td>Employee Handbooks</td>
<td>1 copy kept permanently</td>
</tr>
<tr>
<td>Record Type</td>
<td>Retention Period</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------</td>
<td>-------------------------------------------------------</td>
</tr>
<tr>
<td>Employee Medical Records</td>
<td>Termination + 6 years</td>
</tr>
<tr>
<td>Employee Personnel Records (including individual attendance records,</td>
<td>6 years after termination</td>
</tr>
<tr>
<td>application forms, job or status change records, performance evaluations,</td>
<td></td>
</tr>
<tr>
<td>termination papers, withholding information, garnishments, test results,</td>
<td></td>
</tr>
<tr>
<td>training and qualification records)</td>
<td></td>
</tr>
<tr>
<td>Employment Contracts – Individual</td>
<td>7 years after termination</td>
</tr>
<tr>
<td>Employment Records - Correspondence with</td>
<td>3 years from date of hiring decision</td>
</tr>
<tr>
<td>Employment Agencies and Advertisements for Job Openings</td>
<td></td>
</tr>
<tr>
<td>Employment Records - All Non-Hired Applicants (including all applications</td>
<td>2-4 years (4 years if file contains any correspondence</td>
</tr>
<tr>
<td>and resumes - whether solicited or unsolicited, results of post-offer,</td>
<td>which might be construed as an offer)</td>
</tr>
<tr>
<td>pre-employment physicals, results of background investigations, if any,</td>
<td></td>
</tr>
<tr>
<td>related correspondence)</td>
<td></td>
</tr>
<tr>
<td>Job Descriptions</td>
<td>3 years after superseded</td>
</tr>
<tr>
<td>Personnel Count Records</td>
<td>3 years</td>
</tr>
<tr>
<td>Forms I-9</td>
<td>3 years after hiring, or 1 year after termination</td>
</tr>
</tbody>
</table>

### L. PROPERTY RECORDS

<table>
<thead>
<tr>
<th>Record Type</th>
<th>Retention Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Correspondence, Property Deeds, Assessments, Licenses, Rights of Way</td>
<td>Permanent</td>
</tr>
<tr>
<td>Original Purchase/Sale/Lease Agreement</td>
<td>Permanent</td>
</tr>
<tr>
<td>Property Insurance Policies</td>
<td>Permanent</td>
</tr>
</tbody>
</table>

### M. TAX RECORDS

**General Principle:** The Association must keep books of account or records as are sufficient to establish amount of gross income, deductions, credits, or other matters required to be shown in any such return. These documents and records shall be kept for as long as the contents thereof may become material in the administration of federal, state, and local income, franchise, and property tax laws.

<table>
<thead>
<tr>
<th>Record Type</th>
<th>Retention Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tax-Exemption Documents and Related Correspondence</td>
<td>Permanent</td>
</tr>
</tbody>
</table>
### Record Type

<table>
<thead>
<tr>
<th>Record Type</th>
<th>Retention Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>IRS Rulings</td>
<td>Permanent</td>
</tr>
<tr>
<td>Excise Tax Records</td>
<td>7 years</td>
</tr>
<tr>
<td>Payroll Tax Records</td>
<td>7 years</td>
</tr>
<tr>
<td>Tax Bills, Receipts, Statements</td>
<td>7 years</td>
</tr>
<tr>
<td>Tax Returns - Income, Franchise, Property</td>
<td>Permanent</td>
</tr>
<tr>
<td>Tax Workpaper Packages - Originals</td>
<td>7 years</td>
</tr>
<tr>
<td>Sales/Use Tax Records</td>
<td>7 years</td>
</tr>
<tr>
<td>Annual Information Returns - Federal and State</td>
<td>Permanent</td>
</tr>
<tr>
<td>IRS or other Government Audit Records</td>
<td>Permanent</td>
</tr>
</tbody>
</table>

### Whistleblower Policy (BOT 11-13-09; 1-15-10)

Arizona Dental Association (the “Association”) promotes ethical conduct, transparency and compliance with the law. Should any person know of, or have a suspicion about, illegal or unethical conduct in connection with the finances or other aspect of the Association’s operations, that person should inform a member of the Audit Committee. If the alleged wrongdoing concerns the Audit Committee, then an Officer or Trustee of the Association should be notified instead.

Should the Audit Committee or Officer or Trustee of the Association receive information regarding alleged illegal or unethical conduct in connection with the finances or other aspect of operations, the Audit Committee or Officers or Trustees shall inform the full Board of Trustees. The Board of Directors shall investigate all credible allegations at all times respecting the privacy and reputation of individuals involved.

There will be no punishment or other retaliation for the reporting of conduct pursuant to this policy. If the person providing the information requests anonymity, this request will be respected to the extent that doing so does not impede any investigation.

### AzDA Continuing Education Facilities Equity Policy (BOT 11-19-04)

#### Utilization and Rent Guidelines

- **A Fair Market Rate (FMR)** for rent of the Continuing Education Facilities at the new AzDA headquarters building shall be established.
- Since the building is paid for and owned by the entire AzDA membership its use should benefit all the membership as equitably as possible.

Toward that end, the following priority shall apply to the use of the building.

### ORDER OF PRIORITY:
I. AzDA use, including AzDA councils, committees and AzDA-sponsored continuing education, etc.: NO CHARGE

II. COMPONENT SOCIETIES, NADS, CADS, SADS
   A. Component business (boards, business meetings, etc.) and free continuing education open to all AzDA members: NO CHARGE.
   B. Continuing education for which a fee is charged: COMPONENT RENTAL FEE (based on equalization formula below).

III. OTHER DENTAL PROFESSIONAL ASSOCIATIONS as identified by AzDA (Examples: AGD, AAO, AAP, AAOMS, etc.) Priority given to those offering free and/or co-sponsored courses that benefit dentists: FMR

IV. ANCILLARY DENTAL PROFESSIONAL ASSOCIATIONS as identified by AzDA (Examples: ADLA, ASDAA, ASDHA, etc.). Priority to those with the highest percentage of AzDA members: FMR

V. MEDICAL PROFESSIONAL ASSOCIATIONS: FMR

VI. OTHER GROUPS: FMR
   A. Groups that have AzDA members as the majority of members may pay: One half (50%) FMR.

COMPONENT CONTINUING EDUCATION RENTAL EQUALIZATION

Due to geographic proximity to AzDA headquarters, CADS would, in effect, be subsidized by the other components if no rent were charged for CE usage of AzDA facilities. CADS will still benefit disproportionately by other use at no charge (see item II. A. above). In fairness to all components, the following formula will be used to equalize the benefits and costs of using the AzDA building for CE courses (item II. B. above).

COMPONENT RENTAL FEE = 50% FMR.

Component rental fee paid by any component to AzDA to be credited by AzDA proportionately by membership to the other state components for their CE programs.

EXAMPLE: 15% Overhead for AzDA.
Membership by component: NADS = 8%, CADS = 66%, SADS = 26%. Assume FMR = $1000. Then component rental fee = $500.

AzDA will deduct 15% of $500 for overhead ($75). If NADS pays $425 to AzDA, which in turn credits the other components proportionately: CADS/SADS = 66/26, CADS receives 71% = $301, SADS receives 29% = $123.

If CADS pays $425 to AzDA: NADS/SADS = 8/26, NADS receives 24% = $102. SADS receives 76% = $323.
If SADS pays $425 to AzDA: \[
\text{NADS/CADS} = \frac{8}{66}, \text{NADS receives } 11\% = \$46. \text{ CADS receives } 89\% = \$378.
\]

AzDA will retain 100% of proceeds from non-Component rentals.

**ACCESS TO CARE**

**Dental Home for Children (H-2009/10-1)**  
**Resolved:** That the Arizona Dental Association believes that dentists should continue to be viewed as the primary healthcare provider for all oral health care conditions regardless of the patient’s age, and be it further

**Resolved:** That the Arizona Dental Association urges member dentists to review their current practice protocols for providing dental care to young children and to promote the concept of a dental home, and be it further

**Resolved:** That the Arizona Dental Association urges member dentists to actively participate in community and school programs to provide early childhood and pre-school caries risk assessments, parental education and prevention through the application of fluoride varnishes and sealants, and be it further

**Resolved:** That the Arizona Dental Association urges member dentists to familiarize themselves with the most recent science, literature and education on providing early-child visits, and be it further

**Resolved:** That the Arizona Dental Association encourages member dentists to begin seeing children by the age of one so that the child may be examined and the parents or guardians become educated on proper home oral health care practices including diet and nutrition, and be it further

**Resolved:** That the Arizona Dental Association encourages member dentists to offer their expertise and knowledge to educate other pediatric health care providers in appropriate techniques of prevention, screening and referral of young children.

**Solutions to Access to Care:**

**Separate Dental From Medical (H-2001/02-2, 9/15/2001)**

**Resolved,** that the AzDA work with the appropriate government agencies with the intent of making dental care a separate component of the Arizona Health Care Cost Containment System (AHCCCS).

**AHCCCS Reform (H-2001/02-3, 9/15/2001)**

**Resolved,** that the AzDA work with AHCCCS and the appropriate entities to encourage the adoption of the following objectives:

- Educate enrollees on the importance of prevention and visiting the dentist;
- Reduce contract requirements and structure contracts specifically for dental services;
- Eliminate hold harmless provisions for treatment limitations;
- Require documentation of adequate number of dentists under contracts prior to granting contracts;
- Provide reimbursement for lost treatment time from “no shows”;
- Redefine “eligibility” to encompass time of appointment and treatment completions;
- Increase pre-authorization limit to $1,000;
- Require compliance with Arizona Department of insurance statutes for prompt payment of claims;
- Adopt fee schedules that provide “equal access” of publicly funded beneficiaries including adjusting for severity of untreated disease; and
- Recognize that reimbursement must be adjusted to ameliorate the absence of deductibles, copayments and balance billing;
- Initiate emergent dental care coverage without prior authorization for appropriate individuals without other coverage or means.

**Legislative Reform** *(H-2001/02-4, 9/15/2001)*

Resolved, that the AzDA work with the legislature and the appropriate entities to adopt the following reforms to increase access to dental care:

- Increase WICHE funds for dental students;
- Increase the number of dental schools accepting WICHE student funds;
- Fund transportation to enable targeted population groups (i.e., homebound, nursing home, institutionalized) access to properly equipped dental facilities;
- Mandate that major medical and public assistance policy benefits cover the required patient management anesthesia services for management cases (defined as physical or mental capacity to understand and accept treatment) for subpopulations (children, elderly, developmentally disabled, institutionalized and others as determined by dentists);
- Fund dental care for adult indigent populations;
- Adopt increased tax credits, deductions and loan forgiveness for practices located in designated dentist-shortage areas; and
- Pass legislation to enforce the funding and enactment of community water fluoridation when public elections have been held and the citizens of that community have voted and demonstrated their wish to have an adjusted fluoridated community water system.

**Dental Practice Act Reforms** *(H-2001/02-5, 9/15/2001)*

Resolved, that the AzDA work with the legislature, the Arizona Board of Dental Examiners or the appropriate agencies to adopt the following revisions to the Dental Practice Act:

- Provide for dental assistants to perform coronal polishing under direct supervision;
- Allow dental assistants to apply topical fluoride; and,
- Allow non-practicing and retired dentists to qualify for hygienists licenses.

**Demand: Delivery System Projections** *(H-2001/02-6, 9/15/2001)*

Resolved, that the legislature or appropriate government entities be encouraged to undertake a cost/benefit analysis comparing the expense of funding a public dental manpower and infrastructure system to directly and adequately funding dentists for patient care, and be it further
Resolved, that efforts be directed at gaining full funding for a treatment fee schedule that is adequate to ensure dentist participation, thereby ending decades’ long history of barriers to care resulting from underfunded dental programs.


Resolved that the Arizona Dental Association encourages all member dentists to provide some level of charitable care and report such altruistic efforts to the AzDA in hours, days and/or value of dental care, and

Be it further resolved that the AzDA provide avenues to assist dentists in meeting the needs of the community, and

Be it further resolved that the AzDA make every effort to promote dentistry’s generosity by using the data gathered from this effort and sharing it with the media, the legislature, and the public.

Give Kids A Smile! Campaign (H-2002/03-3, 9/21/2002)

Be it resolved, Arizona Dental Association will participate in Give Kids A Smile! Day on Friday, February 21, 2003, and

Be it further resolved, Arizona Dental Association partner with component dental societies, other members of the dental community and charitable organizations to identify low-income children in need, and therefore

Be if further resolved, Arizona Dental Association share the results of the collective day of community service with policy makers in an effort to increase awareness of the need to prioritize dental care and the ineffectiveness of relaying on volunteer efforts alone.

Community Dental Health Coordinator (CDHC) (H-2006/07-9/9/9/2006)

Resolved, that the Arizona Dental Association approve development of the CDHC as a dental team member for Arizona; and

Be it further resolved, that Arizona pursue priority status as an initial site for any future ADA-approved Pilot Training Program for the CDHC; and

Be it further resolved, that AzDA support legislation to create the CDHC in Arizona.

Policy on Mid Level Providers (H-2016-5)

THEREFORE, be it

Resolved, that the Arizona Dental Association shall oppose the introduction of new workforce models that allow individuals with limited training to perform irreversible procedures; and there be it

Resolved that the Arizona a dental Association shall use all appropriate means to maintain the highest quality of oral health care by maintaining that the dentist be the healthcare provider that performs examinations, diagnoses, and treatment planning;

And be it Resolved, that the dentist be the only oral health care provider that performs surgical/ or irreversible procedures, without equivalent training and testing of clinical competency;
And be it further Resolved, that surgical procedures be defined as the cutting or removal of hard or soft tissue.

**HOUSE OF DELEGATES**


*Be it resolved*, that this House mandate to the AzDA Board of Trustee that all resolutions submitted for consideration at the AzDA House be given a deadline that would allow the full AzDA membership to review these documents prior to the House date and give ample time for members to provide input to these resolution to their component Delegates.

*Be it resolved*, that the Arizona Dental Association distribute House resolutions to all AzDA members 30 days prior to the House of Delegates, or as soon thereafter as resolution are received.

**AzDA/BODEX Communications** (*H-2007/08-4, 9/15/2007*)

*Be it resolved*, that the President and/or Executive Director of the Arizona Board of Dental Examiners (BODEX) be invited to address each House of Delegates of the AzDA and conversely ask for permission for the President and/or the Executive Director of the AzDA to address two (2) meetings of the BODEX annually.

**Board Comments to Proposed Resolutions** (*H-2007/08-5, 4/5/2008*)

*Resolved*, that the Board of Trustees create and publish a Board Comment to be attached to each resolution being considered by the House of Delegates of the Arizona Dental Association. This Board Comment will consist of the majority opinion regarding the merits and/or deficiencies of the proposed resolution. If there is a substantial minority opinion (1/3 or more of the Trustees up to the largest voting minority possible), then a Minority Report should also be attached with the Board Comment. Also included shall be a roll call vote listing all voting members of the Board of Trustees and how they voted on each resolution (Agree, Disagree or Abstain).

*Be it further resolved*, that this new Board Comment will be attached to all resolution for transmission to the members of the House of Delegates no later than one month prior to the fall 2008 meeting and for resolutions being considered at all future meetings of the House of Delegates.

**Officers Oath of Office** (*H-2008/09-7 S-1*)

*(Installed by ADA 14th District Trustee)*

*Will < President; President-elect; Vice President; Secretary; Treasurer; Immediate Past President; and Speaker of the House> please come forward.*

*The members of the Arizona Dental Association have chosen you to lead our profession. This is a charge that should not be taken lightly. You no longer will be cast only in the role of private practitioner, but also as*
You will be called upon to represent our Association before legislative and administrative bodies. You will be looked upon as the official emissaries of all the dentists in the State of Arizona. You are being called upon to maintain the integrity and tradition of the Arizona Dental Association encompassing more than 100 years of service to the citizens of Arizona.

Please raise your right hand and repeat after me:

I (say your name) promise to uphold the laws of Arizona and to abide by the Bylaws, policies, and the Principles of Ethics of the Arizona Dental Association and will conduct its business with the utmost integrity. I will fulfill the charge of my office to the best of my ability.

By the authority vested in me by the American Dental Association I pronounce you duly installed as the leadership of the Arizona Dental Association. Congratulations.

Resolved that the above oath (in bold italics) be approved by the House of Delegates and become AzDA Policy; and

Be it further resolved, that this oath be taken by all officers and trustees of the Arizona Dental Association, and that the administration of this oath be implemented beginning with the March 2009 House of Delegates.

Be it further resolved that this oath of office includes strict compliance with confidentiality guidelines as outlined in Sturgis, The Standard Code of Parliamentary Procedure, and that any violation of confidentiality will be a de facto violation of this oath, and

Be it further resolved, that violation of that oath by an officer or trustee, as alleged in a petition signed by no less than ten (10) members, will be cause for investigation and, if found guilty, removal from office using existing mechanisms in AzDA Bylaws.

MEMBERSHIP

Dues

Dues and Assessments (excerpt from Bylaws)
A. The amount of annual dues of Active members shall be established by the House of Delegates.
B. All other dues categories other than those noted in Sections C. D. and E. below shall be set forth in the ADA Bylaws in the same proportion as provided in the ADA Bylaws.
C. The dues of Affiliate Members shall be set by the Board of Trustees.
D. The dues for Student Members shall be set by the Board of Trustees.
E. The annual dues for Allied Dental Team Membership shall be set by the Board of Trustees.
F. The dues of those members who have suffered a significant financial hardship, illness or physical disability that prohibits them from payment of their full dues may be excused from the payment of twenty-five percent (25%), fifty percent (50%), seventy-five percent (75%) or one hundred percent
(100%) of the current year’s dues as determined by the Board of Trustees. The component society, if any, of a member seeking relief under this section shall certify the reason for the waiver of dues and the component society shall provide the same proportionate waiver of its dues as provided by this Association.

G. The AzDA Relief Fund may be utilized to replace revenues that would otherwise be lost to AzDA and the component society through dues waivers for a maximum of three years per member.

H. Assessments, if any, shall be established by the House of Delegates and be stated in the amount to be paid annually by Active Members. Individual members in other categories shall pay the assessment, if any in the same proportion as the dues of the category relate to the dues of the Active Members. The House may vote to exempt certain categories, other than Active Members, from the assessment, but shall not increase the percentage due from any category.

PUBLIC RELATIONS AND PUBLICATIONS

Directory Distribution: The AzDA Directory of Members & Resource Guide shall be limited in its distribution to members only as a benefit of membership, and each member receives one copy. Members may purchase additional copies for $20.00 each (includes shipping).

AzDA Mailing Labels: Complete and partial membership mailing labels may be provided for a fee to members, exhibitors and non-members in accordance with the following. Mailing labels shall be provided to members at a substantially reduced fee.

- Label requests must be made in writing to the AzDA Office;
- Labels will not be provided without a signed Mailing Label Agreement with purpose stated; and a copy of the mailing provided for approval before processed;
- All label orders are prepaid;
- AzDA reserves the right to deny requests where the purpose or use may be considered not in the best interest of the Association or its purpose;
- Exhibitors must have signed a contract to exhibit at the Western Regional Dental Convention and have paid all fees in full.

WESTERN REGIONAL DENTAL CONVENTION

Name Badges: Different colored badges with notations, if applicable, shall be used to distinguish the categories dentists, staff, exhibitors, etc. The list of categories and colors shall be published in the Convention program.

Target Audience: The target audience of WRDC includes the following:
- Member Dentists of all specialties
- Hygienists
- Assistants
- Laboratory Technicians
- All other dental staff
**Fees:** The Board of Trustees will establish the registration fees for the Annual Convention. *(Article VIII. Board of Trustees, Section 2. E.)*

**Convention Admission by Dental Students** *(H-2004/05-4, 3/12/2005)*

*Be it resolved* that the AzDA policy and Western Regional Dental Convention registration policy be changed beginning at the 2006 meeting, that any student ADA member may attend the meeting at no charge.

*Be it further resolved,* that dental students that are not student ADA members of their respective school’s tripartite associations be charged fees that would reflect the fees that they would encounter to be student American Student Dental Association (ASDA) members.

**Timing of Convention:** The annual meeting being held in conjunction with the Annual Convention held in early spring. *(Article VII, House of Delegates, Section 5. A.)*

**Past President’s Luncheon:** Expenses for the past presidents’ luncheon shall be underwritten by AzDA. The immediate Past President is to be responsible for the development of the agenda after and shall preside over the meeting and report to the Board.

**Fiduciary Responsibility of WRDC** *(H-2008/09-8)*

*Be it resolved* that the Arizona Dental Association continue to manage the Convention with in-house staff and the Executive Director will hire an appropriately trained individual.

**EXHIBITORS**

**Non-endorsement:** The exhibiting of products at the Western Regional Dental Convention of the Arizona Dental Association does not constitute an endorsement by the Association of the products so exhibited.

**BUDGET AND FINANCE**

**Budget Presentation Form to House of Delegates** *(H-2007/08-6, 4/5/2008)*

Resolved that the Board of Trustees of the Arizona Dental Association direct the Council on Budget and Planning to create a new format for the presentation of the budget to the House. The new format should include the following information:

- Format should be consistent from year to year
- The format should compare the previous year’s budgeted and actual figures (profit & loss) by line item to the current year’s proposed budgeted items
- If an asset produces income (interest or dividend) and those monies are used in the budget, an accounting of that asset’s income (or loss) in the previous two years should be presented
- A balance sheet should be presented with the budget explaining our current assets and liabilities. This balance sheet should contain information on all assets and liabilities pertaining to the term (in number of months) of the investment or loan and applicable interest rate information.
• The balance sheet should include a direct itemized comparison to the balance sheet from the previous year

Be it further resolved, that the new budget format be in place for transmission to the members of the House of Delegates no later than one month prior to the fall 2008 meeting.


BE IT RESOLVED, that the Association adopt the following core principles for managing the reserve fund of the Arizona Dental Association.

1. Reserve Fund Policy Statement
   The Arizona Dental association shall maintain a reserve fund for the purposes of 1) funding unforeseen emergency expenses and for 2) short term borrowing - when the approved annual budget must be adjusted for income shortfalls or additional expenses.

   These funds shall not be used for certain investments as listed below in Number 2. and the equity in AzDA’s home offices shall not count as reserve monies.

   The fund shall be maintained at an amount no less than 45% of annual expenses and no greater that 55% of annual expenses. The annual budget process shall show a contribution to the fund from income when the ratio of fund balance to annual budgeted expenses falls below 45%. Whenever the fund balance exceeds a 55% ratio of reserves to expenses, a transfer of funds from the reserve fund to the general account shall take place to keep the ratio of reserves to expenses between 45% and 55%.

2. Investment Policy Statement
   The monies in AzDA’s reserve fund shall be managed by a professional investment manager who shall have earned the designation of Certified Financial Planner (CFP) or Chartered Financial Analyst (CFA). The individual may be employed in one of a variety of entities; however, the individual and the firm shall have no incentives to select certain investment vehicles other than the best interests of AzDA. Compensation to the fund manager from the various investment entities in the marketplace can create conflicts of interest, which the Committee seeks to avoid. With full transparency and full written disclosure of commissions, incentives or inducements, the IMC may permit this type of investment with advance written agreement, but it is critical that the best interests of AzDA be the only interest considered in selecting these investments.

   The contract to provide this service shall be renegotiated with competing proposals at least every 5 years.

   The selection of the fund manager and their compensation shall be done by the Investment Management Committee (IMC). The activities of the fund manager shall be supervised by the IMC who shall receive monthly reports on the account activity. The Board of Trustees shall receive quarterly reports and the House of Delegates shall receive reports from the IMC at each of their regularly scheduled meetings.

   It is the intention of the AzDA to have these monies readily available should a need arise. Therefore, the funds shall be held in investments which can be converted into cash within three (3) business days. The risk/reward tolerance AzDA holds for these monies makes it unacceptable to position our funds, such
that large devaluations are likely in short time periods. Specifically, the portfolio should be managed such that there is less than 5% probability that the portfolio will experience a loss greater than 5% in 1 year.

The Committee has identified the following as prohibited investments for AzDA funds:

1. Purchase of Real Estate (Except for REITs which are permissible)
2. Venture Capital
3. Private Placements
4. Unregistered or Restricted Stock
5. Options and Futures (except within SEC Registered Mutual Funds or ETFs)
6. Margin Trading
7. Commodities (except for broadly diversified mutual funds or ETFs)
8. Limited Partnerships
9. Short Selling
10. Non-rated Securities

A target return on investment of a minimum of Inflation + 2% is desired to preserve the corpus of the fund, and provide a hedge on inflation and growth of the association’s expenses. It is not our policy to incur more risk in the hopes of generating higher returns, since the need to replenish the fund in times of lost capital will burden the budget(s) during the year(s) which follow, and do harm to the association’s primary mission.

3. Reserve Fund Spending Policy
The Committee chooses to reserve certain funds in lieu of providing member services, in order to provide stability to this association’s ability to advance its mission - in good times and in bad. The Committee also chooses to maintain this fund at a certain level and to only use it for unforeseen needs. Therefore, AzDA shall restrict the use of these funds to:

1. Legal fees and/or settlement costs related to lawsuits.
2. Budget shortfall in income or excess expenses creating a year-end loss and the need for short term borrowing.
3. Fund an intentional deficient budget approved by the House of Delegates.
4. Expenses related to deductibles and payment of non-covered items in the event of an insurance claim made by AzDA.
5. Launch of a new membership initiative / program. An unexpected event in the marketplace or political arena may create an immediate and unbudgeted demand to spend money responding to an event.

Should any of the above occur, the Board of Trustees is authorized to move monies from the reserve fund to pay for these types of expenses

6. While there is a need to restrict the use of these funds to certain unforeseen expenses, The Committee cannot conceive each of them and place them in this document. Therefore, between meetings of the House of Delegates – who may amend this policy at any properly scheduled meeting – the Board of Trustees with the consent of the Budget Oversight and Audit Committee may approve other emergency expenditures. Should this occur, a full report will be given to the House of Delegates at their next scheduled meeting.
Whenever funds are withdrawn from the reserve fund, a repayment plan is required to bring the fund back up to the desired goal of 45-55% of then-annual expenses. The annual budget of the subsequent year(s) shall show a contribution to the fund from income, when the ratio of fund balance to annual budgeted expenses falls below 45%. This repayment plan cannot be too lengthy, lest another need arise – nor can it be too onerous as to curtail the activities of the association. Therefore, when funds are withdrawn, a repayment plan will be proposed by the Board of Trustees and approved by the House of Delegates at the next regularly scheduled meeting of the House of Delegates; and

**BE IT FURTHER RESOLVED** that the Investment Management Committee (IMC) shall incorporate these core principles of the House of Delegates, along with the necessary detail to formulate a working operational plan, into a formal document which shall be used by the fund managers, IMC, Board of Trustees and House of Delegates, so that all parties are clear on their roles managing and investing AzDA’s funds. This final document shall be available for review at the fall 2015 meeting of the House of Delegates.

**BE IT RESOLVED**, that the revisions outlined above be adopted.

**Relief Fund (requires two-thirds vote of the House of Delegates)**

A. The AzDA shall maintain a Relief Fund, fully detached from any other fund, for the purpose of granting financial aid to dentists, their dependents and survivors in accordance with the rules and regulations approved by the ADA.

B. The Council on Membership/Membership Services shall receive applications in writing from persons petitioning relief for themselves or others. It shall investigate all applications and require proof as deemed necessary.

C. If the Council finds the applicant entitled to relief, they shall forward to the Secretary of the Relief Commission of the ADA the application, together with their recommendations, thus enabling them to match the relief issued by this Association.

D. The Treasurer will issue checks drawn on the Relief Fund only when presented with a voucher signed by the Chairman of the Council on Membership/Membership Services and approved by the Board.

E. The Council will make an annual report to the Board. (See Article XII., Section 3)

**Relief Fund (requires two-thirds vote of the House of Delegates) (H-2012-13/1)**

**BE IT RESOLVED**, that Article V. Membership and Qualifications, Section 11 be amended to be consistent with the ADA Bylaws by adding “twenty-five percent (25%)”; and

**BE IT FURTHER RESOLVED**, that Article V. Membership and Qualifications, Section 11 be amended to allow the AzDA Relief Funds to be utilized to replace revenues that would otherwise be lost to AzDA through dues waivers.

**Continuing Education Trust Fund (requires two-thirds vote of the House of Delegates) (H-2014-9)**

WHEREAS, the Arizona Dental Association, through its Council on Dental Education, offers a series of continuing education courses at the AzDA Fall Conference and throughout the year; and
WHEREAS, CE programs offered through AzDA provide valuable continuing educational opportunities at considerable savings to both members vs. non-members at reasonable price and such programs are both self-sustaining and financially viable; and

WHEREAS, the interest income generated from the CE Trust Fund is no longer sufficient or necessary to provide for the financial viability of the continuing education programs for AzDA members; and

WHEREAS, the CE Trust Fund no longer serves the purpose for which it was established;

THEREFORE BE IT RESOLVED that the Continuing Education Trust fund established by a Declaration of Trust dated September 24, 1977, is hereby dissolved; and the proceeds of the fund shall be distributed to educational programs and infrastructure with the goal of increasing membership and enhancing member value.

BE IT FURTHER RESOLVED, that the 2015 House of Delegates receive a report on how this monies were spent.

Reimbursement of Expenses Policy (BOT 4-2-08)

Out-of-State Travel Reimbursement

A. Payment of Expenses
   1. Statement of Purpose. A basic principle underlying this rule as to expense reimbursement is that members should be reimbursed for out-of-pocket expenses incurred on AzDA business, but not compensated for their time spent on such business
   2. Eligibility. The provisions of the Bylaws and this Policy shall govern the payment of authorized expenses of Arizona Dental Association Officers, members of the Board of Trustees, Delegates and Alternate Delegates to the American Dental Association, members of standing committees, task forces, members of the Association and others designated for specific assignments by authority of the House of Delegates, Board of Trustees or President approved that budgetary provision has been duly made for the expenses claimed.
   3. Documentation. Except as otherwise provided by this Policy, expenses shall be paid only upon presentation of a signed voucher to the Treasurer/Executive Director, with appropriate receipts attached. Each person to whom payment is made shall be responsible for maintaining appropriate records and receipts for tax purposes. Submission of reimbursement form must be submitted within 90 days of the time actual travel expenses were incurred or reimbursement may not be made.
   4. Excess Expenses. The Treasurer/Executive Director shall advise members of acceptable reimbursement rates for authorized attendance at meetings where expenses are expected to exceed the limits expressed in paragraphs B. 1. 2, and 3. Such information shall be provided at least six weeks prior to the meeting.

B. Meetings of the Board of Trustees, Standing Committees and Task Forces
   1. Transportation. Expenses shall be allowed as follows:
      a. Lowest coach airfare in effect twenty-one (21) days prior to departure date
      b. The current standard IRS auto business mileage allowance
      c. The actual costs of parking at airports, hotels and meeting sites
      d. The actual cost of airport shuttle service or taxi to and from the meeting site or hotel
   2. Lodging. Reimbursement shall include actual lodging expenses. Lodging generally will not be paid when flying to and from a one-day meeting.
It is recognized that some meeting attendees, due to meeting times, distance traveled and weather conditions, may require an extra night’s lodging. Such cases will be dealt with on an individual basis, in advance when possible, by the Treasurer/Executive Director in consultation with the meeting chair.

C. Specific Meetings

1. **ADA House of Delegates.** Delegates and Alternate Delegates shall be allowed transportation expenses (see paragraph B. 1.) plus expenses for lodging while attending meetings of the ADA House not to exceed the standard room rate in the headquarters hotel. Delegates also shall be allowed up to a maximum of $75 per day (see paragraph B. 2.) for each day of actual attendance at the meetings of the ADA House of Delegates, its reference committees, district caucuses and travel days as specified by the Treasurer, except when the ADA is reimbursing part of a delegate’s expenses. In such cases the AzDA will reimburse for those expenses unpaid by the ADA.

2. **ADA Meetings.** Reimbursement rates for ADA arranged meetings shall be pre-authorized by the Treasurer/Executive Director at least six weeks prior to the meeting.

D. Special Circumstances

1. **Other Expenses.** When the AzDA President, President-elect and Vice President incur expenses not specifically covered by this Policy Manual, the Executive Committee shall determine acceptable reimbursement rates.

**In-state Travel Reimbursement**

Per Diems are not offered for travel within the state.

**Reallocation of Funds Within Primary Line Items (BOT-4-2-08)**

The Executive Director and Treasurer shall have the authority to reallocate funds within primary line items, provided the funds are available. The Treasurer may authorize expenditures up to the lesser of $10,000 or ten percent (10%) over a primary line item’s budgeted funds; however, the action must be reported to the Board of Trustees for ratification at the next meeting of the Board.

**CANCELLATION/REFUND**

**Continuing Education Courses/Events:** AzDA reserves the right to postpone, re-schedule or cancel any program at any time; to grant members priority over non-members when registering for courses/events and to deny any request to attend any course by anyone. Attendees wishing to cancel a registration must do so in writing at least ten (10) business days of cancellation. Written cancellations may be mailed, faxed or emailed to the AzDA Office.

**Western Regional Dental Convention:** Refunds/Cancellations for registration and/or tickets may be obtained only by written request accompanied by all badges and tickets and postmarked by a date published in the both the official Convention Invitation to Attend and the Official Guide. Refunds requested after the published deadline will not be granted, including requests made based on absence due to late arrival for courses, weather and/or parking difficulties. A $25.00 processing fee will be deducted from all refunds.
**WRDC Exhibitors:** The AzDA reserves the right to reject any Application for Exhibit Space for any reason whatsoever. Exhibitors wishing to cancel contracted space must do so in writing, postmarked by a specific date published in the Exhibits Prospectus. Cancellations postmarked after the published dates are subject to a $500 per booth cancellation fee. Cancellations postmarked after a certain date which will be published in the Prospectus are non-refundable. The AzDA reserves the right to rearrange the floor plan.

**MEETINGS AND EXHIBITORS**

Fees and location: Fees for exhibit space shall be established by the Council on Annual Session and approved by the Board of Trustees. No exhibits may be set up in other than the designated exhibit area. Exhibitor Disclaimer: The exhibition is made available for informational purposes only. With the exception of specific products or services expressly endorsed by the Arizona Dental Association (AzDA), the AzDA does not endorse exhibit hall products or services and the presence of any exhibition at an AzDA meeting or function does not imply an endorsement.

By attending the AzDA Western Regional Dental Convention, you acknowledge and accept that the AzDA has assumed no duty to review, investigate, or otherwise approve, and has not reviewed investigated, or other approved, the quality, type, message, nature or value of any product or service marketed by attendees and exhibitors. As such, you should conduct your own independent research of such products or services, and the AzDA disclaims any liability for any damages to person or property arising out of any product or service.

Registration Policies: Attendees over age 18 must register when attending the Western Regional Dental Convention (WRDC). Persons under age 18 are permitted in the exhibit hall only. Dentists must register as dentists. AzDA does not issue guest badges for the WRDC. Non-AzDA member dentists must present ADA membership card to receive member rate. Convention badge entitles entrance to open lectures and exhibit hall, and eligibility to purchase tickets for workshops and events. Spouse/family not permitted to attend lectures or workshops.

AzDA reserves the right to postpone, re-schedule or cancel any program at any time; to grant members priority over non-members when registered for courses/events; and to deny any request to attend any course by anyone.
# AzDA Guide for Delegates and Alternates

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## Acknowledgement

The Speaker of the House of Delegates acknowledges the assistance of the American Association of Oral and Maxillofacial Surgeons and American Dental Association in developing this booklet, which has been customized to incorporate the rules and procedures of the Arizona Dental Association House of Delegates.
Guide for Delegates and Alternates

I. Introduction and Purpose
A. To introduce new delegates and alternates to the procedures of the AzDA House of Delegates.
B. To present basic parliamentary rules as found in Sturgis and their effect on the AzDA House.
C. To assist all AzDA delegates and alternates, and all interested members when participating in other deliberative bodies:
   1. Hospital Medical Staff
   2. Related Dental Organizations
   3. Local and state professional societies
   4. Other: business, civic, social and church groups

II. Fundamental Principles of Parliamentary Law
A. Purpose of Parliamentary Law – The purpose of parliamentary rules is to assist the members of an assembly to conduct the business of the organization with efficiency, fairness and harmony.
B. Equality of Rights – All members have equal rights and, unless the bylaws provide otherwise, all members have equal privileges and obligations.
C. Majority Rule – The decision of the majority (more than half) of the members is binding on the entire membership; and all members should accept and abide by this decision.
D. Minority Rights – The rights of individual members and of the minority must be protected.
E. Right to Notice and Information – Each member has the right to be sent notice of meetings and important proposals; and each member has the right to know the meaning of any proposal before the assembly, and what its effect would be.
F. Right to Discussion – Each member has the basic right to discuss any item of business before the assembly freely and without interference, provided the rules adopted by the assembly are observed.
G. Fairness and Good Faith – The use of parliamentary rules and procedures should be constructive, i.e., to promote fairness and good faith in the conduct of business in the assembly, rather than destructive, i.e., to gain an unfair advantage over other members through trickery, deceit or dilatory tactics.
III. Sources of Parliamentary Rules

A. Law
1. Constitutional and statutory law
2. Common parliamentary law and court decisions

B. Charter
1. Articles of Incorporation
2. Charter issued by parent or superior organization

C. Governing Rules and Regulations
1. Constitution
2. Bylaws
3. Standing Rules of Procedure
   a. Administrative Standing Rules - Policies
      i. Parliamentary standing rules
      ii. Ordinary standing rules
4. Custom and Precedent

D. Adopted Parliamentary Authority—stated in bylaws—most recently revised edition of *Sturgis Standard Code of Parliamentary Procedure*.

E. Other
1. Majority vote of the assembly
2. Rules by the presiding officer

IV. Duties of Delegates and Alternates

A delegate is one who is chosen to represent the members of his/her component society or American Student Dental Association in the AzDA House of Delegates.

The duties of a delegate are:

1. to attend the House of Delegates and all business sessions before and during the House meeting;
2. to be informed regarding the issues proposed for action during the House meeting;
3. to agree to check personal email on a daily basis in the event an emergency/time sensitive special meeting is called;
4. to be informed regarding the rules of procedure, conduct and decorum in the business sessions of the House meeting;
5. to vote what the delegate believes is best for the profession and the public it serves;
6. to be prepared to report to the delegate’s constituency after the House meeting on the business that was transacted during the House meeting.

An alternate is one who is chosen to act as a substitute for a delegate.

The duties of an alternate are:
1. to fulfill the responsibilities of a delegate should he/she be required to do so.

V. AzDA House of Delegates

A. Officers
1. Chair – Speaker, who presides at all meetings;
2. Secretary—serves as Secretary of the House of Delegates

B. Composition
1. Delegates—the AzDA Board of Trustees, two Delegates At-Large from each component society, all ADA Delegates and Alternate Delegates, one delegate from the Arizona School of Dentistry & Oral Health and 70 voting members representing 3 component societies.
2. Alternates – not more than an equal number of alternate delegates as delegates may be selected.
3. Members who are not certified Delegates, or serving on a council or ad hoc committee desiring to bring a matter of new business before the House shall request permission in writing twenty (20) days prior to the meeting date and may appear to discuss such items providing permission is granted, but shall not be granted the privilege of voting. A simple majority vote by the certified Delegates of the House shall grant these requests.

VI. Presentation of Motions

A. Delegate stands, states name and component for record, addresses the Chair (Speaker of the House), and obtains recognition.

B. Delegate presents a motion.

C. Presiding officer states the motion, thereby placing it before the assembly for action.

D. Debate, amendments and/or other subsidiary motions.

E. Presiding officer re-states the motion before calling for the vote.

F. Vote is taken – majority, 2/3, general consent (hands, voting cards, stand and counted, ballot).

G. Presiding officer announced the results of the vote—and its effect.

VII. Rules of Debate

A. The right of every delegate to participate in the discussion of any matter of business is one of the fundamental principles of parliamentary law.

B. Debate is regulated by parliamentary rules adopted by the House to assure every delegate a reasonable and equal opportunity to be heard.

C. Motions are classified as:
1. Fully debatable—main motions, amendments to debatable motions, rescind, appeal, ratify, amend something previously adopted.
2. Debatable with restrictions—recess, limit debate, postpone definitely, refer to committee, and reconsider.
3. Non-debatable—all others.

D. Length and number of speeches:

1. No limit, except as provided by motion or standing rule.
2. A member should not seek recognition to speak a second time until all who wish to speak have had the opportunity to speak at least once.
3. No member should monopolize the debate.
4. Irrelevant debate and dilatory tactics should be ruled out of order by the Chair.

E. Conduct during debate:

1. Debate must be fundamentally impersonal.
2. Ideas may be attacked, but not the motives, character or personality of a member.
3. All discussion is addressed to the Chair, not to any individual.

VIII. Motions

A. Classification

1. Main Motions
   a. The main motion
   b. Restorative-main motions
2. Secondary Motions*
   a. Privileged motions
   b. Subsidiary motions
   c. Incidental motions

*(Secondary motions can be classified as main motions if proposed when no main motion is pending.)

B. Order of Precedence—Ranked 9-1 (see item XI, Table of Motions, page 8)

C. Interrupt Business?—question of privilege, reconsider, appeal, requests (except division of question)

D. Second Required?
1. Although not necessary in committees or for resolutions presented by committees or councils, a second is required for many motions introduced from the floor of the House.

E. Debatable?
   1. Fully Debatable—main motions, amendments to debatable motions, rescind, appeal, ratify, amend something previously adopted.
   2. Restrict Debate—recess, limit debate, postpone definitely, refer to committee, and reconsider.
   3. Non-debatable—all others.

F. Amendable?

G. Vote Required
   1. Majority vote for all motions—except:
      a. 2/3 vote for motion that deprive a member of a basic right: i.e., close debate, limit debate, suspend the rules
      b. Bylaws amendments
      c. General Consent (see item IX. General Consent)
   2. The Chair decides requests.
   3. Division of the assembly—request by one member

H. Reconsider:
   1. Only the vote on main motions may be reconsidered.
   2. Any member may move to reconsider regardless of how they voted.
   3. Reconsideration in the House of Delegates is limited to the same meeting.

IX. General Consent

Routine or non-controversial matters often can be decided by general consent without taking a formal vote, thereby saving time and expediting business. General consent, also known as “unanimous consent,” means that there is no opposition to approving an action.

Should any member object to deciding an issue by general consent, he/she may call out “I object,” without being recognized. In such a case it would be obvious to all that consent was not unanimous, and it would be necessary for the Chair to submit the question to the assembly for a formal vote.

A member who objects to the use of general consent to decide an issue might not necessarily be opposed to the issue itself, but might prefer, instead, to have a formal vote taken on the subject.

Examples of business that can be decided by general consent include correction and approval of minutes, closing debate, suspension of the rules, closing nominations, taking a recess and adjournment.
### X. What Motion Should I Use?

<table>
<thead>
<tr>
<th>Purpose</th>
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<tbody>
<tr>
<td>To present a substantive idea for consideration and action</td>
<td>Resolution, Main motion, Consider informally</td>
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<tr>
<td>To improve pending motion</td>
<td>Amend, Division</td>
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<td>To regulate or cut off debate and amendments</td>
<td>Limit or extend debate, Cose debate</td>
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<td>To delay a decision</td>
<td>Refer to a committee, Postpone definitely, Recess</td>
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<td>To suppress a proposal</td>
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<td>To meet an emergency</td>
<td>Question of privilege, Suspend the rules</td>
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<tr>
<td>To acquire information on a pending motion or procedure</td>
<td>Parliamentary inquiry, Request for information, Request to ask a member a question, Question of privilege</td>
</tr>
<tr>
<td>To question the decision of the presiding officer</td>
<td>Point of order, Appeal from the decision of the Chair</td>
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<tr>
<td>To enforce rights and privileges</td>
<td>Division of the assembly, Parliamentary inquiry, Point of order, Appeal from the decision of the Chair</td>
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<tr>
<td>To consider a question again</td>
<td>Reconsider, Rescind</td>
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<tr>
<td>To change an action previously taken</td>
<td>Reconsider, Rescind, Amend by a new motion (amend something previously adopted)</td>
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<tr>
<td>To terminate a meeting</td>
<td>Recess, Adjourn</td>
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XI. Table of Motions

I = Interrupt  V = Vote
D = Debatable  M = Majority Vote
D = Restricted Debate  2/3 = 2/3 Vote
A = Amendable  C = Chair decides
a = Restricted Amendment  O = One Member

<table>
<thead>
<tr>
<th>I</th>
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**2/3s vote, if original motion required a 2/3s vote.
XII. Main Motions and Resolutions

Resolutions are main motions which are submitted in writing and which begin with the words “Resolved, that.....”. Resolutions and all main motions are debatable, and they can be amended; they are adopted by a majority vote (unless the Bylaws require a higher vote, e.g., an amendment to the Bylaws); and they can be reconsidered during the same meeting (with appropriate notice, if required).

XIII. Amendments

The subsidiary motion “amend” is used to modify a main motion, a primary amendment, and certain other secondary motions: refer, postpone to a specified time, limit or extend debate, recess, adjourn. Amendments must be germane, i.e., they must be closely related to the subject of the pending motion.

Amendments to debatable motions are debatable. Primary amendments may be amended (secondary amendments), but secondary amendments may not be amended (no tertiary amendments). Only one primary amendment and one secondary amendment may be pending at any time.

Amendments are voted on in reverse order, i.e., the secondary amendment first, then the primary amendment, then, finally, the main motion. Amendments are adopted by an affirmative majority vote regardless of the vote required to adopt the main motion.

There are three methods of amending a motion:

Insert (between) or add (at the end) words or a paragraph.
Strike out or delete words or a paragraph.
Strike out and insert words or substitute a paragraph, or a new main motion or resolution.

XIV. Limiting Debate

Every delegate has the basic parliamentary right to full and free discussion of every resolution presented for action. Also, every delegate has the basic parliamentary right to be able to transact the business of the House efficiently and with harmony. Debate is regulated by parliamentary rules to assure every delegate a reasonable and equal opportunity to be heard, without unnecessarily delaying the business to the detriment of the other delegates.

The presiding officer cannot limit or close debate, unless the assembly has previously adopted a standing rule or a motion to limit debate, or a motion to close debate at a specific time.

On the other hand, the members of the House of Delegates have several methods by which the length of debate can be controlled:

1. The House can assign routine and non-controversial resolutions to a ‘consent calendar’ and then adopt the entire list of resolutions without debate by a single vote on the entire block of resolutions instead of by individual votes on each item.
2. The House can adopt, by a two-thirds (2/3) affirmative vote, motions to limit debate:
a. To limit the number of speeches per delegate, or the length of time allotted to each delegate in speaking debate;
b. To limit the number of delegates who would speak pro and con on each motion or resolution;
c. To limit the total length of time for debate on a specific motion or resolution.

3. The House can adopt, by a two-thirds (2/3) affirmative vote, a motion to close debate on the immediately pending motion.

4. The House can adopt a permanent standing rule whereby limitation of debate would be imposed on the members of the House on all issues. Such a standing rule could be suspending by a two-thirds (2/3) affirmative vote whenever necessary.

XV. Consent Calendar

Any delegate has the right to object to the inclusion of any item on the consent agenda that he or she wishes to debate or oppose. Items removed from the consent agenda are transferred to the regular agenda for separate consideration and vote. The remaining items then are approved en bloc without discussion by a single unanimous vote.

XVI. Previous Notices

Important proposals such as bylaw amendments, changes in dues, assessments, etc., require advance notice before they can be adopted.

Constitution and Bylaws

The AzDA Constitution and Bylaws may be amended at any session of the House of Delegates by a two-thirds affirmative vote by the members present and voting, providing the proposed amendments shall have been presented in writing at a previous session or a previous meeting of the same session, or copies mailed to each Delegate in advance of voting date.

When an action has been taken that required previous notice, any motion that would void or change that action also requires previous notice.

Since the right to receive notice is a basic individual right of membership in a deliberative assembly, the requirement for previous notice can be waived only by unanimous vote.

New Business

No new business shall be introduced into the House of Delegates less than 20 days prior to the opening of the House.

XVII. Actions of the House of Delegates

Once taken, the actions of this House of Delegates are no longer the opinions, wishes, suggestions, or recommendations of any individual, committee, or officer, but are now the actions of the entire House of Delegates, and as this House of Delegates is authorized under the AzDA Bylaws to act for the entire Association, they are the actions of the entire Association. It is incumbent on every member of this Association to accept the actions of this House of Delegates, as the actions of the Arizona Dental Association.
The Life of a Resolution—How Arizona Dental Association Policy is Formulated

Source of Resolutions
- President of Association
- Board of Trustees
- AzDA Councils
- Component Societies
- Delegates

Transmitted to House of Delegates
- All Resolutions
- All Board Reports
- All Council Reports

House of Delegates
Consideration of Reports and Action on Resolutions

Follow-up

Board of Trustees

Councils

Record of Action
Minutes

Arizona Dental Association
3193 N Drinkwater Blvd
Scottsdale, AZ 85251
Tel: 480.344.5777 / 800.866.2732
www.azda.org
Arizona Dental Association
Campaign Guidelines

GUIDELINES FOR THE CONDUCT OF CONTESTED CAMPAIGNS FOR AzDA OFFICES
Adopted by AzDA House of Delegates, March 5, 2011

1. Chair
   A. The Election Review Chair shall be appointed by the AzDA Board of Trustees and shall not be a
      member of the Council on Nominations & Elections.
   B. The Election Review Chair shall be responsible for enforcing these guidelines. The Election
      Review Chair may also consult with the AzDA Board of Trustees in the enforcement of these
      guidelines, if needed.

2. Announcement
   A. The Council on Nominations & Elections must submit to the House Secretary, sixty (60) days
      prior to the election date (Annual Session), the names of one or more qualified candidates for
      each of the elective offices, except that of president and president-elect. At this same time, a
      candidate may formally announce his/her candidacy.
   B. Additional nominations may be presented in writing to the House Secretary forty (40) days prior
      to election date and bearing the signatures of at least fifty (50) active, life or retired members in
      good standing. Once a formal announcement is received at AzDA headquarters, the AzDA
      Secretary will certify the member’s candidacy by sending a notice to the components and in the
      call to the Annual Meeting of the House of Delegates and place the candidate’s name on the
      ballot in alphabetical order.
   C. Candidates may formally announce his/her candidacy when either the Council on Nominations
      & Elections submits candidates to the AzDA Secretary or at the time the Secretary certifies
      candidates submitted by a minimum of fifty (50) members in good standing.
   D. An Active, life, or retired member in good standing for three (3) years or more of the Arizona
      Dental Association shall be eligible for election to AzDA officer or Speaker of the House, or to
      delegate or alternate to the American Dental Association.
   E. The AzDA Membership will be notified of the Council on Nominations and Election’s slate of
      officers as soon as finalized (60) sixty days prior to the election date.

3. Presentations
   Presentations by candidates to component societies are allowed only when invited. All candidates
   for the same office are to be invited to the same component meeting to ensure an equal
   opportunity to meet with AzDA members.

4. Campaigning
   Candidates’ campaign statements and profiles shall be provided to the membership.
   In addition, each candidate may:
   A. Place an insert in the House of Delegates Packets which shall not exceed one 8 ½ x 11 sheet
      (may use both sides of paper) and must be received in the AzDA office by the publicized
      deadline. AzDA will duplicate this insert for candidates.
   B. Send one mailing of candidate information to the AzDA membership. Candidate must purchase
      mailing labels from AzDA and all expenses of insert will be at the candidates’ expense.
COUNCIL OPERATION - A reprint of AzDA Bylaws, Article XI – Councils and Committees

SECTION 1. Classification
A. Councils shall be the standing bodies of the Association as established by the House of Delegates and shall continue until the House of Delegates acts to terminate them.
B. Standing councils shall be Editorial Board, Bylaws, Ethics and Mediation Services, Dental Education, Government Affairs, Membership and New Dentists, Nominations and Elections and Annual Session. The standing committees shall be the Legal Liaison committee, Budget and Planning committee and Budget Oversight and Audit committee.
C. This Association shall operate with the concept that the councils shall serve as the main forum for study, investigation and development of ideas and projects for recommendation to the Board of Trustees and House of Delegates of the Association.
D. Ad-Hoc Committees of this Association shall be those committees established by the President to accomplish a specific assignment. The term of all Ad-Hoc committee chairmen and members shall be coterminous with that of the President making the appointment or upon the issuance of a final report whichever occurs first.

SECTION 2. Composition
A. All councils, unless otherwise specified in these Bylaws, shall be a minimum of six (6) to nine (9) members (Active, Life, Federal Dental Service, Affiliate, Allied Dental Team and/or Retired) with at least one (1) member from each component society.
B. The membership of all other Councils and Committees shall be comprised as follows:
   1. The Budget and Planning Committee shall be comprised of the President-elect (Chairman), Secretary/Treasurer, Immediate Past President. The Budget and Planning Committee is a Board of Trustees committee.
   2. The Budget Oversight and Audit Committee shall be comprised of four members of the House of Delegates: One member from SADS, one member from NADS and two from CADS and shall be appointed by the component society. Respective component society elects members of this committee. The Secretary/Treasurer will make himself/herself available to this Committee as a consultant. The Budget Oversight and Audit Committee is a House of Delegates committee.
   3. The Council on Nominations and Elections and shall consist of five members: The four most immediate Past Presidents and the President-elect. The most recent Past President shall serve as chairman.
   4. The Legal Liaison Committee shall consist of three members: the President (chairman of this Association), the President-elect and one member who will be appointed by the Board of Trustees. The member selected by the Board of Trustees shall not be a member of the Board of Trustees. The membership of the committee will remain continuous throughout one legal matter.
   5. The Editorial Board shall consist of members outlined in this Section 2.A. However, one of these members shall be appointed by the President as Editor of AzDA Publications. The Editor’s term shall be the same as other Council members. The Editor may also serve as Chair of the Council. The Editorial Board may also include an Associate Editor appointed by the President. The Associate Editor’s term shall be the same as other Council members.
   6. The Council on Annual Session shall consist of nine (9) to twelve (12) members including up to four (4) Allied Team members with the intent of including a representative from each dental team category.
   7. The Council on Membership and New Dentists shall consist of nine (9) to twelve (12) members with up to four (4) of these seats being reserved for new dentists. These new dentists may serve on this Council without waiting one (1) year as noted below under paragraph C. If the new dentists seats are unfilled, these seats may be occupied by members outlined in paragraph E. below.
8. Each Council may have no more than one (1) Allied Dental Team member serving as a member with full Council rights except as otherwise specified in these Bylaws (Sections 2.B.1., 2.B.2, and 2.B.5., above).
9. Federal Dental Service members may serve on any council with the exception of the Council on Government Affairs.
10. One (1) non-voting dental student may serve on any Council except Budget and Planning, Nominations, and Elections and Bylaws.
C. Council Appointments: The President, with the approval of the Board of Trustees, shall designate the chair of each of the standing councils and committees and appoint a member to fill vacancies occurring due to annual term rotation, resignation or termination on each council, with the exception of the Council on Nominations and Elections, Budget and Planning Committee as otherwise provided. All council chairmen must have a minimum of three (3) consecutive years as an Active, Life or Retired in AzDA and a council member must have at least one (1) year of Active membership in AzDA, in the membership categories and with the limitations, unless otherwise noted in these Bylaws.
D. Council members shall be appointed to serve a term of three (3) years, unless otherwise specified in these Bylaws. A member may serve no more than two (2) consecutive three-year terms on any one council with the exception of the Council on Government Affairs for which members shall serve unlimited one year terms. Council members may serve on only one (1) council unless otherwise specified in these Bylaws. Council members may be removed by a majority vote of the council for repeated unexcused absence or non-participation, insubordination or majority vote of the Board of Trustees.
E. All voting members of councils shall be Active, Life, Federal Dental Service, Affiliate, Allied Dental Team and/or Retired members in good standing of this Association at the time of appointment and during their term of office.
F. A substitute may be appointed by the AzDA President with concurrence of the component society President from the same component to serve in the council member’s place with all rights of a member for that meeting.
G. Advisory members: Non-members of the AzDA may be appointed by the president to serve during that President’s term on councils, task forces and committees as non-voting advisory members with approval by the Board of Trustees.

SECTION 3. Procedures
A. All councils shall meet as necessary to complete its work during any fiscal year, except as otherwise provided in these rules, and shall report to the Board of Trustees, and at the Board of Trustees’ direction, such report may be referred to the House.
B. Manual of Councils and Committees: Duties and objectives of each council shall be outlined in the Manual on Councils and Committees. Duties and objectives may be assigned as approved by the Board of Trustees.
C. A majority of the appointed council members must be present to constitute a quorum, provided that all members were duly notified.
D. It shall be mandatory that all council chairmen submit a report at least twenty-five (25) days prior to the Annual Meeting of the House of Delegates. When appropriate the councils shall prepare resolutions for presentation and consideration by the Board of Trustees and/or House.
E. Chairmen and members of councils who are not members of the House or the Board of Trustees shall have the right to present their reports in person to that body and to participate in the discussion thereon, but shall not have the right to propose motions or vote.
F. Any contact with legal counsel by any officer, member or employee of the Association shall be through the Legal Liaison Committee.

A. COUNCIL GOALS AND OBJECTIVES

SECTION 1. EDITORIAL BOARD
A. GOALS:
1) To provide quality communications to the membership, opinion leaders, and the various publics.
B. DUTIES:
   1) Shall define the editorial policies and goals of the AzDA publications and establish procedures for the systematic and timely review of material submitted for publication.
   2) Shall solicit volunteers (when necessary recruit) from among the AzDA membership for “columnists” to write or prepare columns on topics determined by the Board. These columnists may be charged by the Board with soliciting information from institutions and individuals that will supply news of interest to the membership.
   3) Shall review, edit and proofread submission by columnists, and send them to the Managing Editor.
   4) Shall establish publication timetables.
   5) Oversee website communications and provide input concerning content and strategies.

SECTION 3. COUNCIL ON BYLAWS
A. GOALS:
   1) To maintain, evaluate and revise the AzDA constitution, bylaws, manuals and guidelines to insure maximum organizational effectiveness, response and membership representation.
   2) To be sure that the Constitution, Bylaws and policies are properly recorded and preserved to reflect the actions of the governing body of the Association.

B. DUTIES:
   1) To review annually the Constitution and Bylaws in order to keep them consistent with the Association’s programs;
   2) To recommend editorial corrections in the Constitution and Bylaws;
   3) To draft and approve the proposed text of amendments to the Constitution and Bylaws prior to their submission to the House for action; to consider other matters referred to it; to help interpret the Constitution and Bylaws in any area of dispute; to hold hearings thereon and to report its findings and recommendations to the House.
   4) To study and annually review the policies and standing rules adopted by the House to ascertain that the Constitution and Bylaws have not been violated.

SECTION 4. COUNCIL ON ETHICS AND MEDIATION SERVICES
A. GOALS:
   1) To promote peer review to AzDA members and the public as the preferred method of dispute resolution for quality of care concerns;
   2) To ensure that all dentists are aware of and comply with the ADA Principles of Ethics and Code of Professional Conduct; and,
   3) To fairly and impartially administer disciplinary proceedings pursuant to the provisions of AzDA Bylaws, Article V, Section 14.

B. DUTIES
   1) To comply with the AzDA Peer Review Manual
      a.) This council shall annually conduct an overview of the Peer Review System at the component level and shall annually make a report to the House of Delegates. The Council shall make recommendations to the House of Delegates as to needed changes in the Peer Review Manual and the component Peer Review Committees for needed procedural changes. The Council shall appoint a committee to act as a Peer Review Appeals Committee, as needed, to determine that a review decision was reached by the component review committee through fair procedures and was supported by evidence. Procedures are examined in addition to the rationale for the decision.
   2) The Council shall act as an Ethics Committee, as needed, to conduct and investigate written charges brought against a member. Procedures under this Section shall be conducted in accordance with the Bylaws of the Arizona Dental Association, Article V, Section 14.
   3) In addition to any duties assigned to it by the Board of Trustees and the House of Delegates, the duties of the Council on Ethics and Mediation Services shall:
a.) Consider proposals for amending the ADA Principles of Ethics and Code of Professional Conduct, Bylaws, rules and related matters.
b.) Provide advisory opinions regarding the interpretation of the American Dental Association’s Principles of Ethics and this Association’s Code of Ethics.
c.) Consider appeals from members of the association or from component societies on matters of ethics or peer review.
d.) To exercise this association’s powers to discipline members.

4) Ethics Panel: The chairman of the Council on Ethics and Mediation Services may appoint an Ethics Panel and designate a chairman thereof, to investigate the facts in connection with potential disciplinary proceedings. Said panel shall consist of at least three (3) members of the Council on Ethics and Mediation Services. The recommendation of said panel with respect to whether or not disciplinary proceedings should be initiated by the Council on Ethics and Mediation Services shall be considered to be the action of the Council.

5) Hearing Panels: In those cases where the Council on Ethics and Mediation Services determines to initiate disciplinary proceedings, in lieu of a matter being heard by the full Council, the chairman of the Council on Ethics and Mediation Services may appoint a Hearing Panel to hear the charges and render a decision thereon. Said panel shall consist of three (3) members of this association, at least on (1) of whom shall be a member of the Council on Ethics and Mediation Services. The chairman of the Council on Ethics and Mediation Services shall designate the chairman of said panel. The chairman of the Ethics and Mediation Services shall also designate a hearing officer to preside at the hearing. The hearing officer shall conduct the hearing according to the fair procedures; shall participate in the deliberations of the Hearing Panel; and shall not be entitled to vote. The decision of the Hearing Panel shall be considered to be the decision of the Council on Ethics and Mediation Services of this association.

SECTION 5. COUNCIL ON DENTAL EDUCATION

A. GOALS:
1) To recommend and promote high quality continuing dental education courses for dentists and their teams throughout Arizona.
2) To promote access for all dental professionals to continuing education courses that provides compliance with the current Arizona Board of Dental Examiners requirements.
3) To utilize communication technology to provide members with an Internet distance learning program and work toward access to archived AzDA dental education courses.
4) To help coordinate dental continuing education courses with other CE providing entities within Arizona so as to offer a variety of dental education courses.

SECTION 6. COUNCIL ON GOVERNMENT AFFAIRS

A. GOALS
1) To maintain contact with all governmental agencies involved with dental health care;
2) To monitor and attempt to influence State legislation and/or rules and regulations that affect the dental profession and/or the dental health of Arizona;
3) To involve the entire membership and allied organizations in the legislative process.

B. DUTIES:
1) To liaison with all State and Federal Boards and Agencies involved with dental health care;
2) To make recommendations concerning rules, regulations, or legislation that affect the dental profession or the dental health of the public;
3) To maintain a “dentist contact” program in order to have an effective mechanism for dentists to contact their legislator concerning legislative matters;
4) To supervise all lobbying activity;
5) To report legislative and governmental recommendations and activity to the Association membership on a periodic basis;
6) To liaison with the ADA Council on Legislation and the Washington Office.
SECTION 8. COUNCIL ON MEMBERSHIP AND NEW DENTISTS

GOALS
1) To obtain the membership of every qualified dentist;
2) To inform members and non-members of the advantages provided by this Association;
3) To develop programs for the new dentists including mentor programs, practice management assistance, etc;
4) To identify, aid and train dentists to become leaders of the association.
5) To promote programs to help members succeed.

B. DUTIES:
1) To encourage eligible and qualified members of the profession to become members of this Association;
2) To educate new members and prospective members regarding the contents of the Constitution and Bylaws and other information important to the practice of dentistry and the benefits derived from membership;
3) To develop programs facilitating practice management and development for new members;
4) To maintain a D.C.D. program for members who may be experiencing chemical dependency;
5) To act on applications for relief and report their actions to the Board, as provided for in ADA rules and regulations.
6) To evaluate programs providing members the advantage of group purchasing;
7) To liaison with the ADA Council on Dental Practice;
8) To liaison with the ADA Council on Relief.

SECTION 9. COUNCIL ON NOMINATIONS AND ELECTIONS

A. GOALS
1) To nominate dedicated, loyal, and devoted candidates to the elective offices of the Arizona State Dental Association;
2) To see that fair representation in the House of Delegates is shared by all districts;
3) To give due consideration to the geographical distribution of AzDA membership when proposing candidates for elective offices and the AzDA delegation to the ADA. To also consider such factors as the seniority status of ADA Delegates, recommendations of the Component Boards of Directors, and input from individual AZDA members.

B. DUTIES:
1) To select one or more candidates for each office in accordance with bylaw requirements and shall obtain consent of the nominees, including floor nominees, to serve if elected.
2) Submit to the Secretary, sixty (60) days prior to the ANNUAL SESSION, the names of one or more qualified candidates for each of the elective offices, except that of president and president-elect, and this proposed slate shall be included in the CALL to the ANNUAL SESSION;
3) Additional nominations may be presented in writing to the Secretary forty (40) days prior to election date and bearing the signatures of at least fifty (50) active, life or retired members in good standing. Such nominations shall be included in the CALL to the ANNUAL SESSION and placed on the ballot in alphabetical order;
4) An active, life, or retired member in good standing for three years or more shall be eligible for election to AzDA officer, trustee or Speaker of the House, or to delegate or alternate to the American Dental Association;
5) A quorum of this Council shall be four members, including the Chairman. In the absence of the Immediate Past President, the Association President-elect shall serve as chairman
6) Notice of meeting of this council shall be given to the AzDA membership sixty days prior to the meeting to allow for input regarding candidates for elective office.
SECTION 10. COUNCIL ON ANNUAL SESSION

Mission Statement: To provide quality continuing education to ensure the success of our members in treating and promoting oral health to the public.

A. GOALS

Provide educational programming that will:
1) Encourage attendance by all members of the dental team;
2) Meet Arizona Board of Dental Examiners criteria for licensure renewal;
3) Keep members and staff up-to-date on the new technologies, procedures, practices in the science of dentistry;
4) Provide the highest quality of education while maintaining fiscal responsibility.

B. DUTIES

1) Coordinate the activities of the Western Regional Dental Convention;
2) Assist in all administrative aspects of WRDC;
3) Follow the WRDC budget outlined by the Council on Budget & Planning and the Board of Trustees;
4) Stay informed on other dental meetings, understand the current speaker circuit and identify new and upcoming speakers;
5) Schedule and attend Council on Annual Session meetings, as needed, to ensure the success of WRDC;

Ensure efficient handling of:
- WRDC meeting dates;
- All meeting space, e.g., meetings rooms for all programs and concurrent events;
- Headquarters hotel for sleeping rooms;
- Exhibit space and meeting rooms at Phoenix Convention Center;
- All vendors, e.g., decorator, caterers, AV contractor, security, and taping company;
- All promotional materials in accordance with the WRDC Marketing Plan;
- Timely and effective exhibitor contracts;
- Advance registrations and effective planning for on-site registration.

C. COMMITTEES

SECTION 1. LEGAL LIAISON COMMITTEE

DUTIES:
1) To advise the Board of appropriateness of legal counsel and to assist the Board in the selection for legal counsel.
2) Any contact with legal counsel by any officer, member or employee of the Association shall be through the Legal Liaison Committee.
3) The membership of the committee will remain continuous throughout one legal matter.

SECTION 2. BUDGET AND PLANNING COMMITTEE

This is a Committee of the Board of Trustees

A. GOALS

1) To develop programs for this Association by familiarizing itself with the needs and desires of the membership, the public we serve, and with the contemporary problems facing the dental profession;
2) To recommend to the Board of Trustees, a program of objectives for this Association to address;
3) To present a budget to finance the overall objectives of this Association.

B. DUTIES
1) To develop a mechanism to determine the need and desire of the members of this Association for input into a program of goals;
2) To develop a mechanism for determining the dental needs of the public we serve;
3) To evaluate available information and develop a realistic program of one to five year goals for distribution twenty-five (25) days in advance of the annual meeting of the board and House, The program of goals shall be subject to the review and alteration by the Board and the House;
4) To develop an annual budget of anticipated income and projected expenditures at least twenty-five (25) days in advance of the Annual meeting of the House. The annual budget shall be subject to the review and alteration by the Board and the House;
5) To prescribe a bookkeeping system consistent with acceptable accounting practices;
6) To cause all records, liabilities and assets to be audited by a certified public accountant at least one time annually;
7) To periodically review the financial portfolio of the association and to recommend to the Board the transfer, reinvestment, or liquidation of any Association holdings.

SECTION 3. BUDGET OVERSIGHT AND AUDIT COMMITTEE
This is a Committee of the House of Delegates
A. GOALS:
   1) To monitor the House of Delegates’ adopted budget of the Association, independent of the Treasurer, the chair of Budget and Planning, the Executive Director and the Board of Trustees.
   2) To ensure that controls are in place to provide reasonable assurance that assets are safeguarded, that transactions are authorized and properly recorded, and that the organization is in compliance with applicable state and federal laws and regulations in accordance with the Auditor’s Report.
B. DUTIES
   1) Represent the House of Delegates in the monitoring of the financial affairs of the Association.
   2) Report on the finances of the Association at each meeting of the House of Delegates. This report would include submission of a minority report if necessary.
   3) Ensure that all Association policies relating to the Association’s adopted budget are being followed.
   4) Review all expenditures of budgeted and unbudgeted funds including acquisition of assets or liquidation of such or refer such requests to the Board of Trustees or House of Delegates for approval if deemed necessary.
   5) Select an independent auditor for recommendation to the Board of Trustees to hire, review the audit report with the auditor and ensure that appropriate policies and internal controls are in place.
   6) Have the ability to poll members of the House of Delegates to determine if a special meeting shall be convened as outlined in Article VII, Section 5. D.
   7) Serve as contact entity for reporting concerns with suspicious, illegal or unethical conduct in connection with the finances or other aspect of the Association’s operations pursuant to AzDA Whistleblower Policy.

9/13/2014
Mediation Services Manual
INTRODUCTION
The Arizona Dental Association (AzDA) and its components, in keeping with their primary obligation of service to the public, have established a state-wide mediation services system. Its purpose is to resolve disputes that may arise with the appropriateness and of quality dental services which have been performed. It is of the utmost importance that the mediation services system be well-organized and consistent throughout the state and fair to all parties involved.

It is of the utmost importance that the mediation services system be well organized, consistent throughout the state and fair to all parties concerned. There will be no charge for this service to the members of the AzDA or patients that choose to use the mediation services system.

The purpose of this manual is to describe the ethical mandate for this activity, legal protections and constraints on the system and the principles for handling disputes so that they will be consistent in principle among the component concerning the initiation, evaluation and resolution of these cases.

DEFINITION OF PEER REVIEW/MEDIATION SERVICES
A "peer" is defined as someone who has substantially the same professional standing with another. A mediation services committee is a body consisting of licensed member dentists in a specific geographic component area. For specialists, those who limit their practices, a "peer" would be defined as one with appropriate specialty training in the specific discipline involved. Mediation Services is the objective evaluation leading to the resolution of the appropriateness and/or quality of the services in question, as in patient's (or dentist's or carrier's) request for assistance. Since the dentist is responsible for all treatment provided, any question of dental services provided or not provided, will be considered appropriate for mediation services by the Association.

DUTIES OF THE MEDIATION SERVICES COMMITTEE
1. Receive, investigate and resolve written complaints, made by the public against members of this Society where such complaints do not involve alleged violations of the American Dental Association’s Principles of Ethics and Code of Professional Conduct.
2. Have the power to request any member of this Society to furnish information that he/she may have concerning the subject matter of the complaint.
3. Have the power to appoint subcommittees either from its own membership or from the general membership to assist in its investigation.
4. After considering all available evidence, shall make a recommendation to the complainant and the accused concerning disposition of the subject matter of the complaint.
5. It shall be the duty of any member to whom a request regarding any case being investigated or to serve on a subcommittee for such investigation.

The time commitment involves:
1. Attending a brief mediator training class (free) at a time to be determined.
2. Mediating cases, approximately 2 hours from your home or office, includes calls to complainant and doctor and written outcome.
3. Clinical review, approximately 2 hours on a weeknight, approximately 1-2 times per year. If you are a
specialist, your services will be needed at this stage in the event the complaint is against a specialist or primarily involves a procedure routinely performed in your area of specialty.

All information regarding a particular case must be kept strictly confidential. Do not maintain any of the Mediation Services case information in the dental office. Return everything to AzDA when your participation in the case is completed. This eliminates the information accidentally being made available to an inappropriate source.

**TYPES OF DISPUTES TO BE RESOLVED**

The following types of questions shall be considered appropriate for review:

1. **Appropriateness of Care** - This refers accuracy of an evaluation of whether a treatment or procedure was necessary, correct, whether it can be performed with acceptable results and whether the procedure performed was consistent with the level of care for the geographic area. Alleged irregularities in billings may also be considered to determine if services were performed as claimed for payment.

2. **Quality of Care** - This refers to the quality and accuracy of the actual dental procedure(s) performed on the patient(s). The purpose for this guideline is to insure that after a dental professional makes an evaluation that he/she provides the correct dental procedure with care, skill and good judgment. The manual, "Quality Evaluation for Dental Care" has been developed by the CDA for the Mediation Services Committee to be used as aid in evaluating the technical quality of dental procedures performed. Each component society Mediation Services Chair will receive one copy of this manual.

**ATTORNEY INVOLVEMENT**

Cases submitted by attorneys on behalf of patients are acceptable if litigation has not been initiated by the patient. Since the system is evaluative rather than punitive, attorneys may not be present to represent parties involved, nor should the transactions be recorded by video or audio tape.

**LITIGATION**

Since determination by the Mediation Services Committee cannot supersede the authority of the courts, no case which has been through litigation will be accepted by the mediation services system. If litigation has been initiated by the patient, even though no decision has been reached, the matter will not be accepted by the Mediation Services System.

If, the dentist has initiated legal proceedings for collection, the matter will be reviewed as long as no judgment has been reached between the parties, since the mediation services system is offered as a service to the public.

**STATE BOARD INVOLVEMENT**

Cases submitted to the Arizona State Board of Dental Examiners will not be considered by the AzDA Mediation Services System.

**STRUCTURE OF THE MEDIATION SERVICES SYSTEM**

The component Mediation Services Committee is the keystone of the Mediation Services System. It is the responsibility of the component Mediation Services Committee to act on request from patients, third party carriers, dentists and others as appropriate, in matters relating to quality and appropriateness of oral health services defined herein.
It is the obligation of the Mediation Services Committee to conduct unbiased and objective hearings as rapidly as possible so their efforts are effective for all parties concerned. The Mediation Services Committee should periodically report their findings of cases and general activities to their component Board of Directors. However, names of patients, dentists and others involved in cases, along with disposition of cases, shall be kept confidential.

Each case will begin at the Arizona Dental Association. The AzDA Mediation Services Coordinator, after reviewing the initial complaint will determine if it is appropriate for review. If the case is deemed appropriate, the Mediation Services Coordinator will forward all information onto the proper component society. Copies of the file will be sent to the component Chair and appointed investigator, along with original radiographs, models, etc. if applicable. Again, all case materials need to be returned to AzDA when the component’s participation in the case is completed. The confidential file on all Mediation Services cases and appropriate statistics and logs will be maintained at the AzDA office.

**All information relating to Mediation Services cases shall remain confidential within the state and component Mediation Services Systems and the state and component Ethics Committees. The only exception will be those found under “Repetitive Complaints” in this manual when cases are referred to the Arizona State Board of Dental Examiners.**

**COMPOSITION OF THE COMPONENT MEDIATION SERVICES COMMITTEES**

1. Members of the component Mediation Services Committee are selected for their ability to maintain their objectivity, compassion and discretion.

2. The number of members serving on a component Mediation Services Committee shall be five or more, with the Committee having the authority to appoint a third party for specialty cases. These parties will be considered professional clinical examiners.

3. The members of the Mediation Services Committee will be assigned to serve three-year staggered terms.

4. The majority of the members should be general practitioners.

5. Each member shall have at least five years of dental practice experience. Since balance is essential to Mediation Services Committees, years of dental experience of the Committee members should vary. The objective is to have members of the Mediation Services Committee generally reflect the quality of dentistry being provided in the component area.

6. Current component and state officers are not eligible to serve as members of the component Mediation Services Committees. No current consultant, employed dentist of a fiduciary of any third party (insurance carriers, trust funds) may be a member of any component of a Mediation Services Committee. This is to avoid any accusation of potential conflict of interest.

7. Members of component Mediation Services Committees or consultants will not be paid at any time for their services. Any dentist that agrees to be a professional dental examiner in specialty cases will not be paid at any time for their services. However, expenses incurred by a dentist in the performance of his/her duty as a member of the component Mediation Services Committee may be reimbursed by the
Mediation Services System. All expenses submitted for reimbursement will be reviewed by the Mediation Services Committee.

8. If any committee member has at any time been engaged by the patient who is a party to the dispute, that member must disqualify themselves from any participation in the proceedings.

9. The members of the component Mediation Services Committee shall be elected or appointed by the President of the component society and approved by the component Board of Directors.

**SPECIALTY REVIEW**

When the dentist involved limits his practice to an ADA recognized specialty (Dental Public Health, Endodontics, Oral & Maxillofacial Pathology, Oral & Maxillofacial Radiography, Oral & Maxillofacial Surgery, Orthodontics & Dentofacial Orthopedics, Pediatric Dentistry, Periodontics, and Prosthodontics), advice should be sought from others of the same specialty, who may be particularly well qualified in the provision of such services. Mediation Services Committees of specialists are subcommittees of the component Mediation Services Committees. They follow the framework and guidelines of the system. Their opinions shall be advisory only, but component Mediation Services Committees should respect the findings of the Specialty Review Committees in specialty matters and should not reverse any determination relative to clinical findings without fully stating their rationale for so doing. In certain instances, a component may utilize such specialists already on the component Committee or other specialist as consultants to the committee in evaluation of a case. A general dentist is not entitled to specialty review unless the service in question is beyond the level of the evaluate expertise of their component Mediation Services Committee. In these cases, specialists or general dentists with special training may be utilized. In summary, it may be stated that in those instances where services in question have been performed by specialists, advice should be sought from their peers. Their findings and recommendations for resolution should be followed, but the component Mediation Services Committee is ultimately responsible for the final resolution of the case.

In communities where there are few specialists, Mediation Services of a specialist by other specialists may be difficult. In addition, where there are only several dentists specializing in a given field, and they are in close relationship, a mediation services specialty panel may find it difficult to be unbiased. If the chairman of the local component feels that it is impossible to have an unbiased specialist Mediation Services Committee, he may, at his discretion, decide to use the regular Mediation Services Committee or refer out of the component area with the dentist's and patient's consent.

**AzDA COUNCIL ON ETHICS AND MEDIATION SERVICES**

The AzDA Council on Ethics and Mediation Services serves as the state’s Mediation Services Committee. Members of the Council are appointed by the AzDA President. This Committee will take an overview of the working of the Mediation Services System. It will make recommendations to the House of Delegates and suggest changes which should be obtained from the components and compiled for presentation to the House of Delegates. The Committee will review the specific procedures used by the component committees, and determine that they are within the principals of the Mediation Service System.

**THE AzDA APPEALS COMMITTEE**

The Committee will consist of three or more members and will be appointed by the Chair of the AzDA Council on Ethics and Mediation Services. Members of this Committee should have had experience with
the Mediation Services System at a component level. Members must disqualify themselves from consideration of appeal cases if they had any involvement of the case at a component level.

**MEDIATION vs. ARBITRATION**

All Mediation Services cases may go through two separate types of consideration; the first is mediation and the second is arbitration. To mediate means “to be in the middle”. In this first phase, a committee member attempts only to get an agreement between the dentist and the patient. He/she tries to overcome the barriers of communication between the two parties. If successful and based on the investigator’s report, a resolution letter will be sent to all parties by the AzDA Mediation Services Coordinator. If mediation fails, then the case is arbitrated which involves a clinical exam of the patient testimony on behalf to the accused dentist (at the option of the dentist) then a considered judgment is made and the type of settlement is determined.

**DIFFERENCES IN PROCEDURES IN EACH COMPONENT**

Because of the widely varied population and professional densities in each of the components, exact duplication of procedures may not be possible or desirable. It is the obligation of the Chairperson of the component society to establish procedures in keeping with the principles of the Mediation Services System as set in this manual. Attempts should be based on careful examination of the cases. Proper notification for meetings and examinations must be made to the dentist and the patient. The right to appeal must be carefully explained.

**PROCEDURES**

All requests for the Mediation Services System must be submitted in writing and must include all documentation available. A carrier-initiated request should include a copy of the claim form and pertinent policy provisions, the report of the dental consultant and all pertinent correspondence. (Radiographs, however, should be returned to the treating dentist rather than be sent with the review. The carrier can send x-ray copies or the Mediation Services Committee can request films from the dentists, but to minimize the potential for losses or damage, the radiographs should not be kept out of the dentist’s possession for an extended period of time.)

Request for review must be originated in writing by any of the following: The patient, an involved third party (e.g. - insurance carrier, service organization, trust fund, broker, etc.), the dentist or other appropriate agencies. Care must be taken by the party referring the matter for review to clearly and fully state the question he/she wishes resolved.

Determination of the appropriateness of cases submitted by other agents for any parties to the review, such as consumer group representatives, professional liability carriers of other agencies, will be made of an individual basis by the component Mediation Services Committee.

Since extensive passage of time changes clinical conditions and makes recollection of details by the disputants difficult, cases will be accepted only within three years from the date of completion of treatment, or one year from the discovery of the alleged problem. This provision may be dropped if all the disputants agree to do so in writing. Prior to the review, any party involved may ask to be informed of the Mediation Services Committee members hearing the request that the Chairperson dismiss a committee member for cause. The Chairperson shall be empowered at their sole discretion to accept or reject this request, given reasons for his actions.

**PATIENT INITIATED CASES**
The original complaint is always sent to the AzDA Office then disseminated to the proper component by the AzDA Mediation Services Coordinator after he/she deems it appropriate for review. The written request for mediation services should include an explanation of what has transpired and what the problem is. A copy of the bill, if available, is desirable. All parties initiating cases are informed that the more clearly they state their questions, the more effectively the Mediation Services Committee will be able to answer them. Upon receipt of the complaint, the Mediation Services Coordinator sends a letter to the patient explaining the Mediation Services System (see exhibit 1), a form requesting the review (see exhibit 2) a Mediation Services Agreement (see exhibit 3) and a Record Release Form (exhibit 4).

Our patient agreement form has been recommended by the AzDA legal counsel, and all patients who request the Mediation Services System should be asked to sign it before a review is initiated. Because our system is not designed to be used as an "unpaid consultant", we feel our request for agreement by all parties in advance is a fair one. The dentist will not be asked to sign the Mediation Services Submission Agreement, because, by his/her membership in the AzDA, he/she is bound to abide by the findings of the Mediation Services Committee, subject to an appeal.

**ASSIGNMENT OF INVESTIGATOR**

When the Mediation Services Submission Agreement is signed by both the dentist and the patient, a member of the component Mediation Services Committee is appointed to serve as the investigator. The investigator will contact the involved parties and attempt to mediate the problem within ten (10) days. Under no circumstances will the investigator do a clinical examination of the patient (see "Guidelines for Mediation"). If the case is mediated satisfactorily, a written report (see exhibit 5) should be submitted to the Mediation Services Committee Chair.

The Mediation Services Coordinator will send a letter to the patient and the dentist summarizing the mediation agreement. After the case is successfully mediated, the case is considered closed and no further consideration will be given to it.

If mediation is unsuccessful, the investigator will submit a written report with documentation of interviews to the Mediation Services Committee Chair. This report shall not include conclusions of final recommendations of the investigator.

**GUIDELINES FOR MEDIATION**

The Chair of the component Mediation Services Committee appoints one member of the Committee to serve as investigator for each case. Before the investigator starts any activity, he/she must have the initiator’s written request for review and a signed "Mediation Services Submission Agreement". He/She then contacts the patient and the dentist in an attempt to mediate the problem.

All contacts with the patients, dentists and carriers should be well-documented, including date(s), name(s), discussion(s), summary, etc.

Be a good listener; do not become argumentative; use good common sense; do not make judgments.

Keep in mind the definition of mediation, which is to negotiate between persons and personalities at variance with a view toward reconciliation and to establish effective communication between the disputing parties.
Respond promptly within three (3) days after receiving the request from the chairperson to mediate the case; negotiations should be completed within ten (10) days.

At this stage the investigator shall not do a clinical examination.

If mediation is unsuccessful, the investigator shall return to the Mediation Services Committee Chairperson, a written report of his findings, so that the chairman can clear the case for arbitration.

GUIDELINES FOR ARBITRATION

When mediation fails, the case enters the next phase which is arbitration. It is the duty of the investigator to examine the patient, take x-rays, study models, periodontal records, etc., that may be necessary for the Mediation Services Committee, or designated subcommittee to make a decision on each case. It is the investigator's responsibility to try to obtain pertinent past records and interview the dentist so that an objective decision can be made by the Mediation Services Committee. Note: The AzDA Mediation Services Coordinator is available to assist in obtaining these records.

When the investigator has examined the patient and feels that all the information necessary has been gathered, the investigator will then schedule the patient for examination by the Mediation Services Committee. A letter is sent by the Mediation Services Coordinator over the Committee Chair’s signature to the patient, requesting the patient's appearance for an examination. Two weeks notice of that examination time must be given. A similar letter should be sent to the dentist, advising him/her of their right to appear at the hearing. Both the letter to the patient and dentist is sent certified mail, return receipt requested.

The full committee, or the designated review subcommittee, will meet to decide each case. The investigator will be a member of the Mediation Services Committee or Mediation Services Subcommittee. The Subcommittee should have at least three (3) members. All subcommittee members are required to complete an Examiner’s Report (see exhibit 6). No deliberation of the Committee shall take place while the reviewed dentist is present. The dentist under review shall not be advised of any interim or tentative decisions of the Committee by any of its members.

If a complaint involves a member of the Mediation Services Committee, that member shall in no way participate in the review, except in the manner that those dentists under review may participate in their own reviews.

No member of the Mediation Services Committee, who has been involved in reviewing a particular case, should treat that patient who is or has been, under review for at least two (2) years.

Queries from the patient during the examination should be answered in a diplomatic manner. Answers should not imply or state judgments for or against the appropriateness of treatment being examined. No finding, however tentative, should be discussed in front of the patient. Communication of the examination's findings should be accomplished in such a manner that it does not infer that any information is being withheld from the patient, even though he/she is not at that time in any way appraised of the results.

At least three dentists from the Mediation Services Committee, or its examining subcommittee, should examine the patient. A very thorough examination of the mouth should be made, particularly that area under dispute. Information furnished by the patient should be noted.
When the patient has been examined by the Mediation Services Committee and the dentist has been interviewed (if he wishes to be), the Committee then considers all the data and makes a decision regarding the case. Since appropriateness of treatment planning is of utmost importance, the adequacy of diagnostic methods employed by the treating dentist will be an important factor in the committee decision. A majority vote constitutes the decision of the Committee. Minority reports should be permitted and when occurring, should be included in the final report.

**JUSTIFIABLE CRITICISM**

As stated in the ADA’s *Principle of Ethics and Code of Professional Conduct*, Section 4.C., referring to the appropriateness of justifiable criticism, the arbitration panel may have a dentist appear or present written documentation when the patient complaint states evidence based on that dentist’s justifiable criticism. The committee will use the testimony or evidence to assist in the arbitration process and their final decision.

If the committee discovers that the evidence presented is accurate and it involves criticism made by the member dentist that may be justifiable, the Mediation Services Committee may refer the instance to the appropriate Ethics Committee.

**RESOLUTIONS**

When any case is resolved, such resolution, in letter form, should be sent to the complainant, the treating dentist and any other party involved in the review. The resolution must answer all the questions asked. Not to do so seems unfair and arbitrary.

The resolution must contain enough information to verify its validity. It is not necessary to give exhaustive clinical detail. On the other hand, it is essential to give the rationale for the decision so that the resolution will not appear arbitrary or self-serving to those outside the profession. Vague terminology such as "treatment of choice" should not be used as this is semantical and open to different interpretation, ranging from ideal to essential. Be mindful of technical language when writing the resolution letter as patient receives a copy and is not a dentist.

If corrective dental treatment is necessary, reimbursement should be made by the first treating dentist to the second treating dentist performing the corrective dental procedure(s). An example of this is a wrong-tooth extraction, for which a fixed bridge would be necessary to correct the problem. The resolution and all other committee correspondence should be presented on component stationary.

The resolution should concern each separate case individually in a separate letter to preserve confidentiality from those not involved with that particular case. This resolution should be sent by certified mail, return receipt requested.

**All resolutions should include the following statement:**

"This decision does not become final until one of the following occurs:

1. Expiration of thirty (30) days from the date hereof, without an appeal being filed by either party; or
2. The determination of any appeal from this decision appeal is filed within (30) days from date hereof.

However, the parties in the mediation services process may expressly agree to waive any appeal and if this is done, then the decision becomes effective immediately upon the waiver being executed by all parties. If either party wishes to appeal the decision reached by the Mediation Services Committee, he/she must
notify the AzDA Mediation Services Appeals Committee in writing of the intention to appeal within thirty (30) days. It is suggested that this request be sent by certified mail, return receipt requested. All parties will thereafter be notified as to the decision of the AzDA Mediation Services Appeals Committee.

It is the duty of the person who acted as the investigator of a case, who is in addition, a member of Mediation Services Committee making the resolution, to furnish the chairperson with a report of the clinical findings, the methods used in determining those clinical findings, and the results of the Committee’s actions so that it be kept on file and may be utilized by the Mediation Services Appeals Committee in the determination of any appeal made by the dentist of patient. If the component Mediation Services Committee does not use an investigator, the chairperson will appoint a member to prepare the report.

All official correspondence relating to cases are disseminated by the AzDA Mediation Services Coordinator. The Mediation Services Coordinator is not a dentist and therefore looks to the component Mediation Services Committee members for technical language. To assist in writing resolution letters for cases going to arbitration, a copy of a final resolution (see exhibit 7) is enclosed.

**ALTERNATIVE PROCEDURES**

The Chair may alter the procedures as follows:

1. The Committee may perform the clinical examination without the preliminary preparation of the investigator. If new radiographs, study models or other diagnostic aids are necessary, they must be obtained at this time at no cost to the patient or dentist.

2. Where there is reasonable possibility of prejudice, the dentist may be asked not to come to the Mediation Services Committee meeting so that he may remain anonymous. The dentist may write an explanation of his position and be available for telephone contact by the chairperson or original mediator during the examination. The dentist and patient must be given proper notification of time and place of meeting.

3. If mediation fails, the investigator may continue with the arbitration process, or a new investigator may be assigned to arbitrate the case.

**CARRIER - INITIATED CASES**

If a third party initiates a case for review, the case will go directly to the arbitration phase. The investigator will then prepare the case for presentation to the Mediation Services Committee.

**DENTIST - INITIATED CASES**

In cases from a dentist relating to benefits by a third party, the insurance company is contacted to determine if they will sign a submission agreement. If they will, the case is then assigned to an investigator who will contact the insurance carrier, the dentist and the patient. He/she will examine the patient and present the case to the Committee. If the insurance company will not sign a submission agreement, the case is considered closed and no further consideration will be given to it.

Also, in cases where a dentist is having irreconcilable differences with a patient over a completed procedure, the dentist may refer the patient to the Mediation Services System. The case will be handled as a patient-initiated matter upon receipt. Those cases which are initiated by a subsequent treating dentist questioning another's work, is outlined in the "Dentist to Dentist Disputes" section.
TIME FOR COMPONENT REVIEW
Mediation Services loses its impact and significance when allowed to drag on indefinitely. Therefore, component Mediation Services Committees are requested to complete their consideration of each quality and appropriateness case they handle with ninety (90) days. Time extensions are permitted in cases when circumstances dictate. It is recognized that all parties are hurt by a situation where review is not completed promptly.

NON-COMPLIANCE
If the dentist has not satisfied the decision of the component Mediation Services Committee or Mediation Services Appeals Committee within thirty (30) days, the dentist will be considered in non-compliance. The Chairperson of the component Mediation Services Committee will make formal charges against a member in non-compliance in writing. This must be signed by the chairperson as the accuser and must state in detail each violation on which the charges are based. Such charges will be submitted to the secretary of the component society. Non-compliance is outlined in the Constitution and Bylaws of the Arizona Dental Association (Rev.9/13 under Article V, Section 12. Mandatory Mediation Services.

REPEITIVE COMPLAINTS
The component committee reserves the right to refer specific complaints to the State Board of Dental Examiners. When a case has arisen which has been especially poor, or there is evidence of dishonesty by the dentist, the case can be referred to the State Board of Dental Examiners.

In addition, a dentist who has had three complaints found against him by mediation and/or arbitration within a twenty-four (24) month period may have those complaints, and all ensuing complaints, referred to State Board of Dental Examiners.

All cases referred to the State Board of Dental Examiners will require the approval of the Mediation Services Committee Chair.

REPEITIVE COMPLAINTS AT THE STATE BOARD
The component Mediation Services Chairman reserves the right to refer specific complaints from the Arizona State Board of Dental Examiners to the component Ethics Committee. When a case has arisen which has been harmful to the patient, or the quality of care is inadequate, or there is evidence of dishonesty by the dentist it can be referred.

In addition, a dentist who has three complaints found against him by the State Board of Dental Examiners within a twenty-four (24) month period may have those complaints, and all ensuing complaints, referred to Ethics Committee by the Mediation Services chairman.

APPEALS PROCEDURE
Provisions for appeals are as follows:

1. Any party to the review has the right to appeal a decision of the component Mediation Services Committee or the specialty committee. An appeal hearing is for the sole purpose of determining that a review decision was reached through fair procedures and was supported by evidence. Procedures followed by the component Mediation Services Committee are examined in addition to the rationale for the decision.
2. Request for an appeal should be directed to the AzDA Council on Ethics and Mediation Services within thirty (30) days from the mailing of the decision by the component Mediation Services Committee or specialty committee.

3. The Council on Ethics and Mediation Services Chairperson will initiate an investigation of the appeal and appoint an Appeals Committee from the Council or its representatives, if necessary.

4. The Appeals Committee will make a final deposition of the matter.

5. The decisions are generally made as follows:
   a) the component decision can be affirmed;
   b) the case can be sent back to component for review; or
   c) the component can be overruled in instances where the appropriate procedures were not followed, or the decision is not in keeping with the facts of the case and thereby renders it arbitrary.

6. The philosophy behind the appeal is that Mediation Services Committee decisions must be made locally, by one's peers. Appeals should discern whether equitable treatment for those concerned has taken place in a particular case.

   **DENTIST - TO - DENTIST DISPUTES**

   This situation occurs when a second treating dentist disagrees with the methods or results of treatment by a prior dentist (referred to as the first dentist). Handling will occur after receipt of letter from the second dentist about the first dentist (or from the patient). Steps in this case should include:

   1. The case should be accepted by the component for regular procedures.
   2. The Mediation Services Committee contacts the first dentist for his explanation of the case.
   3. The Mediation Services Committee examines the patient (unless this is not needed because both dentists agree on the condition, but differ on the approach).
   4. The Mediation Services Committee resolves the case pursuant to a consensus of diagnostic judgment of the committee.

   **INITIATION OF REVIEW OF COMPLETED THERAPY**

   There may be occasions when a request for review is received when the treatment in question has already been completed or replaced. In these instances, it is often difficult for the Mediation Services Committee to make definite decisions on the quality or appropriateness of treatment.

   When a patient questions the quality of work that has been replaced by subsequent treating dentist, the Committee should evaluate available records and radiographs from both dentists to see if a recommendation regarding the treatment can be made. If it is not possible to make a decision, it must be explained to the patient that while the questions are valid, no determination can be made by the Mediation Services Committee, since it was not possible to evaluate the treatment.

   Insurance payments or benefits may factor in some cases. The guidelines are as follows:
1. If a question is raised involving insurance benefits, the committee should attempt to evaluate the appropriateness of treatment based on the clinical records and pretreatment radiographs. If these are not diagnostic and pre-determination was available through the carrier but not utilized, the committee feels it is only fair to find in favor of the carrier.

2. In those instances when predetermination of benefits is not available, the committee feels that the case should be concluded in favor of the dentists if the radiographs are not decisive.

**GEOGRAPHICAL JURISDICTION**

The geographical jurisdiction of the AzDA Mediation Services System consists of the State of Arizona and all its component dental societies. All materials referred of consideration by the system shall be reviewed within the jurisdiction of the component society where the service in question has been rendered. Should the patient no longer reside within these confines, clinical examination (where necessary) may be accomplished by the Mediation Services Committee for the area where the patient resides, with the reported findings sent to the component conducting the review. In cases where a dentist is a member of one component, but practices part-time in an office in another, the review should be made by the component society where the service was rendered.
EXHIBIT 1- SAMPLE

Date

Name
Address
City/State/Zip

Dear :

Thank you for contacting us regarding the [Component Dental Society] mediation services system. Mediation Services provides an impartial, easily accessible and generally expedient means for resolving misunderstandings regarding dental treatment. The mediation services system only reviews cases involving two types of disputes: Appropriateness of Care and Quality of Care. It exists for the benefit of the patient and the dentist. Mediation Services is not a court of law. It is generally a voluntary process that relies on the good faith between a dentist and patient and their mutual interest in good dental health.

The mediation services system has been developed by [component] in conjunction with the Arizona Dental Association (AzDA) and the American Dental Association (ADA). Its purpose is to help solve problems about dental treatment that the dentist and patient have not been able to settle themselves. A special committee of dentists, known as the “review committee”, volunteer their time to consider questions about the quality and appropriateness of dental care. Cases may also be submitted for review when there is a question regarding an insurance claim. These are the only types of questions that the committee can answer. The committee cannot accept complaints regarding billing or fee disputes, however irregularities in billing may be reviewed on a case-by-case basis.

There is a time limitation for accepting a complaint in the mediation services system. A complaint must be filed within three years from the date the work was completed or a year from the date you recognized there was a problem, whichever occurs first.

Most cases are successfully resolved through mediation by a member of the Mediation Services Committee. The mediation takes place through separate telephone communications between the mediator, patient and dentist. If mediation fails, the problem is then arbitrated by a Mediation Services Panel made up of at least three dentists from the Mediation Services Committee.

The arbitration panel will examine your dental records and, if the panel determines that it is necessary, interview you and your dentist separately, and perform an examination, before making its decision. The panel may decide that the treatment was adequate. However, if the panel decides the treatment was not adequate or was not appropriate for you, it will make a recommendation to the dentist, such as:

1. the dentist must correct the treatment; or
2. the dentist must refund all or part of your money so that you may go to the dentist of your choice to have the treatment done again.
If you or the dentist can factually demonstrate that a procedural error occurred, or feel that the decision is arbitrary (not based on facts), you may submit a request for reconsideration, known as an “appeal”. Once a decision is made on an appeal, it is final and binding, and you may no longer use the mediation services system on this matter.

There is no charge for this service; however, any unusual costs sustained by the reviewing committee in conducting the review, for example, duplicating radiographs or study models, shall be born by the party initiating the review. It is not within the scope of the mediation services system to handle questions about getting money back for time lost from work or pain suffered as a result of your treatment.

The mediation services system is an alternative to formal legal proceedings, and cannot be used if such proceedings have begun, or if the case has already been decided by a court of law. In addition, cases submitted by patients to the State Board of Dental Examiners (BODEX) will not be considered by the mediation services system. (component society) and the AzDA have no authority to supersede the decisions of BODEX or a court of law. Should legal action be initiated by any party involved or should a complaint be filed with BODEX during the mediation services process, the mediation services action will cease immediately.

If you decide you want to use our services, please carefully read and complete the three enclosed forms: Request for Review Form, Patient Agreement Form, and Record Release Form. The purpose of these forms is explained at the top of each one. All papers must be filled out and sent in before we can begin. If the enclosed forms are not returned to the [component]/AzDA office within six months of the date on this letter, your case will be dropped.

Most patients using our system find it fair, less costly, and less time consuming than going to court. We are happy to help you and look forward to hearing from you. If you have any questions regarding completion of the forms, please contact Jan Jepson, Mediation Services Coordinator at 480-344-5777.

Sincerely,

Mediation Services Committee
[Component Dental Society]

Enclosures:  Request for Review Form
              Patient Agreement Form
              Record Release Form
**Request for Review**

This form will give the review committee some of the necessary important background information. Without it the review cannot be conducted. Please clearly type or print (black ink) the information. **If this form is not readable by the Committee, you will be asked to redo the form and resubmit it to the Committee.** Also, the more clearly you describe the situation or problem, the more effective the review committee can be.

### PATIENT INFORMATION

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### DENTIST INFORMATION

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### INSURANCE INFORMATION (if applicable)

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*Form continued on reverse*
MEDIATION SERVICES CASE INFORMATION

Date Treatment Began __________________________ Date Treatment Ended __________________________

Date patient was last seen by this dentist _________________________________________________

Date problem was first apparent __________________________________________________________

Have you tried to settle this matter directly with the dentist? □ Yes □ No

On what date(s)? ____________________________________________________________

Did the dentist respond? □ Yes □ No If yes, what action was taken? __________________________

Have you been treated for this problem by another dentist(s)? □ Yes □ No

If yes, please give name(s), address(es) and phone number(s) on a separate sheet of paper.

Have you asked for help from any person, organization or agency? □ Yes □ No

If yes, please give name(s), address(es) and phone number(s) on a separate sheet of paper.

Are you aware of any litigation concerning the complaint (including small claims court)? □ Yes □ No

Please explain the type of action being taken on a separate sheet of paper.

Do you currently have dental insurance? □ Yes □ No

Has your insurance company been notified of this matter? □ Yes □ No □ Not Applicable

Did your insurance pay for any portion of this treatment? □ Yes □ No □ Not Applicable

If yes, please provide amount. $ __________

How did you become aware of our Mediation Services System? ________________________________

____________________________________________________________________________________

On a separate sheet of paper, please describe your complaint in detail. Please be as specific as possible; the more information given to the Mediation Services Committee the better they are able to reach a fair decision. Include copies of any the dentist’s bills, correspondence, and other related information.

I, ______________________________ understand that Mediation Services handles only matters relating to appropriateness and/or quality of care. The Mediation Services Committee cannot handle problems about prices/fees charged.

Patient’s Signature ______________________________________________________ Date ____________

Parent/Guardian Signature ____________________________________________ Date ____________

Complete and Return along with Patient Agreement and Record Release Forms to:

[Compet] Dental Society
3193 Drinkwater Blvd
Scottsdale, AZ 85251
Telephone: 480-344-5777
Fax: 480-344-1442 Email: jan@AzDA.org
EXHIBIT 3 - SAMPLE

[Component] Dental Society
Mediation Services Program

Patient Agreement Form

The [Component] Dental Society and the Arizona Dental Association (AzDA) has been requested to review the dental services provided to you by:

Dr. _________________________________ on or about _____________________________

dentist named in complaint date of treatment

According to the AzDA Mediation Services Manual, both you and the dentist must consent to the review by [component] and the AzDA. As a requirement of membership in [component society] and the AzDA, the above-named dentist has agreed to be bound by the decision of the Mediation Services Committee. Therefore, his or her signature is not necessary.

I, _________________________________ definitely understand and agree to the following:

Patient or parent/legal guardian/custodian

1. [Component] and the AzDA, and any of their members and employees, are released from any and all liability resulting from or arising in any manner from the review of dental services you received. Therefore, you agree that none of these organizations or individuals will be sued (by you) with respect to this review.

2. By virtue of the Arizona Statute 36-2403, neither the records nor any proceedings relating to this matter of the Mediation Services Committee, or the AzDA’s Council Ethics and Mediation Services can be provided or used to reveal information in any manner.

3. No recovery for pain and/or suffering or time away from work exists in the Mediation Services System, and the decision by the Mediation Services Committee cannot compensate for any damages of this nature suffered.

4. The case will be dropped by [component] and the AzDA should a complaint be filed with BODEX (Arizona State Board of Dental Examiners) or formal legal action be taken. I also agree to notify [component society] and the AzDA should I file a complaint with BODEX or begin formal litigation against the above-named dentist.

5. I declare that I am now making any and all complaints or claims against the dentist that I believe exist of any nature whatsoever.

Your signature below shows your acceptance of and agreement to all items listed above. Any alterations made in this form will prevent its acceptance and your case into the Mediation Services System.

Approved and accepted this __________ day of ____________________________, 20 ______

Signed _________________________________
patient or patient’s parent/legal guardian/custodian

Complete and Return along with Record Release and Request for Review Forms to:

[Component] Dental Society
3193 Drinkwater Blvd
Scottsdale, AZ 85251
Telephone: 480-344-5777
Fax: 480-344-1442
Email: jan@AzDA.org
EXHIBIT 4 - SAMPLE
[Component] Dental Society
Mediation Services Program

Record Release Form

This form allows the review committee to examine your dental records or those of the person in your care. Without this information, the committee cannot begin its review. Please complete this form in its entirety, including your signature, and return to the address noted below.

The parties signing below request and give permission to:

1. 
2. 
3. 
4. 
5. 

Please list above the treating dentist (named in the complaint), other dentists you have seen regarding this matter, and your insurance carrier, if applicable.

to provide the Arizona Dental Association (AzDA) and the [Component] Dental Society, any and all information about _____________________________.

Records include: items with respect to dental care and treatment, medical care and treatment, illness or injury, dental history, medical history, and consultations; prescriptions; x-rays, plates; and copies of dental medical, and/or hospital records.

I also give permission to the AzDA and (component society) to examine, as appropriate, the patient named above. NOTE: A photocopy of this permission paper will be as effective and valid as the original.

Signed ____________________________________________

patient

Signed ____________________________________________

parent, legal guardian or custodian

Date______________________________

Address of patient__________________________________________

__________________________________________________________________________

Complete and Return along with Patient Agreement and Request for Review Forms to:

[Component] Dental Society
3193 Drinkwater Blvd
Scottsdale, AZ 85251

Telephone: 480-344-5777
Fax: 480-344-1442   Email: jan@AzDA.org
EXHIBIT 5 - SAMPLE

(Component Society)
Mediation Services Program

Mediation Report

Case Number: ________________________________

Date Mediation was Resolved: __________________

Patient

Name ______________________________________ Phone ______________________
Address ______________________________________

Dentist

Name ______________________________________ Phone ______________________
Address ______________________________________

Third Party (if applicable)

Name ______________________________________ Phone ______________________
Address ______________________________________

Summary of Mediation (include a chronological list of contacts)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

☐ Mediation was successful ☐ Mediation was unsuccessful

Complete report and return to:

AzDA
3193 Drinkwater Blvd
Scottsdale, AZ 85251
Fax: 480-344-1442
EXHIBIT 6

Arizona Dental Association

Examiner's Report

Component ____________________________
Case # ______________________________
Date of Clinical Exam __________________
Patient ______________________________
Dentist ______________________________
Carrier (or other third party) ___________
Initiator of review _____________________

Radiographs Taken
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Complaints (specific areas)
1. ____________________________________
2. ____________________________________
3. ____________________________________
4. ____________________________________

EXAMINATION FINDINGS
Areas of complaint
1. ____________________________________
2. ____________________________________
3. ____________________________________
4. ____________________________________

Health of patient
Tissue ________________________________
Bone ________________________________
Caries ______________________________
Dental attitude ________________________
EXHIBIT 7 - SAMPLE

Date

Dr. Name
Address
City/State/Zip

Mediation Services Case: Patient Name v Dentist Name

Dear Dr. :

On _________________ (date of meeting) the [Component] Mediation Services Committee met regarding the above mentioned case. The [Component] Dental Society Mediation Services Committee, after interviewing both parties, has reached the following decision:

(Sample only below)

Ms. Smith went to the oral surgeon for extraction of tooth #15. Dr. Jones extracted #14 and although the Committee felt that this was a better treatment plan, it was not what the patient wanted. The patient had stated the treatment plan, which included a bridge replacing #14, was presented after #14 was extracted. This is the opinion of the Committee that Dr. Jones pay the cost of a fixed bridge to replace tooth #14. The Committee advises Ms. Smith to contact her general dentist for continued treatment of this matter.

We remind both parties (dentist and patient) of your right to appeal this decision based on procedural error, new evidence, or perception of decision contrary to evidence. An appeal must be received in writing at the [component] office within 30 days of the date on this letter.

If we do not hear from you within that time, we will consider this decision final. This decision does not become final until the latest of the following occurs:
1. expiration of 30 days from the date hereof.
2. the determination of any appeal from this decision, which appeal is filed within 30 days from date hereof.

If you have any questions please contact the [component] office. Thank you for your prompt attention to this matter. Please feel free to contact the [component] office if you have any questions.

Sincerely,

[Component] Dental Society
Mediation Services Committee
cc. Patient Name
Please complete all questions on this application and return with the following:

1. Recent head and shoulder photograph of yourself.
2. Membership Dues (if applicable)
3. Copy of specialty certificate required, if applicable

Please check your application for thoroughness before mailing to the AzDA Office. Completed applications will be considered at the next regularly scheduled Board Meeting. You will be notified of the results following the meeting. Thank you for applying for membership.

Please print

Name ____________________________________________

Last  First  Middle

Phonetic Pronunciation (to help us pronounce your name when we give referrals): ________________________________

ADA # _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ SS # _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______

AZ Dental License # ________________________________ DOB: ___________________ Sex: ☐ M ☐ F

ADDRESSES

Primary Office

Name of Practice: ________________________________________________

Street Address: ________________________________________________

City __________________________ State ______ Zip Code ______

Tel ( ) __________________ Fax ( ) __________________ Website: __________________

Alternate Office

Name of Practice: ________________________________________________

Street Address: ________________________________________________

City __________________________ State ______ Zip Code ______

Tel ( ) __________________ Fax ( ) __________________ Website: __________________

Are you the: ☐ Owner ☐ Associate ☐ Independent Contractor ☐ Employee

Home

Street Address: ________________________________________________

City __________________________ State ______ Zip Code ______

Tel ( ) __________________ Fax ( ) __________________

Preferred Mailing Address for all Association correspondence, (e.g., publications, membership info, continuing education promotion, etc.)  
☐ Primary Office ☐ Home

E-mail Address: ________________________________

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AzDA Membership Application (cont.)

Please indicate the type of practice you are limited to (please submit copy of specialty certificate):

☐ Endodontics  ☐ Pediatric  ☐ Periodontics  ☐ Public Health  ☐ Prosthodontics  ☐ Oral Radiology
☐ Orthodontics  ☐ Oral Pathology  ☐ Oral Surgery  ☐ General Practitioner  ☐ Other ________________

EDUCATION

Dental School/Hospital: ____________________________________________________________

Graduation Date: ________________ Degree Earned: ________________

Internship: __________________________ From ________________ To ________________

Post Graduate Training __________________________ From ________________ To ________________

Other Training __________________________

MEMBERSHIP AGREEMENT

I HEREBY APPLY for membership in the American Dental Association, Arizona Dental Association and my local dental society and resolve to abide by the Constitution and Bylaws, Principles of Ethics and Code of Professional Conduct and the Peer Review Program of each organization, if elected for membership.

I CERTIFY THAT all statements made by me in this application are complete, true and honest. I understand and agree that if any statement is found to be false or omitted, this application may be rejected solely for that reason. I also understand and agree that in the event such false statement(s) or omission(s) does not become known to the Dental Society until after I have been elected, I understand that my membership may be terminated immediately on the basis of incomplete or false information. For the purposes of this paragraph, I understand that a material misstatement or omission shall mean, one which is "significant in relation to the questions asked to which the false statement or to which the omission was made."

I FURTHER AGREE that I will recognize the authorized officers of my local dental society and said Associations as the proper and sole authorities to interpret all areas of professional conduct and interpretations.

UPON BECOMING A MEMBER of the local dental society, Arizona Dental Association and the American Dental Association, I hereby waive the right to hold this society, the Associations or any member thereof, responsible for any damage in case of disciplinary action involving me, after a hearing in accordance with the Bylaws of this society, the Arizona Dental Association and the American Dental Association.

I have read and understand the above membership agreement.

________________________________________________________________________
Signature of Applicant

________________________________________________________________________
Date

I was referred/recruited to member by Dr. __________________________

If approved for membership, I would like to get involved in the following areas:

☐ Ethics/Peer Review  ☐ Communications  ☐ Dental Health  ☐ Legislation
☐ Membership Socials  ☐ Continuing Education  ☐ New Dentist Activities  ☐ Speaker’s Bureau
☐ Volunteer Opportunities  ☐ Donated Dental Services  ☐ Foundation Activities  ☐ Fundraising/Program Dev

REFERRAL INFO

AzDA provides approximately 300 referrals each week to member dentists through telephone inquiries and the web site at azda.org. So the most up-to-date information can be passed along to referrals, please check each service your dental office provides.

☐ Bleaching/Whitening  ☐ Financing, Tx  ☐ Nursing Home Calls  ☐ Wheelchair Access
☐ Cancer Patients (Radiation & Chemo therapy)  ☐ Friday Hours  ☐ Oral Conscious Sedation  ☐ General Anesthesia
☐ Cosmetic Dentistry  ☐ Hospital Privileges  ☐ Pediatric Dentistry  ☐ Foreign Language(s): __________________________
☐ Dental Phobias  ☐ Implants  ☐ Saturday Hours  ☐ ________________
☐ Dentures  ☐ IV Sedation/Anesthesia  ☐ Senior Discounts  ☐ Special Language: __________________________
☐ Emergencies  ☐ Lasers  ☐ Sign Language  ☐ __________________________
☐ Evening Hours  ☐ Latex Allergies  ☐ Special Needs  ☐ __________________________
APPLICATION FOR MEMBERSHIP - Allied

Name ________________________________

Date of Birth _________________________ Home Phone ( ) ___________________ Home E-mail ________________________

Home Address ____________________________ State ___________ Zip __________

City ___________________________ Preferred Mailing Address ☐ Home ☐ Office (as noted below)

State ___________ Zip __________

Profession ____________________________ How long? ______________________

Employment

(Must be currently employed as an assistant, hygienist, lab tech, business staff by an AzDA Dentist Member)

Current Employer _____________________________________________

Employer Address _____________________________________________ How long? ______________________

Phone ( ) _________________________ E-mail _________________________ Fax ( ) ______________________

City ___________________________ State ___________ Zip __________

Hours/week __________ More than 1 employer? ☐ Yes ☐ No If yes, please complete below.

Alternate Employer _____________________________________________

Address _____________________________________________ How long? ______________________

Phone ( ) _________________________ E-mail _________________________ Fax ( ) ______________________

City ___________________________ State ___________ Zip __________

Hours/week __________

Licenses/Certificates

Arizona License or Certificate Number _____________________________

Other License/Certificate No _________ Which State(s) _____________

Permits _____________________________

Education

School _____________________________ Diploma/Certificate/Degree _____________________________ Grad Year _____________

___________________________

___________________________

___________________________

Your Professional Interests

Upon acceptance of my membership, I would like information on how I can get involved in the following area(s) to benefit the dental team: check as many as apply

☐ membership ☐ speaker’s bureau ☐ other (specify)

☐ volunteer opportunities ☐ communications

☐ dental health ☐ continuing education

Yearly dues of $40 be applicant must accompany application.
Mail your application to AzDA: 3193 N Drinkwater Blvd, Scottsdale AZ 85251
For credit cards only, fax to 480.344.1442. Have questions? Call 480.344.5777

☐ I have enclosed check # _______ payable to AzDA. ☐ Charge my: ☐ Visa ☐ MC ☐ AMEX Card No. ___________________________ Exp Date ___________ V-Code (3-4 digits back of card) ___________

Signature of Applicant _____________________________ Date ___________
Arizona Dental Association House of Delegates
Room Set-up

Arizona Flag

Head Table on riser w/water, 5 chairs, 3 table mics

High Chair

Head Table on riser w/water, 4 chairs, 3 table mics

Podium w/mic

VP Sec Treas Past Pres

U.S. Flag

PE ED Pres Spkr

Screen

Stairs

NON-VOTING GUESTS/VIPS

Seating for 6 for Guests/VIPS at this table

Remaining tables must seat 90 for Delegates

Visitors/Theatre Seating

Visitor Seating for 20 minimum

Delegate Registration

Registration Desk is set outside in foyer. There is F&B also, coffee, continental breakfast. F&B in meeting room; not in foyer where other Convention attendees would have access.
Expense Reimbursement Request
Board and Council Members - Out-of-State Travel

NAME ______________________________________ PURPOSE/ITINERARY ______________________________________

ADDRESS ____________________________________________________________________________________________________________

_____________________________________________________________________________________________________________________________________

CITY __________________________ STATE _______ ZIP ________

SOCIAL SECURITY NO. ______________________________________

or TAX ID NO. ______________________________________

Instructions
This report must be accompanied by original documentation, including receipts for any single expense in excess of $25.00.

TRANSPORTION

<table>
<thead>
<tr>
<th>Description</th>
<th>Paid w/AzDA Credit Card</th>
<th>Reimbursable Expenses</th>
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<th>Account #</th>
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<tr>
<td>Car Rental(s)</td>
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<td>Auto Expense</td>
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<td>(no. miles: _______ x 50.5 rate/mile)</td>
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<tr>
<td>Surface Transportation</td>
<td>$ ____________________</td>
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<tr>
<td>(to/from Airport)</td>
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<tr>
<td>PER DIEM (see backside)</td>
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<tr>
<td>No. of days: _______ x $75.00</td>
<td>$ ____________________</td>
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<td>per day</td>
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<tr>
<td>LODGING</td>
<td>$ ____________________</td>
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<tr>
<td>Hotel (attach hotel bill)</td>
<td></td>
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</tr>
<tr>
<td>TOTALS:</td>
<td>$ ____________________</td>
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</tbody>
</table>

Summary of Expenses
Total Expenses (as above) $ ____________________
Total Paid by Volunteer $ ____________________
Less Advance (Volunteer) $ ____________________
Total Due AzDA/Volunteer $ ____________________

VOLUNTEER SIGNATURE ______________________ DATE 4/11/2013

Unless specifically requested, reimbursement will be mailed to the address shown on this form. In accordance with established policy, “all officers, members of the Board of Trustees or Councils, are requested to travel coach rather than first class.”
AzDA Application for Expense Reimbursement

REIMBURSEMENT POLICY

Only expenses authorized by the Arizona Dental Association will be reimbursed.

Expenses shall be paid only upon receipt of this completed application and appropriate receipts attached. Each person to whom payment is made shall be responsible for maintaining appropriate records and receipts for tax purposes.

Airfare Transportation: Expenses shall be allowed as follows: a) lowest coach airfare in effect at least twenty-one (21) days prior to departure date.

Lodging: Reimbursement shall include actual lodging expenses. Lodging generally will not be paid when flying to and from a one-day meeting when possible. It is recognized that some meeting attendees, due to meeting times, distance traveled and weather conditions, may require an extra night’s lodging. Such cases will be dealt with on an individual basis, in advance when possible.

Rental car may be reimbursed as needed with prior approval of the Treasurer or Executive Director.

AzDA representatives will be reimbursed for the following conferences as shown below:

- **ADA CONFERENCES** (i.e., House of Delegates, President-elect’s Conference, etc.)
- **WESTERN STATES PRESIDENTS CONFERENCE**
- **ADA 14th DISTRICT CAUCUS MEETINGS**

Reimbursement policy for attending above conferences on behalf of AzDA:

- **Air Fare** (see above)
- **Rental car** (see above)
- **Mileage** 50.5 cents per mile
- **Lodging** (see above)
- **Surface transportation** (to/from airport)
- **Per Diem** of $75 for each day of actual attendance at meeting(s) plus one (1) travel day (1/2 day going to meeting); 1/2 day returning from meeting). Those participating in a group dinner that is not a conference-sponsored event) and where AzDA pays cannot submit $75 per diem for that particular day.

- **AzDA BOARD OF TRUSTEE MEETINGS**
  Stand alone meetings: Mileage 50.5 cents per mile
  Concurrent with Conferences (i.e., WRDC, Fall Conference, Western Regional Dental Convention, etc.): One (1) night lodging at meeting hotel and mileage 50.5 cents per mile.

Alcohol beverages are not reimbursable expenses.

Special Circumstances

Other Expenses: Whenever an AzDA representative incurs expenses not specifically covered above, the Executive Director or Treasurer or Board of Trustees shall determine acceptable reimbursement rates.

REIMBURSEMENT OF EXPENSES TO AZDA MUST BE MADE WITHIN 90 DAYS OF EXPENSE
# Expense Reimbursement Request

## Board and Council Members - In-State Travel

<table>
<thead>
<tr>
<th>NAME</th>
<th>PURPOSE/ITINERARY</th>
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</thead>
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<table>
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<tr>
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<tbody>
<tr>
<td>CITY</td>
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| SOCIAL SECURITY NO. |  |
| or TAX ID NO.       |  |

**Instructions**

This report must be accompanied by *original* documentation, including receipts for any single expense in excess of $25.00.

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**LODGING**

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<tr>
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<tr>
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<tr>
<td>Total Due AzDA/Volunteer</td>
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</tbody>
</table>

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**Volunteer Signature**

**Date**

---

**REIMBURSEMENT OF EXPENSES TO AZDA MUST BE MADE WITHIN 90 DAYS OF EXPENSE**

4/11/2013