2019 Reports of Board of Trustees and Committees

Report

**Reference Committee A**
- Commission on Professional Conduct (CPC) AR-1
- Committee on Anesthesia (CAN) AR-6
- Committee on Cleft, Craniofacial & Pediatric OMS (CCCPOMS) AR-7
- Committee on Continuing Education & Professional Development (CCEPD) AR-8
- Committee on Education and Training (CET) AR-12
- Committee on Governmental Affairs (CGA) AR-14
- Committee on Healthcare Policy, Coding and Reimbursement (CHPCR) AR-18
- Committee on Research Planning & Technology Assessment (CRPTA) AR-21
- OMS Faculty Section (FS) AR-22
- Executive Committee, Resident Organization, AAOMS (ROAAOMS) AR-23
- Special Committee on Oral, Head and Neck Oncologic and Reconstructive Surgery (SCOHNORS) AR-25
- Special Committee on Patient Safety (SCPS) AR-27

**Reference Committee B**
- Committee on Constitution and Bylaws (CCB) AR-28
  - Appendix A AR-28A
- Committee on Membership (CM) AR-29
- Committee on Practice Management & Professional Staff Development (CPMPSD) AR-31
- Committee on Public & Professional Communication (CPPC) AR-34

**Board of Trustees**
- Section I AR-41
- Section II AR-53
- Section III AR-110
- Policy Appendix I AR-112

**Related Organizations**
- American Board of Oral and Maxillofacial (ABOMS) AR-113
- Oral and Maxillofacial Political Action Committee (OMSPAC) AR-121
- Oral and Maxillofacial Surgery Foundation (OMSF) AR-125
- AAOMS Services, Inc. (ASI) AR-128
The Commission on Professional Conduct (Commission) is responsible for implementing the Association’s Code of Professional Conduct (Code), developing and implementing advisory opinions, and recommending revisions of the Code to the House of Delegates. The Commission receives complaints of conduct alleged to be contrary to the Code, investigates and makes findings on those complaints, holds hearings when deemed appropriate or when requested by the respondent, and imposes appropriate discipline on fellows or members who have been found to have acted contrary to the Code. The Commission also answers inquiries from fellows and members concerning ethical conduct under the Code.

Meetings
Commission meetings are held in separate non-confidential and confidential segments. The non-confidential segments deal primarily with developments in the fields of dental and medical ethics and administrative matters. The confidential segments address the complaints brought against AAOMS fellows and members and requests for ethical guidance submitted by fellows and members. Since its 2018 annual report, the Commission met by conference call on the evening of April 15, 2019. At this writing, a conference call meeting is scheduled for the evening of July 22, 2019.

Update of the Code of Professional Conduct
Recently, an applicant for OMS residency allegedly altered his CBSE (comprehensive basic science exam) score. There is a concern if this can happen once, other scores may be tampered with in the future. Currently, OMS residents are given resident membership status in AAOMS without formal application upon notification of their enrollment in an OMS program. AAOMS has no jurisdiction over dental students until they match into an OMS program and become a resident member. It has been recommended that CBSE scores be transmitted securely to the program where the individual is interested in applying. While this approach has advantages in regard to security, it could pose administrative challenges for the programs as there is the potential for the programs to receive hundreds of scores from students who may never apply to the program.

The AAOMS Board of Trustees referred this matter to the Commission on Professional Conduct to determine the applicability of the AAOMS Code of Professional Conduct to resident members, to investigate the feasibility of requiring resident members to abide by Code provisions regarding honesty and good faith, and to report back to the Board. If the Commission determines that resident members of AAOMS are considered subject to the Code’s provisions, appropriate indication of such shall be made, including language in AAOMS resident member applications.
The CPC considered the entire AAOMS Bylaws and Code of Professional Conduct and determined that due to the unique nature of resident membership, as the only membership offered unilaterally by AAOMS based on an individual’s current status as a resident in an accredited OMS training program, only certain provisions should be revised at this time. The following sections were not considered in need of amendment.

**AAOMS Bylaws**

CHAPTER I • MEMBERSHIP

**Section 10. Classification:** The membership of the Association shall be classified as follows: A. Fellow; B. Member; C. Life Fellow and Life Member; D. Affiliate Member; E. Retired Fellow and Retired Member; F. Honorary Fellow; G. Special Honorary Fellow; H. Inactive Fellow and Inactive Member; I. Provisional Fellow and Provisional Member, J. Resident Member and K. Allied Staff Member.

**J. Resident Member:** Resident members shall be in training in an American Dental Association’s (ADA) Commission on Dental Accreditation (CODA) accredited training program in oral and maxillofacial surgery in the United States or in Canada. Resident members may attend the AAOMS annual meeting with waiver of the general registration fee and may attend clinics free of charge on a space available basis. Resident members shall not be required to pay the membership application fee, shall have until July 1 of the year in which they complete training to apply and, in their last year of residency, shall have their names published as candidates for AAOMS membership. Resident members shall not have the right to hold office and shall not be included in the counts used to determine delegate allocations.

**Section 40. Application and Certification:**

A. Candidates for each category of membership must apply on the specified forms which are available from the Association's headquarters.

B. Residents who file applications for membership by June 30 of their final year of training are eligible for candidate status at the first annual meeting following completion of their training program.

C. Residents who file a completed Certification of Completion of OMS Training Program form along with an application for membership by December 31 of the calendar year they complete their OMS training are eligible for provisional status at the following annual meeting.

D. Election to any category of membership shall be by the House of Delegates and is contingent upon prior affirmative vote of the Committee on Membership and Board of Trustees.

CHAPTER III • COMPONENT SOCIETIES AND COUNTERPARTS

**Section 30. Qualifications:**

E. Resident Member: Component societies are to establish a resident member category for residents in training in an American Dental Association’s (ADA) Commission on Dental Accreditation (CODA) accredited training program in oral and maxillofacial surgery in the United States and Canada. Residents in their senior year shall be allowed to begin their application process in the component society prior to graduation from their training program.
CHAPTER V • HOUSE OF DELEGATES

Section 10. Composition: The voting membership of the House of Delegates shall be 102; of whom 100 shall be fellows or life fellows in good standing who represent each state in the Union, the District of Columbia, Commonwealth of Puerto Rico, including U.S. territories, and each branch of the five federal dental services, and two (2) oral and maxillofacial surgery residents representing the Resident Organization Executive Committee. These two (2) resident members will be designated as at-large members and will not participate in the election of AAOMS officers and trustees, ABOMS directors and district caucus officers. The ROAAOMS delegates and alternates will be given open access and participation rights to all district caucuses held in the summer and at the annual meeting.

Code of Professional Conduct

*It should be noted, however, that the commission’s jurisdiction is limited to AAOMS fellows and members and their relationships with and privileges within the AAOMS. Findings of ethical violations may be reported to other organizations or agencies, in accordance with the Code. They may be recognized and considered by outside entities only at the discretion of those entities.

*In all cases, oral and maxillofacial surgeons should safeguard their patients, their profession and the public by ensuring that care is rendered only by persons who are professionally competent and of good moral character. Fellows and members of the Association have a moral and professional obligation to maintain a viable relationship with all appropriate segments of the health care community.

*Pledge of the Association: Each fellow and member of the Association shall be bound by the following Pledge, which shall become effective upon induction to membership:

Recognizing that the American Association of Oral and Maxillofacial Surgeons stands for the highest traditions of our specialty, I hereby pledge myself, as a condition for membership, to practice oral and maxillofacial surgery with honesty and to place the welfare of my patients above all else; to advance constantly in professional knowledge; and to render help willingly to my colleagues.

In solemn affirmation of my dedication and upon my honor, I declare that I will abide by the Code of Professional Conduct of the American Association of Oral and Maxillofacial Surgeons and that I will faithfully support its purposes and ideals and abide by its principles and regulations.

Reproduction of the Pledge for the purpose of public display is prohibited except for copies produced by the American Association of Oral and Maxillofacial Surgeons or its official designees.

V. AAOMS Code of Professional Conduct and Official Advisory Opinions

E. Promote the welfare of patients and the community

E.1 Professional Obligations: Oral and maxillofacial surgeons should safeguard their patients, their profession and the public by ensuring that care is rendered only by persons who are professionally competent and of good moral character. Fellows and members of the Association have a moral and professional obligation to maintain a viable relationship with all appropriate segments of the health care community.
**E.5 Participate in the Governance of the Profession:** Every profession owes society the responsibility to regulate itself. Such regulation is achieved largely through the influence of professional societies. All oral and maxillofacial surgeons, therefore, have a dual obligation of making themselves a part of a professional society and of observing its rules of ethics.

**G. Fairness in dealing with colleagues**

**G.1** The oral and maxillofacial surgeon should respect the rule of law and the rights of their colleagues.

**G.1.06 Violations:** An oral and maxillofacial surgeon should refer evidence of any violation of the *Code of Professional Conduct* by an oral and maxillofacial surgeon or AAOMS component society to the Chair of the Commission on Professional Conduct. However, if, during the commission's review and/or investigation of the allegations of violation of the *Code of Professional Conduct* and Advisory Opinions, it becomes evident that the complainant has been malicious or fraudulent, the complainant will be subject to appropriate disciplinary action within the *Governing Rules and Regulations*. If such fraudulent or malicious allegations have been presented by an oral and maxillofacial surgeon as part of a commentary on the suitability of a candidate for membership, the Committee on Membership and the Commission on Professional Conduct may initiate appropriate action against the oral and maxillofacial surgeon within the *Governing Rules and Regulations*.

**H. Honesty and Truthfulness**

**H.1** Oral and maxillofacial surgeons have a duty to be honest and trustworthy in their communications and to treat all parties fairly.

Upon thorough review of the AAOMS *Bylaws* and *Code of Professional Conduct*, the CPC recommends the following revisions for consideration by the AAOMS House of Delegates.

**RESOLUTION A-1**

**RESOLVED,** that Chapter I, Section 20, Subsection J. of the AAOMS *Bylaws* be amended as follows with all conflicting Policies and the Manual of the House of Delegates amended accordingly (strikethrough = deletion; underline = addition):

**J. Resident Member:** Resident members shall be in training in an American Dental Association’s (ADA) Commission on Dental Accreditation (CODA) accredited training program in oral and maxillofacial surgery in the United States or in Canada. Resident members may attend the AAOMS annual meeting with waiver of the general registration fee and may attend clinics free of charge on a space available basis. Resident members shall not be required to pay the membership application fee, shall have until July 1 of the year in which they complete training to apply and, in their last year of residency, shall have their names published as candidates for AAOMS membership. Resident members shall not have the right to hold office and shall not be included in the counts used to determine delegate allocations. **Resident members are expected to abide by those provisions of the *Code of Professional Conduct* in which they are specifically referenced.**
RESOLUTION A-2

RESOLVED, that Sections A.1, G.1 and H.1 and Advisory Opinion A.1.01 of the Code of Professional Conduct be amended as follows with all conflicting Policies and the Manual of the House of Delegates amended accordingly (strike-through = deletion; underline = addition):

A.1 In all dealings with the public and profession, oral and maxillofacial surgeons and resident members training in accredited oral and maxillofacial surgery programs should uphold the honor of their profession by acting in accordance with the letter and the spirit of the Code, as well as all applicable law and regulation.

A.1.01 Respect for Law and Individual Rights: The oral and maxillofacial surgeon and the resident training in accredited oral and maxillofacial surgery programs should respect the rule of law and the rights of the individual.

G.1 The oral and maxillofacial surgeon and the resident training in an accredited oral and maxillofacial surgery program should respect the rule of law and the rights of their colleagues.

H.1 Oral and maxillofacial surgeons and residents training in accredited oral and maxillofacial surgery programs have a duty to be honest and trustworthy in their communications and to treat all parties fairly.

Actions: At its conference call on April 15, 2019, the Commission considered cases involving 21 fellows and members of AAOMS.

Disciplinary Action: None
The Committee on Anesthesia (CAN) met in conjunction with the 2018 November AAOMS BEAM course at the Medical University of South Carolina (MUSC) and with the 2019 American Dental Society of Anesthesiology (ADSA) meeting April 4 - 5, 2019, in Santa Fe, NM to discuss issues related to anesthesia.

National Simulation Program
The BEAM Course was offered to the AAOMS membership at UMN in September 2018 and at MUSC in November 2018. The committee is looking forward to the state-of-the-art simulation and education center on the second floor of Association headquarters, which is slated to begin hosting courses in 2020. The BEAM is being offered to the membership at the 2019 AAOMS Annual Meeting in Boston. In addition, the committee will collaborate with OMS residency programs to conduct validation studies to obtain data to publish and demonstrate the success of the program to the membership.

Office Anesthesia Evaluation Web Application
In an effort to standardize the OAE evaluation process, the committee has developed a web application to assist the evaluators in performing the office anesthesia evaluations and the submission of the evaluation for membership requirements. The web application is current in beta test and is slated to be available for use in early 2020.

CAN Educational Programs
CAN developed the programming for the 2019 Anesthesia Patient Safety Conference which convened in April 2019. The 2019 Anesthesia Update to be held at the AAOMS annual meeting in Boston will provide an update on anesthesia for the challenging patient. The morning session will focus on the management of the elderly, diabetic, obese and cardiac patient, while the afternoon session will focus on cannabis use, drug abuse and psychiatric patients as well as artificial intelligence in anesthesia.
Committee on Cleft, Craniofacial & Pediatric OMS (CCCPOMS)

Dr. Jennifer Woerner, Chair
Dr. Ramon L. Ruiz
Dr. Jason E. Portnof
Dr. Issa Hanna
Dr. Frank Farbod
Dr. David Yates
Dr. George M. Zakhary
Dr. Paul S. Tiwana, Consultant
Dr. Sean P. Edwards, Consultant
Dr. Mark A. Egbert, Board Liaison

The Committee on Cleft, Craniofacial, and Pediatric Oral and Maxillofacial Surgery (CCCPOMS) met January 3, 2019 at AAOMS Headquarters to discuss issues pertaining to cleft, craniofacial, and pediatric oral and maxillofacial surgery.

Educational Programs
The committee discussed the importance of the open forum at previous AAOMS annual meetings and looks forward to convening the Cleft Open Form on Wednesday, October 2nd at the 2020 AAOMS Annual Meeting.

American Cleft Palate- Craniofacial Association (ACPA)
The committee addressed issues and areas of concern regarding the oral and maxillofacial surgery presence and time allotted within the ACPA. The AAOMS Board will be meeting with the ACPA leadership to discuss areas of mutual interest and areas of concern regarding the overrepresentation of one specialty group over another.

OMS Volunteers
The committee applauds oral and maxillofacial surgeons for giving of their time, expertise, and resources to those who are in need of OMS care. Fellows and members are encouraged to contact AAOMS Headquarters for information on volunteer trips led by oral and maxillofacial surgeons.
Committee on Continuing Education and Professional Development (CCEPD)

Dr. Deepak Kademani, Chair
Dr. Lawrence J. Busino
Dr. Daniel J. Meara
Dr. Michael Miloro
Dr. Chan M. Park
Dr. Andrew M. Read-Fuller
Dr. Mark J. Steinberg, Consultant
Dr. Luis G. Vega
Dr. Peter D. Waite
Dr. Deepak Kademani, SCMORS Liaison
Dr. Zachary Peacock, CRPTA Liaison
Dr. Charles R. Weber, CAN Liaison
Dr. Jennifer E. Woerner, CCCPOMS Liaison
Dr. Kenneth Kufta, ROAAOMS Liaison
Dr. Michael S. Block, Chair of Subcommittee on Dental Implant Education
Dr. Victor L. Nannini, Board Liaison
Dr. B.D. Tiner, Board Liaison

Subcommittee on Dental Implant Education
Dr. Michael S. Block, Chair
Dr. Edmond Bedrossian
Dr. Bach T. Le
Dr. Jay P. Malmquist
Dr. Richard J. Martin
Dr. Craig M. Misch
Dr. Peter K. Moy

2019 AAOMS Annual Meeting
The scientific sessions at the 101st Annual Meeting will convene under the direction of the Committee on Continuing Education and Professional Development.

Pre-Conference Course
The Anesthesia Update will address anesthesia for challenging patients in the office-based environment, focusing on assessment and safe anesthetic management for patients with significant medical problems commonly seen in oral and maxillofacial surgery practices. The Anesthesia Update session has 7.5 CDE/CME hours of credit.

Scientific Sessions
More than 300 clinicians, poster presenters and abstract authors will present in the 2019 scientific program, which is comprised of 10 clinical tracks to include a plenary session and breakout sessions, 72 oral abstracts, 66 poster presentations, a full-day cadaver course on Rhinoplasty and Lower Facial Cosmetic Surgery, two hands-on workshops, two BEAM courses, 18 Master Classes, two Team-based Sessions, four Spotlight Sessions to include the Chalmer’s J. Lyons Memorial Lecture, Challenges in Pain Management by the SIG on Women, Global Health Café in conjunction with the IAOMS and the Anesthesia Safety Program by OMSNIC.
Thirty-three practice management and allied staff sessions will be held as well as a Beyond the Basics coding workshop. Two open forums are scheduled, 14 clinical/special interest group (CIG/SIGs) business meetings are planned.

AAOMS Keynote Lecture

Pablos Holman will address Innovate at all Costs. Holman will discuss how many taxi companies could have made their own iPhone app but didn’t? Everyone knows to innovate or die, but what does that really mean? How does one know if Silicon Valley is going to come after an industry? Can one learn to innovate faster than its competitors? If computers can do the job of a truck driver, what about a factory worker or a chef or a doctor? Holman is one of the rare technologists who can both understand and explain these new technologies and their potential. Every day at his lab, his team has taken on problems ranging from hurricane suppression to brain surgery and disease eradication to nuclear energy. A futurist, inventor and notorious hacker with a unique view into breaking and building new technologies, Holman works on invention projects that assimilate new technologies, making wild ideas a bit more practical and vice versa. He helped create the world’s smallest PC, 3D printers at MakerBot, spaceships with Jeff Bezos, mosquito-zapping lasers with Bill Gates, artificial intelligence agent systems and the Hackerbot, a Wi-Fi-seeking robot. He also is an advisor to the biggest crowdfunding campaign in history, raising $27 million in 30 days for the 3D printer, Glowforge.

Chalmers J. Lyons Memorial Lecture

James Eckner, MD, MS, will present Updates on Concussion and Repetitive Head Impact Exposure. A concussion, or mild traumatic brain injury, is a common injury associated with participation in sport and recreational activities, military service, falls, motor vehicle crashes and exposure to other forms of trauma. While most individuals with concussions ultimately experience a good recovery, significant short-term morbidity is typical, and a subset of concussed individuals go on to experience a post-concussion syndrome characterized by prolonged dysfunction and disability. Furthermore, concern has grown over the past decade surrounding the potential long-term effects of concussions and exposure to repetitive head impacts, particularly in contact sport athletes and military service members. This lecture will provide evidence-based updates on concussion assessment and management as well as a review of recent literature addressing the potential effects of concussions and repetitive head impact exposure on long-term neurocognitive health. Specific topics addressed will include in vivo head impact monitoring in athletes, injury biomarkers (serum- and advanced neuroimaging-based), post-concussion activity/exercise recommendations, the post-concussion syndrome and chronic traumatic encephalopathy.

CDE/CME

The 2019 Annual Meeting will offer 36 Continuing Dental Education and Continuing Medical Education credits.

Annual Meeting Exhibits

One of the many highlights in this year’s exhibit hall will include the Office of the Future, produced by Nobel Biocare and Kavo. The exhibit hall at the 2019 annual meeting provides attendees the opportunity to visit nearly 400 booths representing over 200 companies/organizations which includes comp booths and two Product Theater programs. Additionally, five Corporate Forums will be held.

Returning features in the exhibit hall include an opportunity to have a professional headshot photo taken and the Learning Hub where attendees will have the opportunity to “Meet the Experts” of oral and maxillofacial. Attendees will experience three exhibitor hosted FRED (Focused, Relevant, Exhibitor Driven) Talks each day of the exhibition.
The 101st Annual Meeting will offer a “San Antonio Scramble” game for members and fellows. This activity will require a specified number of visits to exhibitors during the opening of the exhibit hall with the potential to win a grand prize consisting of a free registration to the 102nd Annual Meeting in San Antonio, airline tickets, hotel stay and several other items. A “social media bar” will also be available in the hall with learning opportunities on the use of various social media outlets and identifying primary targets.

General Initiatives
A mobile app is available at the 101st Annual Meeting allowing meeting attendees to access sessions, view speakers through a speaker index, review presentation materials, build an itinerary, locate exhibitors, view maps and complete evaluations to obtain CDE/CME. In addition, attendees are able to evaluate meeting sessions online and access CDE/CME transcripts.

Six (6) organizations have partnered with AAOMS to provide educational programs: Louisiana Society of Oral and Maxillofacial Surgeons (LSOMS/LSU OMS); Texas Society of Oral and Maxillofacial Surgeons (TSOMS); Houston Society of Oral and Maxillofacial Surgeons (HSOMS); Ohio Society of Oral and Maxillofacial Surgeons (OSOMS); Cincinnati Society of Oral and Maxillofacial Surgeons (CSOMS/UC OMS) and the American Board of Oral and Maxillofacial Surgery (ABOMS).

Online Education
Numerous sessions offered at the 101st AAOMS Annual Meeting will be available for a nominal fee allowing members to access sessions they could not attend in person in the CE on Demand library.

There are over 100 on demand sessions available for CDE/CME credit which includes 6 new clinical webinars that were presented this year on dental implants, dentoalveolar and cosmetic. They can be accessed at AAOMS.org/CEonDemand.
2018 Dental Implant Conference

The 2018 Dental Implant Conference was convened under the direction of the CCEPD and the CCEPD Subcommittee on Dental Implant Education and took place Nov. 29 – Dec. 1 at the Sheraton Grand Hotel, Chicago, IL.

There were three pre-conference didactic courses offered: Complications, The Changing Landscape of Bone Grafting for Implant Therapy and Full-Arch, Immediate-load Fixed Implant Restorations: Team Approach From Work-up to Final Prosthesis. There were a total of three hands-on courses offered: Peri-implant Soft-tissue Augmentation: For Health and Esthetics, Digital Scanning for the OMS and Using the Digital Scanner for ‘Full-service’ Implant Therapy, and The Evolution of Implant Dentistry: Transitioning from Freehand to Guided Navigation Surgery.

Twenty clinicians presented during the Dental Implant general sessions.

2018 Dental Implant Exhibits

The exhibit hall experienced another “sold out” status in 2018. This marks the 17th year that the Dental Implant Conference exhibit hall has sold out. There were 150 8 X 10 booths representing 112 companies/organizations providing services and products relevant to the OMS.

CDE/CME

Twelve Continuing Dental Education and Continuing Medical Education credits were offered for the General Session and 3 Continuing Dental Education and Continuing Medical Education credits were offered for each of the AAOMS pre-conference didactic courses. 3.5 Continuing Dental Education and Continuing Medical Education credits were offered for the hands-on course.
Committee on Education and Training (CET)

Dr. Martin B. Steed, Chair
Dr. Faisal A. Quereshy
Dr. Jennifer E. Woerner
Dr. Deepak G. Krishnan
Dr. David C. Stanton
Dr. Gary F. Bouloux, Faculty Section Executive Committee
Dr. Brent B. Ward, Faculty Section Executive Committee
Dr. Joseph E. Cillo, Jr., Faculty Section Executive Committee
Dr. George M. Kushner, ADA Review Com. on OMS, AAOMS
Dr. Gregory M. Ness, ADA Review Com. on OMS, ABOMS
Dr. William J. Nelson, OMS Commissioner
Dr. Jeffrey D. Bennett, Predoctoral Faculty Representative
Dr. Gregory K. Spackman, Predoctoral Faculty Representative
Dr. Richard D’Innocenzo, Predoctoral Faculty Representative
Dr. Victor L. Nannini, Board Liaison
Dr. B.D. Tiner, Board Liaison
Dr. Thomas P. Williams, OMSF Representative

The committee met at AAOMS Headquarters in November 2018 and in February 2019. CET considers issues related to quality, criteria and standards for acceptable education and training in OMS residency programs, predoctoral programs and related programs.

**OMS Accreditation Standards:** The CET continually recommends updates to the Standards for Advanced Specialty Education Programs in OMS. At its January 2019 meeting CODA approved the Accreditation Standards for Advanced Specialty Education Programs in Oral and Maxillofacial Surgery, Standards 4-9.2, 4-9.3, 4-9.4, 4-9.5, 4-9.6, 4-9.7 regarding the change in terminology from “months” to “weeks”, requiring training to competence in the delivery of general anesthesia/deep sedation to patients of at least eight (8) years of age and older; addition of a new standard requiring training in the management of children younger than eight (8) years of age using techniques such as behavior management, inhalation analgesia, sedation, and general anesthesia; and addition of a new standard requiring training in the anesthetic management of geriatric patients with implementation July 1, 2020.

**Matching Program:** The National Matching Program continues to be successful for oral and maxillofacial surgery programs and applicants. In the 2018-2019 matching program, 416 applicants participated, a total of 236 OMS positions were offered and 317 acceptable rankings were submitted by program directors, for an average of 1.3 rankings per position. A total of 226 positions were matched, with 10 positions not filled in the match. Applicants submitted 384 rankings for 236 positions. The final match results reflected 125 applicants matched to single-degree programs and 101 matched to double degree programs.

**NBME Comprehensive Basic Science Examination for OMS Programs:** In order to provide OMS Applicants an opportunity to measure their understanding of the basic sciences and to assist OMS program faculty in evaluating applicants for 2019-20 resident positions, AAOMS offered the National Board of Medical Examiners (NBME) Comprehensive Basic Science Examination (CBSE) on February 9, 2019, and will offer it again on Aug 17, 2019. There were 458 registrants and 247 repeat examinees at
the February examination. The mean score was 55 with a range of 22 to 99, a standard deviation of 13.5.

AAOMS is in the process of contracting with NBME to administer the CBSE examination in 2020 in February and August.

**National Curriculum Database:** The CET is working on the development of the OMS National Curriculum, a learning management system for OMS residency programs. CET is working with the Surgical Council on Resident Education (SCORE) to create customized modules for OMS residency programs within SCORE. The first modules developed will be in the anesthesia and dental implant domains. The committee will utilize a variety of resources AAOMS has already developed and referenced to deploy the content for the modules.

**Faculty Educator Development Award (FEDA):** The CET reviewed applications for the 2019 Faculty Educator Development Award and presented recommendations on awardees. Twenty (20) applications for the FEDA were received from faculty at 19 OMS residency programs. Eight of the 20 applicants previously applied for the FEDA. The applications were ranked independently by each member of the committee and discussed thoroughly by the committee following an appraisal of the applicant from the primary and secondary reviewers. The following four faculty members were selected to be funded $40,000 annually for three years beginning in 2019 with each sponsoring institution given an award of $15,000 dispersed evenly over three years:

**James C. Melville, DDS, FACS**
UT Southwestern Medical Center at Houston

**Justine Moe, DDS, MD**
University of Michigan

**Salam Omar Salman, DDS, MD, FACS**
University of Florida -Jacksonville

**Thomas Schlieve, DDS, MD, FACS**
UT Southwestern Medical Center at Dallas

Twenty-two (22) of the sixty-six (66) FEDA recipients currently serve as program director and three serve as chairman.
Committee on Governmental Affairs (CGA)

Dr. Herbert D. Stith, Chair
Dr. William V. Jordan III
Dr. Elizabeth A. Kutcipal
Dr. Rawle F. Philbert
Dr. Cynthia Trentacosti-Franck
Dr. Jeffrey H. Wallen
Dr. John J. Hillgen, CHPCR Liaison
Dr. Robert S. Clark, Board Liaison
Dr. Michael B. Border, ROAAOMS Liaison

The Committee on Governmental Affairs (CGA) met via conference call on Sept. 25, 2018; in Washington, D.C. on Jan. 28 and 29, 2019; and in Washington, D.C. on April 9 with the OMSPAC Board of Directors in conjunction with the AAOMS Day on the Hill. The next CGA meeting will be held via conference call in August 2019.

The CGA oversees the Association’s state and federal government affairs activities. In particular, the committee monitors and works with the AAOMS Board of Trustees and committees such as the Committee on Healthcare Policy, Coding and Reimbursement (CHPCR) to set and carry out the Association’s advocacy agenda. The CGA also fulfills a liaison capacity with component societies regarding state legislative/regulatory issues affecting the specialty and partners with the OMSPAC Board to encourage fellow/member participation in the Association’s grassroots advocacy program, the OMS Action Network.

Federal Legislation/Activity: The CGA works with federal lobbyists William Applegate, Christopher Rorick and Clare Chmiel of Bryan Cave Leighton Paisner LLP in Washington, D.C., to maintain a strong presence for the association in the federal legislative and regulatory arenas.

The 115th Congress adjourned in Dec. 2018 and the 116th Congress convened in Jan. 2019 with a split Congress. As a result of the Nov. 2018 mid-term elections, Republicans retained control of the Senate while Democrats gained control of the House. Despite the backdrop of the elections and the change in House leadership, several AAOMS issues saw significant activity over the last year.

During the Jan. 2019 CGA meeting, the committee recommended – and the AAOMS Board of Trustees approved – the following four issues for AAOMS’s 2019 Federal Legislative Priorities.

- **Insurance Coverage for Patients with Craniofacial Anomalies** – The Ensuring Lasting Smiles Act – bipartisan legislation that would require health insurers to cover treatment, including dental, for conditions related to a congenital anomaly – was first introduced in the 115th Congress in August 2018. AAOMS and other stakeholders worked to re-introduce the legislation with more support in the 116th Congress. As of May 2019, the Senate bill (S 560) has 9 cosponsors while the House bill (HR 1379) has 73 cosponsors.

- **Student Loan Repayment Reform** – The AAOMS-initiated Resident Education Deferred Interest (REDI) Act – which would allow medical and dental residents to qualify for interest-free deferment – was first introduced in the U.S. House in May 2018 by dentist and U.S. Rep. Brian Babin (R-Texas). AAOMS led a coalition of more than 30 medical and dental provider organizations to build support for the bill over
the last year and the REDI Act (HR 1554) was re-introduced in the 116th Congress and has 46 House cosponsors as of May 2019. AAOMS is working with our coalition partners to obtain support for introduction of a Senate version of the bill.

- **Opioid Abuse** – Comprehensive opioid-abuse prevention legislation (P.L. 115-271) overwhelmingly was enacted in October 2018. The legislation is a compilation of more than 70 individual bills that aim to address the opioid crisis in a variety of ways. The bills ranged from research into non-addictive pain medication, identification of and additional education for outlier prescribers, mandatory e-prescribing of Medicare Part D controlled substances and improvement of access to substance abuse and mental health treatment. Federal agencies will now begin the work of implementing the new law. AAOMS has closely monitored all federal opioid abuse efforts over the last several years and commented when appropriate.

- **Surprise Insurance Billing** – There has been growing momentum at the federal level in the last year to address the issue of surprise medical billing instances during emergency scenarios or when consumers cannot reasonably choose a provider. In spring 2019, key congressional committees unveiled several bipartisan legislative proposals to address the issue. The CGA is reviewing these proposals and commenting when appropriate on them.

**Antitrust Reform** – The Competitive Health Insurance Reform Act (S 350/HR 1418) was reintroduced in the 116th Congress by U.S. Sens. Steve Daines (R-Mont.) and Patrick Leahy (D-Vt.) and U.S. Reps. Paul Gosar (R-Ariz.) and Peter DeFazio (D-Ore.). AAOMS has an active grassroots campaign in support of the bill.

**Expansion of FSAs and HSAs** – Legislative proposals to expand FSAs and HSAs passed the House in 2018 but were not taken up by the Senate before the 115th Congress adjourned. Legislation has been reintroduced in the 116th Congress and AAOMS has signed onto coalition letters in support of its passage.

**Medical Device Tax Repeal** – There is currently a moratorium on the collection of the tax that is scheduled to end in 2020. Legislation to permanently repeal the tax passed the House on July 2018 but was never taken up in the Senate. The legislation has been reintroduced in the 116th Congress and AAOMS has signed onto a coalition letter in support of its passage.

Over the past year, AAOMS – as recommended by the CGA – communicated with Congress and other federal agencies on a number of healthcare issues. All comment letters are available on the Advocacy & Governmental Affairs section of AAOMS.org.

AAOMS also remains an active member of the Organized Dentistry Coalition, which includes the ADA and other dental professional organizations. The coalition’s purpose is to communicate and garner additional support, when appropriate, for shared federal legislative and regulatory goals.

**State Activity**: The CGA continues to closely track state legislation and regulation on issues affecting OMS practices. In 2018, the CGA oversaw AAOMS’s transition to a new legislative tracking system, known as FiscalNote. By utilizing this system, the committee continues to disseminate a weekly summary of state legislation and regulation. In addition, the new system allowed the CGA to develop a legislative tracking map where members may view and sort through all of the bills tracked by AAOMS. This map is available for viewing at AAOMS.org/trackingmap.
Beyond legislative tracking, the CGA continues to build its clearinghouse of resources for use by state societies. These resources include:

- Starter PowerPoint presentations for use in state-level advocacy on anesthesia and opioid abuse.
- A list of state-level advocacy priorities for use by states or reference by legislators.
- Discussion communities for State Advocacy Network members and state society lobbyists.
- A series of “how-to” documents for state societies wishing to engage in state-level government affairs.

In addition to these new resources, the CGA continues to publish our annual summary of legislative and regulatory action, the *State Issues Review*, and promote use of our grassroots advocacy system, VoterVoice, for state-level advocacy campaigns. The service is provided free of charge to state societies and has been utilized most recently by the Colorado Society of OMS and the Oregon Society of OMS (OSOMS).

The CGA has also worked this past year with the OSOMS as the first recipient of a State Advocacy Grant (SAG). Under this program, AAOMS provides financial assistance to states defending against or promoting significant issues affecting the specialty, such as anesthesia challenges or scope of practice battles. In order to receive a SAG, states must commit their own funds and meet specific expectations to participate in the program. By utilizing a SAG, OSOMS introduced legislation that would define in statutes what constitutes a dental specialist. While this issue is pending before the legislature as of the drafting of this report, we plan to provide a full summary of Oregon’s experience in the *AAOMS Today* later this year. For more information on the SAG program, please view the program’s informational sheet and application found here.

Finally, the committee continues to coordinate AAOMS comments — upon request by a state OMS society — in response to various state legislation, including midlevel providers, specialty advertising and scope of practice. All of these resources may be requested by states by contacting AAOMS Government Affairs staff.

**State Advocates Forum:** The CGA helps to plan the annual AAOMS State Advocates Forum, an annual meeting held in the fall for lobbyists who represent the specialty in their respective states. The 23rd State Advocates Forum was held Friday, Nov. 2 and Saturday, Nov. 3, 2018, in Amelia Island, Fla. There were 36 participants representing 24 states and the ADA. The meeting serves as the Association’s primary venue to dialogue with the specialty’s professional state advocates about state legislative and regulatory issues affecting the specialty. Many attendees have noted that without the meeting, they would be unaware of or ill equipped to respond to some of the issues of importance to the specialty. The 2018 agenda included topics such as scope of practice, anesthesia, auxiliary personnel and insurance. Attendees also had the opportunity to highlight activity from their state and discuss the implications for the specialty with their colleagues. The 24th Annual AAOMS State Advocates Forum will be held Nov. 1 and 2, 2019, in Las Vegas, Nev. All state OMS societies are encouraged to send a representative to this important meeting.

**Day on the Hill:** The CGA helps plan the annual AAOMS Day on the Hill meeting. The 19th annual AAOMS Day on the Hill took place Tuesday, April 9 and Wednesday, April 10, 2019 at the Washington Marriott at Metro Center in Washington, D.C. The event was attended by 119 people, including 87 OMSs representing 32 states. Of these, 17 OMSs were either first-time participants or had not been to the event in the last five years and 14 were residents. The primary purpose of Day on the Hill is for attendees to meet on Capitol Hill with their constituent members of Congress and their staff. Approximately 120 congressional visits were conducted this year to better inform legislators on the scope and practice of oral and maxillofacial surgery; to cultivate relationships with congressional members and their staff; and, to advocate for the cosponsorship and support of the AAOMS’s 2019 legislative priorities, previously referenced in this report. Additionally, AAOMS promoted the “Virtual Day on the Hill” in which all AAOMS members are encouraged to participate in outreach to their
legislators through virtual and/or local means if they were unable to attend Day on the Hill. A page on the Day on the Hill section of AAOMS.org gives members resources to conduct such outreach throughout the year.


**Grassroots:** The CGA continues to work with the OMSPAC Board to increase AAOMS fellow/member participation in grassroots activities, mostly notably through our online “write your rep” grassroots campaigns on issues of importance. In the course of the past year, 470 AAOMS members have sent more than 2,300 letters to their members of Congress on several of AAOMS’s key legislative priority issues via VoterVoice – AAOMS’s online grassroots software system. These grassroots campaigns are available on the Take Action section of AAOMS.org. The CGA greatly appreciates the involvement of these members. The CGA also continues to work with the OMSPAC Board to find a key OMS contact for every member of Congress.
Committee on Healthcare Policy, Coding and Reimbursement (CHPCR)

Dr. John J. Hillgen, IV, Chair  
Dr. Hussam Batal (CMC/DQA Alternate)  
Dr. James M. Boyle  
Dr. Wendell K. Gardner  
Dr. Joshua E. Everts (CPT Advisor)  
Dr. Adam Pitts (CPT Alternate)  
Dr. Edward P. Rentschler  
Dr. Robert A. Nustad  
Dr. Julia Plevnia  
Dr. Vivian Jui  
Dr. D. Allen Pulsipher  
Dr. Robert S. Clark, Board Liaison  
Dr. Scott Morgan, ROAAOMS Liaison  
Dr. James E. Mercer (CMC/DQA Advisor)  
Dr. James Startzell (RUC Advisor)  
Dr. Lionel M. Candelaria (RUC Alternate)

The 2018 annual meeting of the Committee on Health Care Policy, Coding and Reimbursement took place in Rosemont, Illinois on October 28-29, 2018. Chair Dr. John J. Hillgen, IV presided.

The agenda for the October 2018 meeting included items relating to the Coding and Billing Workshops, AAOMS coding and reimbursement resources, MACRA, Fraud and Abuse, Quality Improvement Initiatives, ICD-10-CM proposals for several TMJ disorders and CDT, CPT and ICD-10-CM coding changes that were scheduled to take effect for 2019. Topics of discussions also included medical-loss ratios for dental payers, hospital compensation and expanding dental exclusion provisions to broaden Medicare coverage to medically necessary dental services.

The CHPCR continues to monitor key elements with CMS’ Quality Payment Program (QPP) and the sustained growth as the industry continues to work on reducing administrative burden, improve accessibility to patient medical records and educate the medical community on MIPS and APM reporting. The Committee has added information on the Medicare Quality Payment Program and other alternative payment models to the coding courses as well as the AAOMS website. The AAOMS registry, OMSQOR was introduced to the members in March of 2019 and members from this committee, along with members from the test sites continue to enhance and expand the offerings of both the OMSQOR and DAIRS – the Dental Anesthesia Incident Reporting System. The DAIRS has received less than five incident reports but staff from multiple areas continues to promote its use.

The AAOMS Insurance Industry Open Forum was held on April 30, 2019 in conjunction with the AADC’s Spring Workshop. There were 27 dental directors and consultants from many major payers, including Delta and Guardian. The CHPCR continues to attend the AADC meetings as it is an important networking opportunity for AAOMS representatives given that almost 300 dental consultants and dental directors from numerous dental carriers and benefit groups attend this meeting every year. The AAOMS has been able to establish strong contacts at major dental carriers through the years which has resulted in clarification of policies affecting OMS claims and even policy change.

AR-18
The CHPCR also continues to oversee the association’s series of coding and billing workshops which were held in Atlanta, GA, Chicago, IL and in Rosemont, IL. The next workshops are scheduled for Sept 18th-19th at the AAOMS annual meeting in Boston, MA. The CHPCR continues to promote the Coding Certificate Program, (CCP), developed in 2009 to increase awareness and recognition of those who successfully complete Basic, Beyond the Basics and OMS Billing courses. To date 154 individuals have been awarded with the CCP certificate and lapel pin. The CHPCR also continues to support the Allied Staff Membership opportunity by promoting within the workshop brochure and at all in-person workshops.

The CHPCR has also hosted three webinars over the past year focusing on important changes in the industry. The webinar entitled; Coding Insights: Tools to achieve coding compliance and optimal reimbursements was presented on March 6, 2018 by CHPCR members Drs. Everts and Pitts which was one of the highest grossing webinars to date. Playing the Insurance, collections and accounts receivable game your way was presented May 16, 2018 by Lois Banta, and Medical Record Signature Requirements was presented by Catrena Smith on September 12, 2018. The Committee has continued with its Coding and Billing webinar series in 2019 with Understanding Insurance Contract Negotiations for the OMS Practice, presented on March 20th, 2019 by Patrick O’Rourke and Documenting what you did-Demonstrate medical necessity and crack claim denials, presented by Dr. Dawn Jackson. The third and final webinar, Locum Tenens and Reciprocal Billing Guidance will be presented on October 23, 2019 by a previous speaker, Catrena Smith.

Also available through AAOMS under the direction of the CHPCR are the following publications: the AAOMS Insurance Manual: Comprehensive Billing and Reimbursement Guide for the OMS; the bimonthly AAOMS Today Coding Corner and Health Policy Perspectives columns; the Coding Paper and Clinical Condition Statement series; and additional resources available on the AAOMS Website.

To further educate the OMS, communications via the AAOMS Today and Advocacy E-Newsletter have delivered resources for executing internal audits, understanding Managed Care Contracts (MCOs), summarizing the proposed rule for promoting interoperability and upcoming changes within the advanced imaging accreditation and how it correlates with Appropriate Use Criteria (AUC). Future articles for the remainder of 2019 will discuss degree of provider and understanding RVUs and its effect on third party payers. The Committee continues to monitor the Federal Register and awaits the proposed Medicare Physician Fee Schedule for 2020. A summary of elements which directly affect the OMS will be updated as soon as the information becomes available sometime in July 2019.

The CHPCR participates in the Dental Quality Alliance (DQA), which is an alliance of dental stakeholders charged with developing dental quality measures. The CHPCR also monitors the activities of the AMA’s Physician Consortium of Performance Improvement (PCPI), which is the group responsible for recommending medical quality measures to the National Quality Forum. To date there are 37 quality measures that may be reported by an OMS.

The CHPCR also continues to participate in code update/valuation processes via the AMA Specialty Society Committees (the CPT Editorial Panel and Relative Value Update Committee (RUC)), ADA Code Maintenance Committee (CMC) and SNODENT. Through these committees, AAOMS is afforded the opportunity to recommend code additions, revisions and deletions to ensure code sets reflect the current practice of oral and maxillofacial surgery and is also allowed to participate in surveys establishing the physician work component of reimbursement relative values.
Since the last report, AAOMS submitted a series of proposals describing “other specified site” under various existing code families for joint disorders and osteoporosis related pathological fractures. Previous proposals to expand these families of codes specific to the temporomandibular joint, maxilla and mandible were presented at the September 2017 Coordination and Maintenance meeting although rejected by stakeholders. Since there are currently no codes to report disorders for a joint or bone not elsewhere classified, the AAOMS submitted proposals for “other specified site”. It is unknown at this time if AAOMS’ proposals were accepted. As far as CDT codes, AAOMS submitted a request for a code for placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site. Currently, there is no code to describe the use of biological materials (eg, gelfoam, collaplug), at the time of extraction to decrease the risk of bleeding and allow for clot stabilization. The CPT Editorial Panel Committee accepted 3 panel action item codes pertaining to the OMS scope of practice to be implemented at the beginning of 2020. These codes are as follows: Tissue grafting, Online Digital Evaluation Service (E-service) and Intermediate and Complex Repair revisions to guidelines to clarify the distinction between intermediate and complex repair procedures.

The 2019 annual CHPCR meeting is scheduled for October 20-21 at the AAOMS Headquarters.
Committee on Research Planning and Technology Assessment (CRPTA)

Dr. Zachary Peacock, Chair
Dr. Tara L. Aghaloo
Dr. Gary S. Bouloux
Dr. Joshua Campbell
Dr. Joli Chou
Dr. Joseph E. Cillo
Dr. Sean Edwards
Dr. Deepak Kademani, Consultant
Dr. Thomas B. Dodson, Consultant
Dr. Cameron Reece, ROAAOMS Liaison
Dr. J. David Morrison, Board Liaison
Dr. W. Frederick Stephens, OMSF Representative

2018 AAOMS Annual Meeting
The CRPTA developed and implemented two symposia at the 2018 Annual Meeting: “100 Years of AAOMS” and the Research Open Forum which included overview presentations of the 2018 Clinical Trials Methods Course held in Rosemont, Ill.

2019 Committee Meeting
The CRPTA met at AAOMS headquarters in January 2019 to finalize the program for the 2019 Clinical and Scientific Innovations for Oral and Maxillofacial Surgery Conference (CSIOMS) held in Rosemont, Ill. April 26-28, 2019. The committee additionally developed and discussed the program for the 2020 Clinical Trials Methods Course to be held in Rosemont, Ill. May 6-8, 2020. Lastly, it developed symposia topics for the 2019 AAOMS Annual Meeting and reviewed the process for evaluation of AAOMS Annual Meeting abstract submissions and discussed programming to be developed in 2020.

2019 CSIOMS Conference
The CRPTA developed and convened the April 26-28 Clinical and Scientific Innovations for Oral and Maxillofacial Surgery (CSIOMS) conference in Rosemont, Ill. Overall registration for the course was 109 and final attendance was 95 participants ranging from the Board of Trustees, private practice OMS, academic OMS, and resident members. The program covered topics in facial transplantation, advances in imaging, diseases of immune function, wound-healing and surgeon wellness, and awarded participants with free CE credits.
OMS Faculty Section Executive Committee

Dr. Gary F. Bouloux, Chair
Dr. Brent B. Ward, Vice Chair
Dr. Joseph E. Cillo, Jr., Secretary-Treasurer
Dr. Faisal A. Quereshy, Program Planner
Dr. Joli C. Chou, Assistant Program Planner
Dr. Donita Dyalram, Member-at-Large
Dr. R. Bryan Bell, Fellowship Ad Hoc
Dr. Richard D’Innocenzo, Predoctoral Ad Hoc
Dr. Victor L. Nannini, Board Liaison
Dr. B.D. Tiner, Board Liaison

The Faculty Section met in Chicago, Ill during the 2018 Annual Meeting to discuss issues related to OMS predoctoral and postdoctoral education, training and related issues. The Executive Committee met via conference call in February 2019 to discuss annual awards.

2018 Annual Meeting: The Section convened its educational and business meeting in conjunction with the 2018 AAOMS Annual Meeting in Chicago, Ill. In tribute to the 100th anniversary of AAOMS, the OMS Faculty educational program explored the history of residency training programs as well as a look at where the next 100 years will take us. The business meeting included updates on development of the OMS National Curriculum, a presentation on the contributions and challenges of women in OMS, and review and approval of revisions to the OMS accreditation standards.

In accordance with the faculty section guidelines, a quorum consisting of qualified voting members present is needed for all business and elections. The Faculty Section elected a member at large, Dr. Donita Dyalram, Associate Program Director and Fellowship Director in Oral & Maxillofacial Surgery at the University of Maryland Dental School, to a 6 year term.

Donald B. Osbon Award: The Faculty Section's Executive Committee annually recommends nominees to the AAOMS Advisory Committee on Awards Nominations for the Donald B. Osbon Award for an Outstanding Educator. The Section is pleased to announce Dr. Peter E. Larsen, Chairman of the Division of Oral and Maxillofacial Surgery at The Ohio State University, as the recipient of the 2019 Donald B. Osbon Award.

Daniel M. Laskin Predoctoral Educator of the Year Award: The Faculty Section's Executive Committee annually recommends nominees to the AAOMS Advisory Committee on Awards Nominations for the annual Laskin predoctoral educator of the year award. The Section is pleased to announce Dr. William J. Synan, Predoctoral Director at the University of Iowa College of Dentistry, as the recipient of the 2019 Daniel M. Laskin Award.
RESIDENT ORGANIZATION OF AAOMS (ROAAOMS)

Dr. Thomas F. Burk, President
Dr. Michael B. Border, Vice President
Dr. Stephanie N. Zastrow, Immediate Past President
Dr. Michael S. Forman, District I Representative
Dr. Artem Krutyansky, District II Representative
Dr. Ashleigh M. Weyh, District III Representative
Dr. Dexter W. Mattox, District IV Representative
Dr. Pouya M. Vakilian, District V Representative
Dr. Jesse T. Han, District VI Representative
Dr. Kenneth Kufta, Committee Liaison Representative
Dr. Scott D. Morgan, Committee Liaison Representative
Dr. Daniel C. Reece, Committee Liaison Representative
Dr. Victor L. Nannini, Board Liaison
Dr. B.D. Tiner, Board Liaison

The Resident Organization Executive Committee met at AAOMS Headquarters in February 2019 and convened four conference calls. The Executive Committee appreciates the support of the AAOMS and the Board of Trustees.

2018 Annual Meeting Highlights: The ROAAOMS convened the first of a five part series on Disasters from the Masters: Complications and Management in Oral and Maxillofacial Surgery. The program focused on surgical complications in Anesthesia. Speakers included Drs. Leonard Kaban, Jeffery Bennett, Jerry Jones, and Stuart Lieblich.

In addition, ROAAOMS convened a ROAAOMS/ABOMS Orientation program which provided residents with an understanding of the accomplishments of ROAAOMS and policies and protocols for board certification.

ROAAOMS also had an exhibit booth at the Annual Meeting.

Dental School Outreach: One of the primary goals of the ROAAOMS executive committee is to continue dental school visits and informal learning sessions. ROAAOMS has conducted dental school visits for the past 17 years. This grassroots effort focused on visiting dental schools without OMS residency programs. The program continues to provide a relaxed forum for dental students to become familiar with OMS training and scope of practice.

Involvement within the ADEA: ROAAOMS attended the ADEA Fall Meeting in Toronto, Canada in October 2018 and had the opportunity to attend the Council of Hospitals and Advanced Education Programs’ (CoHAEP) educational and business sessions. Additionally, ROAAOMS attended the ADEA Annual Session in Chicago, Ill in March of 2019. Continued involvement in ADEA positively impacts the success of ROAAOMS/AAOMS in its educating and recruiting dental students into the specialty.

Involvement within the ASDA: ROAAOMS continues active involvement with the American Student Dental Association (ASDA). ROAAOMS attended the 2019 ASDA Annual Session in Pittsburgh, PA in February 2019 and hosted a booth to educate dental students on oral and maxillofacial surgery to increase students’ interest in the specialty. Additionally, ROAAOMS attended the national leadership
conference in November 2018 in Chicago, IL and hosted a booth as well as a breakout session to educate dental students on oral and maxillofacial surgery. Continued involvement in ASDA has positively influenced the success of ROAAOMS/AAOMS in its educating and recruiting dental students into the specialty.

Resident Transition into Practice Conference: The third stand-alone Resident Educational Program was held in Rosemont, Ill on Feb. 2-3, 2019. The program was designed to provide residents with the essential non-clinical information that will assist them as they transition from residency to practice. Practicing OMSs at various stages in their careers shared their experience and wisdom to help residents understand what to expect as they prepare for their career as an oral and maxillofacial surgeon. The topics presented included contract negotiation, transitioning from residency to practice, malpractice insurance/professional liability and coding and billing information.
Special Committee on Oral, Head and Neck Oncologic and Reconstructive Surgery (SCOHNORS)

Dr. Deepak Kademani, Chair
Dr. Steve R. Schimmeele
Dr. Brent B. Ward
Dr. Joseph I. Helman
Dr. Brian M. Woo
Dr. Eric Carlson
Dr. Paul M. Lambert, Consultant
Dr. Mark A. Egbert, Board Liaison

The Special Committee on Maxillofacial Oncology and Reconstructive Surgery (SCMORS) met at AAOMS headquarters February 22-23, 2019. The committee duties include development of educational programs, overseeing the area of oral cancer, coordinating collaborative studies, and increasing awareness of oral, head and neck cancer.

The committee believes that AAOMS should be the “home” of oral cancer for oral and maxillofacial surgeons and received approval to convene an Oral Cancer Stand Alone program in 2020. The committee is collaborating with the American Head and Neck Society (AHNS) to develop joint white papers on HPV and develop a library of resources.

Outstanding educational program has been developed for the 2019 AAOMS annual meeting. There will be two (2) tracks offered, Reconstruction and Pathology with plenary session and breakouts. Members are encouraged to attend this program on Friday, September 20, 2019.

The committee discussed the importance of changing the name of the SCMORS to better align with its purpose and duties and to be consistent with the title of the head and neck CODA accredited fellowships and ABOMS CAQ examination. The committee further discussed the importance of transitioning from a special committee to a standing committee, noting the increased impact of HPV and head and neck cancers. The committee believes it is beneficial at this juncture to follow the precedence that was set by the committee on cleft, craniofacial and pediatric oral and maxillofacial surgery (CCCPOMS) to omit the mandatory district representation.

RESOLUTION A-3

RESOLVED, that CHAPTER IX • COMMITTEES AND SECTIONS, Section 10. M. of the Bylaws be amended as follows with all conflicting Policies and the Manual of the House of Delegates amended accordingly (strikethrough = deletion; underline = addition):

M. Committee on Oral, Head and Neck Oncologic and Reconstructive Surgery (COHNORS)

Composition: The Committee on Oral, Head and Neck Oncologic and Reconstructive Surgery shall be comprised of six (6) voting fellows and members of whom one shall serve as Chair. Committee members are eligible to complete up to two (2) consecutive
three-year terms. The Chair may serve for a total of up to eight (8) years on the Committee. District representation is preferred when possible.

Duties: The duties of the special committee shall be to: (1) develop a maxillofacial head and neck oncology database, (2) develop a head and neck national referral network, (3) collaborate with appropriate committees on education and training (Committee on Continuing Education and Professional Development), (4) oversee the area of oral cancer, and (5) coordinate collaborative studies.
The Special Committee on Patient Safety met via conference call on March 5, 2019 and discussed the second AAOMS anesthesia patient safety conference, the AAOMS spokesperson program, and a patient safety survey. The committee discussed the development of talking points for media inquiries regarding the various areas of the scope of practice. The committee suggested focusing on the following four areas: anesthesia, opioid prescribing, what is an OMS and patient safety initiatives. The committee developed a template of the important components for all talking points which include: an overview, basic guidelines, key messages, training, AAOMS offered continuing education and potential question and answers. The key messages will include the essence of what AAOMS wants communicated regarding the area of scope of practice or topic area. The training portion will include the education and training to support the relevant area of scope of practice. The AAOMS offered continuing education shall include the various CE offerings to support the lifelong learning of the OMS for the area of scope of practice or topic area that are offered at the regional, state or national level. The potential questions and answers will include several questions and answers that are commonly asked regarding the particular area of scope of practice or topic area. The talking points will be developed by Q3 2019. The Board approved Drs. Lou Rafetto, David Todd, Larry Moore and Angie Rake to serve as the official AAOMS spokespersons.

In addition, the committee reviewed and revised the Culture of Safety Surgical Update for consideration by the Committee on Public and Professional Communication.

AAOMS’s second Anesthesia Patient Safety Conference, held April 25, 2019, in Rosemont, focused on pediatric anesthesia patient safety highlighting the differences in the pediatric and adult patients, techniques for anesthesia administration and monitoring, patient selection, pain management and emergency preparedness and the importance of simulation training for team members. The conference included 110 OMSs including the Special Committee on Patient Safety, Committee on Anesthesia and members of the Board of Trustees.
Committee on Constitution and Bylaws (CCB)

Dr. Douglas P. Sinn, Chair
Dr. Michael J. Hunter, Member
Dr. Shama Currimbhoy, Member
Dr. Steven R. Nelson, Speaker of the House
Dr. J. David Morrison, Board Liaison

At the 2018 AAOMS Annual Meeting, the House of Delegates passed Resolution 18-B-14 (RC) (Amend) (District VI), below, charging the Committee on Constitution and Bylaws with revising the AAOMS Governing Rules and Regulations to include gender-inclusive language.

RESOLUTION 18-B-14 (RC) (Amend) (District VI)

RESOLVED, that the Constitution and Bylaws Committee update the Governing Rules and Regulations (including Constitution & Bylaws, Code of Professional Conduct, Policies and Manual of the House of Delegates) to include gender-inclusive language.

The Committee reviewed the documents included in the AAOMS Governing Rules and Regulations and provided feedback via e-mail. The Committee later voted via e-mail ballot to present Resolution B-1 to the AAOMS House of Delegates.

RESOLUTION B-1

RESOLVED, that the AAOMS Governing Rules and Regulations be revised to be gender inclusive, as presented in Appendix A.

Additionally, the Committee annually meets via conference call in advance of the AAOMS Annual Meeting to review all new resolution and policy changes that will go before the House of Delegates. Acting as the Committee on Constitution and Bylaws of the House of Delegates, members will conduct meetings during the Annual Meeting.
Governing Rules and Regulations
2019-2020

Constitution & Bylaws
Code of Professional Conduct
Policies
Manual of the House of Delegates

American Association of Oral and Maxillofacial Surgeons
CONSTITUTION

ARTICLE I . NAME

The name of this organization shall be the American Association of Oral and Maxillofacial Surgeons, hereinafter referred to as "the Association."

ARTICLE II . PURPOSE

The purpose of the Association shall be to contribute to the public welfare by advancement of the profession of dentistry and in particular the specialty of oral and maxillofacial surgery; to foster programs of education, research, standards of practice and scientific investigation in the specialty of oral and maxillofacial surgery; to provide a means of self-government relating to professional standards, ethical behavior and responsibilities of its fellows and members; to provide opportunities for social and professional development; and to cause to have published the Journal of Oral and Maxillofacial Surgery.

ARTICLE III . ORGANIZATION

Section 10. Incorporation: The Association is a not-for-profit corporation, chartered under the laws of the State of Illinois in 1918. If this corporation is dissolved at any time, no part of its funds or property shall be distributed to, or among, its fellows and members. After payment of all indebtedness of the corporation, its surplus funds and properties shall be used for education and research in such manner as the then governing body of the Association may determine.

Section 20. Headquarters: The registered office of the Association shall be known as the headquarters and shall be located in Rosemont, Illinois.

Section 30. Fellows and Members: The fellows and members of the Association shall consist of members of the dental profession who shall have special qualifications, and such other persons as are provided for in Chapter I of the Bylaws.

ARTICLE IV . GOVERNMENT

Section 10. Legislative Body: The legislative and governing body of the Association shall be the House of Delegates as provided in Chapter V of the Bylaws.

Section 20. Administrative Body: The administrative body of the Association shall be a Board of Trustees which may be referred to as "the board" as provided in Chapter VI of the Bylaws.

ARTICLE V . OFFICERS

Section 10. Elective Officers: The elective officers of the Association shall be a President, President-Elect, Vice President, Treasurer, Immediate Past President and Speaker of the House of Delegates, each of whom shall be elected as provided in Chapter VII of the Bylaws. The President and Immediate Past President shall succeed to their respective offices by virtue of prior election.

Section 20. Appointive Officer: The appointive officer of the Association shall be an Executive Director, who shall be appointed by the Board of Trustees as provided in Chapter VIII of the Bylaws.
ARTICLE VI. ANNUAL MEETINGS

Annual meetings shall be conducted as provided in Chapter XIII of the Bylaws.

ARTICLE VII. CODE OF PROFESSIONAL CONDUCT

The Code of Professional Conduct and Pledge of the Association shall govern the professional conduct of all fellows and members.

ARTICLE VIII. AMENDMENTS

Section 10. Amendment: This Constitution may be amended at any session of the House of Delegates at an annual or special meeting in accordance with the required notice by a three-fourths (3/4) vote of the 100 delegates authorized to the House of Delegates (75 votes).

Section 20. Notice: Unless otherwise provided for in this Constitution notice for amendments must be submitted in writing: (1) to all fellows and members of the Association at least 30 days prior to the annual or special meeting at which the amendments are proposed for adoption, or (b) at any previous session of the House of Delegates at the previous annual meeting.

Section 30. Special Notice and Vote: This Constitution may also be amended at any session of the House of Delegates by unanimous vote of the delegates present and voting, provided that at least 75 delegates are present and vote, and that notice of such amendments shall have been presented at a previous session of the House of Delegates during the same annual or special meeting.
CHAPTER I • MEMBERSHIP

Section 10. Classification: The membership of the Association shall be classified as follows: A. Fellow; B. Member; C. Life Fellow and Life Member; D. Affiliate Member; E. Retired Fellow and Retired Member; F. Honorary Fellow; G. Special Honorary Fellow; H. Inactive Fellow and Inactive Member; I. Provisional Fellow and Provisional Member, J. Resident Member and K. Allied Staff Member.

Section 20. Qualifications, Rights and Privileges:

A. Fellow:

1. Qualifications: Candidates for fellowship shall have the following qualifications and furnish copies of appropriate documentation with the application:

a. Training: Graduate of a dental school and successful completion of an advanced oral and maxillofacial surgery educational program accredited by the American Dental Association’s Commission on Dental Accreditation.

b. State Licensure: Maintain a current dental license and/or specialty permit/license, where required, in full compliance with the statutes, rules and regulations in the state of practice.

In those states not offering dental licensure by credentials or reciprocity and who require an oral and maxillofacial surgeon to complete a general dental examination, the candidate may submit the following in lieu of a current dental license:

(1) current medical license in the state of practice; and

(2) evidence of practice in a state which does not prohibit the practice of oral and maxillofacial surgery without a dental license; and

(3) proof of obtaining a prior dental license in any state or U.S. territory within the United States which was not revoked because of disciplinary action, except for any AAOMS member in any membership category as of the date immediately preceding the enactment of this provision.

c. ABOMS Certification: Certification as a diplomate of the American Board of Oral and Maxillofacial Surgery.

Once granted fellowship category, that fellowship shall not be dependent upon nor altered by any type of recertification instituted by the American Board of Oral and Maxillofacial Surgery.

d. ADA Membership: Membership in the American Dental Association or other such evidence which verifies that the individual is functioning within the professional, moral and ethical framework of the specialty of oral and maxillofacial surgery.

* Where “fellow” and the masculine pronoun appears in this document, they shall be understood to include both females and males as gender-inclusive.
e. Ethical Conduct: The candidate must comply with the American Association of Oral and Maxillofacial Surgeons’ Code of Professional Conduct.

f. Residence and Practice: The candidate shall reside and practice in the United States or its possessions with the exception of those candidates excepted from component membership under Subsection g. (1) or g. (2).

g. Component Membership: The candidate shall hold and maintain membership in the component oral and maxillofacial surgery society in the state of primary practice.

Exceptions to this requirement include:

(1) those on full-time active duty in the federal dental services; or

(2) those U.S. oral and maxillofacial surgeons who practice in a foreign country; or

(3) those who practice under a medical license and meet the licensing requirements under Subsection b. above, but are prevented from state component membership because of other legal requirements; or

(4) in accordance with the Bylaws, a fellow of the Association who was not an active member of a component oral and maxillofacial surgery society on September 27, 1991 shall not have his membership in the Association discontinued solely as a result of failure to hold membership in his component oral and maxillofacial surgery society.

h. Federal Service Candidates: Federal dental service candidates shall furnish an affidavit certifying the occupational specialty of oral and maxillofacial surgery and limitation of practice to that specialty or to administration. Nothing herein shall act to preclude rendering emergency dental services for a limited period.

i. Fulfillment of Office Anesthesia Evaluation and Re-Evaluation Program:

(1) AAOMS fellows/members must have their offices successfully evaluated and re-evaluated by their component society every five years or in accordance with state law, provided the state law does not exceed six (6) years between evaluations and otherwise meets the AAOMS office anesthesia guidelines. State or component societies will notify the AAOMS immediately of any state/component society fellow/member who does not fulfill this requirement.

(2) Individuals excepted from the component membership requirement under Subsection g. (1) or g. (2) shall not be required to fulfill the requirement of office anesthesia evaluation and re-evaluation.

(3) Individuals excepted from the component membership requirement under Subsection g. (3) or g. (4) shall be required to fulfill the requirement of office anesthesia evaluation and re-evaluation either by the state component or the
AAOMS. A fee for the evaluation/re-evaluation shall be determined by the state component or the AAOMS Board of Trustees commensurate with expenses.

2. Rights and Privileges:

   a. A fellow shall enjoy all rights and privileges of membership, including the right to serve in the House of Delegates and hold office.

B. Member: Members shall fulfill all qualifications for fellowship except certification by the American Board of Oral and Maxillofacial Surgery. Upon ABOMS certification, members shall automatically be transferred to fellow. A member shall enjoy the same privileges as a fellow except the right to serve in the House of Delegates or hold office.

C. Life Fellow and Life Member: A fellow or member shall automatically be transferred to life fellowship or life membership upon completion of 30 dues paying years and reaching the age of 65, or upon completion of 35 dues paying years. Years as a resident, candidate, or retired fellow or retired member do not accrue toward life fellowship or life membership. Only in extenuating circumstances may exceptions be made and then only upon recommendation by the Committee on Membership and approval of the Board of Trustees.

   Candidates for life status must remit full dues and assessments through the year in which they are eligible for such status. Dues and assessments for this year may be waived or partial dues and assessments may be assessed following consideration of the Committee on Membership and approval of the Board of Trustees.

   Upon election by the House of Delegates to life fellowship or life membership, a life fellow or life member shall enjoy all privileges of the fellowship or membership category held prior to the election to life status, except that fellows or members in this category shall pay 50% of membership dues, annual meeting registrations and assessments, shall be required to hold membership in their component oral and maxillofacial surgery society and shall receive the *Journal of Oral and Maxillofacial Surgery* only by personal paid subscription at a rate of 50% the member price.

   Life fellows and members who accept a teaching position and receive a salary from that academic program without deriving income from faculty practice or private practice shall not be required to pay membership dues and assessments.

   All life fellows and members who retire from active practice will become retired fellows and members with all the privileges and requirements afforded to them as defined in section E. Retired Fellow and Retired Member bylaws.

D. Affiliate Member: Affiliate membership may be granted to an individual who meets all of the following requirements:

   1. Resides and practices or is engaged in an administrative or research position in a country other than the United States and, where applicable, is recognized as an oral and maxillofacial surgeon by the country's appropriate agencies.

   2. Has specialty training in oral and maxillofacial surgery equivalent to that required of candidates for AAOMS fellowship and membership.
3. Holds and maintains membership in the country's oral and maxillofacial surgery organization, or, if none exists, other such evidence which verifies that the individual is functioning within the professional, moral and ethical framework of the profession of dentistry/medicine.

4. Shall pay the affiliate member dues and shall have the same privileges as members.

5. No individual who was an affiliate member of the AAOMS prior to October 1, 1999 shall have membership in the AAOMS discontinued solely as a result of failure to hold membership in their country's oral and maxillofacial surgery organization.

E. Retired Fellow and Retired Member: Retired fellowship or retired membership shall be granted to a fellow, member or affiliate member should the fellow/member completely retire from oral and maxillofacial surgery.

Following written application, applicants for retired status must remit dues and assessments through the year prior to election.

Fellows and members applying for retired status due to a medical disability must provide adequate documentation from the attending physician with their written application.

As long as a fellow, member or affiliate member retains his retired status, he shall not pay the dues and assessments and shall not be required to hold or maintain membership in his component oral and maxillofacial surgery society.

For retired status, a fellow, member or affiliate member must have paid dues for 20 years, or be disabled and unable to engage in the activity of active practice. Active practice is the performance of any activities requiring licensure or permit in dentistry or medicine in the state or oral and maxillofacial surgery specialty licensure, where applicable.

Fellows and members who reach retired membership status, accept a teaching position requiring licensure, and receive a salary from that academic program without deriving an income from faculty practice or private practice, shall retain retired membership status. Additionally, when a fellow or member reaches retired membership status and volunteers for charitable organizations, they shall also retain their retired membership status.

Retired fellows and retired members may receive the *Journal of Oral and Maxillofacial Surgery* only by personal paid subscription and may pay a voluntary maintenance fee to be established annually by the Board of Trustees in order to receive all Association mailings. In the event a retired fellow or member resumes practice, the individual shall notify the headquarters.

F. Honorary Fellow: Honorary fellowship may be granted to those holding no other class of membership or to those non-USA members who have made distinguished contributions to the specialty of oral and maxillofacial surgery. Nominations to this status shall have the approval of the Board of Trustees by eight (8) affirmative votes and election shall be by the House of Delegates. Not more than three honorary fellows may be elected in any one year. Honorary fellows shall have the same privileges as members, and shall not pay dues and/or assessments. Honorary fellows may receive the *Journal of Oral and Maxillofacial Surgery* only by personal paid subscription.
G. **Special Honorary Fellows:** A special honorary fellowship consisting of a certificate may be granted by the Board of Trustees to presidents of non-USA oral and maxillofacial surgery organizations for the duration of the presidents’ term of office.

H. **Inactive Fellow and Inactive Member:** An inactive fellow or member is one who derives no income from the active practice of oral and maxillofacial surgery. Active practice is the performance of any activities requiring licensure or permit in dentistry or medicine in the state or oral and maxillofacial surgery specialty licensure, where applicable. An inactive fellow or inactive member shall not have the privileges of a member, except that he but may retain his their membership certificate and will be listed in the AAOMS Directory. Years in inactive status will not accrue towards life or retired fellowship/membership. Life and retired fellows and members that relocate and do not provide the association with updated contact information may be moved to inactive status at the discretion of the Committee on Membership.

A fellow or member may remain inactive for up to five years. After such time, inactive fellows and inactive members will be evaluated by the Committee on Membership and may be removed from membership should a return to active oral and maxillofacial surgery practice not be foreseen. Former life and retired fellows and members that are moved to inactive status may be removed from membership if the association is unable to locate them over a three-year period.

An inactive fellow or inactive member shall pay no dues or assessments, and may receive the *Journal of Oral and Maxillofacial Surgery* only by personal paid subscription and may attend the annual meeting, dental implant conference and other conferences at the non-OMS member registration fee. An inactive fellow or member may pay a voluntary maintenance fee to be established annually by the Board of Trustees in order to receive all Association mailings.

An inactive fellow or inactive member may be considered for reinstatement to active status upon filing a written request; and upon payment of the current year’s dues and assessments. If such request is made within one year of approval for inactive status, there will be no fee to apply for active status. Former life and retired fellows and members that have been moved to inactive status and subsequently provide updated contact information to the association will be reinstated to their previous membership status.

I. **Provisional Fellow and Provisional Member:** A provisional fellow or member shall fulfill all qualifications for membership except one or more of the following: 1) application/election to the component society; 2) fulfillment of the component society’s on-site office anesthesia evaluation; and 3) attendance at a component society meeting if this is a membership requirement of the component society.

Provisional membership should only apply for a two-year period. If all membership requirements are not fulfilled within this two-year period, the provisional fellow or member must reapply and document acceptable reasons to continue his status as a provisional fellow or member status.

Provisional fellows and members not elected to fellowship or membership shall be permitted to make new application following rejection, for one additional provisional fellow/member term of two years, and will be required to meet the current bylaw eligibility requirements for membership.
Bylaws

A provisional fellow or member shall enjoy the same privileges as a member of this Association. Upon successfully fulfilling all membership requirements, the provisional fellow or member shall automatically be transferred to the proper membership classification as determined by the Committee on Membership.

J. **Resident Member:** Resident members shall be in training in an American Dental Association’s (ADA) Commission on Dental Accreditation (CODA) accredited training program in oral and maxillofacial surgery in the United States or in Canada. Resident members may attend the AAOMS annual meeting with waiver of the general registration fee and may attend clinics free of charge on a space available basis. Resident members shall not be required to pay the membership application fee, shall have until July 1 of the year in which they complete training to apply and, in their last year of residency, shall have their names published as candidates for AAOMS membership. Resident members shall not have the right to hold office and shall not be included in the counts used to determine delegate allocations.

K. **Allied Staff Member:** Allied staff members shall be staff of current U.S. AAOMS fellows, members, and candidates. The allied staff member must complete an application for membership, including a signature from their sponsoring member. Allied staff members must pay a one-time application fee, and, following election, annual membership dues. Upon receipt of the completed application and fee, allied staff members will be automatically admitted to membership.

Allied staff members are not eligible for retired or life status. Allied staff members who leave the employment of their sponsoring member must provide updated employment information to the AAOMS. Should an allied staff member drop his AAOMS membership, the individual will be required to resubmit an application and sponsorship information in order to reinstate his membership.

Allied staff members may attend the AAOMS annual meeting and other AAOMS educational offerings at the allied staff member rate. Allied staff members shall not have the right to vote or hold office and shall not be included in the counts used to determine delegate allocations.

**Section 30. Interpretive Clause on Membership:** In the instance of oral and maxillofacial surgeons who trained in foreign programs not recognized by the American Dental Association’s Commission on Dental Accreditation, but who are practicing or teaching within the United States, the Committee on Membership shall determine their eligibility for AAOMS membership.

**Section 40. Application and Certification:**

A. Candidates for each category of membership must apply on the specified forms which are available from the Association’s headquarters.

B. Residents who file applications for membership by June 30 of their final year of training are eligible for candidate status at the first annual meeting following completion of their training program.

C. Residents who file a completed Certification of Completion of OMS Training Program form along with an application for membership by December 31 of the calendar year they complete their OMS training are eligible for provisional status at the following annual meeting.

D. Election to any category of membership shall be by the House of Delegates and is contingent upon prior affirmative vote of the Committee on Membership and Board of Trustees.
E. Candidates not elected to fellowship or membership shall be permitted to make new application following rejection, for one additional candidate term of three years, and will be required to meet the current bylaw eligibility requirements for membership.

Section 50. Definition of “In Good Standing”: A fellow or member of the Association whose dues and assessments for the current year have been paid by February 1 and who is not under discipline of suspension shall be in good standing.

Section 60. Termination of Fellowship/Membership:

A. Vertical Membership Grandfather Clause: No individual who was a fellow or member of the Association and was not an active member of a component oral and maxillofacial surgery society on September 27, 1991 shall have his membership in the Association discontinued solely as a result of failure to hold membership in his their component oral and maxillofacial surgery society.

B. Voluntary: A fellow or member may resign at any time by written notification to the Association.

C. Unpaid Dues and Assessments and Candidate Fees: A fellow, member, provisional fellow/member, affiliate member or candidate whose dues and assessments or fees have not been paid prior to the convening of the annual meeting of the first year of delinquency shall cease to be a fellow, member, provisional fellow or member, affiliate member or candidate.

D. Suspension or Expulsion: A fellow, member, provisional fellow/member or affiliate member may be suspended or expelled from the Association for violation of the Code of Professional Conduct or Pledge. Charges may be initiated and disciplinary action taken in accordance with the Association’s Guidelines for Filing a Complaint of Violation.

E. Return of Certificate of Membership: Fellows, members and affiliate members whose membership in the Association has been terminated shall return their certificate of membership to the Association’s headquarters. Failure to do so shall be considered as a violation of his the individual’s moral and ethical responsibilities to the Association.

F. Failure to Comply with Association Financial Arrangements: A fellow, member, provisional fellow/member or affiliate member who is in violation of a financial agreement with the Association following contractual acceptance of an award shall cease to be a member at the convening of the next annual meeting following the first year of delinquency. (Oct. 18)

Section 70. Reinstatement:

A. Voluntary: Those fellows, members, provisional fellows/members or affiliate members who voluntarily resign from the Association may be considered for reinstatement upon filing a written request for reinstatement within one year of resignation and upon payment of all current year dues and assessments owed the Association and verification that he is a member of his current component oral and maxillofacial surgery society membership. If such request for reinstatement is not made within one year following resignation, the former fellow, member, provisional fellow/member or affiliate member may be considered for reinstatement by submitting a reinstatement form with a reinstatement fee which shall be equal to the current year’s dues and all assessments that have not been paid within the past five years and meeting all current eligibility requirements. (Also in Policies: Section XI. 11c.)
**B. Unpaid Membership Dues and Assessments:** A fellow, member or affiliate member disqualified for nonpayment of dues and assessments may be considered for reinstatement upon payment of all back dues and assessments owed the Association and verification that he is a **of current membership in the** oral and maxillofacial surgery component society provided such action is requested within one year of his notification of disqualification for nonpayment of dues and assessments. If such request for reinstatement is not made within one year following notification of disqualification, the former fellow, member or affiliate member may be considered for reinstatement by submitting a reinstatement form with a reinstatement fee which shall include payment of the current year’s dues, and all assessments that have not been paid within the past five years.

**C. Unpaid Candidate Fees:** A candidate disqualified for nonpayment of fees may be considered for reinstatement upon payment of all fees owed the Association and verification that he is a **of current membership in his the** oral and maxillofacial surgery component society provided such action is requested within the three-year candidate period of his candidate status. If such request is not received within the three-year period, the candidate will have to reapply for membership with payment of the current fees and submission of required documentation.

**D. Suspension or Expulsion:** Any fellow or member suspended or expelled from the Association may be readmitted in accordance with the provisions of the Association’s Guidelines for Filing a Complaint of Violation.

**E. Failure to Comply with Association Financial Arrangements:** A fellow, member, provisional fellow/member or affiliate member suspended or expelled from the Association resulting from violation of a financial agreement with the Association may be considered for reinstatement by submitting a reinstatement form with a reinstatement fee which shall include payment of the current year’s dues, all assessments that have not been paid within the past five years and repayment of all outstanding amounts from the financial arrangement with AAOMS. (Oct. 18)

**CHAPTER II • CANDIDATES**

**A. Candidate:** A candidate is an individual whose application, reflecting the educational requirements, is on file at the headquarters and has been provisionally approved by the Committee on Membership. A candidate must complete the application process within three years from the time he is designated to candidate status **is designated** by the committee. A candidate shall be listed in the candidate section of the AAOMS Membership Directory. Candidates shall pay no dues or assessments, but shall pay an annual fee and shall receive the *Journal of Oral and Maxillofacial Surgery* at the fellow/member subscription rate.

**CHAPTER III • COMPONENT SOCIETIES AND COUNTERPARTS**

**Section 10. Definition:** A component society is a state oral and maxillofacial surgery society that has been officially approved by the AAOMS House of Delegates as having met all bylaw requirements for this status. Officers of state component societies must be fellows or members in good standing of the AAOMS.

**Section 20. Composition:** There shall be a component society in each state (including the District of Columbia and Commonwealth of Puerto Rico and U.S. territories) or a counterpart (five federal dental
services), composed of fellows and members of the American Association of Oral and Maxillofacial Surgeons practicing in that state’s geographic area or counterpart.

**Section 30. Qualifications:** Official AAOMS component oral and maxillofacial surgery societies' constitution and bylaws shall have the following provisions:

A. Active members are those who hold membership in the American Association of Oral and Maxillofacial Surgeons.

B. Requisites for membership in the component society shall be (a) graduation from a Commission on Dental Accreditation accredited dental school; (b) completion of a Commission on Dental Accreditation accredited oral and maxillofacial surgery training program; (c) possession of a license or permit in dentistry or medicine in the state and an oral and maxillofacial surgery specialty license, where applicable; and (d) fulfillment of an on-site office anesthesia evaluation with re-evaluation every five (5) years based on the AAOMS office anesthesia evaluation program or required applicable state or federal regulations.

C. **Interpretive Clause on Membership:** In the instance of oral and maxillofacial surgeons who trained in foreign programs not accredited by the American Dental Association's Commission on Dental Accreditation, but who are teaching within the United States, the Committee on Membership shall determine their eligibility for membership. In addition to the application requirements, the candidate must submit documentation annually verifying full-time status (as defined by their respective institution) as an academician or membership will be terminated if previously granted. Such documentation can be provided from the candidate’s state licensing agency or from the academic institution where the candidate is on faculty. The Committee on Membership shall be notified immediately of any change in status.

D. A provisional member must meet all requisites for active membership in the component society except the fulfillment of an office on-site anesthesia evaluation. The provisional member must have an active application for an on-site office anesthesia evaluation with his the state regulatory agency or with his the component OMS society, whichever is applicable, that is not greater than two (2) years in duration. Provisional membership shall only apply for a two-year period. If an on-site office anesthesia evaluation is not fulfilled within this two-year period, the provisional membership is concluded and the individual must re-apply for candidate status unless an exemption is granted for special circumstances as defined by the Committee on Membership.

A provisional member shall enjoy all privileges of an active member of the component society except the right to serve in the AAOMS House of Delegates and to hold AAOMS or component society office.

Upon successful completion of all the component society’s application requirements, including successful completion of the on-site anesthesia evaluation and full election, the provisional member shall automatically be transferred to the proper AAOMS membership classification as determined by the AAOMS Committee on Membership.

E. **Resident Member:** Component societies are to establish a resident member category for residents in training in an American Dental Association’s (ADA) Commission on Dental Accreditation (CODA) accredited training program in oral and maxillofacial surgery in the United States and Canada. Residents in their senior year shall be allowed to begin their application process in the component society prior to graduation from their training program.
F. Other membership categories may be designated; however, non-Association members may not vote on any matters pertaining to the American Association of Oral and Maxillofacial Surgeons.

G. Adoption of the following membership appeals mechanism:

1. If a candidate is denied component society membership, he may an appeal but must do so must be made within 90 days. The component must notify the candidate of his the right of appeal;

2. If the candidate appeals, within six (6) months the component society will be required to set up a component peer review committee or an appropriate body within the component comprised of three component members (excluding those on the membership committee) to evaluate the candidate. In component societies where the membership is insufficient in number to appoint a peer review committee completely independent of the membership committee, this requirement may be waived and the component society may appoint members at its discretion. A detailed and documented evaluation of allegations made against the candidate shall be conducted by the component society’s peer review committee to determine validity of said allegations. All component society members will be notified to submit written concerns regarding the candidate to the peer review committee during the six-month evaluation period. After evaluation, should allegations presented prove to be unsubstantiated, component membership shall be granted. After evaluation, if membership is again denied, the review committee is required to report (by way of the Component State Society Notice of Appeal Form) on the candidate denied membership to the AAOMS Committee on Membership. The component must notify the candidate at that time of his the right to appeal to the AAOMS (Candidate Notice of Appeal Form).

3. A candidate denied membership after an appeal to a component society has the right to appeal that decision to a national review committee. The candidate has 90 days to file a written appeal to the AAOMS Committee on Membership (through Candidate Notice of Appeal Form). Within six (6) months, the AAOMS Committee on Membership will establish a four-member Review Committee composed of the Chair of the AAOMS Committee on Membership as moderator, and three (3) voting members: one from the AAOMS Membership Committee, one from the component society Membership Committee and a third voting member as a neutral arbitrator, i.e., a retired judge or one from an organization such as the American Arbitration Association. The candidate may have an advisor present to assist and speak on his their behalf. The proceedings shall be non-adversarial and not subject to cross-examination. A verbatim transcript shall be made of the national review committee meeting, the cost to be borne by AAOMS. Copies of the transcript will be provided to the respondent upon request at his the individual’s expense. All costs associated with component society and candidate representation during the appeals process will be borne by the component society and the candidate respectively. For state societies where the membership is insufficient in number and where there is no dues structure in place, funds for representation during the appeals process may be requested from the AAOMS, subject to approval by the Board of Trustees. This AAOMS/ Component Review Committee will interview and evaluate the candidate, make the determination of the individual’s eligibility with the decision of the Review Committee binding on both the AAOMS and the respective component society.
Submission of the proposed constitution and bylaws, with qualifications A. through F. to the headquarters with a letter of request that the state be considered for official American Association of Oral and Maxillofacial Surgeons component status provisionally until fully approved by the House of Delegates.

Section 40. Duties of Component Societies and Counterparts: The duties of the components or counterparts are as follows: (1) to elect delegates and alternates to the House of Delegates of the American Association of Oral and Maxillofacial Surgeons; (2) to establish the manner of selection of delegates and alternates; (3) to submit names of delegates and alternates for certification to the secretary of the House of Delegates by June 1; and (4) to report annually to the AAOMS newly elected fellows and members.

Section 50. Loss of Component Status: Should a component society’s constitution and bylaws become non-compliant with the AAOMS constitution and bylaws, the Board of Trustees will notify the component of this non-compliance. The component shall have a two-year period in which to become compliant. At the end of these two years, the House of Delegates may withdraw component status upon failure of the component to maintain the qualifications as set forth by the Association.

The lack of component status, due to failure to comply with Chapter III. Section 30. of the Bylaws, shall bar any delegate of that state from being seated in the House of Delegates until such time as the state comes back into compliance.

The provisions of vertical membership shall not be applied to any fellow, member or candidate whose primary practice is in a state that has not complied with the qualifications for component status.

Section 60. Changing of Practice Location: AAOMS fellows and members changing the location of their primary practice to another state shall apply for membership in the new state component society and must complete all requirements, including the office anesthesia evaluation, within two years of the relocation of their primary practice. Following the two-year period, those who have applied for membership in the component society but have not completed their office anesthesia evaluation program shall be transferred to provisional member status.

CHAPTER IV • TRUSTEE DISTRICTS

Section 10. Organization: The Association shall be organized into six (6) trustee districts.

Section 20. Purpose: The purpose of establishing trustee districts is to provide representation on the Board of Trustees for fellows or members of the states, the District of Columbia, the Commonwealth of Puerto Rico, including U.S. territories, and counterparts (the five federal dental services).

Section 30. Composition: The trustee districts are numbered and composed as follows:

District I (Northeastern)
Connecticut, Maine, Massachusetts, New Hampshire, New York, Rhode Island and Vermont.

District II (Middle Atlantic)

District III (Southeastern)
Alabama, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Virginia, West Virginia, and the Commonwealth of Puerto Rico, including the U.S. territories.

District IV (Great Lakes)
Illinois, Indiana, Michigan, Ohio, U.S. Public Health Service, Department of Veterans Affairs and Wisconsin.

District V (Midwestern)
Arkansas, Colorado, Iowa, Kansas, Minnesota, Missouri, Montana, Nebraska, New Mexico, North Dakota, Oklahoma, South Dakota, Texas and Wyoming.

District VI (Western)

CHAPTER V • HOUSE OF DELEGATES

Section 10. Composition: The voting membership of the House of Delegates shall be 102; of whom 100 shall be fellows or life fellows in good standing who represent each state in the Union, the District of Columbia, Commonwealth of Puerto Rico, including U.S. territories, and each branch of the five federal dental services, and two (2) oral and maxillofacial surgery residents representing the Resident Organization Executive Committee. These two (2) resident members will be designated as at-large members and will not participate in the election of AAOMS officers and trustees, ABOMS directors and district caucus officers.

The ROAAOMS delegates and alternates will be given open access and participation rights to all district caucuses held in the summer and at the annual meeting.

In addition, there may be 102 alternates none of whom shall vote unless officially certified as replacing a voting delegate by the Committee on Credentials.

Each component, the District of Columbia, each branch of the five federal dental services, and Commonwealth of Puerto Rico, including U.S. territories, combined as one counterpart shall be represented by one delegate and alternate regardless of its total fellows, members, provisional fellows/members and life fellows and life members in the Association as of January 1. Additional delegates and alternates shall be granted according to the method of least proportionate error. Should components and/or counterparts have equal fellows, members and life fellows and life members when allocating the last of 102 delegates, the one with the greatest number of candidates for Association membership shall receive the delegate and alternate.

Section 20. Election of Delegates and Alternates: Delegates and alternates shall be elected by their respective components and/or counterparts in accordance with Chapter III. Section 40, of these Bylaws and the standing rules of the House of Delegates.

Section 30. Ex-Officio Members: Members of the Board of Trustees and the Speaker and Secretary of the House of Delegates cannot serve as voting delegates. These individuals, however, shall be ex-officio members of the House of Delegates without the right to vote. Past presidents of the Association, unless duly elected delegates, shall be ex-officio members of the House of Delegates without the right to vote.

Section 40. Powers:
A. The House of Delegates shall be the legislative and governing body of the Association.

B. It shall determine the policies which shall govern this Association in all of its activities.

C. It shall have the power to enact, amend, revise and repeal the Constitution and Bylaws of the Association.

D. It shall have the power to adopt, amend, revise and repeal the Association’s Code of Professional Conduct and Guidelines for Filing a Complaint of Violation, excludes advisory opinions.

E. It shall have the power to grant, suspend or revoke the official component status of the oral and maxillofacial surgery societies of the states and counterparts.

F. It shall have the power to create special committees of the House of Delegates.

Section 50. Duties: The duties of the House of Delegates shall be:

A. To initiate, consider and vote upon all proposals affecting the Association except as otherwise noted in these Bylaws.

B. To consider the annual reports of the Board of Trustees and committees and act on resolutions and recommendations contained therein.

C. To elect annually a President-Elect, Vice President, and Speaker of the House of Delegates and elect or re-elect members of the Board of Trustees upon expiration of their current term. (Oct. 18)

D. To elect biennially a Treasurer.

E. To elect annually at least one director of the American Board of Oral and Maxillofacial Surgery.

F. To elect all categories of membership of the Association.

G. To adopt such rules and regulations as are pertinent to the conduct of business of the House of Delegates.

H. To approve any withdrawal of funds from the Reserve.

I. To approve an annual budget.

Section 60. Meetings:

A. Annual Meeting: The House of Delegates shall meet annually immediately prior to the official opening of the annual meeting of the Association.

B. Special Meetings: Special meetings of delegates of the previous House of Delegates may be called between annual meetings in cases of extreme urgency by the President on two-thirds (2/3) vote of the Board of Trustees.
C. **Mail or E-Mail Ballot Vote:** A mail or e-mail ballot vote of the previous House of Delegates may be conducted by the Board of Trustees in cases of extraordinary emergencies in accordance with Chapter VI. Section 80. Item D. of these Bylaws.

**Section 70. Official Call:**

A. **Annual Meeting:** The Secretary of the House of Delegates shall announce in the official publications, and shall send to each member of the House of Delegates, an official notice of the time and place of the annual meeting, at least 30 days prior to the opening of the annual meeting.

B. **Special Meetings:** The Secretary of the House of Delegates shall send to each member of the previous House of Delegates an official notice of the time and place of each special meeting and a statement of the business to be considered, not less than 15 days prior to the opening of the special meeting.

**Section 80. Quorum:** Fifty-two (52) delegates certified by the Committee on Credentials shall constitute a quorum.

**Section 90. Officers of the House of Delegates:**

A. **Officers:** The House of Delegates has two officers, a Chair and a Secretary. The Chair is the Speaker of the House of Delegates. The Secretary is the Executive Director of the Association.

B. **Duties:**

1. The Speaker shall preside at all sessions of the House of Delegates and perform such other duties as prescribed in these Bylaws, the *Manual of the House of Delegates* and the current edition of the *American Institute of Parliamentarians Standard Code of Parliamentary Procedure*.

2. The Secretary shall serve as the recording officer of the House of Delegates and the custodian of its records, and shall cause a report of the proceedings of the House of Delegates to be published in the *Report of the Annual Meeting*.

3. In the absence of the Speaker, the office shall be filled by the President. In absence of the Secretary, the Speaker shall appoint a Secretary pro tem.

**Section 100. Order of Business:** The order of business shall be that which is adopted by the House of Delegates on the recommendation of the Speaker and the Committee on Rules and Procedure, and in accordance with these Bylaws and the *Manual of the House of Delegates*.

**Section 110. Committees:** The standing and special committees of the House of Delegates shall be:

A. **Committee on Constitution and Bylaws:**

1. **Composition:** The committee shall be the Association's standing Committee on Constitution and Bylaws.

2. **Duties:** It shall be the duty of the committee to draft or approve the proposed text of amendments to the *Constitution* and *Bylaws* prior to their submission to the House of
B. **Committee on Rules and Procedure:**

1. **Composition:** The committee shall consist of three (3) delegates, one of whom shall be Chair, each member to be appointed annually by the President.

2. **Duties:** It shall be the duty of the committee, in consultation with the Speaker and Secretary of the House of Delegates, to investigate and recommend the agenda and rules and procedure for the House of Delegates.

C. **Committee on Credentials:**

1. **Composition:** The committee shall consist of three (3) delegates, one of whom shall be Chair, each member to be appointed annually by the President.

2. **Duties:** The committee shall certify the eligibility of delegates and alternates to be seated in the House of Delegates, maintain a continuous roll call, determine the presence of a quorum and supervise voting and election procedures.

D. **Committee of Tellers:**

1. **Composition:** The committee shall consist of three (3) delegates, one of whom shall be Chair, each member to be appointed annually by the President.

2. **Duties:** The committee shall assist the Speaker and Secretary, when requested, and distribute ballots, tabulates votes and assists with the voting process with supervision by the Secretary of the House of Delegates.

E. **Reference Committees:**

1. **Composition:** Each reference committee shall consist of seven (7) delegates, one from each of the six (6) districts, plus the Chair, who shall be designated on a district rotational basis. The President shall appoint the committees at least (6) weeks prior to the annual meeting, including designation of the Chair.

2. **Duties:** It shall be the duty of all reference committees to consider reports and resolutions referred to them; to conduct open hearings for all fellows and members; to report their recommendations to the House of Delegates; and to submit resolutions which involve a change in the *Bylaws* to the Committee on Constitution and Bylaws prior to submission to the House of Delegates. Reference committee chairs shall be required to be in attendance at all sessions of the House of Delegates.

3. **Administration:** Administrative regulations and procedures governing reference committees shall be promulgated by the Committee on Rules and Procedure of the House of Delegates and by the *Manual of the House of Delegates*.

F. **Special Committees:** The Speaker, with the consent of the House of Delegates, shall appoint special House committees to perform duties not otherwise provided for by these *Bylaws*. 
Section 120. Election Procedures: Elective officers and trustees shall be elected at the third session of the House of Delegates in accordance with the procedures specified in these Bylaws and the rules contained in the Manual of the House of Delegates.

CHAPTER VI • BOARD OF TRUSTEES

Section 10. Composition: The Board of Trustees shall consist of 11 voting members: the President, President-Elect, Vice President, Treasurer, Immediate Past President, and six district trustees. In addition, there shall be one (1) ex-officio member without a vote who is the Executive Director.

Section 20. Qualifications: A voting member of the board shall be a fellow or life fellow in good standing of the Association.

Section 30. Term of Office: The term of office of the President, President-Elect and Vice President shall be for one year. The term of office of the Treasurer shall be up to two (2) consecutive two-year terms. The Immediate Past President shall serve for one year immediately following his or their term as President.

The term of office of the President, President-Elect, Vice President, Treasurer and Immediate Past President shall be as designated above or until their successors are elected and installed. The term of office of trustees shall be two (2) years or until their successors are elected and installed. The consecutive tenure of a trustee shall be limited to three (3) full terms. (HD-2017)

Section 40. Removal from Office: District trustees may be removed from office for valid cause by:

A. A majority vote of the delegates present and voting at an annual or special meeting of the House of Delegates on a motion to rescind the election of the accused trustee, following delivery of notice to the accused officer not less than 20 days and not more than 60 days prior to said vote, and in accordance with the principles of fairness and due process.

B. Imposition of the discipline of censure or suspension from membership by the Commission on Professional Conduct or the Appeals Board of the Board of Trustees.

Section 50. Nomination Procedure for Trustees: At each annual meeting, the delegates from the components and counterparts of the trustee district in which the term of the trustee is to be completed shall hold a caucus in accordance with the guidelines for trustee district caucuses of the Manual of the House of Delegates to select one or two nominees for the office of trustee.

Section 60. Election and Installation:

A. The trustee shall be elected by the House of Delegates at the third session according to the rules within the Manual of the House of Delegates.

B. The newly elected trustees shall be installed in office at the final session of the House of Delegates.

Section 70. Vacancies:

A. Should a vacancy in a trustee position occur during an annual meeting, the district involved shall hold a caucus to nominate a candidate(s) as provided in the nominating procedures for trustees.
B. If a trustee vacancy occurs between annual meetings, a successor, appointed by the district caucus chair and secretary in consultation with the President, shall be designated as interim trustee, but only until the next annual meeting, at which time the district caucus shall meet to nominate a candidate for a new two-year term. The newly elected trustee’s term will be for two years with eligibility for two additional two-year terms. (HD-2017)

C. Election of the trustee shall be by the House of Delegates.

Section 80. Powers:

A. The Board of Trustees shall be the administrative body of the Association, vested with full power to conduct all business of the Association subject to the Laws of the State of Illinois, the Articles of Incorporation, the Constitution and Bylaws and the mandates of the House of Delegates.

B. It shall have the power to establish rules and regulations consistent with these Bylaws to govern its organization, procedure and conduct.

C. It shall have the power to establish interim policies when the House of Delegates is not in session and when such policies are necessary to the management of the Association, provided, however, that all such policies shall be presented for approval to the House of Delegates.

D. In instances of extraordinary emergencies to be determined by the majority vote of the Board of Trustees present and voting or in instances that the conduct of the business of the House is jeopardized by conditions unforeseen by the past House, the Board of Trustees shall have the power to conduct a mail, facsimile or e-mail ballot vote of the last House of Delegates. The vote, to be valid, shall consist of ballots received from not less than one-half (1/2) of the members of the last House of Delegates. A majority of the votes cast within 30 days after mailing, e-mailing or faxing of the ballots shall decide the vote. This mail, facsimile or e-mail vote shall be announced at the first session of the subsequent House of Delegates, as the first order of business.

Section 90. Duties:

A. To provide for the maintenance and supervision of the headquarters and all other property or offices owned or operated by the Association.

B. To appoint the Executive Director of the Association and Editor and Assistant Editors of the Journal of Oral and Maxillofacial Surgery.

C. To determine the dates and place for convening of each annual meeting and other Association meetings.

D. To cause to be bonded by a reliable surety company any officer or employee of the Association entrusted with funds of the Association for whatever amount is deemed necessary.

E. To cause all accounts of the Association to be audited annually by a reputable auditor.

F. To prepare a budget for carrying on the activities of the Association for each ensuing fiscal year.

G. To provide for the publication and distribution of all official publications of the Association.
H. To provide, 40 days prior to the annual meeting, an annual report of the Board of Trustees to the House of Delegates which shall embrace activities of the board since the previous annual meeting, including a report on the Association’s priorities and strategic management plan.

I. To create or abolish committees other than those set forth in Chapter IX. of these Bylaws.

J. To approve appointments, except House of Delegates committees or as otherwise provided in these Bylaws or applicable policies.

K. To review the annual written reports of all committees and make recommendations concerning the same to appropriate reference committees of the House of Delegates.

L. To approve all awards, honors, or other special commendations given in the name of the Association.

M. To elect a director to the Oral and Maxillofacial Surgery Political Action Committee in accordance with its Bylaws.

N. To review and approve OMS Foundation Board of Director officers and members, OMSF representatives to AAOMS committees and members of the OMS Foundation Committee on Research, as provided in the OMS Foundation Bylaws. (HOD-2017)

O. To review operations of the OMS Foundation through reports and meetings with the OMS Foundation Board of Directors. (HOD-2017)

P. To perform such other duties as may be prescribed in these Bylaws.

Section 100. Sessions:

A. Regular Sessions: There shall be at least six regular sessions of the Board of Trustees. Each board member shall be given at least 10 days notice.

1. One immediately before and during the annual meeting.

2. One immediately after the close of each annual meeting of the House of Delegates.

3. Three apart from the annual meeting, one in the winter, one in the spring and one in the summer, as determined by the President.

4. Additional sessions of the board may be scheduled.

B. Special Sessions: Special sessions may be called at any time by the President or he shall call such sessions shall be called upon request of any six (6) members of the Board of Trustees. Each board member shall be given at least five (5) days notice of any such session.

C. Conference Calls: Telephone conference calls may be used in lieu of special sessions of the board provided due notice is given to each member of the board at least 24 hours prior to the conference call.
D. **Waiver of Notice:** A written waiver of notice signed by all members of the board, whether before or after the time stated therein, shall be deemed equivalent to giving such notice for any board sessions or conference calls. Attendance at any board session or conference call shall constitute waiver of notice thereof, unless the board member attending objects to the holding of the session or conference call because proper notice was not given.

E. **Quorum:** Six (6) voting members of the Board of Trustees shall constitute a quorum.

Section 110. Officers:

A. **Chair and Secretary:** The officers of the Board of Trustees shall be the President of the Association who shall be the Chair and the Executive Director of the Association who shall be the Secretary.

B. **Duties:**

1. **Chair:** The Chair shall preside at all meetings and conference calls of the board. He **The Chair** shall have the right to vote by ballot, when his vote is **participating as** the deciding vote; and during review of reports of board committees.

2. **Secretary:** The Secretary shall serve as the recording officer of the board and as custodian of its records. A factual record of the proceedings shall be preserved in the archives of the Association.

Section 120. Committees of the Board of Trustees: The committees of the Board of Trustees shall be:

A. **Committee on Finance and Audit:** The Committee on Finance and Audit shall consist of the Treasurer, who shall be the Chair, the President-Elect and three trustees of the Board of Trustees appointed on a district rotational basis by the President. The committee shall prepare annually the general operating budget for approval by the Board of Trustees and subsequent approval by the House of Delegates. The committee will also oversee the annual audit of the Association’s financial statements.

B. **Executive Committee:** The Executive Committee shall consist of the President, President-Elect, Vice President, Treasurer and Immediate Past President. The President shall serve as Chair of the Executive Committee. The duties of the Executive Committee shall be to conduct such interim meetings as may be required and to recommend to the Board of Trustees action to be taken on any matters within the purview of the Board of Trustees.

C. **Building Committee:** The Building Committee shall consist of the Immediate Past President, who shall be the Chair, the President-Elect, the Treasurer and two trustees of the Board of Trustees appointed by the President on a district rotational basis. The committee shall prepare annually the building operating budget for approval by the Board of Trustees.

D. Other board committees may be appointed by the President for the conduct of the business of the board, in accordance with policy.

CHAPTER VII • ELECTIVE OFFICERS OF THE ASSOCIATION

Section 10. Title: The elective officers of the Association shall be the President, President-Elect, Vice President, Treasurer, Immediate Past President and Speaker of the House of Delegates. The President and Immediate Past President shall succeed to their respective offices by virtue of prior election.
Section 20. Qualifications: An officer shall be a fellow or life fellow in good standing of the Association.

Section 30. Nomination of Officers:

A. Nomination Procedure: Nominations for the office of President-Elect, Vice President, Treasurer and Speaker of the House of Delegates shall be presented at the first session of the House of Delegates. Nominations must be made in writing and signed by 10 fellows or life fellows in good standing.

Section 40. Elections: Election of the President-Elect, Vice President, Treasurer and Speaker of the House of Delegates shall be by the House of Delegates at the third session according to the rules within the Manual of the House of Delegates.

Section 50. Tenure: The term of office of the President, President-Elect, Vice President and Immediate Past President shall be one year. The term of office of the Treasurer shall be up to two (2) consecutive two-year terms. The Speaker of the House of Delegates shall be elected annually. The term of office of all elective officers shall be as designated above or until their successors are elected and installed.

Section 60. Removal from Office: Elective officers of the Association may be removed from office for valid cause by:

A. A majority vote of the delegates present and voting at an annual or special meeting of the House of Delegates on a motion to rescind the election of the accused officer, following delivery of notice to the accused officer not less than 20 days and not more than 60 days prior to said vote, and in accordance with the principles of fairness and due process.

B. Imposition of the discipline of censure or suspension from membership by the Commission on Professional Conduct or the Appeals Board of the Board of Trustees.

Section 70. Installation: The newly elected officers shall be installed into office at the final session of the House of Delegates. The President-Elect shall be installed as President at the next annual meeting following his election.

Section 80. Vacancies: In the event any of the elective officers’ positions become vacant, the vacancy shall be filled as follows for the remainder of the term:

President: The President-Elect, in addition to his performing President-Elect duties, shall serve as President during this vacancy. The President-Elect will thereafter, upon completion of this term, assume the following term as President.

President-Elect: The Vice President, in addition to his performing Vice Presidential duties, shall function as President-Elect.

Vice President: The Treasurer, in addition to his performing Treasurer duties, shall function as Vice President.

Treasurer: The Immediate Past President, in addition to his performing Past Presidential duties, shall function as Treasurer.
Speaker of the House of Delegates: The President shall be the Speaker pro tem with the election of a Speaker as the first order of business at the subsequent session of the House of Delegates.

Section 90. Duties:

A. President: It shall be the duty of the President:

1. To serve as an official representative of the Association in its contacts with governmental, civic, business and professional organizations for the purpose of advancing the objectives and policies of the Association.

2. To serve as Chair of the Board of Trustees and of the Executive Committee.

3. To function as Speaker of the House of Delegates pro tem.

4. To deliver an address to the House of Delegates on such matters as he may deemed of importance to the profession and specialty. The President's address shall be referred to a reference committee.

5. To call special sessions of the Board of Trustees and of the Executive Committee.

6. To make all appointments, subject to majority approval of the Board of Trustees, except as otherwise provided in these Bylaws or policies, where applicable.

7. To serve as an ex-officio member without the right to vote on all committees of the Association.

8. To fill any vacancy in the Board of Trustees and to fill all other vacancies not provided for in these Bylaws.

9. To serve as the Immediate Past President following completion of his term as the President.

10. To serve as President of the ASI Board of Directors.

11. To perform such other duties as may be provided in these Bylaws and the adopted parliamentary authority.

B. President-Elect: It shall be the duty of the President-Elect:

1. To assist the President as required.

2. To serve as a member of the Board of Trustees and the Executive and Finance and Audit Committees.

3. To serve as President in the event of vacancy.

4. To succeed to the office of President without election at the next annual meeting of the Association following his election as President-Elect.
5. To report annually the activities of the Board of Trustees to the House of Delegates.

6. To make appointments to all standing committees and propose designation of chairs, in accordance with policy, where applicable, subject to majority approval of the Board of Trustees.

7. To serve as Vice President of the ASI Board of Directors.

8. To perform such other duties as may be provided in these Bylaws and the adopted parliamentary authority.

C. **Vice President:** It shall be the duty of the Vice President:

1. To assist the President as required.

2. To serve as a member of the Board of Trustees and of the Executive Committee.

3. To function as President-Elect in the event of vacancy.

4. To serve as Secretary of the ASI Board of Directors.

5. To serve as an ex-officio member of the Commission on Professional Conduct;

6. To perform such other duties as may be provided in these Bylaws and the adopted parliamentary authority.

D. **Treasurer:** It shall be the duty of the Treasurer:

1. To serve as custodian of all monies, securities and deeds belonging to the Association, and to hold, invest and disburse these subject to the direction of the Board of Trustees.

2. To oversee the annual audit of the Association.

3. To present at each annual meeting a report of the finances of the Association.

4. To serve as Chair of the Finance and Audit Committee and as a member of the Board of Trustees and of its Executive and Building Committees.

5. To function as Vice President in the event of vacancy.

6. To serve as Treasurer of the ASI Board of Directors and the OMS Foundation as provided in the OMS Foundation Bylaws. (HOD-2017)

7. To perform such other duties as may be provided in these Bylaws and the adopted parliamentary authority.

E. **Immediate Past President:** It shall be the duty of the immediate Past President:

1. To assist the President as required.
2. To serve as a member of the Board of Trustees, the Executive Committee and as Chair of the Building Committee.

3. To function as Treasurer in the event of vacancy.

4. To serve as a director of the ASI Board of Directors.

5. To perform such other duties as may be provided in these Bylaws and the adopted parliamentary authority. (HOD-2017)

F. Speaker of the House of Delegates: It shall be the duty of the Speaker of the House of Delegates:

1. To preside at all sessions of the House of Delegates.

2. To develop the order of business for all sessions of the House of Delegates in consultation with the Standing House Committee on Rules and Procedure and the Executive Director, subject to the approval of the House of Delegates.

3. To announce the results of any action taken by vote.

4. To appoint, at his discretion, a parliamentarian for annual meetings, subject to approval of funds by the Board of Trustees.

5. To make final decisions on rules and procedure during sessions of the House unless an appeal from such decision shall be made by a member of the House, in which case the final decision shall be by majority vote.

6. To serve as an ex-officio member without the right to vote on all committees of the House of Delegates.

7. To serve as Chair of the House Committee on Consent Agendas.

8. To perform such other duties as may be provided in these Bylaws and the adopted parliamentary authority.

9. The Speaker shall not be a member of the Board of Trustees.

CHAPTER VIII • APPOINTEE OFFICER

Section 10. Title: The appointive officer of the Association shall be an Executive Director as provided in Article V of the Constitution.

Section 20. Appointment: The Board of Trustees shall appoint the Executive Director.

Section 30. Tenure: The Board of Trustees shall determine the tenure of the Executive Director.

Section 40. Duties: The duties of the Executive Director shall be as follows:

A. To serve as the executive head of the headquarters and all its branches.
B. To engage all employees except as otherwise provided in these Bylaws.

C. To coordinate the activities of all committees and projects of the Association and systematize the preparation of all reports of such committees.

D. To annually prepare a report of the activities of the headquarters for review by the Board of Trustees.

E. To serve as an ex-officio member of the Board of Trustees.

F. To serve as Secretary of the Board of Trustees and House of Delegates.

CHAPTER IX • COMMITTEES AND SECTIONS

Section 10. Name, Composition, Term of Appointments and Duties: All standing committees, except as otherwise provided in these Bylaws, shall be composed of six (6) fellows or members, life fellows or life members or provisional fellows or provisional members (hereinafter referred to as "committee members" or "members"), one (1) from each trustee district, with two (2) committee members appointed annually for terms of three (3) years. All standing committee members shall be limited to serving a tenure of up to two (2) consecutive terms. Appointment shall be by the President-Elect, with appointment contingent on majority approval of the Board of Trustees. Should an appointee not receive a majority vote, the President-Elect must propose additional appointees until majority approval of the Board of Trustees is obtained.

Except as provided elsewhere in these Bylaws, chairs of the standing committees shall be designated by the President-Elect, subject to majority approval of the Board of Trustees. Vacancies shall be filled by the President only for the remainder of the term, subject to majority approval of the Board of Trustees. Those appointed to fill a vacancy of more than one-half of the term may be reappointed to one additional consecutive term. Committee members completing vacancies of less than one-half of a term are eligible for reappointment to two consecutive terms.

A. Committee on Research Planning and Technology Assessment (CRPTA)

Composition: The committee shall be composed of seven (7) voting members with research experience in broad areas of the specialty. District representation is favored but is not mandatory.

While there are no specific criteria for selecting a CRPTA member, those with extensive research experience should be considered for appointment. One voting member shall be appointed by the OMS Foundation chair from the OMS Foundation Board of Directors with approval from the OMS Foundation Board of Directors and the AAOMS Board of Trustees for a term of one year. This member may serve up to four (4) consecutive one-year terms. All other committee members shall serve four-year terms, with appointments staggered so that no more than one member's term is completed annually and shall be limited to serving a tenure of up to two consecutive four-year terms. The Chair of this committee shall also serve on the Committee on Continuing Education and Professional Development. (HOD-2017)

Duties: The committee shall serve as the entity to identify, assess, establish and plan research priorities for areas of interest in oral and maxillofacial surgery relating to clinical practice and technology transfer, and develop and implement a plan for the investigation of these areas. Areas
of interest should be selected from developing research technologies and evaluated with evidence-based science.

Submit requests for funding of research and development projects to the Board of Trustees for approval or submission to the OMS Foundation. (HOD-2017)

Solicit concerns and inform and educate the general membership on research and technology matters through the conduct of an annual open forum on research usually held at the annual meeting.

B. Commission on Professional Conduct (CPC)

Composition: The commission shall be composed of seven (7) members. Six (6) voting members who shall be appointed on a geographical basis with one member from each district. The duration of their terms shall be up to two consecutive three-year terms with appointments staggered so that no more than two members’ terms expire annually. The seventh member shall be the AAOMS Vice President who shall be non-voting. The Chair shall be elected by the commission.

Duties: The commission shall be responsible for implementing the Code of Professional Conduct, developing and implementing advisory opinions, and for recommending revisions to the Code to the House of Delegates. The commission may hold hearings on alleged violations of the Code and shall consider and make findings on complaints of conduct of fellows and members alleged to be contrary to the Code and shall impose appropriate discipline on fellows or members who have been found to have acted contrary to the Code. The commission shall answer inquiries from fellows and members concerning questions of professional conduct.

C. Committee on Anesthesia (CAN)

Composition: The committee shall be composed of 6 members, one from each district, and a Chair, all of whom shall be fellows/members of the Association. Committee members are eligible to complete up to two (2) consecutive three-year terms. The Chair may serve for a total of up to eight (8) years on the committee.

Chair: The Chair shall be appointed annually by the AAOMS Board of Trustees. The chair must have served a minimum of three years on the committee within the last five years. The chair is limited to serving three (3) one-year terms.

Duties: The committee shall review issues relative to anesthesia, including the anesthesia updates, programs, simulation, and recommend action by the Association on matters pertaining to pain and anxiety control.

D. Committee on Cleft, Craniofacial and Pediatric OMS (CCCPOMS)

Composition: The committee shall be composed of eight (8) AAOMS fellows/members of whom one member shall serve as chair. Two (2) committee members shall be appointed annually for terms of three (3) years. Committee members shall be limited to serving a tenure of up to two (2) consecutive three-year terms. District representation is preferred when possible.

Duties:
1. To promote within the specialty of oral and maxillofacial surgery; (1) the highest level of patient care, (2) quality continuing education and (3) awareness of national and international matters related to the care of pediatric patients and those affected with cleft and craniofacial anomalies.

2. Promote OMS membership in organizations related to cleft, craniofacial, and pediatric patient care, as well as promoting active participation in education programs presented by such organizations.

3. Review and monitor cleft lip, palate and craniofacial anomaly activities as they relate to the AAOMS and the specialty and maintain a close liaison with organizations related to cleft, craniofacial, and pediatric patient care.

4. Liaise with appropriate AAOMS committees regarding issues, initiatives, and informational content relating to cleft, craniofacial, and pediatric oral and maxillofacial surgery.

E. Committee on Constitution and Bylaws (CCB)

Composition: The committee shall consist of three (3) members, who shall be fellows and life fellows of the AAOMS, to be appointed annually for a period of three (3) years, with appointments staggered so that no more than one member’s term is completed annually.

Duties: The committee shall review the articles of the Constitution and Bylaws in order to keep them consistent with the Association’s programs; recommend editorial corrections in the Bylaws; and act as the Committee on Constitution and Bylaws of the House of Delegates during the annual meeting.

F. Committee on Continuing Education and Professional Development (CCEPD)

Composition: The committee shall be composed of nine (9) members, who should be fellows or life fellows, of whom one shall be the Chair of the committee, one shall be the Immediate Past Chair and one shall be the Chair of the Committee on Research Planning and Technology Assessment or the Foundation’s Committee on Research. Six (6) members, one from each trustee district, shall be appointed to serve up to two (2) consecutive three-year (3) terms with appointments staggered so that two (2) members’ terms expire annually. The Chair is to be appointed annually and may serve no more than two (2) consecutive one-year terms with the stipulation that he shall and must have completed at least three years on the committee as a member. The Immediate Past Chair shall be limited to serve one (1) one-year term, and, if necessary, may be reappointed to a one-year term as consultant. Service on this committee shall be limited to up to nine (9) years.

Consultants: Annually, the Committees on Anesthesia and Cleft, Craniofacial and Pediatric OMS and the Special Committee on Maxillofacial Oncology and Reconstructive Surgery shall select one member each to serve as a consultant on the CCEPD.

Appointees to the Committee on Continuing Education and Professional Development should have (1) recognized clinical and/or scientific expertise in oral and maxillofacial surgery, (2) demonstrated regular attendance at previous national meetings, (3) had previous committee experience on the national, regional or state level, (4) demonstrated experience in scientific program development, and (5) been a participant in continuing education activity.
Duties: The committee's responsibilities shall be to (1) identify and address the educational needs of the membership, (2) establish minimum guidelines for the development of continuing education activities for oral and maxillofacial surgeons, (3) create a program planning process that is open and participatory, (4) utilize organized agencies within the Association, such as CIGs, as planning resources for general membership programs, (5) provide a high quality, integrated, educational experience for every fellow/member who participates, (6) encourage active participation by fellows and members who elect to focus their clinical endeavors within a particular aspect of the full scope of oral and maxillofacial surgery practice, and (7) assess the effect of continuing education, whether measured as behavioral change or an expansion of the commonly accepted knowledge base in oral and maxillofacial surgery.

G. Committee on Governmental Affairs (CGA)

Composition: The committee shall be composed of nine (9) members of whom six (6) shall serve up to two consecutive three-year terms with terms staggered so that no more than two (2) members' terms are completed annually. The Chair shall be designated on an annual basis from the six members. Three members shall be non-voting and shall be subject to annual appointment. They shall be members of the Committee on Health Care Policy, Coding, and Reimbursement (CHPCR) the Oral and Maxillofacial Surgery Political Action Committee (OMSPAC) Board of Directors and the Resident Organization, AAOMS (ROAAOMS). The OMSPAC member shall be selected by the OMSPAC board.

Duties: The committee shall monitor and investigate national, state and local legislative matters, including liaison with component oral and maxillofacial surgery societies on national, state and local governmental affairs, and recommend action by the Association, but no such action shall be undertaken except upon prior approval of the Board of Trustees or as previous policy established.

H. Committee on Health Care Policy, Coding, and Reimbursement (CHPCR)

Composition: The committee shall be composed of up to 12 members. Committee members shall be appointed on a district basis with no more than two members from each district, who may serve up to three (3) consecutive three-year terms with terms staggered so that no more than four members' terms are completed annually (two members shall be eligible for reappointment and two members' terms expire as they will have served their three terms on the committee). A Chair shall be designated from the district representatives with the stipulation that he shall and must have completed at least three years on the committee as a member. The AAOMS representatives to the ADA Advisory Committee on the Code, the AMA/CPT Advisory Committee, and AMA/RUC Committee shall serve as non-voting consultants to the committee with attendance at committee meetings on as needed basis. Annually, a resident member of the ROAAOMS Executive Committee shall be designated by the ROAAOMS Executive Committee with concurrence of the AAOMS Board of Trustees to serve as a non-voting member of the committee.

Duties: The committee shall monitor and effect coding changes, including providing technical assistance to fellows and members on coding and formulate and recommend policies relating to the planning and administration of oral and maxillofacial surgery in dental and other health care programs. It shall study, evaluate and disseminate information on the planning and administration of oral and maxillofacial surgery in health care programs; and assist component societies, other agencies and appropriate agencies in developing programs for the planning and administration of oral and maxillofacial surgery in dental and medical care programs. The
development and implementation of peer review and quality assurance programs shall also be duties of this committee.

I. **Committee on Membership (CM)**

**Composition:** The committee shall be composed of six (6) members who may serve up to two consecutive four-year terms, with appointments staggered so that no more than two members’ terms are completed annually. (Oct. 18)

**Duties:** The committee shall conduct a review of the professional and ethical qualifications of each candidate for all classifications of membership. The committee also shall conduct a review of all requests for waivers or reductions of membership dues or fees.

The committee shall report its findings with recommendations to the Board of Trustees and House of Delegates on all categories of membership, and waivers or reductions of dues and fees.

J. **Committee on Practice Management and Professional Staff Development (CPMPSD)**

**Composition:** The committee shall be composed of up to 10 voting members of whom one shall be the immediate past chair and three (3) non-voting members. Committee members shall be appointed on a district basis with three members appointed on a district rotational basis who may serve up to two (2) consecutive three-year terms to be staggered so that no more than two members’ terms are completed annually. The Chair is to be appointed annually from the voting members and may serve no more than two (2) consecutive one-year terms with the stipulation that he shall and must have completed at least three years on the committee as a member. The immediate past chair shall be limited to serve one (1) one-year term, and, if necessary, may be reappointed to a one-year term as consultant.

The two non-voting members shall be members of the AAOMS Allied Staff Category. They shall be appointed with concurrence of the Committee on Practice Management and Professional Staff Development and reported to the Board of Trustees. Their terms shall be for three years with eligibility for reappointment to a second consecutive three-year term. These two positions shall not be subject to geographical representation. Additionally, one non-voting resident member will be appointed annually by the ROAAOMS Executive Committee for a one-year term. (Oct. 18)

**Duties:** The committee shall be responsible for developing, planning, implementing and evaluating practice management continuing education programs, and non-professional liability and insurance matters. It shall oversee professional allied staff programs and activities.

K. **Committee on Education and Training (CET)**

**Composition:** The committee shall be composed of 16 members, all of whom shall be fellows or life fellows of the Association. Committee members, with exception of the member from OMS Foundation, are eligible to complete up to two (2) consecutive three-year terms. The Chair may serve for a total of up to eight (8) years on the committee. They are: (HOD-2017)

- 4 members appointed by the AAOMS Board of Trustees
- 3 members selected by the Oral and Maxillofacial Surgery Faculty Section
- 3 members who are predoctoral full-time faculty
• 2 members who are the AAOMS representatives to the ADA Residency Review Committee
• 1 member who is the OMS Commissioner to the Commission on Dental Accreditation
• 1 member who is the ABOMS representative to the ADA Residency Review Committee
• 1 member who is a representative of the OMS Foundation Board of Directors (HOD-2017)
• 1-Chair appointed by the AAOMS Board of Trustees

**AAOMS Board Appointed Members:** Four (4) members, appointed by the AAOMS Board of Trustees, shall serve three-year terms, with appointments staggered so that no more than two (2) members’ terms are completed in any given year. The four (4) members shall be limited to serving a tenure of up to two consecutive three-year terms. Any appointee serving an uncompleted term may be reappointed to only one additional three-year term. These members may not be current members of the AAOMS Board of Trustees.

**Section Members:** Three (3) members shall be the three (3) senior members of the Faculty Section Executive Committee who are elected by the Oral and Maxillofacial Surgery Faculty Section. These members may not be current members of the AAOMS Board of Trustees.

**Predoctoral Members:** Three (3) members shall be full-time predoctoral faculty within a CODA accredited dental school appointed by the AAOMS Board of Trustees. These members may not be current members of the AAOMS Board of Trustees.

**AAOMS Member to ADA Residency Review Committee on OMS:** Two (2) members shall serve by virtue of serving on the Residency Review Committee on Oral and Maxillofacial Surgery to the ADA Commission on Dental Accreditation in accordance with the ADA commission’s governing rules. These members are ineligible to concurrently serve as Chair of the committee.

**ABOMS Member:** One (1) member shall serve by virtue of his serving on the Residency Review Committee on Oral and Maxillofacial Surgery to the ADA Commission on Dental Accreditation in accordance with the ADA commission’s governing rules. This member is ineligible to serve as Chair of the committee.

**OMS Commissioner:** One (1) member shall serve by virtue of serving as the Chair of the Residency Review Committee on Oral and Maxillofacial Surgery to the ADA Commission on Dental Accreditation. This member is ineligible to concurrently serve as Chair of the committee. This AAOMS appointed member will be eligible to serve as Chair of the committee at the completion of serving as the OMS Commissioner.

**OMS Foundation:** One (1) member shall be appointed by the OMS Foundation chair from the OMS Foundation Board of Directors with approval from the OMS Foundation Board of Directors and the AAOMS Board of Trustees for a term of one year. This member may serve up to four (4) consecutive one-year terms. (HOD-2017)

**Chair:** The Chair shall be appointed annually by the AAOMS Board of Trustees from the AAOMS appointed members to the committee or Residency Review Committee or the three members elected by the Oral and Maxillofacial Surgery Faculty Section with the stipulation that the individual designated has completed a minimum of three years on the committee within the last five years. The chair is limited to serving three (3) one-year terms.

Duties: The committee shall: (HOD-2017)
- Review OMS Accreditation Standards and recommend changes.
- Annually select the recipients of the Faculty Educator Development Award (FEDA).
• Review applications for OMS Foundation fellowship funding, rank the applicants according to accepted criteria and recommend OMS Foundation funding accordingly.

L. Committee on Public and Professional Communication (CPPC)

Composition: The committee shall be composed of seven (7) fellows or members, life fellows or life members or provisional fellows or provisional members, six (6) of whom shall represent the trustee districts, with two (2) committee members appointed annually for terms of three (3) years. These members shall be limited to serving a tenure of up to two (2) consecutive terms. One voting member shall be appointed by the OMS Foundation chair from the OMS Foundation Board of Directors with approval from the OMS Foundation Board of Trustees for a term of one year. This member may serve up to four (4) consecutive one-year terms. (HOD-2017)

Duties: The committee shall be responsible for developing and implementing programs and publications for the dissemination of information regarding oral and maxillofacial surgery to the membership, general public, and health care professions. The committee shall coordinate and integrate communications regarding the specialty through editorial and managerial responsibility over products and public information in the print and electronic media. The committee shall oversee the public relations activities for projects designed to market the specialty. The committee shall also be responsible for communications and publicity for the OMS Foundation and for development and maintenance of its website. (HOD-2017)

M. Resident Organization of the American Association of Oral and Maxillofacial Surgeons (ROAAOMS)

Composition: The committee shall be composed of 12 members, all of whom shall be resident members of the Association at the time of appointment. They are:

- President
- Vice President
- Immediate Past President
- Three (3) Committee Liaisons
- Six (6) District Representatives

President: The position of President will be filled by the Vice-President selected the previous year and will assume responsibility as President upon adjournment of the annual meeting. The term will be one year and upon completion of this term the President will assume the role of Immediate Past-President. In the event that the President position becomes vacant, the Vice President shall assume the duties of the President.

Vice President: The AAOMS Board of Trustees will appoint the Vice President following a review of up to three (3) candidate applications and supporting documentation provided by the ROAAOMS Executive Committee. This officer serves a one-year term commencing with the adjournment of the AAOMS Annual Meeting immediately after appointment and ending with the adjournment of the subsequent AAOMS Annual Meeting, at which time the Vice President will assume the responsibilities of President of the ROAAOMS. The Vice President must have a minimum of eighteen (18) months of oral and maxillofacial surgery training remaining and holds and/or has held an appointment as an executive committee member of ROAAOMS. In the event that the Vice President position becomes vacant, the President shall appoint the duties of Vice
President to a District Representative upon approval by the Board of Trustees. A non-categorical oral and maxillofacial surgery resident may not apply for Vice President.

Immediate Past President: The position of Immediate Past President will be filled by the previous President upon the installation of the new President. The Immediate Past President will retain voting rights as long as he or she the individual’s membership is in good standing.

Committee Liaison Representatives: The position of Committee Liaison Representative will be appointed by the presiding ROAAOMS officers (Vice President, President, Immediate Past President). They will be appointed the first week of August to serve a one (1) year term. The term will commence at the adjournment of the AAOMS Annual Meeting immediately after appointment and end with the adjournment of the subsequent AAOMS Annual Meeting. The committee liaisons will represent ROAAOMS on various AAOMS standing committees. The Committee Liaison Representatives must have served as a member of the ROAAOMS Executive Committee prior to appointment. If an applicant was not chosen for the position of Committee Liaison, they are still eligible to be appointed/considered for the position of the District Representative. A non-categorical oral surgery resident may not apply for the position of Committee Liaison.

District Representatives: District Representatives are appointed by the presiding Executive Committee members of ROAAOMS and will serve a one-year term beginning at the adjournment of the AAOMS annual meeting following appointment. District Representatives have the option of running for another term. District Representatives must have at least eighteen (18) months of oral and maxillofacial surgery training remaining.

Program Liaisons: One (1) Program Liaison will be appointed per accredited oral and maxillofacial surgery program. Should more than one resident from an individual program seek the position of Program Liaison, the District Representative will provide an application on behalf of the Executive Committee of ROAAOMS to make a selection. The application will require submission of a Curriculum Vitae, letter of intent by the applicant stating his/her interest in ROAAOMS and the standards by which they wish to serve as Program Liaison, and letter of recommendation from an attending in the respective program’s Department of Oral & Maxillofacial Surgery; the letter should include the applicant’s participation in clinical and professional activity. If the applicant wishes to submit additional letters from a person not listed previously, i.e. research faculty, mentor, they may do so as a supplement. The members of ROAAOMS under the guidance of AAOMS faculty will review the application of individuals interested in serving as Program Liaison and a decision will be made two (2) weeks after submission of application.

Duties:

**OMS Resident Outreach**
- Continue network of residents (1-2 liaison(s) per program) to enhance resident communication
- Disseminate Resident E-News to residents as appropriate
- Convene resident programs and events at the AAOMS Annual Meeting including the ROAAOMS educational program, the ROAAOMS business meeting and the joint ROAAOMS program with OMSNIC and ABOMS
- Increase ROAAOMS involvement in the political arena by attendance at Day on the Hill and OMSPAC participation
• Increase involvement of residents in AAOMS by continuing to liaison with AAOMS committees, increase involvement with the Faculty Section, dissemination of welcome packets and membership mailings, and convening and participating in resident meetings

Dental Student Outreach/Recruitment
• Continue attendance at American Student Dental Association (ASDA) national and regional meetings
• Continue dental school visits and luncheon presentations to expose dental students to OMS
• Continue recruitment of dental students by disseminating informational packages and working with ASDA for promotional items

N. Oral and Maxillofacial Surgery Faculty Section (OMSFS)

Composition: The faculty section shall be composed of AAOMS fellows and life fellows who serve as faculty engaged in education and training and/or who serve on the Committee on Education and Training. The Faculty Section’s Executive Committee is composed of seven (7) members. One new member is elected annually by the Faculty Section and ascends to the chair position.

Duties: The section shall (1) be advisory to the Committee on Education and Training; (2) annually convene a forum of section members for dialogue with the Committee on Education and Training to enhance oral and maxillofacial surgery education; and (3) elect three fellows to serve on the Committee on Education and Training.

Section 20. Duties Common to All Committees: In addition to the aforementioned duties outlined in this chapter, each committee

A. may submit in writing to the headquarters an itemized proposed budget of anticipated expenditures for the ensuing year. Such budget shall be submitted not less than four (4) months prior to the annual meeting;

B. shall submit to the headquarters an annual written report to the Board of Trustees and House of Delegates. The report shall embody such resolutions as are deemed proper by the committees. This report shall be submitted by June 1 of each year unless otherwise directed by the Board of Trustees, and it shall be reproduced and distributed to members of the House of Delegates, regional and component society presidents, past officers and trustees, related sister organizations and fellows/members who serve on councils and the House of Delegates of the American Dental Association at least 40 days prior to the annual meeting. The report shall be distributed to any fellow or member upon request; and

C. Chair shall be required to attend appropriate hearings of reference committees and all sessions of the House of Delegates.

Section 30. Consultants and Advisors: Consultants and advisors to any committee may be appointed by the President with the approval of the Board of Trustees.

Section 40. Special Committees: Special committees of the Association may be created or abolished by the Board of Trustees.
Conversion of special committees to standing committees is to conform to Chapter IX. Section 10. of the Bylaws and Section II. 4d. of the Policies.

**CHAPTER X • INDEMNIFICATION**

Each trustee, officer, committee and commission member, employee and other agent of the Association, shall be held harmless and indemnified by the Association against all claims and liabilities and all costs and expenses, including attorney fees, reasonably incurred or imposed upon him in connection with or resulting from any action, suit or proceeding, or the settlement or compromise thereof, to which he may be a party by reason of any action taken or omitted to be taken by him as a trustee, officer, committee or commission member, employee or agent of the Association, in good faith.

This right of indemnification shall inure to such person whether or not he is a trustee, officer, committee or commission member, employee or agent at the time such liabilities, costs or expenses are imposed or incurred and, in the event of his death, shall extend to his legal representative. To the extent available, the Association shall insure against any potential liability hereunder.

**CHAPTER XI • BOARD OF DIRECTORS OF THE AMERICAN BOARD OF ORAL AND MAXILLOFACIAL SURGERY**

**Section 10. Membership:** The Board of Directors of the American Board of Oral and Maxillofacial Surgery ("the board") shall consist of eight (8) voting members each of whom shall be elected for a term of up to eight (8) years. The Immediate Past President shall serve for one year as the eighth voting member. At least one new director shall be elected by ballot annually by the House of Delegates of the Association.

**Section 20. Qualifications:** Candidates for the office of director shall be fellows of the American Association of Oral and Maxillofacial Surgeons and diplomates of the American Board of Oral and Maxillofacial Surgery and shall have demonstrated their qualifications as examiners by not less than three (3) years of service on the Advisory Committee of the Board in the 10 years preceding their nomination.

**Section 30. Nomination, Election and Vacancies:** The ABOMS shall forward to the AAOMS a sufficient number of nominees annually so that at least three (3) nominees are available for balloting for each open director position. Election shall take place at the first session of the House of Delegates.

Directors shall be elected by electronic or ballot vote by a majority affirmative vote of the members of the House of Delegates present and voting. In the event that no candidate receives a majority affirmative vote on the first vote, the name of the candidate receiving the lowest number of votes shall be dropped from the list of candidates, and the delegates shall vote again. This process shall continue until there are only two (2) candidates or a candidate receives a majority affirmative vote and is elected. A list of not less than three (3) nominees shall be submitted to the House of Delegates by the Board of Trustees of the American Association of Oral and Maxillofacial Surgeons. Additional nominations may be presented from the floor of the House of Delegates at the time of election accompanied by a written nomination signed by five fellows or life fellows in good standing. No nominating speeches shall be permitted.
A. **Annual Nomination and Election of New 8-Year Director:** One new director shall be elected by ballot annually for a period of eight (8) years by a majority affirmative vote of the members of the AAOMS House of Delegates present and voting as outlined in Section 30 above.

B. **Vacancies:** Should a vacancy in a director position occur between annual meetings, the vacancy may be filled by an individual selected by the remaining ABOMS directors, at a regular or special meeting, to serve until the vacancy is filled at the next annual meeting of the Association.

In the event that elections are held for more than one director position and after the first director is elected, all of the remaining nominated candidates will then be eligible for balloting for the remaining vacant position(s). This same process would apply to all other vacant positions through the same process as outlined in Chapter XI. Section 30.

Should a vacancy in a director position occur during an annual meeting, the ABOMS Board of Directors shall hold a meeting to nominate a list of not less than three nominees. This list shall be forwarded to the AAOMS Board of Trustees for consideration and approval for transmittal to the House of Delegates for election of one director at the third session.

Following election by the AAOMS House of Delegates, terms of all members of the ABOMS Board of Directors shall be staggered in order of tenure with the newly elected director(s) serving the term(s) as determined by the ABOMS Board of Directors.

**Section 40. Reports:** The Board of Directors shall submit a report annually to the House of Delegates of the Association.

**Section 50. Open Forum:** The Board of Directors shall hold an open forum during the annual meeting of the Association.

**CHAPTER XII • FINANCES**

**Section 10. Fiscal Year:** The fiscal year shall begin on January 1 of each calendar year and shall end on December 31.

**Section 20. Dues and Assessments:** Dues of fellows and members shall be $1,250; dues of affiliate members shall be $422; and dues of allied staff members shall be $55 due January 1 for the ensuing year. Exception to this shall be at the discretion of the Board of Trustees in accordance with policy. (Oct. 18)

The amount of annual dues or assessments shall be recommended to the House of Delegates by the Board of Trustees and shall be fixed by the House of Delegates by a two-thirds (2/3) affirmative vote of the delegates present and voting with a 60-day prior notice.

**Retired and Honorary Fellows and Members:** Retired fellows/members and honorary fellows shall pay no dues or assessments.

**Practicing Life Fellows and Members:** Life fellows/members in active practice shall pay 50% of dues and assessments.
**Fellows and Members in Federal Dental Services:** Fellows and members in the federal dental services (U.S. Air Force, U.S. Army, U.S. Navy, Department of Veterans Affairs and U.S. Public Health Service) shall pay dues at a reduced rate in accordance with the following and applicable assessments and subscription fees. A fellow or member holding a full-time position within the Department of Veterans Affairs and Public Health Dental Service shall pay 1/2 of the required annual dues. Additionally, fellows and members holding full-time positions within the Army, Navy and Air Force shall pay 1/4 of the required annual dues. Should a federal service fellow or member relinquish his position **discontinue employment** within the federal dental services, the graduated dues schedule shall be terminated at the next dues cycle. (Oct. 18)

**Fellows and Members in Faculty:** Full-time faculty fellows and members shall receive a dues reduction, excluding assessments and subscription fees, as follows: a fellow or member accepting a full-time faculty position (defined as the primary occupation or primary salary source) will pay 1/3 of the required annual dues for his next three years of membership, 2/3 of the required annual dues for years 4 through 6, and full membership annual dues thereafter. A fellow or member is eligible for these dues reductions on a one-time basis. Should a fellow or member relinquish his **discontinue employment as full-time faculty position** during this six-year period, the graduated dues schedule shall be terminated at the next dues cycle. Full-time faculty fellows or members who joined the Association after October 1, 1994 and accepted and maintained a full-time faculty position (defined as the primary occupation or primary salary source) shall be grandfathered with the graduated dues schedule implemented.

Provisional fellows’ and members’ dues and assessments shall be consistent with Section VII. Membership, 4. Fees for Candidates, of the Policies.

Resident members shall pay no annual dues. Resident members may purchase the *Journal of Oral and Maxillofacial Surgery* at the then current fellow/member subscription rate, if complimentary subscriptions are not available.

**Section 30. Fees:** Application and other fees, except annual dues and assessments, are determined by the Board of Trustees and are contained in the policies.

**Section 40. Delinquency:** Fellows, members, provisional fellows and members, affiliate members and candidates shall be classified as not in good standing when dues and assessments or the candidate fees are not paid on or before February 1. Fellows, members, provisional fellows/members and affiliate members who fail to pay dues and assessments, or candidates who fail to pay fees by February 1 shall be dropped from the AAOMS mailing list until the monies are paid. Fellows, members, provisional fellows/members, affiliate members and candidates shall automatically be dropped from the membership rolls for failure to pay dues, assessments or fees prior to the convening of the annual meeting of the first year of delinquency.

**Section 50. Subscriptions:** The subscription fee for the *Journal of Oral and Maxillofacial Surgery* shall be paid at the same time dues, assessments and candidate fees are paid, and the statement shall have enumerated the amount of each subscription fee. Subscription to this publication shall be required of all fellows, members, provisional fellows/members, affiliate members and candidates through the Association without exception. Life and retired fellows/members, honorary fellows, inactive fellows/members and residents shall receive the journal only by personal paid subscription.

**CHAPTER XIII • ANNUAL MEETINGS AND CONFERENCES**
The Board of Trustees shall determine the time and place of annual meetings and conferences.

Attendance at annual meetings or conferences shall be limited to fellows, members, provisional fellows/members and affiliate members in good standing; to candidates, whose applications are on file by July 1 to attend annual meetings; to residents in accredited oral and maxillofacial surgery programs; and to guests specifically invited by the President. Oral and maxillofacial surgeons residing or practicing in the United States who are eligible for any category of Association membership, and who are not fellows or members of the Association may attend, subject to the following conditions: (1) that sufficient space is available at the annual meeting or conference site; (2) upon payment of the non-member registration fee; and (3) payment of a fee equal to the amount of full member dues and any assessments and fees charged for the year in which the annual meeting or conference is held. Persons in the health professions not eligible to become fellows or members may attend subject to the following conditions: (1) that sufficient space is available at the annual meeting or conference site and (2) upon payment of the non-OMS member registration fee. Consultants may be invited to the business sessions at the discretion of the Board of Trustees.

CHAPTER XIV • CODE OF PROFESSIONAL CONDUCT WITH ADVISORY OPINIONS AND GUIDELINES FOR FILING A COMPLAINT OF VIOLATION

Section 10. Code of Professional Conduct: Any appropriate category of membership, except honorary fellowship and special honorary fellowship, of the American Association of Oral and Maxillofacial Surgeons shall be governed in ethical matters by the Code of Professional Conduct and the Pledge of the American Association of Oral and Maxillofacial Surgeons, all of which are considered part of these Bylaws. The Code of Professional Conduct is published separately within the governing rules and regulations.

Section 20. Advisory Opinions: The advisory opinions are interpretations, opinions and statements of the Association’s Commission on Professional Conduct which may be expanded, withdrawn or modified and are subject to review and approval by the Board of Trustees.

Section 30. Discipline: The Commission on Professional Conduct or the Appeals Board may impose the following disciplines:

- Counsel
- Expulsion
- Censure
- Probation
- Suspension

CHAPTER XV • PLEDGE OF THE ASSOCIATION

Each fellow and member of the Association shall be bound by the following Pledge which shall become effective upon induction to membership:

Recognizing that the American Association of Oral and Maxillofacial Surgeons stands for the highest traditions of our specialty, I hereby pledge myself, as a condition for membership, to practice oral and maxillofacial surgery with honesty and to place the welfare of my patients above all else; to advance constantly in professional knowledge; and to render help willingly to my colleagues.
In solemn affirmation of my dedication and upon my honor, I declare that I will abide by the
Code of Professional Conduct of the American Association of Oral and Maxillofacial Surgeons and
that I will faithfully support its purposes and ideals and abide by its principles and regulations.

CHAPTER XVI • DEFINITIONS OF THE ASSOCIATION

Dentistry is defined as the evaluation, diagnosis, prevention and/or treatment (nonsurgical, surgical or
related procedures) of diseases, disorders and/or conditions of the oral cavity, maxillofacial area and/or
the adjacent and associated structures and their impact on the human body; provided by a dentist,
within the scope of his/her the individual’s education, training and experience, in accordance with the
ethics of the profession and applicable law. (Based upon the definition of dentistry as defined Adopted
by the ADA House of Delegates in 1997.)

Oral and Maxillofacial Surgery is the specialty of dentistry which includes the diagnosis, surgical and
adjunctive treatment of diseases, injuries and defects involving both the functional and esthetic aspects
of the hard and soft tissues of the oral and maxillofacial region. (Adopted by the ADA House of
Delegates in 1953 with the last amendment adopted by the ADA House in October 1990.)

AAOMS Statement on Anatomical Parameters: The Anatomical Parameters for the specialty of oral and
maxillofacial surgery arise from and encompass the ADA Definition of Dentistry and the ADA Definition
of Oral and Maxillofacial Surgery. Further, the Anatomical Parameters shall be construed or defined to
include any procedure contained in the most contemporary version of the AAOMS Parameters and
Pathways: Clinical Practice Guidelines for Oral and Maxillofacial Surgery of Care or any procedure
included in the standards of an accredited advanced specialty residency training program in oral and
maxillofacial surgery. As defined above, the Anatomical Parameters of the specialty shall include any
adjunctive or ancillary procedures included in the education, training, experience, current competence
and scope of practice of oral and maxillofacial surgeons, that are necessary to perform, facilitate or
support the primary procedures within the scope of practice of the specialty, including, but not limited
to, such procedures as the harvesting of bone and tissue grafts from distant sites, as required for facial
reconstruction.

CHAPTER XVII • OFFICIAL JOURNAL AND EDITOR’S DUTIES

Section 10. Title: This Association shall cause to have published an official journal under the title of
Journal of Oral and Maxillofacial Surgery herein after referred to as the journal.

Section 20. Object: The object of the journal shall be to report, chronicle and evaluate activities of
scientific and professional interest to fellows and members of the specialty.

Section 30. Frequency: The journal shall be issued at least monthly, 12 times per year.

Section 40. Editor, Associate Editor and Assistant Editors: The editor, associate editor and assistant
editors are appointed by the Board of Trustees from among candidates whose credentials are
acceptable to the Board of Trustees. In the case of the associate editor and assistant editors, the
candidates must be acceptable to the current editor as well as to the Board of Trustees. When a
vacancy occurs in any of these positions, notice of availability must be published in the Association’s
media. The editor shall serve as editor-in-chief and Chair of the editorial board of the journal and shall
exercise full editorial control over the publication subject only to policies established by the Board of
Trustees and these Bylaws.
CHAPTER XVIII • PARLIAMENTARY AUTHORITY


CHAPTER XIX • INTERPRETATION OF BYLAWS

The Board of Trustees shall provide interim interpretation of the Bylaws, subject to ratification by the House of Delegates at the next annual or special meeting. In so doing, the board may consult with the Committee on Constitution and Bylaws.

CHAPTER XX • AMENDMENT TO BYLAWS

Section 10. Amendment: These Bylaws may be amended at any session of the House of Delegates at an annual or special meeting in accordance with the required notice, by a two-thirds (2/3) vote of the delegates present and voting.

Section 20. Notice: Unless otherwise provided for in these Bylaws, notice for amendments must be submitted in writing to the House of Delegates: (a) at the previous annual meeting, or (b) not less than 30 days prior to the annual meeting or special meeting, or (c) at a previous session of the same annual meeting or special meeting.

Section 30. Special Notice:

Dues and Assessments: Amendments to the Bylaws, which would change the amount of dues or assessments for fellows, members and affiliate members, must have been submitted in writing to the House of Delegates 60 days prior to the annual meeting or special meeting of the House of Delegates.

Membership Qualifications: Amendments to the Bylaws, which would change the membership qualifications for fellows, members and affiliate members, must have been submitted in writing to the House of Delegates at the previous annual meeting.

Section 40. Waiver of Notice: The required notice for any amendment to these Bylaws may be waived only by a unanimous vote of the delegates present and voting, provided that at least two-thirds (2/3) of the delegates are present and vote.

CHAPTER XXI • SUBSIDIARY GOVERNING DOCUMENTS

Section 10. Code of Professional Conduct: The Code of Professional Conduct with Official Advisory Opinions and Guidelines for Filing a Complaint serves as the official guide for the Association to maintain the highest level of ethical standards in the delivery of oral and maxillofacial surgery care. The Guidelines for Filing a Complaint of Violation govern the conduct of operations of the Commission on Professional Conduct in the adjudication of professional conduct matters.

The Code and Guidelines for Filing a Complaint of Violation are adopted, amended and repealed by the House of Delegates in the same manner as the Bylaws are adopted, amended and repealed; i.e., a two-thirds (2/3) vote with previous notice. The Advisory Opinions are subject to review and approval by the Board of Trustees. The Code, Advisory Opinions and Guidelines for Filing a Complaint of Violation shall
be published as a separate document and distributed with the governing rules and regulations of the Association.

Section 20. Policies: The administrative standing rules of procedure of the Association shall be known as Policies. Policies are recommended by the Board of Trustees and/or the House of Delegates and are adopted, amended, suspended and repealed by the House of Delegates by a majority vote without notice. Policies shall be published as a separate document and distributed with the governing rules and regulations of the Association.

Section 30. Manual of the House of Delegates: The Manual of the House of Delegates contains parliamentary and ordinary standing rules of procedure which govern the House of Delegates, the general procedures for the reference committees and the standing committees of the House of Delegates, the guidelines for trustee district caucuses, and general information regarding the operation of the House of Delegates. The parliamentary and ordinary standing rules of procedure of the House of Delegates are adopted, amended and repealed by the House of Delegates by a majority vote without notice. Parliamentary standing rules of procedure may be suspended by a two-thirds (2/3) vote; ordinary standing rules of procedure may be suspended by a majority vote. The Manual of the House of Delegates shall be published as a separate document and distributed with the governing rules and regulations of the Association.

CHAPTER XXII • ADOPTION

These Bylaws as herewith stated shall have effect immediately upon adoption and all conflicting laws, chapters, sections and parts of sections of these Bylaws shall stand repealed.
ARTICLES OF INCORPORATION

1. **Name:** The name of this corporation shall be the American Association of Oral and Maxillofacial Surgeons.

2. **Duration:** The duration of the corporation shall be perpetual.

3. **Mission:** The mission of the American Association of Oral and Maxillofacial Surgeons is to provide a means of self-government relating to professional standards, ethical behavior and responsibilities of its fellows and members; to contribute to the public welfare; to advance the specialty; and to support its fellows and members through education, research and advocacy.

4. **Headquarters:** The principal headquarters of the corporation shall be in Rosemont, Illinois.

5. **Bylaws:** The Bylaws of the corporation shall be divided into two categories designated, respectively, as the **Constitution** and the **Bylaws**, and each category shall be amendable from time to time in the manner and by the method therein set forth. In the case of any conflict between the **Constitution** and the **Bylaws**, the provisions of the **Constitution** shall control.

6. **Membership:** The qualifications, method of selection, designation or selection, the privileges and obligations and the voting rights, if any, of the various classes of membership which are established by the **Constitution** and **Bylaws** of the corporation from time to time and shall be set forth in and governed by the **Constitution** and **Bylaws**.

7. **Exercise of Corporate Powers:** Except as otherwise provided by law, the affairs of the corporation shall be governed and the corporate powers of the corporation shall be exercised by a Board of Trustees, a House of Delegates, officers, committees, fellows and members, agents and employees as set forth in the **Constitution** and **Bylaws**, and the titles, duties, powers and method of electing, designating or selecting all of the foregoing shall be as provided therein.

8. **Voting Rights with Respect to Articles of Incorporation:** Only those fellows of the corporation who have voting rights to amend the **Constitution** of the corporation shall have such voting rights to amend the Articles of Incorporation.

*Where "fellow" and the masculine pronoun appear in this document, they shall be understood to include both females and males as gender-inclusive.*
I. Introduction

As do all health care professions, the oral and maxillofacial surgery specialty holds a special position of trust within society. In recognition of their extensive scientific and clinical training, and healing mission, society grants oral and maxillofacial surgeons certain privileges, which are not available to the public at large. These include the right to diagnose and treat illness, perform surgery, and prescribe and administer prescription drugs within the scope of their licensure, training, education and expertise. In return, the specialty makes a commitment to society that its members will adhere to high ethical standards of conduct.

The AAOMS Code of Professional Conduct (the Code) is a compilation of those ethical obligations that have been identified and recognized by the specialty through the American Association of Oral and Maxillofacial Surgeons (AAOMS), the largest oral and maxillofacial surgery specialty society in the United States.

The Code is a product of the AAOMS House of Delegates, which consists of elected representatives of the AAOMS membership and is the official policy-making body of the AAOMS. All elements of the Code result from resolutions adopted by the AAOMS House of Delegates.

The Code is, in effect, a written expression of the obligations arising from the implied contract between the specialty and society. However, since the Code is the result of an ongoing dialogue between the oral and maxillofacial surgery specialty and the public, it is an evolving document. By its nature, the Code cannot be a complete articulation of all ethical obligations. In resolving ethical problems not explicitly covered by the Code, oral and maxillofacial surgeons should consider the ethical principles that the Code reflects, the patient’s needs and interests, and any applicable law.

AAOMS fellows and members agree to abide by the Code as a condition of membership in the Association. They recognize that continued public trust in the oral and maxillofacial surgery specialty is based on the commitment of individual surgeons to high ethical standards of conduct.

To assist AAOMS fellows and members in participating in the Code decision process, this publication also includes official Guidelines for Filing a Complaint. The guidelines are designed to provide complainants with a reasonable opportunity to seek a resolution of complaints while protecting the confidentiality and rights of fellows and members accused of violating the Code.

II. Guidelines for Filing a Complaint of a Violation of the AAOMS Code of Professional Conduct

To help ensure that AAOMS fellows and members honor the Code, the AAOMS maintains a process by which violations of the Code by AAOMS fellows and members and AAOMS component societies may be alleged and decided. The AAOMS Commission on Professional Conduct (the commission) carries out this decision process. To ensure that complaints receive proper consideration, the commission recommends that the following guidelines be followed when filing a complaint.

Who may file a complaint: Any AAOMS fellow, member, candidate, state or regional oral and maxillofacial surgery society or state dental or medical board or American Board of Oral and Maxillofacial Surgery (ABOMS) may file a complaint of unprofessional conduct or a violation of the Code; however, a current member of the commission who has a direct personal or financial interest in the matter of complaint should recuse himself or herself from any participation in the matter. The commission may act on its own motion, by majority vote, should a matter within its jurisdiction come to its attention from any other
source. This includes actions taken by the ABOMS, dental and medical board and criminal and civil court judgments.

Who a complaint may be filed against: A complaint may be filed against any oral and maxillofacial surgeon who holds any category of membership or prospective membership in the AAOMS. A complaint may also be filed against any state or regional oral and maxillofacial surgery society that is a component of the AAOMS. Complainants seeking action against non-members or other organizations will be referred to the state dental board or other appropriate body.

What a complaint may allege: Complaints must allege a violation of one or more provisions of the AAOMS Code or other professional or ethical misconduct related to the practice of oral and maxillofacial surgery by an oral and maxillofacial surgeon.

How to file a complaint: To ensure that the commission receives and is able to verify and evaluate complaints, and to ensure that confidentiality is maintained, all complaints must be:

- In writing. Complaints received by telephone alone will not be considered.
- Signed by the complainant and include an address where the commission may contact the complainant. Anonymous complaints will not be considered.
- Documented. At minimum, a statement or affidavit from the complainant detailing the facts and circumstances of the alleged misconduct is required. Any supporting documentation, such as patient records, bills, copies of correspondence, statements of witnesses or other relevant evidence, should be included.
- Submitted directly to the Chair of the Commission on Professional Conduct at the following address:

  Chair, Commission on Professional Conduct  
c/o American Association of Oral and Maxillofacial Surgeons  
  9700 W. Bryn Mawr Ave.  
  Rosemont, IL 60018-5701

- Clearly marked as “Confidential” on the complaint letter and the envelope in which it is sent.

Who has access to complaints: Those filing complaints should understand that their identity, as well as the nature of the allegation, would be disclosed to the respondent. Other than such disclosure, all complaints and proceedings are kept confidential by the commission, the AAOMS Appeals Board and their respective agents until a final finding of fact and action are determined, and all appeals are complete.

What happens when a complaint is filed: The commission reviews all complaints within 90 working days of receipt, or at the commission’s next scheduled meeting. Based on the evidence presented in the complaint and the respondent’s answer to the complaint, the commission may take one or more of the following actions:

- Defer the complaint. The most common reason complaints are deferred is to await the outcome of litigation in a court or action by another governmental or relevant entity over the alleged violations.
- Dismiss the complaint. If the commission finds a complaint groundless or unsupported by documentation, it may dismiss the complaint.
- Request additional information from the complainant.
- Appoint a committee to investigate the complaint.
Hold a hearing. The commission may, at its discretion, based on the nature and severity of the complaint, determine to hold a hearing and require both the complainant and respondent to attend such hearing, at their own expense.

If, after investigating the complaint, the commission determines that a violation may have occurred, the respondent may request a hearing before the commission. The respondent may present additional evidence and interview witnesses at the hearing.

After the hearing the commission decides whether a violation has been shown.

If the respondent is found to have violated the Code, the commission determines a sanction. Sanctions may include:

- Letter of Counsel.
- Probation.
- Censure.
- Suspension of AAOMS membership.
- Expulsion from the AAOMS.

Letters of counsel and probation are actions aimed at bringing the respondent’s behavior into compliance with accepted ethical norms. As such, these actions are kept confidential unless they occur along with a publishable sanction.

Censure, suspension and expulsion are more punitive actions. As such, they are reported in AAOMS publications. Disciplinary actions may also be reported to regulatory bodies, such as state dental and medical boards, state oral and maxillofacial surgery societies and to the American Board of Oral and Maxillofacial Surgery. The commission will report actions, as required by law, to the National Practitioners Databank.

It should be noted, however, that decisions by the commission are binding only over oral and maxillofacial surgeons’ relationships with and privileges within the AAOMS. Commission findings have no official standing outside the AAOMS, though they may be recognized or considered by other organizations at the discretion of those organizations.

The commission retains the sole discretion to impose the discipline it sees fit, in full consideration of the facts, circumstances and any mitigating or extenuating factors it finds during the course of its investigation and adjudication processes.

Respondents found to have violated the AAOMS Code may also appeal the finding to the Appeals Board of the AAOMS Board of Trustees. The Appeals Board’s decision is final.

III. Guidelines for seeking an interpretation of the Code

To assist oral and maxillofacial surgeons in avoiding and resolving ethical conflicts, the AAOMS Commission on Professional Conduct offers interpretations of the Code to AAOMS fellows and members. Interpretations are most frequently sought in the areas of advertising and marketing, and business arrangements, though the commission will examine any area of oral and maxillofacial surgery practice covered by the Code of Professional Conduct.

The commission encourages any oral and maxillofacial surgeon who has a question about whether a given practice or arrangement may violate the Code to seek an interpretation. To obtain an interpretation, address inquiries to:

Chair, Commission on Professional Conduct
c/o American Association of Oral and Maxillofacial Surgeons
Requests should include enough information about the matter in question to allow the commission to reach an informed decision. Detailed information on the proposed or existing action, arrangement or practice, and any documentation, such as advertising copy, should be forwarded for the commission to review.

The commission will review the submitted materials within 90 working days, or at its next scheduled meeting and at that time will determine whether it wishes to issue an interpretation or official Advisory Opinion on the issue. At its own discretion, the commission may publish interpretations as Advisory Opinions in the Code.

Interpretations are meant to provide guidance to fellows and members in resolving uncertain ethical questions. However, obtaining an interpretation does not guarantee that the matter in question may not become the subject of a complaint or disciplinary proceeding. As with all complaints, the commission will consider complaints about matters on which it has issued an interpretation based on the facts and circumstances presented in the complaint process. The fact that an interpretation was obtained may be viewed as a mitigating factor in such proceedings.

IV. The AAOMS Commission on Professional Conduct

Under the Constitution and Bylaws of the AAOMS, the AAOMS Commission on Professional Conduct maintains and administers the AAOMS Code of Professional Conduct (the Code). It is the commission’s responsibility to uphold the high ethical and moral standards that have been the hallmark of the specialty of oral and maxillofacial surgery and have distinguished the practice of the healing arts from ordinary commerce.

The commission’s authority: The commission is appointed by the AAOMS Board of Trustees and functions as an independent body within the Association. The commission has the sole authority to interpret the AAOMS Code. The commission is authorized to investigate and adjudicate complaints of ethical violations by AAOMS fellows and members, and impose sanctions on those found to have violated the AAOMS Code.

Commission functions and powers: The commission’s main duties and functions are as follows:

- Administering the Code. The commission is responsible for disseminating the Code to AAOMS fellows and members, and for providing a mechanism for filing complaints, comments, and requests for interpretations of the Code.

- Making decisions under the Code. The commission acts as a tribunal in determining the facts of complaints made against oral and maxillofacial surgeons, and whether those facts constitute a violation of the Code. The commission may levy sanctions against violators.

- Issuing Advisory Opinions and interpretations. Advisory Opinions are interpretations, opinions and statements accompanying the Code text. They are generally issued in response to specific issues or cases raised before commission, and act as a standard for interpreting the code in disciplinary proceedings. The commission continually reviews the opinions and may modify, expand or withdraw any element at any time to meet changing conditions and considerations in the practice of oral and maxillofacial surgery. Interpretations are opinions on the applicability of the Code in a specific circumstance, usually at the request of an oral and maxillofacial surgeon. At the commission’s discretion, privately requested interpretations may be published as Advisory Opinions.
• Recommending changes to the Code. The commission is responsible for continually reviewing the Code and recommending changes to reflect changing circumstances. These recommendations must be adopted by the AAOMS House of Delegates to become part of the Code.

• Educating the membership about the high ethical and moral standards that have been the hallmark of the specialty of oral and maxillofacial surgery and have distinguished the practice of the healing arts from ordinary commerce.

Jurisdiction: The Code governs the commission in its consideration of complaints, and contains the ethical standards of the Association. The Code describes many of the matters over which the commission has jurisdiction and the sanctions the commission may levy. However, because the Code is an evolving document, the commission’s jurisdiction is not limited solely to those matters explicitly referenced in the Code. The commission may examine and recommend sanctions relating to any action by an oral and maxillofacial surgeon that the commission determines to be an actual or potential violation of the ethical and moral duty oral and maxillofacial surgeons owe their patients, peers and society.

It should be noted, however, that the commission’s jurisdiction is limited to AAOMS fellows and members and their relationships with and privileges within the AAOMS. Findings of ethical violations may be reported to other organizations or agencies, in accordance with the Code. They may be recognized and considered by outside entities only at the discretion of those entities.

Occasionally, the commission is asked to determine matters outside its jurisdiction. For example, matters that relate primarily to quality and standards of treatment, including fees, are, generally speaking, the purview of peer review committees and are to be resolved through the state or regional peer review mechanism. The commission may refer such matters to other appropriate authorities.

In the event the commission determines that an allegation should be referred to another agency, the complainant will be advised that their complaint falls outside the jurisdiction of the Code and the commission will then refer the complainant to a more appropriate authority.

The commission seeks to administer and enforce the Code in an objective and unbiased manner, and makes every attempt to treat respondents and complaints with the respect and fairness due fellow oral and maxillofacial surgeons. In keeping with these goals, commission members are expected to disclose any conflict or potential conflict or recuse themselves in matters where a conflict of interest or even the appearance of impropriety exists.

Confidentiality: Commission members shall keep confidential all information relating to their work on the commission. Breach of confidentiality by any member of the commission shall be grounds for removal from the commission.

V. AAOMS Code of Professional Conduct and Official Advisory Opinions

A. General principles of the AAOMS Code of Professional Conduct

A.1 The Code of Professional Conduct (the Code) is an expression of the House of Delegates of the American Association of Oral and Maxillofacial Surgeons (AAOMS). The Advisory Opinions are a basic compilation of interpretations, opinions and statements of the AAOMS Commission on Professional Conduct. The Code and the Advisory Opinions may be expanded, withdrawn or modified by the originating body at any time to meet changing conditions and considerations in the practice of oral and maxillofacial surgery practice.

The Code of Professional Conduct of the AAOMS is the ethical standard for fellows and members of the Association as they seek to achieve the highest level of ethical conduct in the relations with their patients, their peers and the public.
In all dealings with the public and profession, oral and maxillofacial surgeons should uphold the honor of their profession by acting in accordance with the letter and the spirit of the Code, as well as all applicable law and regulation. Oral and maxillofacial surgeons practicing under other professional designations and licenses must follow the ethical standards of the professions that apply.

In all cases, oral and maxillofacial surgeons should safeguard their patients, their profession and the public by ensuring that care is rendered only by persons who are professionally competent and of good moral character. Fellows and members of the Association have a moral and professional obligation to maintain a viable relationship with all appropriate segments of the health care community.

Advisory opinions

A.1.00 Observance: These ethical standards of professional conduct are the expressions of the AAOMS of its basic ethical principles. As a condition of membership, all fellows and members of the AAOMS are required to abide by the tenets of the Code.

A.1.01 Respect for Law and Individual Rights: The oral and maxillofacial surgeon should respect the rule of law and the rights of the individual.

A.1.02 Rights of the Public: While it is important that the rights of professional colleagues be protected, it is equally important to protect the rights of the public. In litigation, for example, fellows or members should feel free to act as expert witnesses when they believe their opinion would aid in the administration of justice.

A.2 Pledge of the Association: Each fellow and member of the Association shall be bound by the following Pledge, which shall become effective upon induction to membership:

Recognizing that the American Association of Oral and Maxillofacial Surgeons stands for the highest traditions of our specialty, I hereby pledge myself, as a condition for membership, to practice oral and maxillofacial surgery with honesty and to place the welfare of my patients above all else; to advance constantly in professional knowledge; and to render help willingly to my colleagues.

In solemn affirmation of my dedication and upon my honor, I declare that I will abide by the Code of Professional Conduct of the American Association of Oral and Maxillofacial Surgeons and that I will faithfully support its purposes and ideals and abide by its principles and regulations.

Reproduction of the Pledge for the purpose of public display is prohibited except for copies produced by the American Association of Oral and Maxillofacial Surgeons or its official designees.

A.3 All complaints, proceedings, communications, and records concerning alleged violations of the Code shall be kept confidential by members of the Commission on Professional Conduct, members of ad hoc investigative committees appointed by the commission, members of the AAOMS Board of Trustees reviewing appeals of findings of violations, AAOMS staff, and others affiliated with the AAOMS, except when sanctions are publishable under the Code or when disclosure of such information may be required by law.

B. Patient autonomy, self-determination and confidentiality

B.1 The oral and maxillofacial surgeon has a duty to respect the patient’s rights to self-determination and confidentiality.
The oral and maxillofacial surgeon should inform the patient of any proposed treatment and any reasonable alternatives, so that the patient is involved in their treatment decisions.

Advisory opinion

B.2.00 Oral and Maxillofacial Surgeon Responsibility and Patient Consent: The responsibility of the oral and maxillofacial surgeon includes preoperative diagnosis and care, the selection and performance of the operation and postoperative surgical care. It is unethical to mislead a patient as to the identity of the doctor who performs the operation. Because modern oral and maxillofacial surgery is often a team effort, oral and maxillofacial surgeons may delegate part of the care of their patients to associated oral and maxillofacial surgeons, residents, or assistants under their direction. However, oral and maxillofacial surgeons must not delegate or evade their responsibility for supervising assistants, and ensuring their patients are cared for according to accepted practice standards. It is not improper for the responsible oral and maxillofacial surgeon to permit an assistant to perform all or part of a given operation, provided the oral and maxillofacial surgeon is present and an active participant throughout the essential part of the operation. If a resident is to operate upon and take care of the patient, under the general supervision of the attending oral and maxillofacial surgeon who will not participate actively, the patient should be so informed and provide consent.

Advisory opinion

B.3.00 Furnishing Copies of Records: An oral and maxillofacial surgeon has the ethical (and often legal) obligation to provide patient records (or copies or summaries of them), including x-rays and other imaging techniques (or copies of them) to either the patient or the patient’s designated caregiver, at the request of the patient or the patient’s subsequent caregiver. Oral and maxillofacial surgeons should provide such documents either at no charge or for a nominal fee that covers the cost of reproduction and time in presenting the records. Transfer of protected records should be done in accordance with the law and confidentiality regulations in place at that time.

C. Ensuring proper professional education, training and competence

C.1.00 Scope of practice: While an oral and maxillofacial surgeon has the right to practice to the full extent of their license, competence and abilities governed by all applicable laws and regulations, they also maintain the obligation to act in accordance with the letter and spirit of the AAOMS Code of Professional Conduct in their scope of practice which is perpetually defined by the current edition of the AAOMS Parameters of Care (ParCare). Therefore, while practicing as an oral and maxillofacial surgeon, surgery outside the oral and maxillofacial region shall be considered outside the scope of the profession unless such procedures are to harvest tissue for utilization in the oral and maxillofacial region.
C.1.01 An oral and maxillofacial surgeon must personally provide preoperative evaluation and
382
diagnosis and postoperative care according to accepted treatment parameters.
383
C.1.02 Auxiliary Personnel: Oral and maxillofacial surgeons have an obligation to protect the
385
health of their patients by not delegating to a person less qualified any service or operation
386
which requires the professional competence of an oral and maxillofacial surgeon. An oral
388
and maxillofacial surgeon has the further obligation of prescribing and supervising the work
389
of all auxiliary personnel in the interest of rendering the best service to the patient.
390
C.2 Continuing Education: Oral and maxillofacial surgeons should continually improve themselves
392
and their abilities through continuing education.
393
C.3 Professional Judgment and Quality of Care: Oral and maxillofacial surgeons should treat their
395
patients as they would wish to be treated in like circumstances. They should not disclose
396
professional confidences unless compelled to do so by law. Their independent judgment should
397
not be compromised.
398
Advisory Opinions
399
C.3.00 An oral and maxillofacial surgeon must not practice oral and maxillofacial surgery on a
400
scheduled basis in locations other than suitably equipped and staffed facilities, such as
401
oral and maxillofacial surgery offices (as defined in C.3.01 and C.3.02), accredited
402
hospitals, surgery centers, academic institutions, state or federal institutions, or in the
403
military service. This provision should not prevent or discourage oral and maxillofacial
404
surgeons from providing unscheduled urgent or emergency care as needed in any type of
405
setting.
406
C.3.01 An oral and maxillofacial surgery office is defined as a non-mobile facility that has passed
407
the state general anesthesia or conscious sedation evaluation where required by state law,
408
is represented by trained staff persons, displays the attending oral and maxillofacial
409
surgeon’s name, and provides 24-hour coverage by an oral and maxillofacial surgeon who
410
is within a reasonable distance and/or response time of the facility for the administration of
411
emergency care.
412
C.3.02 Facilities meeting these criteria may be a part of an associated medical or dental clinic.
413
Each oral and maxillofacial surgery facility must meet the appropriate statutes as set forth
414
in the state Dental Practice Acts and comply with current AAOMS office anesthesia
415
regulations, including the maintenance of drugs and equipment on the premises, and be
416
subject to on-site evaluation where required.
417
C.4 Consultation: Consultation should be sought whenever the quality of care may be enhanced by
418
consultation.
419
Advisory opinions
420
C.4.00 Advice and Counsel to Colleagues: Oral and maxillofacial surgeons, by virtue of their
421
training and professional expertise, have the obligation to advise and assist their
422
professional colleagues when their advice and counsel is sought. Their aim should be the
423
ultimate in good patient care.
424
C.4.01 Confidentiality: Oral and maxillofacial surgeons serving as consultants should hold the
425
details of their consultations in confidence between themselves and the attending
426
practitioners.
C.5 **Itinerant Surgery:** Defined as elective oral and maxillofacial surgery performed in non-accredited surgical facilities other than the facility or facilities owned and/or leased by the oral and maxillofacial surgical practice employing the oral and maxillofacial surgeon.

a. Fellows and members are strongly discouraged from participating in itinerant surgery.

b. It is unethical if the patient is unfamiliar with the surgeon who performs their surgery. Therefore, if an oral and maxillofacial surgeon performs itinerant surgery, the patient must be provided, in writing, the full name of the surgeon, their state license number, their primary address or main office address, their office telephone number, and their after-hours number prior to their surgical appointment.

c. It is unethical for the surgeon to delegate their primary patient responsibility. Therefore, if an oral and maxillofacial surgeon performs itinerant surgery, they shall comply with the current published AAOMS Parameters of Care for patient assessment and the Office Anesthesia Evaluation Manual for outpatient anesthesia.

1) The surgeon shall perform a patient assessment including a medical history and a physical examination prior to performing surgery.

2) The surgeon shall document the patient's physical status in their record using the American Society of Anesthesiology physical status classification prior to surgery, and

3) The surgeon shall document a diagnosis justifying surgical care.

d. It is unethical for the surgeon to perform surgery in an unsafe or unsuitably equipped facility. The AAOMS Office Anesthesia Evaluation program establishes the required vital sign monitors for the safe delivery of office based anesthesia. Therefore, if an oral and maxillofacial surgeon performs itinerant surgery, they shall comply with the current published AAOMS Office Evaluation Manual for facility and anesthesia team requirements for each office utilized for itinerant surgery. To further comply with required vital sign monitoring; each office where the surgeon operates should have its own vital sign monitoring equipment which undergoes regularly scheduled maintenance to ensure the equipment is properly calibrated and in working order. Required monitoring includes ECG, Blood Pressure, Pulse Oximetry, and End Tidal CO2. In addition, the Oral & Maxillofacial Surgeon is required to comply with State laws pertaining to permitting and licensing of any office facility utilizing and providing intravenous sedation and/or general anesthesia. All facilities utilized for such patient care must therefore, comply with State and Federal permitting and licensing requirements. As a minimum requirement, each surgeon shall provide their state component an affidavit confirming their compliance with the above standards of care including a list of each facility in which they perform itinerant surgery. Furthermore, an oral and maxillofacial surgeon must comply with the Drug Enforcement Agency (DEA) requirement to have and maintain a current and separate DEA registration for each office where the surgeon performs itinerant surgery. Appropriate storage of medications in a secured location must comply with requirements outlined in the DEA Practitioner’s Manual. The manual is available at www.deadiversion.usdoj.gov/pubs/manuals.

e. It is unethical for the surgeon to perform surgery in an unsafe or unsuitably staffed facility. Therefore, if an oral and maxillofacial surgeon performs itinerant surgery, they shall comply with the state laws, rules and regulations for dental office based anesthesia/sedation procedures regarding staffing requirements. As a minimum requirement, each surgeon shall personally utilize a minimum of two operating room assistants properly trained to assist during itinerant procedures, anesthesia and patient recovery and be trained in emergency management.
f. It is unethical for a surgeon to delegate post-operative care to a person who is not similarly qualified to recognize, treat, and manage all surgical complications. This includes the ability and privilege to admit patients to an extended care hospital for surgical care and/or other management. Therefore, if an oral and maxillofacial surgeon performs itinerant surgery, they shall be responsible for the outcome of the post-surgical care and shall maintain communication to ensure the patient receives proper continuity of care.

g. The provisions of this Code do not apply to the occasional performance by a fellow or member from performing surgery at a facility for the purposes of teaching or charity patient benefit.

D. Avoiding personal impairment

D.1 Personal Impairment: It is unethical for an oral and maxillofacial surgeon to practice while abusing controlled substances, alcohol or other chemical agents which impair the ability to practice.

D.2 All oral and maxillofacial surgeons have an ethical obligation to urge chemically impaired colleagues to seek treatment. Oral and maxillofacial surgeons with first-hand knowledge that a colleague is practicing when so impaired have an ethical responsibility to report such evidence to the well being or equivalent committee of the state oral and maxillofacial surgery or dental society, or to the state dental board.

D.3 Post-exposure, Blood-borne Pathogens: All oral and maxillofacial surgeons, regardless of their blood-borne 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 oral and maxillofacial surgery office of the need for post-exposure evaluation and follow-up and to immediately refer the patient to a qualified health care practitioner who can provide post-exposure services. The oral and maxillofacial surgeon's ethical obligation in the event of an exposure incident extends to providing information concerning the oral and maxillofacial surgeon's own blood-borne pathogen status to the evaluating health care practitioner, if the oral and maxillofacial surgeon is the source individual, and to submitting to testing that will assist in the evaluation of the patient. If a staff member or third person is the source individual, the oral and maxillofacial surgeon should encourage that person to cooperate as needed for the patient's evaluation.

Advisory opinion

D.3.00 Ability to Practice: An oral and maxillofacial surgeon who contracts any disease or becomes impaired in any way that might endanger patients or oral and maxillofacial surgery staff shall, with consultation from a qualified physician or other authority, limit the activities of practice to those areas that do not endanger patients or staff. An oral and maxillofacial surgeon who has been advised to limit practice activities should monitor the aforementioned disease or impairment and make additional limitations to practice as indicated.

E. Promote the welfare of patients and the community

E.1 Professional Obligations: Oral and maxillofacial surgeons should safeguard their patients, their profession and the public by ensuring that care is rendered only by persons who are professionally competent and of good moral character. Fellows and members of the Association have a moral and professional obligation to maintain a viable relationship with all appropriate segments of the health care community.
E.2 **Research and Development:** Oral and maxillofacial surgeons have the obligation to 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.

E.3 **Patents and Copyrights:** Patents and copyrights may be secured by oral and maxillofacial surgeons provided that such patents and copyrights shall not be used to restrict research or practice.

E.4 **Abuse and Neglect:** Oral and maxillofacial surgeons shall be obligated to become familiar with the signs of abuse and neglect and to report suspected cases to the proper authorities, consistent with state laws.

E.5 **Participate in the Governance of the Profession:** Every profession owes society the responsibility to regulate itself. Such regulation is achieved largely through the influence of professional societies. All oral and maxillofacial surgeons, therefore, have a dual obligation of making themselves a part of a professional society and of observing its rules of ethics.

E.6 **Community Relations:** Oral and maxillofacial surgeons should take an active role in community affairs, and conduct themselves with dignity and honor in their relations with the public.

F. **Fairness and nondiscrimination in dealing with patients**

F.1 **Quality of Care:** An oral and maxillofacial surgeon should not provide unnecessary or substandard treatment to a patient.

Advisory opinion

F.1.00 **Emergency Service:** The oral and maxillofacial surgeon should make a reasonable response to a request for service in an emergency.

F.2 **Patient Abandonment:** Once an oral and maxillofacial surgeon has undertaken a course of treatment the oral and maxillofacial surgeon should not discontinue that treatment without giving the patient adequate notice and the opportunity to obtain the services of another oral and maxillofacial surgeon. Care should be taken to ensure that a patient's oral health is not jeopardized in the process.

Advisory opinion

F.2.00 **Termination of Services (Patient Abandonment):** Oral and maxillofacial surgeons are free to select whom they will treat. At the outset of the surgeon-patient relationship, the boundaries of the service that the surgeon intends to perform should be set forth clearly. The surgeon is responsible for performing with due care the surgery, postoperative care, treatment for any complications, discharge of the patient that is not premature and delivery of complete and adequate instructions to the patient upon discharge. Once services are commenced, the surgeon may discontinue such service only upon completion of care. The surgeon is not entitled to withdraw from the case as long as the patient still requires his or her services, unless adequate notice is provided the patient to seek the services of another practitioner or upon discharge by the patient. Adequate notice is understood to be long enough to permit the patient, with reasonable diligence, to obtain the services of another to provide the necessary care. Failure of the patient to pay for services generally does not justify withholding further needed services, nor does lack of cooperation on the part of the patient justify such termination except in extreme cases. In situations of practitioner illness, withdrawal from the case is not justified without adequate notice to the patient.
F.3  **Non-Discrimination:** While oral and maxillofacial surgeons may exercise reasonable discretion in selecting patients for their practices, oral and maxillofacial surgeons may not refuse to accept patients into their practices or deny service to the patient because of their race, creed, color, sex or religion. Refusal to treat a patient solely because that patient has or may have an infectious disease is unethical.

Advisory opinion

F.3.00  An oral and maxillofacial surgeon has the general obligation to provide care to those in need. A decision not to provide treatment to an individual because the individual has AIDS or is HIV seropositive, based solely on that fact, is unethical. Decisions with regard to the type of treatment provided or referrals made or suggested, in such instances should be made on the same basis as they are made with other patients, that is, whether the individual oral and maxillofacial surgeon believes he or she has need of another's skills, knowledge, equipment or experience and whether the oral and maxillofacial surgeon believes, after consultation with the patient's physician, if appropriate, the patient's health status would be significantly compromised by the provision of dental treatment.

G.  **Fairness in dealing with colleagues**

G.1  The oral and maxillofacial surgeon should respect the rule of law and the rights of their colleagues.

Advisory opinions

G.1.00  **Right to Practice:** An oral and maxillofacial surgeon will not interfere with another's right to practice to the full extent of his or her license, competence and abilities.

G.1.01  **Emergency Consultation:** An oral and maxillofacial surgeon consulted in an emergency by the patient of another practitioner should treat the emergency condition and refer the patient to his or her doctor. The oral and maxillofacial surgeon should inform the other doctor of the condition found and the treatment provided.

G.1.02  **Second Opinions:** Patients have the ultimate right to choose the practitioners who provide their health care advice and services. In this context, a second opinion is an additional perspective on a confirmed or suspected condition or problem. It is obtained through consultation with an oral and maxillofacial surgeon who ideally is practicing independently of the previous practitioner. An oral and maxillofacial surgeon should not discourage a patient from seeking a second opinion. When consulted for a second opinion, an oral and maxillofacial surgeon should provide his or her opinion in a timely manner.

When a patient seeks a second opinion on his or her own for a condition or problem not yet treated, the oral and maxillofacial surgeon is not required to report the encounter to the previous practitioner. However, before initiating treatment, the oral and maxillofacial surgeon should inform any health care practitioner who previously rendered an opinion on the same condition or problem, provided the patient does not object to doing so.

When a patient seeks a second opinion on his or her own regarding ongoing treatment and the additional examiner is aware that he or she is rendering a second opinion, that oral and maxillofacial surgeon should provide the findings to the initial practitioner, provided the patient does not object to doing so.

When a patient seeks a second or additional opinion to fulfill a requirement or request of an outside agency or payer, and the additional examiner is aware that he or she is rendering a second opinion, that oral and maxillofacial surgeon, with the patient's
G.1.03 Peer Review: Peer review is a means of maintaining quality of care and achieving resolution of differences between patients and health care practitioners. Oral and maxillofacial surgeons should cooperate and support the principle of peer review when one's professional peers conduct such a review.

G.1.04 Cooperation with Duly Constituted Bodies of the AAOMS and AAOMS Component Societies: An oral and maxillofacial surgeon must comply in a timely manner with requests for information from duly constituted bodies of the AAOMS or AAOMS component societies. Failure to respond to such requests will be considered a violation of the Code and may be subject to disciplinary sanction.

G.1.05 Service on Investigating Committees: Oral and maxillofacial surgeons shall serve on investigating committees and the Commission on Professional Conduct when appointed, unless special circumstances prevent their serving.

G.1.06 Violations: An oral and maxillofacial surgeon should refer evidence of any violation of the Code of Professional Conduct by an oral and maxillofacial surgeon or AAOMS component society to the Chair of the Commission on Professional Conduct. However, if, during the commission's review and/or investigation of the allegations of violation of the Code of Professional Conduct and Advisory Opinions, it becomes evident that the complainant has been malicious or fraudulent, the complainant will be subject to appropriate disciplinary action within the Governing Rules and Regulations. If such fraudulent or malicious allegations have been presented by an oral and maxillofacial surgeon as part of a commentary on the suitability of a candidate for membership, the Committee on Membership and the Commission on Professional Conduct may initiate appropriate action against the oral and maxillofacial surgeon within the Governing Rules and Regulations.

G.1.08 Expert Witness Testimony: In professional liability cases, unless the cause of harm is self-evident, an expert witness is called upon to render an opinion that the harm alleged by the plaintiff was caused by an act or omission of the treating practitioner that did or did not fall below the legally recognized standard of care, and that there was a causal connection between the harm sustained and the practitioner's alleged negligence.

Oral and maxillofacial surgeons are encouraged to serve as expert witnesses in legal proceedings to assist in finding the truth in the matter under consideration. In so doing, the oral and maxillofacial surgeon expert witness must not act as an advocate or partisan and should not present his or her own views as the only correct ones if they differ from what might be done by other oral and maxillofacial surgeons. Expert testimony should reflect not only the opinions of the individual witness but also honestly describe where such opinions may vary from common practice. The expert witness must be aware that transcripts of deposition and courtroom testimony are public records, subject to independent peer review.

a. Qualifications for the Oral and Maxillofacial Surgeon Expert Witness:

1. An oral and maxillofacial surgeon who acts as an expert witness must have direct clinical experience in the specific area of oral and maxillofacial surgery in question in the proceeding.

2. The oral and maxillofacial surgeon expert witness should be a diplomate of the American Board of Oral and Maxillofacial Surgery.
3. An expert must be a surgeon who is still engaged in the active practice of oral and maxillofacial surgery or can demonstrate enough familiarity with present practices to warrant designation as an expert witness.

4. The oral and maxillofacial surgeon expert witness must have a current, valid and unrestricted license to practice oral and maxillofacial surgery in the state in which he or she practices.

5. The oral and maxillofacial surgeon expert witness should be prepared to document the percentage of time he or she spends in service as an expert witness as well as the time spent in the practice of oral and maxillofacial surgery.

6. Oral and maxillofacial surgeons who wish to serve as expert witnesses must not do so in cases for which they also served as one of the patient's treating doctors. This qualification does not preclude a treating oral and maxillofacial surgeon from serving as a fact witness testifying from firsthand knowledge about the condition of a patient and the treatment provided. If during the course of testifying the fact witness is asked his or her opinion about a particular matter, it is appropriate to remind counsel that the witness is not testifying as an expert or opinion witness.

b. Standards of Behavior for the Oral and Maxillofacial Surgeon Expert Witness:

1. The oral and maxillofacial surgeon expert witness must review the medical-dental information in the case, and testify to its content fairly and impartially.

2. The oral and maxillofacial surgeon expert witness must review the standards of practice prevailing at the time of occurrence.

3. The oral and maxillofacial surgeon expert witness must be prepared to state the basis of the testimony presented. Important alternate methods and views should be fairly presented and discussed, if asked.

4. Compensation of the oral and maxillofacial surgeon expert witness should be reasonable and commensurate with the time and effort given to preparing for deposition and court appearance. It is unethical for an oral and maxillofacial surgeon expert witness to accept a contingency fee or otherwise link compensation to the outcome of the case.

G.1.09 Insurance Consultants: Oral and maxillofacial surgeons who serve as insurance consultants are expected to promote the best interests of patients and fair claims practices by third-party payers. In serving as an insurance consultant, a fellow or member of this Association shall uphold the standards of this Code and render opinions that are consistent with the standards of care and customary practice prevailing at the time and in the community where the treatment at issue is performed.

a. Definitions: As used in this advisory opinion, the following terms shall have the following meanings:

1. "Third-Party Payer" The term "third-party payer" is used generically to include any insurance carrier, benefit plan, government agency or other party responsible for paying designated expenses incurred for the treatment of another.

2. "Insurance Consultant" An "insurance consultant" is an oral and maxillofacial surgeon who reviews, reports or renders an opinion upon a course of treatment, procedure or the cost thereof for a third-party payer, with or without compensation or consideration of any kind. This term includes a person who provides
consultation upon the treatment of a specific patient, general practices and community standards of care, or coverage and payment policies.

b. Qualifications:

1. An insurance consultant must be currently engaged in the practice of oral and maxillofacial surgery or have enough familiarity with present practices to evaluate any procedure or treatment of oral and maxillofacial surgery upon which he or she gives they give an insurance consultation. In addition, the insurance consultant shall understand the terms of all contractual arrangements with patients and oral and maxillofacial surgeons under review.

2. An insurance consultant must have a current and unrestricted license to practice oral and maxillofacial surgery. However, an insurance consultant is not required by this advisory opinion to maintain a valid license in every state in which a matter occurs upon which he or she gives they give an insurance consultation, except as may be required by law.

3. An insurance consultant should be a diplomate of the American Board of Oral and Maxillofacial Surgery.

c. Standards of Conduct for the Oral and Maxillofacial Surgeon Insurance Consultant:

1. An insurance consultant has a duty to be fair in dealings with patients and oral and maxillofacial surgeons and to promote the welfare of the patient within the limits imposed by the third-party agreement.

2. The insurance consultant must avoid any conflict of interest that would compromise or influence his or her their dealings with a patient or oral and maxillofacial surgeon under review.

3. The insurance consultant must not prejudge any claim and should consider each claim on its individual facts, merits and clinical circumstances including a full and unbiased review of the case history and records of the patient for whom a claim is at issue.

4. The insurance consultant shall explain the basis of his or her their decision on a claim and the extent to which the decision is based on experience, specific clinical references and generally accepted opinion in the specialty field. If the insurance consultant’s opinion differs from what reasonably might be done by other oral and maxillofacial surgeons, the insurance consultant is expected to include in his or her their opinion an honest recitation of reasonable alternative methods of treatment, diagnostic opinions and case views. In instances of uncertainty, the insurance consultant should seek the opinion of a peer.

5. The insurance consultant shall not knowingly coerce a patient or oral and maxillofacial surgeon or limit the information available to them for making an informed decision.

6. Compensation of an oral and maxillofacial surgeon insurance consultant should be reasonable and commensurate with the time and effort given to reviewing each claim. Compensation should not be based on the ratio between claims paid or denied, or bear a relationship of any kind to the outcome of claims upon which he or she provides they provide services.
G.2 Sexual Harassment: Sexual harassment may be defined as sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when (1) such conduct interferes with an individual's work or academic performance or creates an intimidating, hostile, or offensive work or academic environment or (2) accepting or rejecting such conduct affects or may be perceived to affect employment decisions or academic evaluations concerning the individual. Sexual harassment is unethical.

G.3 Officer Election Campaign Obligations: Association fellows and members participating in the campaign and election process for elective officers shall abide by the principles of fairness and the standing rules of procedure of the House of Delegates regarding officer election campaign activities.

Advisory Opinion

G.3.00 Undue Influence: Vote trading, reprisals, patronage and undue influence by fellows and members, including those representing outside agencies, whether actual or attempted, shall be considered as being improper and unethical in AAOMS officer elections.

H. Honesty and Truthfulness

H.1 Oral and maxillofacial surgeons have a duty to be honest and trustworthy in their communications and to treat all parties fairly.

H.2 Financial Responsibilities: In dealings with patients, the oral and maxillofacial surgeon shall neither pay nor accept any fee except for those professional services actually provided to the patient.

Advisory opinions

H.2.00 Billing Responsibilities: Any billing submitted by an oral and maxillofacial surgeon for services rendered or to be rendered shall be truthful and not contain any charges that are unauthorized or otherwise fraudulent or misleading.

H.2.01 Over-billing: It is unethical for an oral and maxillofacial surgeon to increase a fee to a patient solely because the patient is covered under a dental or medical benefits plan.

H.2.02 Waiver of Co-payment: It is unethical for an oral and maxillofacial surgeon under a co-payment plan to routinely accept payment from the third party as payment in full without disclosing to the third party that the patient's portion will not be collected.

H.2.03 Falsifying Claims: It is unethical for an oral and maxillofacial surgeon to knowingly make or subscribe any false or fraudulent statement to obtain payment, to fraudulently bill a third party, or to report incorrect treatment dates or incorrectly describe services rendered for the purpose of assisting a patient in obtaining benefits from a third party that otherwise would not be allowed.

H.2.04 Referral of Patients: It is unethical for an oral and maxillofacial surgeon to make or receive any payment or to divide or split any fee received for professional services for bringing or referring a patient. If an oral and maxillofacial surgeon has any vested financial interest in another practice from which some benefit will be derived for the referral of a patient, and a patient is referred to that other practice, the patient must be informed of the financial interest at the time of the referral.
H.2.05 **Vouchers:** Transferring something of value that benefits the referring practitioner rather than the patient (e.g., a voucher or coupon for laboratory services or part or all of a dental restoration) is unethical.

H.2.06 **Gifts to Oral and Maxillofacial Surgeons or Offers of Inducement:** Oral and maxillofacial surgeons should make treatment decisions, and prescribe drugs, devices, and other treatments, based solely upon medical considerations and patient needs, and not on the basis of gifts or inducements received or offered from outside sources.

H.3 **Obligations to Avoid Exploiting Relationship With Patient for Financial Gain:** An oral and maxillofacial surgeon-patient relationship is founded on mutual trust, cooperation and respect. Oral and maxillofacial surgeons who engage in the marketing or sale of products or procedures to their patients either personally or through auxiliaries whom they employ, must take care not to abuse the trust inherent in the oral and maxillofacial surgeon-patient relationship for their own financial gain. A recommended product or procedure must be beneficial to the patient. Oral and maxillofacial surgeons should not induce their patients to buy a product or undergo a procedure by misrepresenting its value, the necessity of the procedure or the oral and maxillofacial surgeon's professional expertise in recommending the product or procedure. It is not enough for an oral and maxillofacial surgeon to rely on the manufacturer's or distributor's representations about a product's safety and efficacy. An oral and maxillofacial surgeon has an independent obligation to inquire into the truth and accuracy of such claims.

I. **Advertising:** In accordance with state law, oral and maxillofacial surgeons may make truthful, relevant, non-deceptive, factually supportable statements to the public regarding their professional training, experience and credentials, the nature and availability of their practices, the services they provide, the results a patient can reasonably expect, and prices for standard procedures. In such advertisements, the practitioner must identify himself or herself as an oral and maxillofacial surgeon and may identify areas of practice that come within the recognized scope of oral and maxillofacial surgery as long as the statement complies with state law and is not false or misleading in a material respect. Since any communications by an oral and maxillofacial surgeon reflect on the entire specialty, surgeons are urged to communicate with the public in a dignified manner.

An oral and maxillofacial surgeon shall not attempt to obtain patients by a material misrepresentation of fact; misleading or deceiving by making only a partial disclosure of relevant information; creating false or unjustified expectations of favorable or extraordinary results; implying unusual circumstances; misrepresenting fees by not disclosing all pertinent factors and variables; or claiming advertised services are superior in quality to those of other practices if that representation is not subject to reasonable substantiation. Ethical standards for professional advertising apply to any medium used by an oral and maxillofacial surgeon to communicate with the public whether that medium is currently available or may be developed in the future.

**Advisory Opinions**

I.1.00 **Limitation of Practice:** Public communications by members and fellows shall first announce a limitation of their practice to oral and maxillofacial surgery and then may announce any other ADA- or ABMS- recognized specialty for which they are educationally qualified, or the AAOMS Board of Trustees may approve a subspecialty listing within the scope of oral and maxillofacial surgery for those who can demonstrate added qualification and or training in that area.

I.1.01 **Doctoral Degrees:** Oral and maxillofacial surgery is a specialty of dentistry. However, an oral and maxillofacial surgeon may list additional earned professional degrees unless precluded by law or where use of the degree is likely to mislead the public in a material respect. When state law is silent on the issue, fellows and members must have a valid state license in a U.S. jurisdiction for any doctoral degree to be advertised. Seeing an MD after the name of a practitioner who is not licensed as a physician can mislead the
public to believe that the unlicensed individual has demonstrated to the state licensing
authority the same level of training, experience and competence as a licensed medical
doctor. In any matter before the Commission on Professional Conduct involving the use
of doctoral degrees, the respondent shall have the burden of proof that his or her their
use of a doctoral degree, for example, DDS/DMD, MD or DO, in any listing or
advertisement complies with the applicable law of the jurisdiction(s) where he or she
maintains they maintain a practice.

I.1.02 Fellowship Designations: Unearned, Nonhealth Degrees: In advertising a fellowship
designation, an oral and maxillofacial surgeon shall comply with all applicable state laws
and regulations and the rules set forth by the entity that granted the fellowship
designation. Unearned or nonhealth degrees unrelated to the qualifications of the oral
and maxillofacial surgeon as a practitioner, and fellowships that designate voluntary
association or membership in an organization, rather than attainment, must be limited to
scientific papers and curriculum vitae.

I.1.03 American Board of Oral and Maxillofacial Surgery: The Commission on Professional
Conduct will apply the standards adopted by the American Board of Oral and
Maxillofacial Surgery (ABOMS) in regard to an oral and maxillofacial surgeon using either
the term “board certified” or “diplomate of” the American Board of Oral and Maxillofacial
Surgery.

I.1.04 Use of colloquialisms to describe practice: Assuming compliance with state law and other
provisions of the Code of Professional Conduct, fellows and members may use
colloquialisms in communication with patients and the public to identify and describe their
practices. These will be limited to “oral,” “mouth,” “face,” “facial” and “jaw.” These terms
may be used individually or combined. These terms must not be false or misleading and
the member must have already identified himself or herself themselves clearly as an
“Oral and Maxillofacial Surgeon.”

I.1.05 Section Advisory in Nature: This section of the Code of Professional Conduct related to
advertising issues is solely advisory in nature. Any complaint brought to the Commission
on Professional Conduct related to advertising will be answered with an advisory letter
recommending remedial action, if necessary, and explaining the need for members to
comply with applicable state law. The Commission reserves the right to apply disciplinary
actions to advertising-related complaints when the conduct is judged to be egregious.

J. Reproduction of AAOMS Seal: The seal of the American Association of Oral and Maxillofacial
Surgeons is the official service mark of the Association. The AAOMS seal is trademarked and the
property of the AAOMS and all rights to the AAOMS seal belong to the AAOMS. The seal, when
used with the appropriate identifying phrase, is the official collective mark that may be used by
AAOMS fellows, members and official component societies. Any use or reproduction thereof by
anyone not a fellow or member of the Association, or by any fellow, member or official component
society in a manner that does not conform to that described herein, is specifically prohibited.

Advisory Opinions

J.1.00 Use of AAOMS Seal by Fellows and Members: Fellows and members may reproduce the
seal to identify themselves as fellows and members on:

- professional stationery;
- letterheads;
- business and referral cards;
- interior and exterior doors and windows only in all-AAOMS fellow/member offices;
- plaques hung in all-AAOMS member offices; and
- personal or all-AAOMS fellows/members Office Internet web sites; and
personal or all-AAOMS fellows/members directory advertising in print or electronic media.

In these instances, the seal shall never be used alone and must always be accompanied by the phrase, “Fellow(s) (or Member[s]) of the American Association of Oral and Maxillofacial Surgeons”.

The AAOMS seal will be available to fellows and members via a PDF file from the AAOMS. Fellows and members in all AAOMS member offices wishing to display the AAOMS seal on interior and exterior doors and windows shall contact the AAOMS for a copy of the AAOMS seal that may be affixed to glass. The AAOMS seal shall only be used exactly as provided by the AAOMS, including the ® symbol in the lower right hand corner of the seal. Failure to include the ® symbol with the AAOMS seal fails to properly give the public notice of the fact that the AAOMS has trademarked the seal and maintains the exclusive right to govern the use of the seal. Fellows or members who fail to include the ® symbol are in violation of the rules of use for the seal and may be subject to disciplinary sanction. The seal can only be printed in black, blue (PMS 653) or white (reverse).

The seal shall only be used on Web sites maintained by AAOMS fellows or members for the purposes of advertising, marketing or informing the public of oral and maxillofacial services available through their practice. The seal may only be used once per fellow or member or office web site, either on the home page or the first page, to establish membership in the AAOMS. The AAOMS seal shall not be used for any commercial endorsement, or in any way that implies a commercial endorsement by or partnership with the AAOMS, without the express written consent of the AAOMS Board of Trustees or its designates.

At all times, use of the seal shall comply with all federal and state advertising laws and regulations. It shall not be altered in any way and shall never be used in conjunction with any other membership designations or affiliations with any other organization or entity, except for indications of diplomate status in the American Board of Oral and Maxillofacial Surgery (ABOMS), and only then if the ABOMS symbol does not appear in immediate proximity to the AAOMS mark.

The seal shall not be imprinted or stamped on any educational literature, including postoperative instructions, even if such is reproduced on the fellow’s or member’s stationery. The seal shall not be imprinted or stamped on fellows’ or members’ patient files, patient forms or x-rays.

The AAOMS seal shall not be utilized, imprinted, copied or transferred onto any personal belongings, clothing product or any other type of product or merchandise by any fellow or member. Only the AAOMS or companies and/or products endorsed by the AAOMS, which have been granted written authorization from the AAOMS, may reproduce the AAOMS seal and then only in accordance with the written authorization granted by the AAOMS.

The seal may also be used on all approved items listed above for a partnership or professional corporation conducting an oral and maxillofacial surgery practice, but only when all owners, principals and associates of the practice are full fellows or members of the AAOMS. In this instance only the plural “fellows” or “members” is permissible; whichever indicates the membership status of all parties involved.

No fellow or member shall make any abridgement or alteration of the AAOMS seal or use any elements of the design of the AAOMS seal in the development of their personal or corporate practice insignia or mark.
J.1.01 Use of AAOMS Seal by Official Component Societies: Official component societies may reproduce the AAOMS seal to advise their members and the public that they are an official component of the AAOMS. The seal can never be used alone and must always be accompanied by the phrase “Official Component Society of the American Association of Oral and Maxillofacial Surgeons.” Official component societies can use the AAOMS seal on (1) professional stationery; (2) letterhead; (3) an official component society web site; and (4) plaques honoring outgoing component society presidents.

The AAOMS seal will be available to official component societies via a PDF file. The AAOMS seal can only be used exactly as provided by the AAOMS, including the ® symbol in the lower right hand corner of the seal. Failure to include the ® symbol with the AAOMS seal fails to properly give the public notice of the fact the AAOMS has trademarked the seal and maintains the exclusive right to govern the use of the seal. Official component societies that fail to include the ® symbol are in violation of the rules of use for the seal and may be subject to disciplinary action by the commission. The seal can only be printed in black, blue (PMS 653) or white (reverse).

The seal may only be used on web sites maintained by official component societies for the purpose of informing their membership about issues relating to the practice of oral and maxillofacial surgery and the activities of the official component societies and the AAOMS and/or for the purpose of informing the public about the practice of oral and maxillofacial surgery. The seal may only be used once per official component society web site, either on the home page or the first page, to establish their relationship to the AAOMS.

No component society shall make any abridgement or alteration of the AAOMS seal or use any elements of the design of the AAOMS seal in the development of their own insignia or mark.

J.1.02 Seeking the Guidance of the Commission: The AAOMS seal is trademarked and the property of the AAOMS. The AAOMS maintains the exclusive right to govern the use of the AAOMS seal. Any fellow, member or official component society of the AAOMS that has a question regarding the use of the AAOMS seal or the rules governing the use of the AAOMS seal should seek the guidance of the commission before using the AAOMS seal. Failure by a fellow, member or official component society to seek such guidance from the commission may result in a commission or AAOMS action against the party to protect the AAOMS seal.

K. Reproduction of AAOMS Slogan: From time to time the Association’s Board of Trustees may designate an official slogan of the American Association of Oral and Maxillofacial Surgeons. The AAOMS slogan is the property of the Association, shall be registered with the U.S. Trademark Office, and all rights to the AAOMS slogan shall belong to the Association. The slogan, when used with the Association’s seal and appropriate identifying phrase, is an official collective mark that may be used by AAOMS fellows, members and official component societies. Any use or reproduction thereof by anyone not a fellow or member of the Association, or by any fellow, member or official component society in a manner that does not conform to that described herein, is specifically prohibited.
Slogan®

Fellow/Member of the American Association of Oral and Maxillofacial Surgeons

Official Component Society of the American Association of Oral and Maxillofacial Surgeons

Advisory Opinions

K.1.00 As approved by the Association’s Board of Trustees, the seal and slogan will be available to fellows and members via a PDF file from the Association. Fellows and members in all AAOMS-member offices wishing to display the Association’s seal and slogan on interior and exterior doors and windows shall contact the Association for a copy of the AAOMS seal and slogan that may be affixed to glass. The AAOMS seal and slogan shall only be used exactly as provided by the Association, including the ® symbols in the designated corners of the seal and slogan. Failure to include the ® symbols with the AAOMS seal and slogan fails to give the public proper notice of the fact that the Association has trademarked the seal and service marked the slogan and maintains the exclusive right to govern the use of the seal and slogan. Fellows or members who fail to include the ® symbols are in violation of the rules of use for the seal and slogan and may be subject to disciplinary sanction. The seal and slogan shall only be printed in black, blue (PMS 653) or white (reverse).

The seal and slogan shall be used only on websites maintained by AAOMS fellows or members for the purposes of advertising, marketing or informing the public of oral and maxillofacial surgery services available through their practice. The seal and slogan may be used only once per member or office website, either on the home page or the first page, to establish membership in the Association. The AAOMS seal and slogan shall not be used for any commercial endorsement, or in any way that implies a commercial endorsement by or partnership with the Association, without the express written consent of the AAOMS Board of Trustees or its designates.

At all times, use of the seal and slogan shall comply with all applicable federal and state advertising laws and regulations. They shall not be altered in any way and shall never be used in conjunction with any other membership designations or affiliations with any other organization or entity, except for indications of diplomate status in the American Board of Oral and Maxillofacial Surgery (ABOMS), and only then if the ABOMS symbol does not appear in immediate proximity to the AAOMS marks.

The seal and slogan shall not be imprinted or stamped on any educational literature, including postoperative instructions, even if such is reproduced on the fellow’s or member’s stationery. The seal and slogan shall not be imprinted or stamped on a fellow’s or member’s patient files, patient forms or x-rays.

The AAOMS seal and slogan shall not be utilized, imprinted, copied or transferred onto any personal belongings, clothing product or any other type of product or merchandise by
any fellow or member. Only the Association or companies and/or products endorsed by
the Association that have been granted written authorization from the Association, may
reproduce the AAOMS seal and slogan and then only in accordance with the written
authorization granted by the Association.

The seal and slogan also may be used on all approved items listed above for a
partnership or professional corporation conducting an oral and maxillofacial surgery
practice, but only when all owners, principals and associates of the practice are full
fellows or members of the Association. In this instance only the plural "fellows" or
"members" is permissible; whichever indicates the membership status of all parties
involved.

No fellow or member shall make any abridgement or alteration of the AAOMS seal or
slogan or use any elements of the design of the AAOMS seal and slogan in the
development of their personal or corporate practice insignia or mark.

**K.1.01 Use of AAOMS Slogan by Official Component Societies:** Official component societies
may reproduce the AAOMS seal and slogan approved by the Association's Board of
Trustees to advise their members and the public that they are an official component of the
AAOMS. The slogan can never be used alone and must always be used in conjunction
with the AAOMS seal in accordance with provisions governing use of the seal and slogan
set forth in Chapter V, Sections J and K and accompanied by the phrase "Official
Component Society of the American Association of Oral and Maxillofacial
Surgeons." Official component societies can use the AAOMS seal and slogan on (1)
professional stationery; (2) letterhead; (3) an official component society website; and (4)
plaques honoring outgoing component society presidents. Any use or reproduction of the
slogan by any official component society in a manner that does not conform to that shown
in Chapter V, Section K of the Code is specifically prohibited.

The AAOMS seal and slogan will be available to official component societies via a PDF
file. The AAOMS seal and slogan can only be used exactly as provided by the
Association, including the ® symbols in the designated corners of the seal and the
slogan. Failure to include ® symbols with the AAOMS seal and slogan fails to give the
public proper notice of the fact the Association has registered the seal and slogan with the
U.S. Trademark Office and maintains the exclusive right to govern the use of the seal and
slogan. Official component societies that fail to include the ® symbols are in violation of
the rules of use for the seal and slogan and may be subject to disciplinary action by the
commission. The seal and slogan can be printed only in black, blue (PMS 653) or white
(reverse).

The seal and slogan may be used only on websites maintained by official component
societies for the purpose of informing their membership about issues relating to the
practice of oral and maxillofacial surgery and the activities of the official component
societies and the AAOMS and/or for the purpose of informing the public about the
practice of oral and maxillofacial surgery. The seal and slogan may be used only once
per official component society website, either on the home page or the first page, to
establish their relationship to the AAOMS.

No component society shall make any abridgement or alteration of the AAOMS seal and
slogan or use any elements of the design of the AAOMS seal and slogan in the
development of their own insignia or mark.

**K.1.02 Guidance of the Commission:** The AAOMS seal and slogan are registered marks and the
property of the American Association of Oral and Maxillofacial Surgeons. The
Association maintains the exclusive right to govern the use of the AAOMS seal and
slogan. Any fellow, member or official component society of the AAOMS that has a
question regarding use of the AAOMS seal and slogan or the rules governing use of the AAOMS seal and slogan should seek the guidance of the commission before using the AAOMS seal and slogan. Failure by a fellow, member or official component society to seek such guidance from the commission may result in an action by the commission or the Association against the party to protect the AAOMS seal and slogan.

VI. Procedures for Handling Complaints and Requests for Interpretation

A. Confidentiality

All submissions, files, discussions, reports and minutes of the commission shall be considered confidential and treated as confidential by all those directly involved with the commission. Members of the commission will keep copies of commission agendas, commission reports, complaint records and all materials related to their work with the commission confidential and will destroy copies of all records after a case has been closed or when they are no longer a member of the commission.

AAOMS fellows and members who serve on investigating committees and appeals boards in relation to actions of the commission are bound by the same confidentiality requirements as members of the commission.

AAOMS fellows and members who serve as complainants and receive notification of the commission’s final decision regarding their complaint are bound by the same confidentiality requirements as members of the commission concerning the content of such notification.

As consideration for receiving notification of the commission’s final decision regarding his or her complaint, the complainant shall execute a confidentiality agreement prepared by the commission. The complainant shall sign this confidentiality agreement prior to the commission releasing its decision. Failure to maintain confidentiality of the commission’s decision is grounds for sanction under the Code.

B. Interpretations of the Code of Professional Conduct

1. Requests for Interpretation: Requests for interpretation of the Code of Professional Conduct shall be in writing and shall describe the matter to be interpreted in sufficient detail to enable members of the commission to evaluate the request in all its aspects.

2. Interpretations Initiated by the Commission: The commission on its own motion may render an opinion concerning interpretation or application of the Code of Professional Conduct.

3. Discretionary Power: The commission may, in its own discretion, refuse to consider requests for interpretation of the Code of Professional Conduct which in the opinion of the commission should be resolved by a component society, state association, the courts or other governmental entity.

4. Publication of Interpretation: The commission may, in its own discretion, publish its interpretations as Advisory Opinions. The Advisory Opinions would be published in a manner, which will not identify the source of inquiry, or circumstances under which the inquiry was presented. The Advisory Opinion will be a statement of the interpretation and clarification of the Code.

C. Complaint Submission and Review Process

1. Filing a Complaint: Any AAOMS fellow or member, state or regional oral and maxillofacial surgery society or State Dental or Medical Board may file a complaint alleging a violation of the Code of

Professional Conduct. The commission may also act on its own motion, by majority vote, should a matter within its jurisdiction come to its attention from any other source.

a. The AAOMS fellow or member, state or regional oral and maxillofacial surgery society or State Dental or Medical Board filing the complaint shall furnish documentation of that complaint to the extent available at the time the complaint is filed.

The complaint must be in writing, signed by the complainant(s) and directed to the commission at the Association’s headquarters at the following address:

Chair, Commission of Professional Conduct  
c/o American Association of Oral and Maxillofacial Surgeons  
9700 W. Bryn Mawr Ave.  
Rosemont, IL 60018-5701  
Confidential

b. Complaints will be forwarded promptly by the headquarters to members of the commission.

c. In cases where the commission accepts a complaint against an American Association of Oral and Maxillofacial Surgeons component society, the complaint will also be forwarded to the American Association of Oral and Maxillofacial Surgeons President. The American Association of Oral and Maxillofacial Surgeons’ President is then bound by the confidentiality requirements of the Code.

2. Notice to Respondent: A copy of the complaint shall be sent to the respondent by UPS or FedEx mail along with a letter informing the respondent of the complaint review process.

3. Notice to Complainant: A letter shall be sent to the respondent by a certified mailing, acknowledging the commission’s receipt of their complaint and informing the complainant of the complaint review process.

4. Answer: The respondent has 30 working days from the date they receive notice of the complaint to file a written answer. Failure to file a written answer will be grounds for sanction under the Code. (See Section V. 1.04)

5. Review of Complaint by Commission: Complaints shall be reviewed within 90 working days of their receipt by the commission or at the commission’s next scheduled meeting.

In its review of the complaint, the commission has the authority to take any one or combination of the following actions:

a. Defer Complaint: The commission may, on its own motion, defer or hold in abeyance proceedings on any complaint, at any stage of the review process, in any matter where the commission believes the subject matter of the complaint is or may be the subject of litigation pending in any court or administrative hearing body of competent jurisdiction. The commission shall issue any decision to defer or hold a matter in abeyance in writing. A decision by the commission to defer or hold a matter in abeyance is not subject to appeal under the Code.

b. Dismiss Complaint: Upon reviewing the complaint, supporting documentation and respondent’s answer the commission may decide that there is insufficient basis for further proceedings, in which case the complaint shall be dismissed with a finding of an “insufficient basis for a violation” decision. The respondent will be notified of such in writing via certified mail. The complainant will be notified in accordance with the confidentiality requirements of Chapter VI, Section A.
c. **Request Additional Information:** If upon review of the complaint, supporting documentation and respondent's answer the commission decides it needs additional materials to reach its decision in this matter they may request additional materials from either or both of the parties.

d. **Appoint an Investigating Committee:** If upon review of the complaint, supporting documentation and respondent's answer the commission determines there is sufficient need for an investigating committee, notice shall be sent to the respondent by the commission within 30 working days, together with a description of the procedures that will be followed in the investigation of the complaint.

i. **Members of Investigating Committee:** Investigating Committees shall consist of three fellows or members of the Association and shall be appointed by the chair of the commission. The chair shall designate one of the three (3) members as chair of the committee.

   Efforts shall be made by the Chair of the commission to conduct a random selection of committee members, except to exclude fellows or members with any interest in the case. A fellow or member shall disqualify **himself themselves** from serving on a particular investigation committee if that individual has any interest in the case.

   The Chair of the commission has complete discretion in appointing members to the investigating committee, including filling any vacancies.

   Once the assignment of the committee members has been finalized, the committee and the respondent will be given notice, via certified mail, of the date the investigation will begin. In addition the respondent will be informed of their right to submit additional evidence in writing to the committee.

ii. **Duties of the Investigating Committee:** The investigating committee shall investigate complaints of violations of the *Code* or other conduct constituting grounds for discipline referred to it by the Chair of the commission, in accordance with the instructions given by the commission.

   The committee members are bound by the confidentiality parameters of the *Code* and shall be informed of these parameters at the time of their appointment. The committee shall maintain decorum and objectivity at all times.

   The committee will receive a complete copy of the case file, including the complaint, answer and all correspondence. The committee shall use its best efforts to collect additional evidence pertinent to the allegations of the complaint. The role of the committee is limited to fact-finding. It is not a decision-making body.

   The committee shall limit itself to the investigation of the specific complaint referred to it by the commission. If, however, during the course of their investigation, the committee uncovers other actions, which may subject the respondent to discipline, these actions and supporting evidence shall be reported to the commission.

iii. **Report of Findings:** The committee shall submit a written report to the commission within 60 working days of the start of the investigation. The report shall contain all material gathered in the investigation. It may contain a recommendation from the committee, as to whether further investigation is warranted. Each member of the committee must sign a copy of the report.
iv. **Disbanding of Committee:** After submission of its written report, the committee members will remain available to the commission, to answer any questions they may have regarding the investigation. The committee will disband at the discretion of the chair.

v. **Notify Respondent of Their Right to a Hearing:** If upon review of the complaint, supporting documentation and the respondent’s answer the commission finds cause for a letter of counsel or censure, probation, suspension or expulsion, the commission shall advise the respondent of their right to a hearing before the commission. The commission may also determine that a hearing with both parties is necessary to issue a final decision in the matter. Both the respondent and complainant must be present at such a hearing. If either party declines to attend or fails to appear at a set hearing, the commission may take appropriate action, including, but not limited to, dismissal of hearing, holding the hearing and/or taking any other warranted action based on the documentation or other relevant materials and information before it.

e. **Hold a Hearing:** The commission has the discretion to hold a hearing on any matter before it. Hearings are most often held for one of the following reasons:

- After reviewing the case file, the commission requires additional information on a case and determines that a hearing with the respondent and complainant present is the best way to obtain the needed information.

- A respondent requests a hearing after the commission determines there may be cause for a letter of counsel or censure, probation, suspension or expulsion based on a review of the case file. The commission is required to notify respondents in writing of such a determination, along with an account of the disputed issues of fact or reason for discipline, a notice that failure to respond to the allegations will likely result in a finding against the respondent, and a notice that the respondent has a right to a hearing before the commission.

**The hearing process is outlined below:**

i. **Request for Hearing:** The respondent has the right to appear at a hearing before the commission and to submit additional materials for review during the hearing. A written request for a hearing must be received by the commission within 30 working days of the respondent’s receipt of notice of their right to request a hearing. If a written request for a hearing is not received within 30 working days of the respondent’s receipt of notice, the respondent will be deemed to have waived their right to a hearing and the right to submit additional materials for review at that hearing.

ii. **Notice of Hearing:** If the respondent submits a timely written request for a hearing, the commission shall notify the respondent of the date, place and time of the hearing within 30 working days. The commission shall schedule the hearing within 90 working days of the respondent’s request and the respondent shall receive not less than 30 days of notice of the hearing. The commission shall provide the complainant with no less than 30 days notice of the hearing. The commission shall provide copies of all the relevant supporting documentation not otherwise privileged or protected by law by UPS or FedEx mail to all parties, not less than 30 working days prior to the date of the hearing.

iii. **Attendance at Hearing:** Attendance at the hearings may be limited to the members of the commission, appropriate or designated AAOMS staff and counsel, any witnesses who agree to be called, the parties and counsel or a representative of the respondent and complainant, who may speak on their behalf.
The commission may hear from appropriate witnesses presented by the respondent, but has no power to compel the attendance of witnesses at a hearing. The respondent shall provide the commission with written notice of the identification of any witnesses expected to be called within 10 working days prior to the hearing.

The respondent and complainant’s counsel or representatives must file a written notice of appearance with the commission no later than 10 working days prior to the hearing. Failure to file such notice constitutes a waiver of the respondent and complainant’s right to be represented during the appeals hearing.

Counsel or a representative shall not appear in lieu of the respondent. Should the respondent or complainant fail to appear, the commission may take appropriate action, including, but not limited to, dismissal of hearing, holding the hearing and/or taking any other warranted action based on the documentation or other relevant materials before it.

A member of the commission may on his/her own motion withdraw from the hearing.

iv. Continuance of Hearing: The commission may continue a hearing by giving written notice of the continuance to the parties involved not less than 15 working days prior to a scheduled hearing.

A request for a continuance by the respondent or complainant must be submitted in writing, by certified mail, not less than 15 working days prior to a scheduled hearing. Continuances are granted at the sole discretion of the commission. A decision by the commission to deny a continuance is not subject to appeal under this Code.

v. Evidence and Argument: The commission shall not be bound by technical legal rules of evidence and may accept any evidence or information deemed reliable or relevant.

vi. Record: A written transcript of the hearing may be made at the discretion of the commission. If such written transcript is made, the respondent may request in writing a copy and have it made at their expense.

vii. Hearing Expenses: The commission shall bear costs of the setting up and conducting the hearing, including the cost of a written transcript, if one is made. Every attempt possible will be made to hold hearings in conjunction with other commission or AAOMS meetings to reduce costs and to make the meeting time and place as convenient as possible for all parties. All expenses associated with the respondent and complainant’s travel to and from the hearing, the respondent’s defense and the respondent and complainant’s representation at the hearing shall be borne by the respondent and complainant.

viii. Decision of Commission on the Hearing: The commission shall, within 30 working days of the hearing, reach a decision. If the respondent has waived their right to a hearing, the commission will issue their decision within 60 working days of that waiver. The date of the waiver will be considered to be the date the commission received written notice from the respondent that they did not wish to submit additional materials or participate in a hearing. If the respondent did not give notice, the date will be considered to be 30 working days after the respondent’s receipt of notice of their right to request an appeal.

The commission shall notify the respondent in writing, via certified mail, of its decision within 15 working days of reaching its decision. Where a violation of the Code is found
6. Issuing of Decision by Commission

In viewing its decision, the commission shall decide each case on the documentation and other relevant information before it. Previous actions taken by the commission against any party in another case shall not be a consideration in their determination of whether or not a violation has occurred in the current case.

After the commission reviews the complaint and takes the course of action they have deemed appropriate (see Section 5 for options available to the commission), the commission shall reach a decision in the case. Once the commission has reached a decision, the commission shall notify the respondent in writing, via certified mail, of its decision within 30 working days. Where a violation of the Code is found, the sections of the Code and/or the Advisory Opinions violated, any discipline imposed and the procedure for appeal of the decision shall be included in the notification.

Discipline imposed by the commission shall not take effect until 30 working days from the respondent’s receipt of notification, to ensure the respondent’s right to an appeal before any discipline is imposed.

D. Actions Taken By Other Parties

1. Actions Taken by Regulatory Boards and Agencies or Courts: The CPC staff will monitor actions taken against any AAOMS fellow or member by a regulatory agency, such as a dental or medical board, or the courts, and will provide this information to the commission once a final disposition of the case has been rendered. In circumstances where the regulatory body or court has made a final ruling involving an AAOMS fellow or member, with no further possibility for appeal, the commission reserves the right to mirror the final action of the agency or court or to act on its own discretion to initiate a disciplinary action, but only in cases where the fellow’s or member’s conduct is egregious. In such cases the information from the regulatory body shall serve as the complaint against the fellow or member and the fellow or member will be treated as a respondent to a commission action.

2. Actions Taken by the American Board of Oral and Maxillofacial Surgery (ABOMS): The CPC staff will monitor actions taken against any AAOMS fellow or member by the American Board of Oral and Maxillofacial Surgery, per the advice and consent of the ABOMS. Once a final disposition of the case has been rendered, with no further possibility for appeal, the commission shall reserve the right to coordinate with the ABOMS and reserve the right to mirror the final action of the ABOMS or to act on its own discretion to initiate a disciplinary action, in conjunction with the ABOMS. In such cases the information from the ABOMS shall serve as the complaint against the fellow or member and the ABOMS shall serve as the complainant. In such a complaint involving the ABOMS, the fellow or member shall be treated as a respondent to a commission action.

E. Discipline: Discipline only becomes a consideration once the commission has reached a decision that a violation has occurred in the case before it. Once the commission has reached a decision, they shall decide what disciplinary action to impose as a result of the violation. In the event an unrelated potential violation comes to the commission’s attention while the respondent is subject to a prior disciplinary action, the commission shall treat the new matter as a separate complaint and the respondent shall have all of the procedural rights including a hearing as provided in Chapter VI of the Code.

1. Types of Discipline: The commission, or, when applicable, the Appeals Board, may impose the following discipline:
a. **Compliance Actions**: The goal of these actions is to encourage oral and maxillofacial surgeons to bring their activities into compliance with the *Code*. They are kept confidential unless they are imposed in conjunction with a publishable sanction.

i. **Letter of Counsel**: A statement to the respondent, informing them of a need for guidance in professional conduct has been recognized.

ii. **Probation**: A trial period of stated length in which the respondent is under the supervision of the commission and their fitness for membership in the American Association of Oral and Maxillofacial Surgeons is tested. During the period of probation, the respondent's conduct is under periodic scrutiny and the respondent is expected to demonstrate improved personal and/or professional deportment or provide evidence that the actions or circumstances that resulted in their violation of the *Code* have been corrected. If during the period of probation the commission finds that any of the conditions for probation have been violated, the commission shall have the power to extend or increase the sanction subject to the respondent's right to a hearing as provided in Chapter VI, Section C of the *Code*. There shall be no right of appeal from a finding that the conditions of probation have been violated. The commission at its discretion may reduce the period of probation or a reporting requirement without the necessity of holding a hearing.

b. **Penalty Actions**: These actions are intended to be punitive in nature. Notice of these actions shall be published in AAOMS media as detailed in Section VI.E.4 below.

i. **Censure**: A formal written statement expressing disapproval or criticism of the respondent's action or conduct sent to the respondent.

ii. **Suspension**: Denial of all rights and privileges of membership in the American Association of Oral and Maxillofacial Surgeons for a stated period of time.

iii. **Expulsion**: Loss of membership and denial of all rights and privileges of membership in the American Association of Oral and Maxillofacial Surgeons for a stated period of time. An expelled fellow or member may reapply for membership after three (3) years has elapsed from the date of the final decision.

2. **Considerations When Imposing Discipline**: The commission has broad discretion in imposing sanctions on AAOMS fellows and members found to violate the *Code*. The factors the commission may consider when determining an appropriate disciplinary action include, but are not limited to, the following:

a. The seriousness of the offense. The commission may adjust the severity of sanctions based on its assessment of how serious the infraction in question is or was.

b. Previous offenses by the respondent and the disciplinary actions taken in those cases. A history of previous commission findings of ethical violations by the respondent, particularly violations similar in nature to the current case, may result in the commission imposing sanctions more severe than it might otherwise impose. The commission may, at its own discretion, impose progressively increasing discipline for repeat offenses and offenders.

c. The commission’s judgment that a given practice or activity must be deterred. The commission may impose harsher sanctions in cases where it seeks to deter an individual in a given case, or when it determines a more severe punishment may deter a practice among oral and maxillofacial surgeons generally, or both.

3. **Record of Discipline**
4. Publication of Discipline

a. In the case of censure, suspension or expulsion, the matter shall be reported in the AAOMS media and as an action of the commission in its annual report to the membership. In the case of probation, the matter shall be reported in the AAOMS media and as an action of the commission in its annual report to the membership when it is imposed in conjunction with censure, suspension or expulsion. This report shall contain the full name of the fellow or member, the city and state of their primary membership listing, the section(s) and/or Advisory Opinion(s) they have been found in violation of and the sanction imposed. Any publishable action may also be published by state or regional oral and maxillofacial surgery societies at the discretion of the commission; such a request must be in writing and sent to the Chair of the commission.

b. In the case of suspension and expulsion, a statement shall also be provided to the Board of Directors of the American Board of Oral and Maxillofacial Surgery (ABOMS), disclosing the fact that this discipline has been imposed. This statement will include the particular reasons for the imposition of the discipline and will be sent to the ABOMS via UPS/FedEx mailing upon publication AAOMS media.

c. In the case of a fellow or member who resigns from the Association after the commission has made a determination that they may be in violation of the Code, but before the decision becomes final or before the discipline has been imposed, resignation shall be treated as an expulsion for purposes of reapplication.

4. Publication of Discipline

a. In the case of censure, suspension or expulsion, the matter shall be reported in the AAOMS media and as an action of the commission in its annual report to the membership. In the case of probation, the matter shall be reported in the AAOMS media and as an action of the commission in its annual report to the membership when it is imposed in conjunction with censure, suspension or expulsion. This report shall contain the full name of the fellow or member, the city and state of their primary membership listing, the section(s) and/or Advisory Opinion(s) they have been found in violation of and the sanction imposed. Any publishable action may also be published by state or regional oral and maxillofacial surgery societies at the discretion of the commission; such a request must be in writing and sent to the Chair of the commission.

b. In the case of suspension and expulsion, a statement shall also be provided to the Board of Directors of the American Board of Oral and Maxillofacial Surgery (ABOMS), disclosing the fact that this discipline has been imposed. This statement will include the particular reasons for the imposition of the discipline and will be sent to the ABOMS via UPS/FedEx mailing upon publication AAOMS media.

c. In the case of a fellow or member who resigns from the Association after the commission has made a determination that they may be in violation of the Code, but before the decision becomes final or before the discipline has been imposed, resignation shall be treated as an expulsion for purposes of reapplication.

4. Publication of Discipline

a. In the case of censure, suspension or expulsion, the matter shall be reported in the AAOMS media and as an action of the commission in its annual report to the membership. In the case of probation, the matter shall be reported in the AAOMS media and as an action of the commission in its annual report to the membership when it is imposed in conjunction with censure, suspension or expulsion. This report shall contain the full name of the fellow or member, the city and state of their primary membership listing, the section(s) and/or Advisory Opinion(s) they have been found in violation of and the sanction imposed. Any publishable action may also be published by state or regional oral and maxillofacial surgery societies at the discretion of the commission; such a request must be in writing and sent to the Chair of the commission.

b. In the case of suspension and expulsion, a statement shall also be provided to the Board of Directors of the American Board of Oral and Maxillofacial Surgery (ABOMS), disclosing the fact that this discipline has been imposed. This statement will include the particular reasons for the imposition of the discipline and will be sent to the ABOMS via UPS/FedEx mailing upon publication AAOMS media.

c. In the case of a fellow or member who resigns from the Association after the commission has made a determination that they may be in violation of the Code, but before the decision becomes final or before the discipline has been imposed, resignation shall be treated as an expulsion for purposes of reapplication.
designated chair. Two alternates also are appointed annually by the President of the Association.

b. A member of the Appeals Board residing in the same district as the respondent shall be disqualified from hearing that appeal and shall be replaced by an alternate.

3. Request for an Appeal: The respondent must request an appeal within 30 working days of receipt of notice of the commission’s decision. The request for an appeal must be in writing, contain a succinct statement of the alleged error(s) and the reason(s) why the commission erred in its decision and state whether or not the respondent will be filing a more detailed brief on the matter with the Appeals Board. If the respondent requests an appeals hearing before the Appeals Board, such request must also be in writing and must state specifically why a hearing is necessary to provide information that could not otherwise be provided in written materials or a written brief to the Appeals Board.

The appeal shall be limited to consideration of only the errors alleged in the respondent’s request.

4. Filing of Briefs: If the respondent wishes to file a more detailed brief, they shall submit the brief to the Appeals Board within 60 working days of their receipt of the commission’s decision in their case. If the respondent files a brief, the commission shall receive a copy of the brief and be given the opportunity to file a reply brief with the Appeals Board. The commission must file its reply brief within 60 working days of receipt of the respondent's brief.

If the respondent does not wish to file a brief and expressly states so in their request for an appeal or fails to file a brief within the time required, the commission will be notified in writing of this and will be given 60 working days from receipt of that notice to file a brief with the Appeals Board.

5. Determination on Status of Hearing: Within 90 working days of receipt of the respondent’s request for an appeals hearing, the Appeals Board shall consider the complete record of the case, the record of the commission’s proceedings, the respondent’s statement(s) submitted with the notice of appeal and any briefs filed and make a determination as to whether the request for an appeals hearing will be granted.

If either the respondent or the commission has given notice of intent to submit a more detailed brief, the Appeals Board will not review the case until all briefs have been submitted or the time restrictions in which the parties can do so have lapsed. If for any reason the Appeals Board does not receive the complete case file for their review within 90 working days (i.e., a filing extension was requested and granted to one of the parties who wished to submit a brief), after receipt of the respondent’s request for an appeal, they shall have 60 working days from receipt of the complete case file to issue their decision as to whether an appeals hearing will be held.

6. Notice of Appeal Hearing: If a hearing is to be held, a date shall be set by the Appeals Board no later than 90 working days after the Appeals Board makes the determination to hold a hearing. The respondent and complainant shall receive written notice of the time and place of the hearing, by certified mail, no later than 30 working days prior to the date of the hearing. Such notice shall inform the respondent of their right to appear with or without a representative.

7. Attendance at Appeals Hearing: Attendance at the hearings may be limited to the members of the Appeals Board, designated AAOMS staff and counsel, any witnesses who agree to be called, the parties and counsel or a representative of the respondent and complainant, who may speak on their behalf.

a. The respondent and complainant’s counsel or representatives must file a written notice of appearance with the Appeals Board no later than 10 working days prior to the hearing. Failure
to file such notice constitutes a waiver of the respondent’s right to be represented during the appeals hearing.

b. Counsel or a representative shall not appear in lieu of the respondent or complainant. Should the respondent or complainant fail to appear, the Appeals Board may take appropriate action, including, but not limited to dismissing the hearing, holding the hearing and/or taking any other warranted action based on the documentation or other relevant materials before it.

c. Should the Appeals Board, within its sole discretion, choose to conduct an appeals hearing, such hearings shall be conducted in conformance with the same standards set forth above for commission hearings, subject to any modifications deemed appropriate by the Appeals Board.

8. Continuance of Appeal Hearing: The Appeals Board may continue a hearing by giving written notice of the continuance to the parties involved not less than 15 working days prior to a scheduled appeals hearing.

A request for a continuance by the respondent or complainant must be submitted in writing, by certified mail, not less than 15 working days prior to a scheduled hearing. Continuances are granted at the sole discretion of the Appeals Board. A decision by the Appeals Board to deny a continuance is not subject to appeal under this Code.

9. Evidence and Argument: The Appeals Board shall not be bound by technical legal rules of evidence. Submission of materials to the Appeals Board, other than the brief and materials considered by the commission is not favored. The respondent does not have the right to submit additional materials. The Appeals Board, at its discretion, may consider additional material submitted to the board by the respondent.

10. Record: A written transcript of the hearing shall be made, the cost to be borne by the Appeals Board. Copies of the transcript will be provided to the respondent at their expense.

11. Hearing Expenses: The Appeals Board shall bear costs of the setting up and conducting the hearing, including the cost of a written transcript. Every attempt possible will be made to hold hearings in conjunction with other AAOMS meetings to reduce costs and to make the meeting time and place as convenient as possible for all parties. All expenses associated with the respondent and complainant’s travel to and from the hearing, the respondent’s defense and the respondent and complainant’s representation at the hearing shall be borne by the respondent and complainant.

12. Decision of Appeals Board: The Appeals Board may reverse or uphold or modify the decision of commission. The Appeals Board may also remand part of or all of the case to the commission with direction, if the board finds that there may have been substantive errors that deprived the respondent of any right, including the right to a fair hearing, or that the discipline was inappropriate.

The Appeals Board shall render its decision within 60 working days after the conclusion of the hearing or, if no hearing is held, within 60 working days of its deliberations. The Appeals Board shall notify the respondent in writing, via certified mail, of its decision within 15 working days of reaching their decision. Where a violation of the Code is upheld, the notification shall include the sections of the Code and/or the Advisory Opinions violated and any discipline imposed.

The decision of the Appeals Board shall be final and not subject to further review or appeal within the Association.

13. Additional Time for Commission or Appeals Board Action: Notwithstanding the various time limits set forth for actions of either the commission or the Appeals Board, the commission or Appeals Board, in their sole discretion, can extend time limits as either body deems appropriate.
VII. Definitions

Advisory Opinion – Official interpretations, opinions and statements of the AAOMS Commission on Professional Conduct by the AAOMS Commission on Professional Conduct. Advisory opinions generally apply the Code to specific situations. They are intended to provide detailed standards to oral and maxillofacial surgeons on following the Code, and are published along with the sections of the Code they illuminate.

Affiliate Member -- An individual who resides and practices or is engaged in an administrative or research position in a country other than the United States and, if applicable, is recognized as an oral and maxillofacial surgeon by the country's appropriate agencies; has specialty training in oral and maxillofacial surgery equivalent to that required of candidates for AAOMS fellowship or membership; and holds and maintains membership in the country's oral and maxillofacial surgery organization, or, if none exists, other such evidence which verifies that the individual is functioning within the professional, moral and ethical framework of the profession of dentistry/medicine.

American Association of Oral and Maxillofacial Surgeons (AAOMS, the Association) – The primary national professional organization representing oral and maxillofacial surgeons in the United States.

American Board of Oral and Maxillofacial Surgery (ABOMS, the Board) -- The certifying board for oral and maxillofacial surgeons, which establishes criteria for competence and the knowledge base that determines a sufficient and acceptable performance for safe practice of the specialty. The ABOMS examines qualified candidates to determine if they have demonstrated the requisite training, experience and knowledge of the specialty to achieve status as a diplomate. The Board’s mission includes examination and certification of candidates and re-certification of diplomates.

Candidate -- An individual who has completed training in an ADA-accredited training program in oral and maxillofacial surgery in the United States, whose application has been provisionally approved by the Committee on Membership, and who has met all eligibility requirements, including submission of all supporting documentation. A candidate must complete the application process within three years from the date designated to this status.


The commission – The AAOMS Commission on Professional Conduct.

Commission on Professional Conduct (CPC, the commission) – The body authorized under the AAOMS Bylaws to maintain, administer and adjudicate the AAOMS Code of Professional Conduct.

Fellow -- An individual who is a graduate of an accredited dental school and has completed an advanced oral and maxillofacial surgery educational program accredited by the American Dental Association (ADA) Commission on Dental Accreditation; has a license or permit in dentistry or medicine in the state and oral and maxillofacial surgery specialty licensure, where applicable; resides and practices in the United States or its possessions; maintains membership in the American Dental Association (ADA) or other such evidence which verifies he/she is functioning within the professional, moral and ethical framework of the specialty of oral and maxillofacial surgery; complies with American Association of Oral and Maxillofacial Surgeons Code of Professional Conduct and Official Advisory Opinions; holds membership in the AAOMS component oral and maxillofacial surgery state society in the state in which he/she practice (excludes those who meet the grandfather provision of the Bylaws, and individuals in the federal dental services) (effective September 27, 1991); presents written evidence of qualifications as requested; and is certified by the American Board of Oral and Maxillofacial Surgery (ABOMS).

Honorary Fellow -- An individual who holds no other class of membership in the AAOMS or who is a non-USA member who has made distinguished contributions to the specialty of oral and maxillofacial surgery.
Inactive Fellow and Member -- A fellow, member or affiliate member who derives no income from the practice of oral and maxillofacial surgery. Active practice is the performance of any activities requiring licensure or permit in dentistry or medicine in the state or oral and maxillofacial surgery specialty licensure, where applicable.

Insurance Company -- An insurance company shall include any party obliged or contracted to act as a third party payer for the treatment of another, including but not limited to an insurer, reinsurer, underwriter, managed care agency, health maintenance company, or risk retention group.

Insurance Consultant -- An insurance consultant is a person who reviews, reports, or renders an opinion upon a course of treatment, procedure or the cost thereof for an insurance company, with or without compensation or consideration of any kind. This term shall include a person who provides consultation upon the treatment of a specific patient, general practices and community standards of care, or coverage and payment policies.

Life Fellow and Member -- A fellow, member or affiliate member shall automatically be transferred to life fellowship or life membership upon completion of 30 dues paying years and reaching the age of 65 or upon completion of 35 dues paying years.

Member -- An individual with the same qualifications as a fellow except certification by ABOMS.

National Practitioners Data Bank (NPDB) -- The NPDB, a national register of physicians, dentists and other health care practitioners, was established by the federal government in response to provisions of the Health Care Quality Improvement Act (HCQIA) of 1986. It began operations in 1989. It tracks and reports incidents of low-quality care related to individual practitioners. The NPDB operates under a contract on behalf of the federal Department of Health and Human Services and is managed by its Division of Quality Assurance. Federal law requires organizations that evaluate and monitor the work of health care professionals to report adverse actions relating to clinical competence or professional misconduct involving a physician (Doctor of Medicine or MD or Doctor of Osteopathic Medicine or DO or dentist (Doctor of Dental Surgery or DDS or Doctor of Dental Medicine [DMD]) to its individual state licensing agency within 15 days of the action.

Oral and Maxillofacial Surgeon (OMS) -- A practitioner who has successfully completed four years of dental school and an additional four years of residency training in oral and maxillofacial surgery who performs any oral and maxillofacial surgery activity requiring licensure or permit in dentistry or medicine and the state oral and maxillofacial surgery specialty licensure, where applicable.

Oral and Maxillofacial Surgery -- The specialty of dentistry which includes the diagnosis, surgical and adjunctive treatment of diseases, injuries and defects involving both the functional and aesthetic aspects of the hard and soft tissues of the oral and maxillofacial region.

Peer Review -- A process by which the actions of health care professionals are reviewed by a panel of their peers for the purpose of improving quality or assessing medical or dental necessity.

Provisional Fellow or Member -- A provisional fellow or member shall fulfill all qualifications for membership except one or more of the following: 1) application/election to the component society; 2) fulfillment of the component society’s on-site office anesthesia evaluation; and 3) attendance at a component society meeting if this is a membership requirement of the component society.

Resident Member -- Individuals in training in an American Dental Association's (ADA) Commission on Dental Accreditation (CODA) accredited training program in oral and maxillofacial surgery in the United States or in Canada are resident members.

Retired Fellow and Member -- A fellow, member or affiliate member who has completely retired from the practice of oral and maxillofacial surgery. To qualify for retired status, a fellow, member or affiliate member must have paid dues for 20 years or be disabled and unable to engage in active practice. Active practice
is the performance of any activities requiring licensure or permit in dentistry or medicine in the state or oral
and maxillofacial surgery specialty licensure, where applicable.

**Second Opinion** -- An evaluation of a patient with a specific problem in oral and maxillofacial surgery,
where that member or fellow has knowledge that a peer has previously evaluated the patient for the
problem.

**Third Party Payer** -- Any party to a dental or medical payment contract that may collect premiums, assume
financial risk, pay claims and/or provide administrative services.

**Working Days** – Working days are defined as days during which the AAOMS headquarters is regularly
scheduled for business. Generally, these days are Monday through Friday of every week, except for
designated holidays as determined annually by the AAOMS Board of Trustees and management. A
calendar of these designated holidays is available from the AAOMS headquarters.

**Note:** The AAOMS House of Delegates has the power to adopt, amend, revise and repeal the *Code of
Professional Conduct and Guidelines for Filing a Complaint of Violation*. The Advisory Opinions are
subject to change by the Commission on Professional Conduct and to review and approval by the Board
of Trustees.Earlier editions of the *Code of Professional Conduct* can be obtained by contacting the office
of the Commission on Professional Conduct at AAOMS Headquarters at 1-800-822-6637.
POLICIES

SECTION I • GENERAL POLICIES

1. **Regional and Component Society Reports:** Each regional and component oral and maxillofacial surgery society shall report annually its officers, activities and meeting dates to the AAOMS. (See also Section II. Policy 2) (HD-67)

2. **Attendance of Fellows and Members at Committee Meetings:** Fellows and members may attend appropriate AAOMS committee meetings consistent with the American Code of Parliamentary Procedure. Those attending may do so as observers based on the following criteria and on a self-sustaining and space available basis. (Note: This policy excludes the Committee on Membership and Commission on Professional Conduct.) (Feb. 71; Dec. 98; June 99):

   a. Submission of a written request outlining the reasons for attendance to the AAOMS headquarters at least four weeks in advance of the date of the meeting.

   b. Agreement of the committee chair must be obtained prior to confirmation of the attendance.

   c. Completion by the attendee of an AAOMS Conflict of Interest and Disclosure Statement for each meeting to be attended.

   d. Final signoff shall be by the AAOMS Board of Trustees.

Candidates running for office are not allowed to attend any committee meeting other than meetings of the committee the candidate is a member of at the time. (Dec. 95)

3. **Official Colors:** The AAOMS official colors shall be dark (navy) blue and white. (Nov. 80)

4. **AAOMS Marks:** The Board of Trustees from time to time may adopt, amend or withdraw an official slogan of the Association and may determine the future usage, if any, of any previous slogan. Official slogans of the Association shall be registered in the U.S. Trademark Office. Use of the Association seal and designated slogan of the Association by fellows and members and component societies shall be in accordance with Chapter V. Section J, Reproduction of AAOMS Seal, and Section K, Reproduction of AAOMS Slogan, of the Code of Professional Conduct. (Sept. 87; Dec. 88; Sept. 09; June 16)

5. **Legislation by Component Societies:** Legislation by component societies to rectify discriminatory practices of denial of payment for oral and maxillofacial surgery care should be pursued only after all other available means to resolve this situation are exhausted, including consultation with the AAOMS. (HD-71)

6. **Federal Service Parity:** The officers, trustees, staff, fellows and members shall utilize every appropriate effort to obtain and maintain pay and professional parity for oral and maxillofacial surgeons with their medical colleagues in the various uniformed services and the Department of Veterans Affairs and whatever efforts appropriate to influence in a positive manner any legislation

* Where "fellow" and the masculine pronoun appears in this document, they shall be understood to include both females and males as gender-inclusive.
Policies

which would upgrade the pay and/or professional stature of oral and maxillofacial surgeons in the federal services. (HD-81)

7. **Component Society Liaison with Insurance Industry:** Component and local oral and maxillofacial surgery societies, in their liaison with the insurance industry, should (1) notify the Committee on Healthcare Policy, Coding and Reimbursement (CHPCR) of meetings with insurance carriers; (2) when meeting with third party carriers, discuss local problems relative to component society policy; and (3) work, when appropriate, with the state dental society's council on dental care programs.

Component societies are encouraged to form patient advocacy committees to coordinate state advocacy efforts with insurance carriers with appropriate support from the CHPCR. (HD-74; HD-77; Jan. 78; HD-83; Oct. 01)

8. **Use and Disposal of Mercury Containing Material:** Component societies and counterparts are encouraged to work with the AAOMS, state dental associations and the American Dental Association in reviewing and implementing the best management practices for the use and disposal of mercury containing material in the oral and maxillofacial surgery office. (HD-03)

9. **Participation in Trauma Calls:** The AAOMS encourages component societies to strongly reinforce the responsibility that all AAOMS fellows and members participate in maxillofacial trauma call and play an active role on their hospital medical staffs. (HD-03)

10. **State Licensure by Credentials:** The AAOMS encourages state dental boards to award state dental licensure by credentials for oral and maxillofacial surgeons (OMS) desiring to practice in that state under a dental or a medical license, where those individuals hold appropriate credentials, including dental licensure in another state, in accordance with existing ADA policy on licensure by credentials. (HD-03)

11. **Oral and Maxillofacial Surgery Consultants to Third Parties:** Oral and maxillofacial surgery consultants to all third parties, including Social Security Administration fiscal intermediaries, should be oral and maxillofacial surgeons and should meet the American Dental Association's qualifications as defined in the Council on Dental Care Programs' Statement on Dental Consultants to Carriers. (HD-78; HD-83)

12. **Conflict of Interest and Disclosure Statement:** All officers, trustees, committee members, members of the AAOMS headquarters’ staff and consultants must annually provide a signed statement listing any and all potential conflicts of interest involving possible financial gain or loss that could result from an action taken in their capacity as an AAOMS representative or employee. Failure to comply with the disclosure provisions may result in dismissal from AAOMS activities. Any unforeseen conflict of interest not previously disclosed must be disclosed prior to any participation on behalf of the AAOMS.

Once, disclosure has been made, the AAOMS agency on which such individual serves may proceed to take action with or without the interested member. If, in the opinion of the chair of the agency or the President, a member has a direct conflict of interest, that member shall abstain from any agency vote or action related to the subject of the conflict.

The participation of an interested member who has disclosed a potential conflict of interest does not invalidate the transaction. (March 89)
13. **Fiduciary Duty and Confidentiality in Communications:** Association volunteers (e.g., officers, trustees, committee members, etc.) have many obligations to the Association. One such obligation is *fiduciary duty*. This requires the exercise of reasonable care in performing functions for the Association, including exhibiting care, loyalty and good faith in all communications.

Volunteers must maintain in confidence whatever information the Association desires to keep confidential. Volunteers are not permitted to disregard, overrule, or second guess the Association’s determination to designate and treat information as confidential.

The most obvious indication that the Association desires to maintain certain information as confidential is if the information is noted as such or it is brought forward in executive session. If the volunteer knows, or should know, the confidential nature of information, the obligation to maintain confidentiality is triggered.

In all instances of communication from volunteers to fellows, members and other outside entities, judgment and discretion must be used in sharing sensitive or confidential information. Specific actions voted upon at any meeting may not specifically be reported as official until after the actions of the board have been reviewed and ratified by the full Board of Trustees. However, in certain instances it may be necessary for immediate action to be taken on a specific recommendation. When a recommendation has been designated for “Immediate Action,” execution may proceed immediately with board approval. In other instances, such as in generating committee appointment letters, award letters and other items of urgency, execution of a designated recommendation may proceed following an “Affirmative Vote of the Meeting Report” by the board. (Sept. 10)

Board members and other volunteers can adhere to their fiduciary duty and maintain appropriate confidentiality in communications by:

- Placing the Association’s interests first in dealings on the Association’s behalf.
- Preserving the confidentiality of any information that is designated or treated as such by the Association.
- Seeking consultation from the President or Executive Director should questions arise.

14. **AAOMS Policy on Antitrust and Legal Risk Management** (Sept. 05)

While most oral and maxillofacial surgeons (OMS), like members of other professional associations, consider themselves to be colleagues, they must recognize that under the law they are also, in fact, marketplace competitors for OMS services. As such, OMS are subject to antitrust, trade practice and tort laws and must be mindful of the restrictions these laws place on their individual behavior and collective activities. Moreover, OMS must respect not only the rights of their fellow members, but also the rights of those who wish to become members and the rights of those practitioners who may compete with OMS to provide healthcare services.

When oral and maxillofacial surgeons come together in a professional association, additional laws govern the organization itself as well as the conduct of fellows and members with each other. Commonly, professional associations are organized as not-for-profit corporations governed by federal tax and state corporation laws. In order to maintain their tax exempt status and protect
the assets of the organization, associations also must respect limits imposed on their activities by
tax, election and antitrust laws.

Professional associations like the AAOMS that engage in self-regulatory activities, such as
evaluation of anesthesia and other practice protocols, membership criteria and the enforcement
of the AAOMS Code of Professional Conduct, including a membership disciplinary operation, are at
heightened risk for potential legal action, including antitrust and state tort law violations, such as
defamation and interference with professional/business relationships.

Other ongoing professional association activities that may give rise to legal actions include any
collection and dissemination of sensitive market information, including pricing, practice costs,
reimbursement, credit terms and salary information, as well as association views on health plan
contracting, policies on coverage, coding, medical necessity and related issues. Antitrust
complaints to the Federal Trade Commission, Department of Justice or to federal or state courts
may be based not only on evidence of express communications or actions, but also on implied
evidence of anti-competitive activity, such as a course of conduct that could be inferred if a
number of oral and maxillofacial surgeons terminated contracts within a certain time frame with
certain payors.

Due to the legal risk inherent in these association activities, fellows, members and staff who
engage in and represent the AAOMS at functions such as meetings with third party payors, federal
and state agencies, other professional associations and vendors, during which sensitive
membership, market and similar communications are exchanged, should consult with legal
counsel prior to such events or the publication of AAOMS comments. As one example, AAOMS
representatives during both internal and external activities generally must avoid statements that
might indicate the appearance of a collective membership boycott of any kind, including, but not
limited to, any statements that might suggest the membership of the AAOMS would terminate a
relationship with a health plan.

In all cases, AAOMS representatives shall be advised of these legal concerns on an ongoing basis
and shall agree to exercise a duty of care to ensure their communications conform to legal due
diligence standards. Further, to ensure the protection of the AAOMS’ interests and that of our
individual fellows and members, the AAOMS recommends legal review of -- and participation of
legal counsel as necessary -- in all AAOMS activities involving self-regulation, membership, and
communications with third party payors, state and federal agencies, vendors and similar entities.

15. Harassment: It is the goal of the Association to provide and maintain a work environment for all
of its employees that is free of any form of harassment or intimidation. Accordingly, the AAOMS
will not condone or tolerate any such action or conduct. Any officer or employee of the
Association who engages in any such action or conduct will be subject to a corrective action
process that, if unsuccessful, may lead to termination. At the same time, anyone who falsely
accuses another of harassment on purpose will also be subject to a corrective action process that
if unsuccessful may lead to termination. (June 03)

Sexual Harassment: The term sexual harassment includes, but is not limited to, any unwelcome
sexual advances, requests for sexual favors, and other verbal or physical conduct based upon an
individual’s gender when:

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

Any action or conduct that meets any of the above criteria may constitute sexual harassment.

Other Types of Harassment: Harassment based on race, creed, religion, color, age, sex, national origin, sexual orientation, veteran status, disability or any other classification prohibited by law is also unacceptable. This type of behavior includes, but is not limited to, making slurs or derogatory statements about any category of individuals.

All employees are cautioned against engaging in harassment themselves or knowingly permitting such conduct by others, including by fellows and members.

If you are on the receiving end of unwelcome comments or actions, you are encouraged to firmly request the offending party to immediately stop the offending behavior. However, if you do not feel comfortable addressing the offending party directly or if your efforts to resolve the situation directly have failed (and in any event if the offending behavior by the individual involved has occurred previously), you should promptly report the incident(s) to your direct Manager or another trusted Manager, the Executive Director or a member of the Human Resources Department. It is important that you report it. We cannot take action to bring about an end to the offensive behavior without your complaint.

We will conduct a thorough and prompt investigation. We will try to keep the matter confidential, but this may not always be possible. In our investigation we will also try to respect the rights of the accused. Where harassment has been established, the Association will take appropriate corrective action, up to and including termination of the offender if necessary to stop the offending behavior.

If an employee believes that he or she has been harassed by an individual who is not employed by the Association (i.e. member, vendor, contractor, etc.) the employee should file a complaint as described above. Although the Association’s ability to take corrective action or even to investigate a complaint of this nature is limited, the Association will take all reasonable action to investigate the complaint and will strive to ensure that there is not a repetition of the offending behavior.

Retaliation against an employee for making a good faith complaint regarding harassment violates the law. Therefore, the AAOMS will not permit any type of retaliation against another employee for having made a good faith complaint. Any individual found to have retaliated against another employee for having reported an incident believed by such employee to constitute harassment will be subject to the same range of corrective action as is provided for employees found to have committed an act of harassment.

The Association has developed this policy to ensure, to the best of its ability, that all of its employees can work in an environment that is free from all forms of harassment. The Association encourages its employees to assist them in achieving that goal.

Professionalism and Ethics: As a general rule for all staff and volunteers of the Association, professional conduct and demeanor are a requirement. You may be required to travel as part of
your job responsibilities with the Association. Your professional conduct and appearance under these circumstances are as important as during regular working hours in the office. Specific guidelines outlining staff roles and responsibilities at the annual scientific sessions and conferences are distributed prior to these major Association events. (June 03)

16. **Committee & Agency Responsiveness to Requests and Actions:** Agencies of the Association are to respond in a timely manner to requests for reports, recommendations and programs by the Board of Trustees and House of Delegates. When the board refers an action for implementation to a committee or other entity, this request should include a deadline for implementation and the date a report with recommendations is to be provided to the board for consideration and action and subsequently, to the House of Delegates, if appropriate. Committees or other entities may convene conference calls, or, if necessary, in person meetings at the discretion of the chair, board liaison and Executive Director, to expedite matters of this nature so that timely reports and responses can be provided to all parties involved to allow adequate time for review and reconsideration, if necessary.

Agencies meeting 15 days or less before a board meeting will provide their final reports to the subsequent board meeting or conference call. This will allow sufficient time for report preparation and review. Committee reports must be submitted in their entirety to the Board of Trustees. Individual items or recommendations should not be separately broken out and submitted for board review and approval. This will ensure the integrity of a report and a committee’s communication to the board. (Sept. 03)

17. **Diversity Mission Statement:** In keeping with its mission of quality patient care and the advancement of scientific research and education, the American Association of Oral and Maxillofacial Surgeons respects diversity among its membership as both a valuable resource and asset.

The Association believes that individuals with various experiences and backgrounds are valuable to the organization and create a balanced perspective when analyzing issues and solving problems. This well-rounded perspective is critical to the future of the Association.

For the Association, diversity is viewed not as a goal but rather a pathway to maximize opportunities for all AAOMS fellows and members. (June 00)

The Association defines membership diversity as the respectful acknowledgment of differences in age, gender, race, ethnic or religious origins and physical or work status within the entire community of oral and maxillofacial surgeons. (June 03)

18. **Statement on Intraoral/Perioral Piercing and Tongue Splitting:** Because of its potential for numerous negative sequelae and the lack of scientific evidence of a positive health benefit, the American Association of Oral and Maxillofacial Surgeons opposes the practice of intraoral/perioral piercing and tongue splitting. (June 03)

19. **Statement on Restorative Care in Regard to Dental Implants:** In regard to dental implants, the extensive scientific and clinical training of an oral and maxillofacial surgeon prepares him them to provide comprehensive and inclusive care in the replacement of missing teeth, including restorative care that the oral and maxillofacial surgeon is trained to provide. (June 07)
20. **AAOMS Statement on Health and Well Being of Patients:** Oral and maxillofacial surgeons are dedicated to the health and well-being of all our patients, including those affected by violence and abuse, post-traumatic stress disorders or traumatic brain injury. (June 08)

21. **Guidelines for Staff Presentations at Regional and Component Society Meetings and Consultation to Outside Entities:**

   a. The Executive Director must approve any staff presentation at a component or regional society meeting.

   b. Any presentation that goes beyond a report on AAOMS activities will be done only if the society agrees to pay a fee based on the pro-rated cost of the staff member's time and travel and housing expenses, plus any other costs (i.e., printing, slides, etc.).

   c. Any request for AAOMS staff consultation to an outside entity in areas of development (i.e., Research Fund, communications, parameters of care, etc.) involving up to a full day may be approved in return for a fee to cover the administrative costs to the AAOMS as determined by the Executive Director with approval of the President. (Sept. 92)

22. **Contracts:** All contracts must be reviewed by the General Counsel and Associate Executive Director, Business and Operations prior to execution by the AAOMS Executive Director. At each board meeting, a listing of all contracts executed since the previous board meeting will be provided for review by members of the Board of Trustees. (April 97; June 97; Sept. 10)

23. **Publication/Product Pricing:** The Board of Trustees shall review and approve final pricing for AAOMS publications and products. Non-member prices for products sold through the AAOMS products catalog should be three times the member price, and institutions should be charged two times the member price for these products. This approval process shall take place during a scheduled meeting or conference call of the board. (Jan. 98; June 99)

24. **Official AAOMS Communications:** All official communications/reports of AAOMS committees or special committees released on behalf of the AAOMS should have the approval of the President or his designee and be co-signed by the President as he deems necessary. (Sept. 01)

25. **E-Mail Addresses and Usage:** Fellow/member e-mail addresses will not be sold or otherwise distributed by the AAOMS. Broadcast electronic communications to the membership will be sent on an as-needed-basis, exercising prudence in the frequency of such broadcast e-communications. Fellows/members will be given the option to “unsubscribe” or opt out of such regular broadcast e-communications.

26. **AAOMS Disaster Relief Plan:** AAOMS residents and interns that suffer financial harm from a disaster are eligible to receive relief payment if certain criteria are met. This plan authorizes the AAOMS Board of Trustees to determine what events would qualify for financial assistance up to $75,000 per disaster to provide financial aid to residents and interns that are impacted. In addition, an AAOMS Qualified Relief Plan shall also be established under the Internal Revenue Code any time that AAOMS residents and interns require financial assistance in the aftermath of a Presidentially-declared disaster. (HD-09; HD-17)

   On an as needed basis, an ad hoc committee, composed of the six district caucus chairs, the AAOMS Treasurer (ex-officio) and the Associate Executive Director, Business and Operations (ex-
Policies

SECTION II • BOARD OF TRUSTEES

1. **E-Mail or Facsimile Ballots**: E-mail or facsimile ballots for a decision by the Board of Trustees must have the approval of the President. Ballots must be received at headquarters by the deadline provided on the ballot. Late ballots will not be counted. Because there is no opportunity to debate or amend a ballot outside of a meeting, all 11 ballots voted in the affirmative will be required to approve an e-mail or facsimile ballot. (HD-67; March 79; Sept. 10; Dec 14)

2. **Officer and Trustee Representation and Reimbursement for Attendance at Regional and Component Society Meetings**: (HD-67; Jan. 78; Nov. 78; Sept. 93)
   
   a. **Purpose and Procedure on Representation Requests**: Officer and trustee representation to component and regional society meetings is for informational purposes and the exchange of ideas on national oral and maxillofacial surgery issues and to advocate implementation by the component or regional society of national goals at the local level. (Nov. 79; Oct. 85; Dec. 88; Dec. 97)

   (1) Officers of the Board of Trustees, as approved by the President, and the six district trustees may attend regional and state component society meetings within their districts and receive reimbursement in accordance with policy. (July 03).

   a. In addition to the district trustee, a minimum of two AAOMS officers shall attend the Southeastern Society of OMS and the Southwest Society of OMS meetings. Each society should provide AAOMS leadership with 15 minutes of podium time not during the lunch hour for an AAOMS update. Additional attendees may be assigned by the President. (Oct 17)

   b. In addition to the district trustee, a minimum of one AAOMS officer shall attend one Mid-Atlantic Society of OMS meeting and the Western Society of OMS meeting. Each society should provide AAOMS leadership with 15 minutes of podium time not during the lunch hour for an AAOMS update. Additional attendees may be assigned by the President. (Oct 17)

   c. In addition to the district trustee, a minimum of two AAOMS officers shall attend the January CALAOMS and the NYSOMS meetings. Each society should provide AAOMS leadership with 15 minutes of podium time not during the lunch hour for an AAOMS update. Additional attendees may be assigned by the President. (Oct 17)

   (2) The Executive Director or a designated appointee may participate in allied, related, regional and component society meetings, with the approval of the President, such expense to be borne by the AAOMS. (HD-67; Dec. 73; July 03)

   b. **Reimbursement**: 

   (1) Trustees attending regional and state component society meetings outside their district shall not be reimbursed, unless specifically approved by the Board of Trustees. (July 03)

   (2) Members of the Board of Trustees attending regional and state component society meetings in their own district, including meetings of the state component society of which the
they are a member, shall be reimbursed at $185 per day for days of official business and
for hotel and travel in accordance with Policy 15c (1) Travel Reimbursement, Section XI.
Budget and Finance. (June 88; June 99; Dec. 04; June 08; Sept. 10)

(3) The President or his/her official designee(s) attending a component or regional society
meeting shall be reimbursed at $185 per day for days of official business, and for hotel
and travel in accordance with Policy 15c (1) Travel Reimbursement, Section XI. Budget and
Finance. (June 99; June 08; Sept. 10)

(4) Reimbursement to a member of the Board of Trustees to attend a state component or
regional society meeting convened outside the continental United States, except for the
AAOMS President, shall not be provided unless approved in advance by the Board of
Trustees. If approved, reimbursement shall be provided in accordance with Policy 15.
Reimbursement (Travel, Per Diem), c. Basis of Reimbursement, 8. Representatives to Non-
USA Meeting (Excludes Canada and Mexico), Section XI. Budget and Finance. (June 99;
June 05)

(5) Members of the Board of Trustees attending the summer caucuses in their districts shall
be reimbursed for air fare, up to two nights' hotel (room and tax) and up to two days per
diem. (June 99)

(6) Reimbursement to Candidates for Officer Positions: A member of the Board of Trustees,
who is a candidate for the office of Vice President, Treasurer, or Speaker of the House of
Delegates, will not be eligible for reimbursement of expenses or per diem payment for
attendance at a regional society meeting or component society meeting outside of the
candidate's AAOMS district during the calendar year of that election unless designated by
the President to attend on official AAOMS business as referenced in Section II, b.3.
Expense reimbursements and per diem payments for attendance at meetings as
designated above and made in the calendar year of a candidacy, prior to a declaration of
candidacy or initiation of campaign activities, will be repaid by the candidate to the
AAOMS. (Dec. 12, August 16)

c. Report: Following representation at regional and state component society meetings,
members of the board are requested to submit a report to the AAOMS headquarters to
include meeting dates, the number of attendees, issues and concerns discussed, whether or
not the board member was allotted speaking time on the program and the value of AAOMS
representation. (Aug. 03; Sept. 10)

3. AAOMS Representation and Reimbursement at Allied Professional Organization Meetings:
Requests for or by fellows and members to represent the Association at allied organizations' meetings must be submitted in writing for consideration on a meeting by meeting basis, with approval required by the President or Board of Trustees. Reimbursement shall be in accordance with policy. The AAOMS representatives are to complete the reimbursement form provided by the AAOMS headquarters and provide a summary report on their attendance. (June 89; Sept. 10)

4. Board Appointments to Committees, Etc.:
a. Nominating Procedure for Standing Committees: The President-Elect shall consult with the trustees, committee chairs and members, presidents of component and regional societies,
district caucus chairs and secretaries and other appropriate individuals prior to making
appointment recommendations for standing committees. (June 77; Sept. 10)

b. Committee Appointments: Fellows and members shall receive written notification of their
appointment to committees and meeting date(s). They are required to respond within 30
days to the Association. In the event no acceptance is received in this time, the
appointment will be considered null, and another appointment will be made. As a condition
of acceptance of the appointment, the attendee's attendance at committee meetings is
mandatory. (HD-67; Jan. 78)
c. Committee Agendas and Meetings: Agendas for committee meetings are approved by the
committee chair. Following publication of meeting dates of committees, etc., the dates are
firm and cannot be changed without substantial reason and approval by the President. (June
91; June 95; Sept. 10)
d. Conversion of Special Committees to Standing Committees: The conversion of special
committees to standing committees is to conform to Chapter IX. Section 10. of the
Bylaws.
When conversion is recommended, the following guidelines should be followed, when
possible (June 95):
(1) special committees should be treated as newly established committees, and members’
years of service on special committees should have no bearing on their continuance or
discontinuance on the standing committee; (Sept. 10)
(2) committees of six members or more should have district representation;
(3) staggered terms should be applied so that no more than one member’s term expires
annually;
(4) special consultants may be appointed for purposes of expertise and to provide
assistance.
e. Review of Appointments: Annual review by the Board of Trustees of all appointments shall
be mandatory. (June 74; Jan. 78)
f. Committee Working Dinners: The decision to hold a working dinner shall be made by the
committee chair, senior staff liaison and board liaison(s) based on the need to
accommodate or expedite the committee agenda. If possible, the decision to hold a dinner
will be made in advance. If it is determined that a working dinner is necessary, the AAOMS
will pay for the costs. Purchase of alcoholic beverages will not be reimbursed by the AAOMS
for such working dinner meetings of committees or the Board of Trustees. Alcoholic
beverages will be deducted from the per diem if business is conducted during committee
dinners. If no business is conducted, committee members pay for their own dinner. (Sept.
10)
Consideration should be given to maintaining costs at a reasonable level. (March 01)
g. Stipulation for Serving on Committee on Continuing Education and Professional Development
(CCEPD): A stipulation of appointment to this committee shall be the ability of committee
members to attend all conferences and annual meetings for all years of appointment and
willingness to assume duties on-site as assigned by the committee chair. The committee shall be scheduled to meet twice annually. New appointees shall be invited to attend the fall committee meeting. (HD-72; Dec. 75; March 76; Nov. 78; June 81; HD-02; Sept. 10)

(1) **Attendance at U.S. Allied Organization Meetings:** Annually, subject to the approval of the President, a representative of the Committee on Continuing Education and Professional Development may attend two scientific meetings of select U.S. allied organizations to broaden the resource base to maintain the current status of the specialty on scientific programming for enhancement of conference and annual meeting scientific programs. Reimbursement shall be up to three days' per diem, least expensive coach air fare available per meeting, hotel accommodations and the meeting registration fee, if necessary, in accordance with policy from the Committee on Continuing Education and Professional Development account. (Jan. 89; HD-02; Sept. 10)

**h. Committee on Education and Training (CET):** Members of CET shall be members of the American Dental Education Association (ADEA) with funding provided by the AAOMS, when necessary. Annually, CET is to convene one of its meetings in conjunction with the annual meeting of the ADEA. (April 88)

**i. Committee on Anesthesia (CAN):** Members of CAN shall be members of the American Dental Society of Anesthesiology (ADSA) with funding provided by the AAOMS, when necessary. Annually, CAN is to convene one of its meetings in conjunction with the annual meeting of the ADSA. (Sept. 10)

**j. Committee on Research Planning and Technology Assessment (CRPTA):** Members of CRPTA shall be members of the American Association of Dental Research (AADR) with funding provided by the AAOMS, when necessary. Annually, CRPTA is to convene one of its meetings in conjunction with the annual meeting of the AADR. (Sept. 10)

**k. Qualifications and Procedure for Appointment of Representatives to ADA Residency Review Committee (RRC) on Oral and Maxillofacial Surgery:** The appointment of AAOMS representatives to the residency review committee shall be made by the President, with the majority approval of the Board of Trustees. Any individual considered for such appointment shall be a diplomate of the American Board of Oral and Maxillofacial Surgery, member of the American Dental Association, and shall have had experience in making site visits to evaluate educational programs. The three residency review committee members shall serve as voting members of the Association's standing Committee on Residency Education and Training.

The committee shall be comprised of four voting members of whom one shall be the OMS Commissioner who shall serve as Chair. Two members shall be appointed by the AAOMS and ABOMS, and the third member shall be appointed on a rotational basis by the AAOMS and ABOMS. In 2007, the ABOMS began the rotation with the selection of the first joint AAOMS/ABOMS RRC representative. Every four years the organizations will alternate the designation of the joint RRC representative. The term of appointment shall be for four years. (Sept. 72; June 86; June 95; Oct 2013)

**l. Appointments to International Association of Oral and Maxillofacial Surgeons (IAOMS) Council, Executive Committee and Conferences, and Reporting Duties:**
(1) **Executive Committee Member:** The North American Region has one representative on the IAOMS Executive Committee. This representative is appointed by the AAOMS Board of Trustees and will serve a maximum of three (3) two-year terms (from international conference to international conference) subject to annual review. This person shall be provided reimbursement in accordance with Policy 15. Reimbursement (Travel, Per Diem), c. Basis of Reimbursement, 8. Representatives to Non-USA Meeting (Excludes Canada and Mexico), Section XI. Budget and Finance to the International Conference on Oral and Maxillofacial Surgery (ICOMS). The representative is obligated to provide a written report to the AAOMS Advisory Committee on International Activities on all IAOMS actions within 45 days of the conference, and to seek the advice and counsel of the AAOMS Board of Trustees on the AAOMS’ position on international matters considered by the IAOMS as a condition of appointment acceptance. (Dec. 98; June 99; Sept. 03; June 05; June 08; Dec. 12)

(2) **Official AAOMS and IAOMS Council Representatives:** The AAOMS official representatives to IAOMS conferences and IAOMS Council shall be the President and Vice President, with the President-Elect fulfilling either of these positions in the event the President or Vice President is unable to attend. The official representatives shall be provided reimbursement in accordance with Policy 15. Reimbursement (Travel, Per Diem), c. Basis of Reimbursement, 8. Representatives to Non-USA Meeting (Excludes Canada and Mexico), Section XI. Budget and Finance to the International Conference on Oral and Maxillofacial Surgery (ICOMS). (March 74; Jan. 78; Nov. 80; April 84; Dec. 88; March 95; June 95; Dec. 97; June 98; Dec. 98; June 99; Sept 03; June 05; Sept. 05; Dec. 12)

m. **AAOMS Representation at International Meetings:** AAOMS representation at international annual meetings (excludes the International Conference on Oral and Maxillofacial Surgery which is covered in Policy 4. m. above) shall be based on the following: Invitations for AAOMS representation at international meetings not reflected below or above will be considered on an individual basis and shall be at the discretion of the AAOMS President with approval of the Board of Trustees. Official representatives to international meetings shall be provided reimbursement in accordance with Policy 15. Reimbursement (Travel, Per Diem), c. Basis of Reimbursement, 8. Representatives to Non-USA Meetings (Excludes Canada and Mexico), Section XI. Budget and Finance. Representatives are obligated to provide a written report to the AAOMS Board of Trustees on all actions and deliberations at international meetings within 45 days of each meeting. (Sept. 08; Sept. 10; Dec. 12; April 2014)

The AAOMS has designated the following individuals as official representatives for the meetings listed:

**British Association of OMS (BAOMS):** President and President-Elect

**European Association of Cranio-Maxillofacial Surgery (EACMFS):** President and Vice President

**Latin American Assoc. of OMS (ALACIBU):** President and Vice President

**Canadian Association of OMS (CAOMS):** President, President-Elect and North American Representative

**Asian Association of OMS:** President and Vice President
Australian/New Zealand Associations of OMS (ANZAOMS): President who receives letter of invitation

Other International Organizations: President will designate representative(s) with the Board of Trustees’ approval

International Meetings: In the event a representative, as designated above, cannot attend a meeting, the President has the authority, with the consent of the Board of Trustees, to designate an official representative to attend.

n. Special Committee on Maxillofacial Oncology and Reconstructive Surgery (SCMORS): The Special Committee on Maxillofacial Oncology and Reconstructive Surgery shall be comprised of six (6) voting fellows and members of whom one shall serve as Chair. The terms shall be for one year. (March 07; March 11)

Duties: The duties of the special committee shall be to: (1) develop a maxillofacial head and neck oncology database, (2) develop a head and neck national referral network, (3) collaborate with appropriate committees on education and training (Committees on Continuing Education and Professional Development (CCEPD), Residency Education and Training (CRET), and Practice Management and Professional Allied Staff (CPMPAS), (4) oversee the area of oral cancer, (5) coordinate collaborative studies, and (6) plan promotion of oral/head/neck cancer. (Dec. 12)

5. Board of Trustees’ Meetings: Board of Trustees’ meetings shall be convened in the United States except those convened during the regularly scheduled national meetings of the Association. (June 97)

6. Executive Sessions: The President shall convene an executive session at each board meeting and may also have a double executive session with the presence of the Executive Director or a triple executive session without the presence of the Executive Director. (Oct. 67; June 74; Jan. 78; Sept. 10)

7. Board of Trustees Consent Agenda: On a meeting by meeting basis and if feasible, a consent agenda shall be prepared of items and reports of an informational nature. This consent agenda with exhibits shall be provided in advance of each board meeting to members of the Board of Trustees. Members of the board shall be required to review the consent agenda. Should any objection to an item listed be received prior to the board’s meeting, that will automatically cause removal of same from the consent agenda with relocation to the appropriate position on the meeting agenda. During the forthcoming board meeting, the President will inquire whether there are any objections from the officers and trustees. If none, a roll call vote will be taken covering all items on the consent agenda. (Jan. 90)

8. Preparation of Board Meeting and Conference Call Reports: (1) On attendance roll call of the board, the listing shall be as present or absent; (2) Names of board members who move actions shall not be recorded as part of the board report; and (3) A roll call vote on actions of the board shall be recorded in the official board reports as yes, no, absent or abstain. In order for a board member(s) to abstain on an action, he must state the reasons for his abstention must be stated. (Feb. 71; Dec. 73; Feb. 77; Jan. 78; March 80; June 83; HD-83; Sept. 90)

a. Voting of the Board of Trustees on awards, honors and appointments (i.e., The Robert V. Walker Distinguished Service Award, Annual Meeting Dedication, Presidential Achievement
Award, Gies Foundation Award, Committee Person of the Year Award, appointments to
AAOMS committees and IAOMS Council, honorary fellowship, etc.) must be by ballot and shall
be recorded in the official report of the board as "seconded and carried", if such is the case, or
in the Actions of the Board as "approved". Unless specifically requested, negative votes or
abstentions shall not be recorded or published. The name of the recipient shall remain
confidential until appropriate notification has been made. (March 89; March 02)

b. **Implementation of Board Actions:** To inform the board of actions that require immediate
implementation, members of committees/agencies and staff are to indicate the urgency of an
item on the report and/or exhibit. For example, on committee or board recommendations
requiring immediate action, the report/recommendation/exhibit should be annotated with
"Immediate Action". For actions such as approval of award recipients, committee
appointments, representation at meetings, and so on, the annotation of “Majority Approval of
Report” should be added on the recommendation or exhibit. All other actions not time
sensitive will be held until final approval of the board’s report. (Sept. 10)

9. **Submission of Corrections to Board Reports:** Officers and trustees will be provided with copies of
the report of board meetings and conference calls as soon as feasible following each meeting or
conference call. All corrections to board reports are to be provided to the headquarters prior to
the preparation of the agenda for the next board meeting or conference call. (Feb. 70; June 95)

10. **Board Actions:** A report of the Board of Trustees' actions, including a roll call vote of all members
of the board on actions, shall be provided delegates and alternates within 45 days following each
meeting. Executive session(s) shall be noted in the Actions of the Board. (HD-83)

a. **Trustee Report:** Board members shall distribute by mail and/or e-mail a report on board
actions to fellows, members and resident members within their district within 30 days
following each board meeting. This report should include actions from the board’s conference
calls between meetings. Officers and trustees may use their personal AAOMS stationery for
this purpose and customize reports as desired. The Association’s headquarters will provide a
draft report for use by members of the Board of Trustees. The final report, whether mailed or
e-mailed, must be generic in reference to actions and must be reviewed by the Executive
Director for factual actions and the President in instances where discrepancies occur. Also, if
desired, the headquarters will duplicate and mail the report with the cost to be borne by the
Association. (March/Dec. 93; may 98; June 98; July 03)

11. **Distribution of Excerpts of Board Reports:** Upon written request, a duly authorized delegate may
be provided excerpts of any item of the approved board report, except those which may have
legal or ethical ramifications. (June 83)

12. **New Board Member Orientation Session:** An Orientation session for new board member(s) will
be held electronically. (Dec. 75; Jan. 78; Feb. 87; Jan. 17)

13. **Speaker of House of Delegates Attendance at Board Meetings:** The Speaker is to attend the June
Board of Trustees' meeting and meetings prior to, during and immediately following the annual
meeting. At the discretion of the President, he the Speaker may be invited to attend other
meetings of the board. Copies of all board meeting agendas are to be provided in advance of the
meetings. Following final approval of board meeting reports they are to be provided to the
Speaker for his information as informational. Routine mailings to the Board of Trustees are to be
provided the Speaker. (Jan. 78; Sept. 84; June 95; Sept. 10)
14. **Officer and Trustee Stationary.** Official AAOMS Stationary will be provided to current AAOMS officers and trustees only. The president shall receive personalized letterhead. All other current officers and trustees will receive non-personalized AAOMS letterhead, but may receive personalized letterhead electronically upon request. All current officers and trustees may receive personalized business cards and note pads upon request. (Dec 15)

**SECTION III • AMERICAN DENTAL ASSOCIATION**

1. **Legislation:** The Board of Trustees and its designates shall work in close liaison with the Council on Governmental Affairs of the American Dental Association in all matters pertaining to governmental action. When AAOMS policy conflicts with that of the American Dental Association, it shall be the obligation of the Board of Trustees, when feasible, to discuss the matter thoroughly with ADA officials so that mutual attitudes may be well understood, and, if possible, some agreeable solution found. (HD-67; Sept. 93; Sept. 10)

2. **Attendance at ADA Annual Session:**
   - **Board of Trustees:** Members of the Board of Trustees shall attend the American Dental Association’s annual session. Reimbursement shall be for travel, hotel accommodations and per diem for days of official business in accordance with policy. When members of the board are provided reimbursement from their state OMS society or dental association, the AAOMS reimbursement shall be for any difference between the AAOMS reimbursement per policy and that of the other organization(s). (Sept. 10)
   - **ADA Liaison Committee:** When scheduled to meet at the ADA annual session, members of the ADA Liaison Committee shall be reimbursed for travel, hotel accommodations and per diem for days of the meeting and official business in accordance with policy. When members of the committee are provided reimbursement from their state OMS society or dental association, the AAOMS reimbursement shall be for any difference between the AAOMS reimbursement per policy and that of the other organization(s). (Sept. 10)

3. **Offer Representation at ADA Committee and Commission Meetings:**
   - Officer Representation at ADA Committee and Commission Meetings. In order to remain up-to-date on the issues the ADA is considering regarding residency and accreditation, at a minimum the President-Elect and Vice President shall attend the two Residency Review Committee meetings annually and the Vice President shall attend the two Commission on Dental Accreditation (CODA) meetings.

**SECTION IV • OFFICIAL REPRESENTATION WITH OTHER AGENCIES**

1. **Appointment of Representatives to Testify Before Government Agencies:** Appointment of AAOMS representatives to present testimony before congressional committees or other governmental agencies shall be made by the President and President-Elect. (June 73; June 95)

2. Fellows and members shall not announce, imply or state that they are representatives of the AAOMS before any agencies unless they have been officially designated by the AAOMS President and/or President-Elect.
The Board of Trustees shall maintain close liaison with the directors of the American Board of Oral and Maxillofacial Surgery (ABOMS).

1. **Nomination Procedure for ABOMS Director and Vacancies:** The Board of Directors of the American Board of Oral and Maxillofacial Surgery will submit to the AAOMS Board of Trustees by May 15 of each year a sufficient number of nominees so that at least three nominees are available for balloting for each open director position and are recommended as qualified nominees to serve an eight-year term or a vacancy on the ABOMS board. None of the nominees can be a member of the Board of Trustees of the AAOMS. (Jan. 86; HD-03)

A standardized curriculum vitae available from the ABOMS administrative offices will be provided all members of the AAOMS House of Delegates with the mailing of credential cards prior to the annual meeting accompanied by a covering letter from the AAOMS Board of Trustees on bylaws and policies relative to procedures for election. Any nomination from the floor of the House of Delegates must be accompanied by the same standardized curriculum vitae form available from the ABOMS or AAOMS administrative offices. (March 68; Dec. 76; June 77; Jan. 84; Jan. 86)

The election for ABOMS director will take place at the first session of the AAOMS House of Delegates.

2. **Report on ABOMS Open Forum:** The ABOMS Board of Directors shall provide in its annual report to the AAOMS comments on its open forum held during the annual meeting of the AAOMS. (Joint policy with ABOMS) (June 72; July 77)

3. **Selection of ABOMS Regional Advisors:** The ABOMS shall appoint a regional advisor from each of the seven regions annually. (Jan. 84; Jan. 86)

The names of potential Review Committee members will be forwarded to the regional advisors by the ABOMS for information concerning their professional and other qualifications.

In the event a vacancy occurs, an interim appointment will be made by the ABOMS.

4. **Joint Meeting of the AAOMS/ABOMS:** A joint meeting with the Board of Trustees of the AAOMS and Board of Directors of the ABOMS is to be convened on an annual basis. This meeting is to be held at a time that is satisfactory to both boards. (Jan. 86)

5. **Certifying Body for Oral and Maxillofacial Surgery:** At the joint meeting of the Board of Directors of the American Board of Oral and Maxillofacial Surgery (ABOMS) and the Board of Trustees of the American Association of Oral and Maxillofacial Surgeons (AAOMS) on October 13, 1974, it was reaffirmed that "The American Board of Oral and Maxillofacial Surgery is the only certifying body in oral and maxillofacial surgery." (Jan. 86)
1. **Application Procedure:** The procedure for applying for membership requires the following: (June 82; June 91)

   a. A formal application;
   
   b. Verification of having applied for membership in the component oral and maxillofacial surgery society in the state or country in which the candidate's primary place of practice is located, unless the candidate is on full-time active duty in the federal dental services; (Sept. 10)
   
   c. Verification of completion of training in an ADA accredited oral and maxillofacial surgery residency program or equivalent for affiliate membership candidates; (Sept. 10)
   
   d. Name announced to the membership as a candidate; (June 87)

2. **Membership Files:** All information relative to membership files is to be held in strictest confidence, and under no circumstances will a fellow(s) or member(s) objecting to a specific fellow, member, or candidate be identified other than to the Board of Trustees, Committee on Membership and Commission on Professional Conduct in cases of referral. (June 69; Feb. 71; June 82; June 86)

3. **Fees for Candidates:** Candidates shall be required to remit an annual fee. Should a resident apply for membership by the end of the calendar year in which training is completed, the first year fee as a candidate shall be waived with the second year fee equal to one-third (1/3) of fellows/members total dues and assessment amount; equal to two-thirds (2/3) of fellows/members total dues and assessment amount for the third year of candidate status; and a fee equal to fellows/members full dues and assessments. (June 97; April 03, June 04; Sept. 10)

   Should the aforementioned candidate be elected to membership after one year of candidate status, his first year fee as a candidate shall be waived with the second year fee equal to one-third (1/3) of the total dues and assessment amount; for his second year he shall be required to remit remittance of two-thirds (2/3) of the full dues and assessment amount is required; and thereafter he shall be required to remit the remittance of the full dues and assessment amount of a fellow/member, as a provisional fellow/member and as a fellow/member is required.

   Should the aforementioned candidate be elected to membership after two years of candidate status, his first year fee as a candidate shall be waived with the second year fee equal to the full amount of the dues and assessment for a fellow or member. (June 82; April 03)

4. **Return of Membership Certificates:** Notification to fellows or members, who voluntarily resign or whose membership is discontinued for failure to pay dues and assessments for a period of one year, shall also be provided to state oral and maxillofacial surgery societies. (HD-74; Sept. 10)
5. **Rejection of Candidate for Cause and Appeal:** It is the duty of the Committee on Membership to review the credentials of each candidate. Upon such review, if the candidate is found to be undesirable morally and/or ethically for AAOMS fellowship or membership, the Membership Committee may reject the candidate, but only after affording the candidate due process through an interview by the committee to provide the candidate the opportunity to respond to the allegation(s). (June 82; June 86)

If review of the candidate's application for full membership reveals a moral and/or ethical question, the Committee on Membership shall retain the candidate in the current status pending further consideration.

### SECTION VIII • PUBLIC RELATIONS AND PUBLICATIONS

1. **Directory Distribution:** The directory of the membership shall be available only in electronic format and limited in its distribution to fellows, members, candidates and allied professional organizations. (HD-67; Oct. 85; June 95, Sept 15)

2. **Mailing Labels:** Complete membership mailing lists and lists of specific meeting registrants may be provided for a fee to fellows, members, candidates and residents, regional and component societies, educational institutions, exhibitors, peer partners and non-members in accordance with the following. Up to two sets of mailing lists per year may be provided to regional and component societies upon request without a fee. Mailing labels shall be provided to residents at a reduced fee. (June 93; June 95; April 96; Sept. 10):

   a. All orders are prepaid.

   b. Mailing lists are protected by copyright and shall not be duplicated without written permission of the Executive Director. (April 88)

   c. The lists are to be for an announcement of a continuing education opportunity by accredited educational institutions; a meeting(s) of a regional, component or local oral and maxillofacial surgery society associated with the AAOMS; for exhibitor marketing announcements; for scientific research surveys of the membership; and for AAOMS-sponsored membership services/programs by commercial firms (Treloar & Heisel, OMS National Insurance Company [OMSNIC], etc.).

   d. The request is to be made in writing to the AAOMS headquarters with the purpose stated; and a copy of the mailing provided for approval before transmittal to the membership.

   e. Exhibitors must have signed a contract to exhibit at an annual meeting, conference or any other free-standing conference at which there are commercial exhibits and have paid all fees in full. (Jan. 89; March 93; June 93; April 96)

   f. Fellows and members who wish to conduct a scientific survey of the membership may purchase mailing lists at a reduced fee.

   g. Oral and maxillofacial surgery institutions, fellows and members who sponsor courses for a profit and who wish to announce them to the membership will be charged the exhibitor/commercial fee for mailing lists. (Sept. 92)
h. The AAOMS reserves the right to deny requests where the purpose or use may not be considered in the best interest of the Association or its purposes. (Oct. 85; Jan. & April 86)

3. **AAOMS Today:** The *AAOMS Today* shall be published six (6) times annually. The publication shall contain feature and news articles on board actions and other information of interest to the membership (Dec. 95)

4. **Official Journal:** The *Journal of Oral and Maxillofacial Surgery* is the official journal of the Association and is published at least monthly, 12 times per year.

   a. **Mission:** The mission of the Journal shall be to serve as the most authoritative, reliable and up-to-date source of scientific and clinical information relevant to the discipline of oral and maxillofacial surgery, by evaluating, reporting, and chronicling activities of scientific and professional interest to AAOMS fellows and members, and others who can benefit from the Journal's information.

   b. **Section Editors:** Section editors are appointed by, and serve at the pleasure of, the editor-in-chief to provide the Journal expertise in a particular area of oral-maxillofacial surgery. Section editors serve terms that are no longer than 5 years. Reappointment is allowed.

      **Duties of the Section Editors:** Section editors manage their assigned section and accept assignments from the managing editor, select peer reviewers, and make recommendations for decisions based upon peer reviews. They also identify new peer reviewers, make nominations for peer reviewers and articles meriting special recognition, help judge papers nominated for awards, attend annual editorial board meetings and provide annual reports regarding the status of their section. Section editors provide expertise to the editor-in-chief and associate editor on Journal matters.

      **Qualifications:** To be considered for a section editor position, individuals must be a fellow in good standing of the AAOMS, currently board certified by the ABOMS, a recognized expert in the area of oral and maxillofacial surgery for which he or she will serve as section editor, and possess a history of providing a substantial number of excellent and on-time peer reviews for the Journal.

      **Appointment Procedure for Section Editors:** Whenever an opening for a section editor occurs or a term is ending, a call for nominations will be published in the Journal and other AAOMS media beginning September 1 through November 1. Self-nominations allowed, and nominees must provide a current CV and letter explaining why they desire to serve as a section editor for a particular section. The JOMS editor-in-chief and associate editor will review all applications and make their recommendation to the AAOMS Board of Trustees by November 20.

   c. **JOMS Editorial Board:** Members of the JOMS Editorial Board are appointed by, and serve at the pleasure of, the editor-in-chief. There are 18 editorial board members who serve staggered three-year terms that begin on January 1, and one (1) resident member appointed annually by the AAOMS Board of Trustees. Reappointment to the Editorial Board is allowed.

      **Duties of the Editorial Board:** Editorial board members support the Section Editors in obtaining high quality peer reviews, provide high level of OMS expertise in one or more areas of the oral and maxillofacial surgery scope of practice, help promote the Journal and maintain
JOMS brand credibility, attend the annual JOMS board meeting and share ideas with JOMS leadership, and provide a source of potential future Section Editors.

**Qualifications:** With the exception of the resident member, JOMS Editorial Board members must be AAOMS fellows in good standing, currently board certified by the ABOMS, possess substantial clinical and/or research experience in oral and maxillofacial surgery, possess a recent history of accepting invitations and providing high quality and high quantity of on time peer reviews for the JOMS, and be a nationally recognized expertise in one or more areas of OMS practice.

**Appointment Procedure for Section Editors:** Whenever an opening for an editorial board member occurs or a term is ending, a call for nominations will be published in the Journal and other AAOMS media beginning September 1 through November 1. Self-nominations allowed, and nominees must provide a current CV and letter explaining why they desire to serve as a section editor for a particular section. The JOMS editor-in-chief and associate editor will review all applications and make their recommendation to the AAOMS Board of Trustees by November 20. (Oct. 18)

d. **JOMS International Editorial Board:** International members of the JOMS Editorial Board help promote the global brand image of the Journal and the AAOMS. The number of individuals who may be appointed to the International Editorial Board is not limited and there are no designated term limits; however, only one individual may be appointed from any one country at a time.

**Duties of the JOMS International Editorial Board:** International board members provide high quality peer reviews, especially for papers from their region of the world and promote the Journal to potential authors in their home country.

**Qualifications:** Individuals appointed to serve on the JOMS International Editorial Board must be oral and maxillofacial surgeons who are well-respected in their home country.

**Appointment Procedure for International Editorial Board Members:** The recognized OMS society/association of countries of the world are asked to name someone to the JOMS International editorial board. Those who respond send a CV and a letter. The editor-in-chief and associate editor determine the suitability of any nominee and make their recommendations to the AAOMS Board of Trustees. (Jan 2014)

e. **Publication of International Meetings:** Only meetings sponsored by a country’s national organization or recognized foreign regional organization will be accepted for listing in the News and Announcements Section of the JOMS. With the exception of AAOMS continuing education programs, no domestic meeting announcements will be included. (Sept. 90)

f. **Advertising Guideline:** An advertisement from a certifying organization (such as a Board, Academy or College, etc.) that is not recognized by the American Board of Medical Specialties or the Commission on Dental Accreditation of the American Dental Association and/or restricts membership by oral and maxillofacial surgeons based on professional degree, will not be accepted. (Jan. 90)
1. **Advisory Committee on Awards Nominations (ACAN):**

**Composition:** The committee shall be comprised of five (5) Past Presidents, who shall have been out of office for at least three (3) years. The immediate Past President shall serve as an ex-officio (without the right to vote) member of the committee during his last year on the Board of Trustees. The President shall appoint members of the committee with designation of one as Chair with the concurrence of the Board of Trustees. Committee members shall be limited to serving one five-year term with appointments staggered so that no more than one member's term is completed annually.

Committee members appointed to first terms of two years or less or who are filling an unexpired term of two years or less shall be eligible for reappointment to a full five-year term.

**Duties:** The committee shall consider all award nominations and petitions for special or annual lectures in accordance with the individual criteria established. It shall meet once annually following the deadline for submission of award nominations and shall review all nominations provided in advance of the meeting. To conduct business, a quorum (three committee members) must be present. An affirmative vote of four of the five members; three of the four members or two of the three members shall be required for each nomination with supporting documentation to be forwarded to the Board of Trustees. Voting shall be by secret ballot. (March 97)

Nominations for awards will be open to the entire membership through publication in AAOMS media and appropriate nominating forms with review by the Awards Nominating Committee and final decision on all award recipients and named lectures by the Board of Trustees.

In the event no nominations or an insufficient number of nominees (in the categories that require multiple nominees) are received by the deadline (January 31 annually) for award nominations, the ACAN will be notified and the individual committee members will have the option to present nominees with appropriate documentation to review at the ACAN’s annual meeting. (March 02; March 03)

The Board of Trustees has the right to accept or reject nominations. In the instance of rejection, notification is to be provided to the Advisory Committee on Awards Nominations which shall convene by teleconference at its earliest convenience to review all eligible candidates with selection of one for the Board of Trustees’ consideration. (May 98)

2. **William J. Gies Foundation Award in Oral and Maxillofacial Surgery:**

**Purpose:** To encourage educators in the specialty and recognize them through an annual award.

**Criteria:** For distinguished achievement in the field of oral and maxillofacial surgery.

**Eligibility:** A past or present fellow/member of the American Association of Oral and Maxillofacial Surgeons. Individuals who have held a position on the Board of Trustees, however, are not eligible for nomination for a period of five (5) years after completion of their term on the board.

**Method of Selection:** Nominations may be made by any fellow/member or substructure** of the Association. Nominations in writing and accompanied by proper documentation shall be submitted to the Awards Nominating Committee by January 31 annually. The Awards Nominating
Committee shall determine three nominees for the award for submission to the Board of Trustees, in order of preference.

The Board of Trustees may verify the recommendations of the Awards Nominating Committee and may change the order of preference. If the Board of Trustees rejects a nominee, a new one must be obtained from the Awards Nominating Committee.

**Substructure:** Committees, board or senior management team.

The second and third nominees on the slate of three nominees presented to the Gies Foundation shall automatically be included on the list of nominations considered by the Awards Nominating Committee for three succeeding years. If these individuals do not receive the award within this period of time, they shall be dropped from the list of automatic nominees.

**Award Description:** The award shall consist of a plaque, $500 and a certificate provided by the William J. Gies Foundation. (Sept. 10)

**When Given:** The award is presented each year at the annual meeting of the American Association of Oral and Maxillofacial Surgeons.

**Compensation:** The recipient shall have the registration fee waived for the annual meeting at which the award is presented.

3. **The Robert V. Walker Distinguished Service Award:**

**Purpose:** Recognize AAOMS fellows and members for important long standing contributions of benefit to the specialty of oral and maxillofacial surgery through clinical, academic, research, or public service activities.

**Criteria:** Made significant long standing contributions to the specialty. Only a single individual may be named in any one year and this should be done only when deemed appropriate. (April 15)

**Eligibility:** Any individual who meets the criteria. Individuals who have held a position on the Board of Trustees, however, are not eligible for nomination for a period of five (5) years after completion of their term on the board.

**Method of Selection:** Nominations may be made by any fellow/member or substructure of the Association. Nominations in writing and accompanied by proper documentation shall be submitted to the Awards Nominating Committee by January 31 annually. The Awards Nominating Committee may select a nominee for submission to the board, with the nominee’s supporting documentation. Election shall be by eight (8) affirmative votes of members of the Board of Trustees.

**Award Description:** The award shall consist of a Steuben glass plaque suitably engraved.

**When Given:** The award shall be given when deemed appropriate. The presentation shall be at the annual meeting following the selection.

**Compensation:** The recipient shall be provided travel in accordance with policy, hotel accommodations for up to two nights, and shall be provided two complimentary tickets to the
President’s event; and shall have the registration fee waived for the annual meeting at which the award is presented. (March 07)

4. **Dedication of the Annual Meeting:** (June 08)

**Purpose:** This is the premier award of the American Association of Oral and Maxillofacial Surgeons and was established to recognize an individual, a group of individuals or an organization who has made life-long contributions to the specialty.

**Criteria:** Must have made outstanding, pioneering and sustained contributions that impact on the advancement of the specialty of oral and maxillofacial surgery at the national or international level. Only a single dedicatee, a group of individuals or an organization may be named in any one year and this is done only when deemed appropriate.

**Eligibility:** Any individual, a group of individuals or an organization who meets the criteria for the award. Individuals who have held a position on the Board of Trustees, however, are not eligible for nomination for a period of five (5) years after completion of their term on the board.

**Method of Selection:** Nominations may be made by any fellow/member or substructure of the Association. Nominations in writing accompanied by proper documentation shall be submitted to the Awards Nominating Committee by January 31 annually. The Awards Nominating Committee may select one nominee, a group of individuals or an organization for submission to the Board of Trustees. Election by the Board of Trustees will be by secret ballot and requires eight (8) affirmative votes of members of the Board of Trustees. (May 98; June 08)

**Award Description:** The award shall consist of a plaque suitably engraved.

**When Given:** The award is presented only when deemed appropriate to a single dedicatee of a group of individuals or the designated representative of an organization at the annual meeting in whose honor it is dedicated. (June 08)

**Compensation:** The recipient, as determined by the Board of Trustees, shall be provided travel in accordance with policy, hotel accommodations for up to two nights, and shall be provided two complimentary tickets to the President’s event; and shall have the registration fee waived for the annual meeting at which the award is presented. If an organization is selected or a group of individuals, a single representative shall be reimbursed. (March 07; June 08)

5. **Committee Person of the Year Award:**

**Purpose:** To recognize a member of a standing or special committee of the Association who has provided outstanding service to the Association.

**Criteria:** Award nominees are considered for the period of annual meeting to annual meeting preceding the annual meeting at which the award is given and must meet the minimum criteria for nomination:

(1) Demonstrated effective participation in committee decision-making through identification, evaluation and analysis of needs, development of programs to meet such needs, and effective utilization of the committee’s resources, members and staff to implement programs.
(2) Demonstrated a conscious sense of responsibility as a committee member in furthering the purposes of the AAOMS in those areas within which the committee has bylaw purview through a cooperative attitude in development and execution of committee programs and demonstrated leadership which enhances the effectiveness of the committee during and beyond his the individual’s tenure on the committee.

Method of Selection: The Senior Management Team shall submit at least two nominees in alphabetical order, with written recommendations, to the Board of Trustees for consideration. All nominees must meet the established minimum criteria for consideration for the award. Selection of the Committee Person of the Year shall be by secret ballot and requires a majority vote of the Board of Trustees. (June 15)

Award Description: The award shall consist of a plaque suitably engraved.

When Given: The award is presented at the annual meeting each year.

Compensation: The recipient shall have the registration fee waived for the annual meeting at which the award is presented.

6. Resident Scientific Presentation Award:

Purpose: To encourage the submission of quality abstract presentations by residents in oral and maxillofacial surgery.

Criteria: Manuscripts must reflect an original project, a knowledge of pertinent literature, appropriate method of investigation, accuracy of data, method of data presentation, and relevance of conclusions.

Eligibility: Participants must be residents in an ADA accredited oral and maxillofacial surgery residency program.

Method of Selection: Manuscripts are scored and judged by the Committee on Continuing Education and Professional Development in accordance with the criteria.

Award Description: The award consists of $2,000 each for up to five residents. (Sept. 10)

When Given: Award recipients present oral abstracts of their manuscripts and receive their awards at the annual meeting. Award winners are encouraged to submit manuscripts.

Compensation: None other than the cash award.

7. Donald B. Osbon Award for an Outstanding Educator:

Purpose: To recognize outstanding educators in the specialty.

Criteria: The recipient must (1) have exemplified the highest ideals of an educator; (2) be respected by his peers in education; (3) have fostered an excellent relationship between his the individual’s educational program and oral and maxillofacial surgeons in the community, (4) have
been actively involved in efforts to improve residency and continuing education, both locally and nationally, and (5) be respected and admired by his current and former residents.

Eligibility: An OMS educator, who is or was actively involved in clinical and/or laboratory research; and has encouraged his residents and faculty to be actively involved in research; and further must be or has been involved directly in patient care, has a reputation as an outstanding clinician, has exemplified the highest ethical and moral ideals of a professional. OMS educators who hold or have held a position on the OMS Faculty Section’s Executive Committee are not eligible for nomination for a period of five (5) years after completion of their term on the Section’s Executive Committee. (March 97)

Method of Selection: Any fellow, member or substructure of the Association, including OMS residents, may submit nominations in writing to the Faculty Section’s Executive Committee, along with a current curriculum vitae and letters of support by January 31 annually. During a conference call, the Faculty Section’s Executive Committee shall select the award nominee for submission to the Advisory Committee on Awards Nominations for concurrence and subsequently to the Board of Trustees for election. Election shall be by secret ballot and shall require a majority vote of the Board of Trustees. (June 95; March 04)

Award Description: The award shall consist of a framed certificate and any monetary award must be designated to an institution of the recipient’s choice to support education in that institution.

When Given: The award may be presented each year at the annual meeting. (June 95)

Compensation: The recipient shall have the registration fee waived for the annual meeting at which the award is presented.

8. Daniel M. Laskin Award for an Outstanding Predoctoral Educator in Oral and Maxillofacial Surgery:

Purpose: To recognize outstanding predoctoral educators in the specialty.

Criteria: The recipient must (1) have exemplified the highest ideals of an educator; (2) be respected by his peers in education; (3) have fostered an excellent relationship between the undergraduate faculty and students with the oral and maxillofacial surgery residency program and oral and maxillofacial surgeons in the community, (4) have been actively involved in efforts to improve undergraduate education as well as residency and continuing education, both locally and nationally, and (5) be respected and admired by his current and former students.

Eligibility: An OMS educator involved in predoctoral education, who is or was actively involved in clinical and/or laboratory research; and has encouraged his students and faculty to be actively involved in research and become involved in oral and maxillofacial surgery and academia; and further must be or has been involved directly in patient care, has a reputation as an outstanding clinician, has exemplified the highest ethical and moral ideals of a professional. OMS educators who hold or have held a position on the OMS Faculty Section’s Executive Committee are not eligible for nomination for a period of five (5) years after completion of their term on the Section’s Executive Committee. (March 97)

Method of Selection: Nominations may be submitted in writing along with a current curriculum vitae and letters of support by any fellow, member or substructure of the Association, including
OMS residents, to the Faculty Section’s Executive Committee by January 31 annually. During a
conference call, the Faculty Section’s Executive Committee shall select the award nominee for
submission to the Advisory Committee on Awards Nominations for concurrence and subsequently
to the Board of Trustees for election. Election shall be by secret ballot and shall require a majority
certificate. (June 95; March 04)

**Award Description:** The award shall consist of a framed certificate.

**When Given:** Up to one award may be presented each year at the annual meeting.

**Compensation:** The recipient shall have the registration fee waived for the annual meeting at
which the award is presented.

9. **Memorial or Special Lectures:**

**Criteria:** Individuals considered for memorial or special lectures must have made significant
contributions to the specialty of oral and maxillofacial surgery in education and/or practice.

**Method of Selection:** Any fellow/member, substructure of the Association or outside entity can
petition the Awards Nominating Committee for a one-time or annual lecture. Nominations must
be in writing and accompanied by proper documentation.

**One Time Lecture:** A memorial or special lecture may be held on a one-time basis. Full financial
responsibility for one-time lectures is assumed by the sponsoring organization.

**Annual Lecture:** A sustained and named award or lectureship must be supported by an endowed
fund established under the auspices of the Oral and Maxillofacial Surgery Foundation. The
endowment must provide funds sufficient to provide honorarium, travel and per diem per AAOMS
policy to the lecturer.

Recommendations for one-time or annual lectures will be made by the Awards Nominating
Committee to the Board of Trustees. Approval for the establishment of a lecture shall be by secret
ballot and require eight (8) affirmative votes of members of the Board of Trustees.

Following approval, subject areas for lectures will be determined by the Committee on Continuing
Education and Professional Development (CCEPD) who will also determine if the lecture will be
held at a conference or the annual meeting. Selection process for speakers shall be determined
separately for each lecture established.

No segment of the existing scientific portion of the meetings of the AAOMS will be named without
full financial support. No commercial sponsorship will be permitted for the scientific portion of a
conference or the annual meeting.

a. **Selection of Chalmers J. Lyons Memorial Lecturer:** The annual Chalmers J. Lyons Memorial
lecturer shall be determined by the majority vote of a committee comprised of the Chair of
the Committee on Continuing Education and Professional Development, the AAOMS
President-Elect and the Chalmers J. Lyons Academy President who shall be the chair. The
AAOMS Committee on Continuing Education and Professional Development shall schedule
the lecture appropriately during the annual meeting. All travel expenses and honorarium
shall be the responsibility of the Academy. (June 76; June 77; Jan. 78; Sept. 81; June 82; April 86; June 03)

b. **Selection of Philip L. Maloney Trauma Lecturer:** The annual Philip L. Maloney Trauma Lecturer shall be determined by majority vote of the Committee on Continuing Education and Professional Development (CCEPD). This lecture will be contained within the Maxillofacial Trauma Symposium at the annual meeting unless otherwise scheduled by the AAOMS Committee on Continuing Education and Professional Development. The individual selected will receive a $1,500 honorarium provided through the Philip Maloney Endowment held by the Oral and Maxillofacial Surgery Foundation and will be asked to serve as the moderator for the following year’s annual meeting trauma session. All travel and maintenance expenses shall be the responsibility of the selected speaker. (Sept. 05)

10. **Honorary Fellow:**

**Purpose:** To recognize non-members who have made distinguished contributions to the specialty of oral and maxillofacial surgery.

**Criteria:** For a contribution that has significantly altered or promoted the course of the profession or has through efforts or services significantly promoted the welfare of the specialty.

**Eligibility:** To any individual who holds no other class of membership and who meets the criteria.

**Method of Selection:** Nominations may be made by any fellow, member or substructure of the Association. Nominations in writing accompanied by proper documentation shall be submitted to the Awards Nominating Committee by January 31 annually. The Awards Nominating Committee shall forward nomination(s) to the Board of Trustees. Approval by the Board of Trustees shall be by secret ballot and require eight (8) affirmative votes. Election shall be by the House of Delegates. Not more than three honorary fellows may be elected in any one year.

**Award Description:** The award shall consist of a plaque and a pin.

**When Given:** The award is presented at the annual meeting in the year following election by the House of Delegates.

**Compensation:** The recipient shall receive hotel accommodations for up to two nights, travel in accordance with AAOMS Policy 15. Reimbursement (Travel, Per Diem), (1) Travel Reimbursement, and shall be provided two complimentary tickets to the President’s event; and shall have the registration fee waived for the annual meeting at which the award is presented. Travel shall comply with the following guidelines: (March 07; March 09)

**Travel Reimbursement:** Honorees are encouraged to utilize 21-day advance purchase non-refundable economy tickets. If tickets, which are reimbursed by the Association, are not purchased at least 21 days in advance of the meeting or are not non-refundable economy class, reimbursement is limited to $400 or the cost of the ticket, whichever is less. (March 97; June 05)

Tickets must be purchased at least 21 days prior to the meeting unless the meeting was scheduled with less than 21 days notice.
Staff is to send reminder notices 45 days before a scheduled meeting to members who are purchasing their tickets.

Submission of the ticket, e-ticket or the invoice, is required as a requisite for reimbursement.

Honorees may purchase their airline tickets early and fax a copy of their ticket to the staff responsible for the meeting and a reimbursement check will be sent out within five business days.

If a ticket is unused because of emergency or other extenuating circumstances and the member has already been reimbursed, the member is to hold on to the ticket for future use. (June 05)

If travel is by auto, then the allotment is to be at the IRS approved mileage rate. (Dec. 88; Jan. 89; June 91; June 92; June 95; April 96)

11. **Presidential Achievement Award:**

**Purpose:** To recognize AAOMS fellows and members for important contributions of benefit to the specialty of oral and maxillofacial surgery through clinical, academic, research, or public service activities.

**Criteria:** Made significant contributions to the specialty. Up to two (2) individuals may be named annually. (April 15)

**Eligibility:** Individuals who meet the criteria. The Presidential Achievement Award is not meant to again recognize those individuals who have previously been recognized as a meeting dedicatee, or have received the Robert V. Walker Distinguished Service Award or the William J. Gies Foundation Award in Oral and Maxillofacial Surgery. Members of the Board of Trustees are not eligible for nomination for a period of five years after completion of their term.

**Selection:** One awardee is selected by the AAOMS President and a second recommendation is chosen by the Advisory Committee on Awards Nominations from nominations by any fellow/member or substructure of the AAOMS Membership. The supporting documentation of all nominees received, along with the recommendation from the Advisory Committee on Awards Nominations, is submitted to the Board of Trustees for final selection. Election shall be by secret ballot and require eight affirmative votes of the Board of Trustees. (June 15)

**Award:** The award shall consist of a plaque.

**When Given:** At the annual meeting following selection.

**Compensation:** Waiver of the annual meeting registration fee at which the award is presented.

12. **AAOMS Humanitarian Award for Residents** (3/09)

**Purpose:** To recognize OMS residents who have donated substantial time and effort within their local or global community, above and beyond training experience during residency that results in an improvement in the quality of life for the public. (Sept. 10)
**Criteria:** Extended involvement in volunteer health or service related projects of benefit to the local or global community that are not a regular part of a personal educational experience. Surgical experiences during residency are excluded. (Sept. 10)

**Eligibility:** All current OMS residents.

**Selection:** Nominations can be made in writing by any fellow or member, and should contain documentation of the activity for which the nomination is being made. Up to two awards may be given annually, but a nominee can only be recognized once for the same activity even though it extends over more than one year.

**Award:** An engraved plaque of recognition.

**When given:** At the AAOMS annual meeting.

**Compensation:** Waiver of the registration fee for the annual meeting at which the award is presented.

---

**13. AAOMS Humanitarian Award for Fellows and Members (3/09)**

**Purpose:** To recognize fellows and members who have donated substantial time and effort within their local community or on a global basis that results in an improvement in the quality of life for the public. (Sept. 10)

**Criteria:** Extended involvement in volunteer health or service related projects of benefit to the local or global community that are not a regular part of a personal educational experience.

**Eligibility:** All current AAOMS fellows and members.

**Selection:** Nominations can be made in writing by any fellow or member, and should contain documentation of the activity for which the nomination is being made. Up to two awards may be given annually, but a nominee can only be recognized once for the same activity even though it extends over more than one year.

**Award:** An engraved plaque of recognition.

**When given:** Each year at the AAOMS annual meeting.

**Compensation:** Waiver of the registration fee for the annual meeting at which the award is presented.

---

**14. Outstanding Legislator of the Year Award:**

**Purpose:** To recognize up to two outstanding legislators from either the state or federal level for outstanding contributions to legislation that would positively affect the specialty. (Sept. 10)

**Criteria:** The recipients must have exemplified and been actively involved in legislative issues that benefit oral and maxillofacial surgery.
Eligibility: A legislator who has been active on OMS issues at either the state and/or federal level and has assisted in enacting or defeating legislation that would directly affect the specialty of oral and maxillofacial surgery.

Method of Selection: Nominations shall be made by the AAOMS Committee on Governmental Affairs and their respective staff who shall select in order of preference up to two legislators from either the state or federal level for review and selection by the Board of Trustees. Election shall be by secret ballot and shall require a majority vote of the Board of Trustees. (Sept. 10, June 15)

Award Description: The award(s) shall consist of a plaque.

When Given: The award shall be presented during the annual meeting at which the award is presented.

Compensation: If presented at the annual meeting, the registration fee will be waived for the annual meeting at which the award is presented.

15. John F. Freihaut Political Activist Award (Sept. 07)

Purpose: To recognize fellows and members, state OMS societies, state dental associations or groups of individuals for their outstanding grassroots efforts and support of legislative issues at the state and federal levels.

Criteria: The recipients must have exemplified and been actively involved in issues and legislation that benefit oral and maxillofacial surgery.

Eligibility: A fellow or member or groups of individuals who have been actively involved in OMS issues at either the state or federal level and has assisted in enacting or defeating legislation that would directly affect the specialty of oral and maxillofacial surgery through legislative visits, testimony, fundraising, legislative contacts or OMSPAC contributions. Members of the OMSPAC Board of Directors and AAOMS Committee on Governmental Affairs may be nominated for this award, but only by fellows and members not serving on either of these entities. (April 03; Sept. 10)

Method of Selection: Nominations shall be made by the Oral and Maxillofacial Surgery Political Action Committee and their respective staff who shall select up to two fellows/members or groups of individuals for review and selection by the Board of Trustees. Election shall be by secret ballot and shall require a majority vote of the Board of Trustees. (June 15)

Award Description: The award(s) shall consist of a plaque.

When Given: The award shall be presented during the opening ceremony at the annual meeting or another appropriate event.

Compensation: If presented at the annual meeting, the registration fee will be waived for the annual meeting at which the award is presented.

16. Media Award for Excellence in Reporting of Oral and Maxillofacial Surgery Issues (June 06; March 07; Sept. 10):
Purpose: To honor a member of the print or electronic media whose work has significantly contributed to the education of the public about the dental specialty of oral and maxillofacial surgery, and the positive impact on the public health and welfare resulting from the surgical procedures provided by dedicated oral and maxillofacial surgeons throughout the United States.

Criteria: Journalists in the United States who have produced written materials or broadcasts that are intended for the general public and related to oral and maxillofacial surgery. Examples of eligible material include trauma management, oral cancer, dental implants, third molar (wisdom tooth) extraction, and orthognathic surgery.

Method of Selection: Nominations will be accepted from journalists, AAOMS fellows and members, AAOMS staff, and members of the public who have benefited from oral and maxillofacial surgery information appearing in an article or broadcast.

Entries are judged by a committee composed of oral and maxillofacial surgeons, association executives and communication professionals.

Judges will look for articles and broadcasts that accurately reflect the role of the oral and maxillofacial surgeon in the treatment of patients, new techniques and treatment options, public awareness messages, etc.

The recipient of the AAOMS Media Award will be notified following approval by the Board of Trustees.

Award Description: The AAOMS Media Award consists of a commemorative plaque.

When Given: The winner of the award will be announced during the Association’s opening ceremony of the annual meeting.

17. Clinical Research Award (Jan 15)

Purpose: Recognize fellows and members who are engaged in clinical research which fosters innovations and new diagnostic and therapeutic interventions applicable to the clinical practice of oral and maxillofacial surgery.

Criteria: Recipients must have or be actively involved in a clinical research project, translational in nature (i.e., have direct applicability to clinical care), that benefits patients within the specialty of oral and maxillofacial surgery.

Eligibility: All current AAOMS fellows and members engaged in research that includes a clear description of study objectives, has scientific and clinical significance and a detailed research plan that may alter or enhance the clinical practice of oral and maxillofacial surgery.

Selection: Nominations can be made in writing by any fellow or member, and should contain documentation of the activity for which the nomination is being made. Up to two awards may be given annually, but a nominee can only be recognized once for the same activity even though it extends over more than one year.

Award: An engraved plaque of recognition.
When given: Each year at the AAOMS annual meeting.

Compensation: Waiver of the registration fee for the annual meeting at which the award is presented.

18. **Trustee Retirement Certificate and Gift:** Board members shall receive an appropriate certificate of appreciation and a gift upon retirement from the board. (HD-67; June 69)

19. **Appreciation Gift for President:** An AAOMS custom gold charm made solely for this purpose shall constitute an appreciation gift for the President’s spouse or significant other. (HD-67; June 68; July 77; March 80)

20. **Officer and Trustee Memento:** Each officer and trustee of the Association shall be provided a custom ring with the AAOMS seal as a token of appreciation for service to the Association. (March 89; June 89; June 01)

21. **Speaker’s Retirement Gift:** The Speaker of the House of Delegates shall receive an appropriate gift of appreciation upon retirement from office. The cost for such is to be charged to the awards and gifts line item in the annual operating budget. (March 76)

22. **Scientific Abstract and Poster Session Award:** Scientific abstract and poster sessions are held annually at the AAOMS annual meeting to allow for the presentation of new research, ideas and modalities of treatment. The number of papers accepted is restricted to meet the format of the meeting. Abstracts are given at the annual meeting in 10-minute presentations followed by five minutes of discussion. Posters (developed from abstracts) are presented during one or more poster sessions at the meeting. The poster sessions allow for an informal and in-depth exchange between presenters and attendees.

   a. **Abstract:** An abstract is a concise description of (a) the presenting problem; (b) methods or materials used in the investigation (including the number of cases and duration of follow-up, if applicable); and (c) results and conclusions (including summary of statistical data, if applicable). Abstracts are limited to 450 words.

   b. **Criteria:** Abstracts for oral presentations and posters are selected by the Committee on Continuing Education and Professional Development with acceptance dependent upon the overall content of the abstract, including quality, scientific merit and documentation. Abstracts must be submitted on an official entry form. Due to the number of entries received, those entries not conforming to the instructions are automatically disqualified. Abstracted manuscripts may not be published prior to presentation.

   c. **Award:** Certificates will be awarded during the annual meeting for the outstanding poster in each of the categories of basic scientific and clinical research.

   d. **Deadline:** Entry forms for the annual meeting scientific abstract and poster sessions must be submitted to the AAOMS headquarters by March 1. Entries received after March will not be considered by the Committee on Continuing Education and Professional Development.

23. **Dental School Award in Oral and Maxillofacial Surgery and Anesthesiology:** This award is presented to a dental school student with high academic standing at each institution for
24. **Student Award in Dental Implants:** This award is presented to a dental school student at each institution for outstanding performance in undergraduate study and clinical training in the area of implant surgery. Annually, deans of dental schools and department chairs of the specialty are requested to submit their institution’s selection of the student to be presented the AAOMS Dental Student Award. Annually, an announcement with all award recipients shall appear in AAOMS media. The award consists of an engraved certificate, a one-year subscription to the *International Journal of Oral and Maxillofacial Implants (IOMI)* and waiver of the registration fee for the upcoming AAOMS annual meeting. (Sept. 95; March 02; Sept. 10)

25. **Component and Regional Society Anniversaries:** Annually, or when appropriate, the Board of Trustees considers component and regional societies’ 25, 50, 75 or 100-year anniversaries. The award, consisting of a custom engraved gavel and one lectern cover, is presented to the President or other designated official of the component or regional society during the annual meeting in the year in which the anniversary takes place.

26. **Endowed Chairs in Oral and Maxillofacial Surgery:** The Association supports establishment of endowed chairs in oral and maxillofacial surgery at institutions. This is also policy of the OMS Foundation (Sept. 92):

a. The Association will pledge $5,000 each upon notification that 50% of the fund raising goals for establishing a chair has been reached;

b. The contribution of $5,000 will be remitted upon notification that 90% of the funds required for establishment of the chair have been collected;

c. Endowed chair contributions are considered on a case by case basis with the above requisites being met.

It is specifically understood that written documentation is to be received reflecting that the above requirements have been met as a requisite for distribution of this Association support.

---

**SECTION X • MEETINGS AND EVENTS**

1. **Smoking During Annual Meeting and Conference Sessions:** Smoking is prohibited in all sessions of the House of Delegates and scientific sessions and discouraged in all other AAOMS meetings. (HD-75)

2. **Recording of Conference and Annual Meeting Sessions:** Independent audio/video recording of meetings is prohibited. Announcements of such are to be made prior to and during the meeting. Every conference and annual scientific session, including selected surgical clinics and excluding scientific abstract session, shall be recorded to permit subsequent review for possible reproduction in DVD/CD format. (June 73; June 75; Dec. 75; Jan. 78; Sept. 10)
3. **Special Courses, Meetings and Programs by Others:** The American Association of Oral and Maxillofacial Surgeons prohibits presentation of special courses, meetings or programs related to oral and maxillofacial surgery by fellows or members, foundations, universities, hospitals, study groups, and by speakers at any AAOMS sponsored educational event concurrent with any AAOMS sponsored meeting in the same geographic area. Any individual or group described that intentionally violates this policy of the House of Delegates by the conduct of special courses, meetings and programs in close proximity concurrent with AAOMS programs will be subject to review and a hearing by the officers of the Association. If found to be in violation, all individuals involved in the program will be prevented from presenting at AAOMS meetings for a period of up to five years. Universities or hospitals who violate the policy shall be prohibited from purchasing association mailing labels for a period of up to five years and the action will be published in AAOMS media. (June 99)

Fellows or members, exhibitors, foundations, universities, hospitals, study groups, and speakers may conduct or sponsor an educational event, such as a seminar, lecture or clinic, prior to an AAOMS meeting or conference, with the stipulation that the event must end prior to the official opening of the scientific program of an AAOMS meeting or conference. (Dec. 98; June 99)

Fellows or members, exhibitors, foundations, universities, hospitals, study groups, and speakers may conduct or sponsor an educational event, such as a seminar, lecture or clinic, following an AAOMS meeting or conference, with the stipulation that the event is convened following the official closing of the scientific program of an AAOMS meeting or conference. (Dec. 98; June 99)

As a condition of granting exhibit space at AAOMS meetings, exhibitors will be required to agree not to conduct or sponsor any seminars, lectures or clinics in the same geographic area concurrent with AAOMS programs. Should this condition be violated, firms may be denied exhibit space at AAOMS meetings for a period of up to five years. (Jan. 85; Jan. & April 86; June 99)

4. **Officers and Trustees Attendance at Educational Opportunities:** Current officers and trustees shall be permitted to attend the AAOMS annual meeting and dental implant conference with waiver of the registration fee and any course fees pertaining to these scientific sessions during their term of office on the Board of Trustees and for a period of four years immediately following expiration of their term of office, with the exception of the past president, who is not obliged to pay a registration/course fee for annual meetings and dental implant conferences. Upon request, they will also be provided clinic passes to allow them to attend course clinics, contingent upon space availability. (Dec. 97; June 03; June 08; Sept. 10)

5. **Cancellation/Refund Policy:** Cancellation fees are as published in the advance and final programs for each meeting/conference. (Sept. 10)

6. **Exhibitors** (see also Policy 3, Section VIII and Policy 3, Section X):
   a. **Fees and Location:** Fees for exhibit space shall be established by the Board of Trustees. No exhibits may be set up in other than the designated exhibit area. (HD-67)
   b. ** Exhibitor Priority Ranking System:** Exhibitor companies are priority ranked through a point system based on exhibiting at the annual meeting and dental implant conference, number.
of years, space occupied and corporate contributions. Points older than 7 years are
dropped from the calculation. The priority ranking system is described in the Exhibitor
Prospectus. (Sept. 10, Dec 15)

c. **Exhibitor Receptions:** Exhibitors, who have contracted with the AAOMS for space at the
annual meeting or dental implant conference, may host a reception within the headquarters
hotel provided space is available. (Sept. 10)

d. **Regulations on Drugs, Products and Devices:** Only those drugs classified as accepted or
provisionally accepted by the ADA Council on Scientific Affairs or approved by the Federal
Food and Drug Administration, and those dental devices or products whose claims are
acceptable under the ADA Council on Scientific Affairs can be exhibited, subject to review by
the Board of Trustees. (HD-67; Jan. 79; Sept. 10)

e. **Exhibitors Relations Committee:** A committee, comprised of members of the Board of
Trustees with the senior trustee(s) serving as chair or co-chairs, shall be appointed annually
to greet and visit the exhibits at the annual meeting and conferences. A meeting shall be
convened for exhibitors at each annual meeting. (Jan. 88; Oct. 02)

f. **Potential Exhibitors Visitation:** Firms requesting to visit the exhibition at the annual meeting
or conferences must state in writing to the Exhibit Manager their intent to exhibit at future
exhibitions sponsored by the Association. A non-refundable fee per firm (which includes the
registration fee for one person), plus an additional fee per representative, will be due and
payable prior to the opening of the exhibition the firm intends to visit. This administrative
fee enables the AAOMS to provide the firm with the current advance program and housing
forms, as well as the badges which must be worn during the exhibition. (Sept. 90)

Representatives of visiting firms may attend scientific and educational programs and social
events at the applicable annual meeting or conferences for which a ticket fee is not
required. (Sept. 90)

g. **Information from Prospective Exhibitors:** Prospective exhibitors applying for exhibition
space at an AAOMS-sponsored exhibition may be required to submit in writing
supplemental information such as a brief history of the company, i.e., how formed, when,
by whom; research papers; references, both professional and personal; proof of previous
exhibition of the products and services to be displayed at a related dental or medical
meeting; and satisfactory evidence of acceptance or approval of the products by the
applicable ADA Council on Scientific Affairs and the U.S. Food and Drug Administration, as
may be appropriate. The AAOMS reserves the right to disallow prospective exhibitors to
exhibit at the annual meeting or conferences. (Sept. 90; Sept. 10)

7. **Exhibitor Disclaimer:** The exhibition is made available for informational purposes only. With the
exception of specific products or services expressly endorsed by the American Association of Oral
and Maxillofacial Surgeons (AAOMS), the AAOMS does not endorse exhibit hall products or
services and the presence of any exhibition at an AAOMS meeting or function does not imply an
endorsement. (June 01)

By attending the AAOMS annual meeting, you acknowledge and accept that the AAOMS has
assumed no duty to review, investigate, or otherwise approve, and has not reviewed, investigated,
or otherwise 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 AAOMS disclaims any liability for any damages to a person or property arising out of any product or service."

8. **Attendance:** Other than presidential guests, attendance at the annual meeting and conferences shall be limited to AAOMS fellows and members and those in the following categories without payment of the non-member registration fee: (Nov. 79; Jan. 90)

   a. Oral and maxillofacial surgery residents in accredited residency programs, upon receipt by the headquarters of written evidence of training from chiefs of residency programs. Tenure of the resident's eligibility shall be for the time in training and until six months following completion of training. (June 77; Nov. 79)

   If, upon completion of an accredited residency, a trainee elects to continue full-time graduate study in a biomedical field for a degree, the individual may be retained in the category of resident, upon written certification from the appropriate official or chief of service of the individual's training institution on an annual basis. (HD-72; Nov. 79)

9. **Press Attendance and Conduct:** Press attendance and conduct at educational sessions shall be under the supervision and direction of the Committee on Public and Professional Communication. (Oct. 01; April 03)

Reporters may attend symposia and non-ticketed sessions. Reporters may not attend Clinical Interest Group (CIG) meetings or any limited attendance paid sessions. Speakers from these sessions may be available for interviews upon request.

Reporters, who must be identified with a press badge, sit in assigned seating and must not verbally participate in any presentation. Interviews with fellows and members and/or speakers must be arranged through the AAOMS public relations department.

10. **Continuing Medical Education Mission Statement** (Dec. 03, Sept. 10)

    **Purpose:** The American Association of Oral and Maxillofacial Surgeons (AAOMS) provides comprehensive education to oral and maxillofacial surgeons, oral and maxillofacial surgery residents and other health professionals to improve oral and maxillofacial surgical care for patients. The AAOMS' activities enhance research, education, and patient care through the development and implementation of high quality professional educational meetings and materials. The results of the AAOMS' educational activities are determined through the assessment of their impact on learners' professional activities.

    **Goals:** The goals of the AAOMS' CME Program are as follows:

    - Establish the AAOMS as the major provider of continuing education for oral and maxillofacial surgeons;
    - Pilot test and then solidify ongoing methods to assess the needs of the AAOMS membership by audience segment;
Policies

Maintain a process to measure the educational effectiveness of the AAOMS’ CME Program in terms of its ability to change clinician behavior in the practice setting through effectively administered follow-up outcomes evaluations annually;

Continue to study, pilot test, and implement new forums for the transference of knowledge to practicing oral and maxillofacial surgeons;

Continue to integrate research into the AAOMS educational activities;

Utilize the current AAOMS Parameters of Care: Clinical Practice Guidelines for Oral and Maxillofacial Surgeons, as updated in 2007, in the planning of all relevant activities and link appropriate outcomes studies to relevant education programs;

Utilize outcomes-based studies in the development and implementation of educational activities;

Strengthen the ability of grass roots fellows and members to submit applications for educational activities that are based on identified needs and desired educational results that are anchored to evidence-based medicine (EBM) standards, by modifying the application process to articulate EBM rules, and the establishment of criteria for topic and faculty selection;

Maintain utilization of the AAOMS’ outcomes research in anesthesia and third molars and from OMSNIC by requesting standing reports from staff to the CCEPD so as to identify new areas for educational development based on outcomes research and input from clinical trials;

Continue and increase development of the AAOMS’ distance learning educational systems;

Initiate development of hands-on cadaver courses specific to oral and maxillofacial surgery; and

Initiate development of virtual surgery courses specific to oral and maxillofacial surgery.

Content: The content of the AAOMS’ CME Program is divided among the following disciplines:

- Dentoalveolar and implant surgery;
- Anesthesiology;
- Trauma care;
- Cleft and craniofacial anomalies;
- Orthognathic surgery;
- Pathology;
- Temporomandibular Joint;
- Reconstructive surgery; and
- Maxillofacial cosmetic surgery

For educational activities targeted at the AAOMS membership, the Committee on Continuing Education and Professional Development (CCEPD) prioritizes needs and organizes educational activities based on input from the Association’s membership through evaluations, needs surveys of the membership, outcomes studies, research, and the expert opinion of recognized clinical leaders in oral and maxillofacial surgery. The Association sponsors other educational activities that fit within the CME Mission of the AAOMS and for which the expertise of the AAOMS can serve
to bring changes to physician and dentist behavior in the treatment of patients for whom the application of OMS principles can make a difference in the quality of life for patients.

**Target Audience:** The target audience for AAOMS’ CME Program includes the following types of practitioners and dentists:

- Oral and maxillofacial surgeons

**Types of Activities:** The following activities comprise the AAOMS’ CME Program:

The annual meeting of the American Association of Oral and Maxillofacial Surgeons, which includes original scientific presentations, scientific symposia, mini-lectures, surgical clinics, lunch-and-learn sessions, practice management clinics, poster sessions, oral abstract sessions and skill sessions.

Annual activities on appropriate skills training.

An annual activity on dental implants.

Jointly sponsored activities with AAOMS state component and regional societies and other ACCME-accredited and non-accredited educational organizations when the CCEPD determines that the topic is within the Association’s CME Mission and is otherwise determined to be an activity whose importance and quality match the high standards of the Association.

Enduring materials, journal-based CME and other distance learning activities that expand the reach of the Association’s CME Program, through multi-media.

**Educational Effectiveness:** As a result of these educational activities, the AAOMS encourages the continuing professional development of physicians, dentists and other health care professionals by offering an array of activities to assist the learner in expanding their knowledge and skills of oral and maxillofacial surgery topics and implementing new treatments. The AAOMS is committed to assessing the impact and effectiveness of its overall CME Program through the following methods:

- Post-activity evaluation tools that measure immediate participant learning; and

- Follow-up outcomes measurements to determine if practitioners and dentists changed practice behaviors on the basis of what they learned.

**Approvals:** Approved as amended by the AAOMS Committee on Continuing Education and Professional Development, November 2009 and by the AAOMS Board of Trustees, December 2009.

### A. ANNUAL MEETINGS

1. **Sites:** The site of the annual meeting shall be selected on a rotational basis from eastern, western and central locations. Facilities and dates are to be researched, ranked and presented by staff to the Board of Trustees for discussion and approval. (June 95; June 99; Feb 01)

The Board of Trustees may revise the schedule for future annual meetings to accommodate business and scientific sessions within the parameters of the meeting and convention center
facilities, including available dates and financial requirements. Business of the House of Delegates shall be scheduled as follows: Session I – Monday, Session II – Tuesday and Session III on Wednesday, and latitude is to be provided the Speaker of the House of Delegates to revise the daily schedule of the House of Delegates. (June 99; HD-99; Sept. 10; Sept 13)

2. **Fees:** Non-member registration fees for Association annual meetings will be greater than those for fellows, members and residents. Officers and trustees, past presidents, members of the Committee on Continuing Education and Professional Development, members of the Committee on Practice Management and Professional Staff Development and major scientific and practice management session presenters/clinicians shall have the registration fee waived. (Abstract and poster session participants are obligated to pay the respective registration fees.) Life and retired fellows and members shall pay a reduced registration fee equal to 50% of the active fellow and member rate. Members of organizations, who convene or co-sponsor joint annual meetings with the AAOMS, shall pay the same registration fee as AAOMS fellows and members. Exhibit personnel in excess of two persons for one contracted booth or three persons per booth for two or more contracted booths shall pay a $195 registration fee each. Spouses/significant others of registrants wishing to obtain CE credit shall pay a registration fee equal to the AAOMS Allied Staff Member rate (July 84; Dec. 86; Feb. 87; Sept. 88; June 89; HD-91; June 95; Sept. 01; June 03; Sept. 10; Dec 14; Aug 15; Sept 2016; Dec. 17)

**Waiver of Annual Meeting Registration Fee for New Fellows/Members:** New fellows and members inducted into membership in the Association shall be entitled to one free registration fee to the annual meeting during their first three years of membership. (June 97)

**Reduction of Annual Meeting Registration Fee for AAOMS Delegates and Alternates:** Delegates and alternates to the AAOMS House of Delegates shall pay a reduced annual meeting registration fee. Delegates’ annual meeting registration fee shall be reduced by 50% and alternates’ registration fee shall be reduced by 25%. (Dec. 02)

**Reduction of Annual Meeting Registration Fee for Members of Committee on Constitution and Bylaws:** Members of the Committee on Constitution and Bylaws shall pay one-half (50%) of the annual meeting registration fee. (Sept. 10)

3. **Cancellation and Refund Policy for DAANCE:** The following policy will apply to cancellations and refunds from the Dental Anesthesia Assistants Certification Examination (DAANCE): (June 98; Sept. 10)

   a. Cancellation will not be accepted after 90 days of a candidate’s activation. If made before 90 days, the sponsoring surgeon will receive a refund equal to 50% of the registration fee.

4. **Past Presidents’ Breakfast/Luncheon:** Expenses for the past presidents' breakfast/luncheon shall be underwritten by the AAOMS. The immediate Past President is to be responsible for the development of the agenda after communicating with the past presidents and shall preside over the meeting and report to the board. (June 68)

5. **Scientific Events for Which There Is a Charge:** Past presidents, current officers and trustees, members of the Committee on Continuing Education and Professional Development and those approved by the President may attend ticketed scientific events during the annual meeting for which there is a fee without payment. Upon request, they will also be provided clinic passes to
allow them to attend course clinics, contingent upon space availability. (June 68; Nov. 79; Feb. 87; Sept. 10)

6. **Past/Present Officer and Trustee Dinner:** The fee to attend the reception and dinner convened at the annual meeting shall be waived for past officers and trustees, but they shall be required to pay for their spouses/significant others. Current officers and trustees and their spouses/significant others shall have their fee waived. (Dec. 96; June 00)

7. **Notification to Residents on Attendance Policies:** Policies pertaining to residents’ qualifications for attending annual meetings shall be provided annually to the chiefs of accredited residency programs and residents. (HD-67; Jan. 78)

8. **Scientific Participants, Invitations and Requirements:** Invitations to all scientific participants shall be coordinated and implemented by the headquarters and shall include approved reimbursements, if applicable. Scientific participants must submit to the headquarters all requested documentation at least 60 days prior to the start of an educational activity. (April 70; June 73; Sept. 10)

   a. Individuals practicing the specialty in the USA cannot participate in AAOMS-sponsored scientific programs unless they are fellows, members, provisional fellows or members, candidates, or residents, except for the abstract sessions of the annual meeting scientific program, with the stipulation, however, that no reimbursement shall be provided these non-member clinicians. (Sept. 72; Nov. 79)

   b. **Foreign Clinician Participants in Scientific Program:** No clinicians from other countries may be invited to participate in AAOMS scientific programs unless approved by the Board of Trustees. (Dec. 73; Jan. 78)

   c. **Board Member Participation in Annual Meeting Scientific Program:** Officers and trustees may present abstracts but may not participate in other clinical aspects of the scientific program of annual meetings during their tenure as an officer or trustee, except with the approval of the Board of Trustees. (March 74; Jan. 90)

9. **Suite Assignments:** If the AAOMS receives complimentary suites from the hotel as a result of contracted meeting functions and/or hotel room blocks, complimentary suites will be provided to the following individuals in this order: President, President-Elect, Executive Director, Vice President, Treasurer, Immediate Past President and Speaker of the House of Delegates. (June 99)

10. **Badges:** Different colored badges with notations, if applicable, shall be used to distinguish the categories of fellows, members, exhibitors, etc. (HD-67; Sept. 10)

11. **Attendance at Reference Committee Briefing and Hearings:** The chair of all committees or his the chair’s designates shall attend the reference committee briefing prior to the hearings and the hearing at which their respective reports will be presented.

The President, Executive Director and Speaker of the House of Delegates are also to attend the briefing to reinforce the importance of the reference committees, the nature of their role and the requirements of all members of the reference committees being present to consult in the development of their respective reports. (March 68; Feb. 77)
12. **Related Group Functions:** Related groups (i.e., special interest groups, regional and component societies, alumni, etc.) desiring functions at AAOMS meetings are to notify the headquarters staff who shall have the responsibility for scheduling the location, time and date of the event. The group, etc. requesting scheduling is to indicate the person of the group, who shall be responsible for the related group’s event. Thereafter, all financial responsibilities and hotel guarantees for meals and other arrangements, including incidental services and costs, are those of the sponsoring group or organization and in no way is the AAOMS to be held accountable for the event. (June 71)

**B. DENTAL IMPLANT CONFERENCES (Sept. 05)**

1. **Sites:** Dental Implant Conferences shall be at the national level, at sites determined by the Board of Trustees and be conducted on a self-sustaining basis.

2. **Fees:** Fees for AAOMS self-sustaining conferences, unless supported by federal grants or otherwise prohibited by law, will be determined in advance and are approved by the Board of Trustees. Registration fees will be equal for fellows, members, life members, life fellows, candidates and non-members and shall include all educational program and meal functions. Allied staff members shall pay a reduced registration fee. Registration fees for residents shall be charged in an amount sufficient to cover the costs of meal functions. The officers, trustees, Committee on Continuing Education and Professional Development, award recipients and program speakers shall not pay a registration fee to attend Dental Implant Conferences. Spouses/significant others of registrants wishing to obtain CE credit shall pay a registration fee equal to the AAOMS Allied Staff Member rate. (Sept. 10; Dec 14)

3. **Required Attendance:** The Board of Trustees shall attend the Dental Implant Conference.

4. **Length of Conference:** Dental Implant Conferences will be scheduled for a minimum of two days – Friday and Saturday.

**SECTION XI • BUDGET AND FINANCE**

1. **Financial Philosophy:** It shall be the duty of the Board of Trustees to do everything in its rightful power to maintain financial solvency of the AAOMS. It is understood that there should be sufficient forward planning to include expenditures within the annual budget and, as a general rule, the AAOMS shall live within its budget as established annually by the House of Delegates. The exceptions to this will be in the areas of activity not predictable in advance. Significant budget overages must be approved by the Board of Trustees. Whenever possible, offsetting budget savings will be targeted by the Board of Trustees to mitigate the impact of budget overages. (HD-67; Dec. 98)

2. **Accounting Funds:** The net assets of the Association consist of one fund, an Operating Fund: (Dec. 98; Jan. 05; Sept 16)

   a. The **Operating Fund** shall consist of the operating budget, designated funds, and restricted funds:

      (1) The operating budget includes revenues and expenses related to the day-to-day operations of the Association. Included in the operating budget is a contingency fund to cover required expenditures that were not anticipated when the budget was
prepared and approved. No funds are to be allocated from the contingency fund 
without the approval of the Board of Trustees. (HD-67; Jan. 05)

(2) Designated funds are monies set aside for particular purposes by the Board of 
Trustees or the House of Delegates and include:

(a) **Headquarters Building Cash Reserve**: The building cash reserve shall consist of 
an amount determined by the Board of Trustees. Each year, the Board of 
Trustees shall address the adequacy of this reserve and determine whether an 
increase or decrease is necessary. The primary purpose of this reserve is to 
provide the required liquidity for building improvements and expenditures. 
(Dec. 98)

(b) **Technology Reserve Fund**: Funding of this reserve is approved annually by the 
Board of Trustees. The purpose of this fund is to set aside monies on a regular 
basis to provide the required capital to cover major technology initiatives. (Dec. 
98)

(3) **Restricted funds** are monies received from outside parties/sources that are restricted 
for a particular purpose.

(4) **Operating Fund Investment Reserves**: Monies in excess of the day-to-day cash 
requirements of the Association (Operating Reserves) should be invested. Although 
the primary reason for Operating Reserves is to provide for contingencies, Operating 
Reserves also provide for (1) fiscal responsibility; (2) the replacement of fixed assets; 
and (3) operational flexibility. The primary investment objective of the core layer of 
operating reserves is to maximize income returns through the use of shorter-term 
fixed income assets while providing for the required level of liquidity, in a fashion 
consistent with the preservation of capital. If the core layer of operating reserves at 
year-end exceeds 70% of the actual operating expenditures for that year, excess funds 
can be transferred into the operating reserve growth fund (with the goal of achieving 
long-term capital appreciation) at the discretion of the Finance and Audit Committee 
with approval of the Board of Trustees. Consideration should be given to the current 
projections for operating results and capital expenditures in determining whether any 
excess funds should be transferred. The year-end target for Operating Reserves, 
defined as cash plus investments at market value less the advance collection of 
membership dues, is 60% of the annual operating budget. (Jan. 05; June 07; Dec 14)

3. **Earned Interest and Dividends**:

   a. **Operating Fund** - any earnings of the Operating Fund investments shall be estimated and 
designated as budgeted operating income and provide for expenditure in the operating 
budget. (Dec. 98)

4. **Loans**: The Association shall not extend any type of loan to any fellow, member, officer, trustee or 
employee. (June 83; Dec. 98)

5. **Depreciation**: Fixed assets of the Association are to be depreciated in a systematic and rational 
basis over their estimated useful lives.
6. **Remittance Authorization:** The Executive Director or his designee, Associate Executive Director, Operations and Business, and any one of the officers shall have the authority for signing checks and are authorized to transfer funds from checking to savings and vice versa. No remittance is to be made out to cash. Checks exceeding $50,000 require two signatures, one of which must be the Executive Director. (Dec. 74; June 76; Nov. 80; June 82; June 91; Dec. 98)

7. **Grants:** Requests for grants in the name of the AAOMS shall be initiated only after consultation with the President and prior authorization by the Board of Trustees. Grants awarded the AAOMS must name the AAOMS as recipient and administrator, unless otherwise approved by the Board of Trustees. (HD-67)

8. **Charitable and Voluntary Contributions:** Charitable and voluntary contributions will not be made except as approved by the Board of Trustees and in accordance with the following guidelines:

   a. In order to be eligible for a voluntary contribution from the AAOMS, the requesting organization must be one that the AAOMS wishes to foster or develop an ongoing relationship with;

   b. Once an organization is deemed eligible, the Board of Trustees may approve a voluntary AAOMS contribution to the outside organization which shall be limited to a maximum of $2,000.00 per gift and subject to a maximum per annum budget of $5,000.00;

   c. When feasible the donation should be directed to the OMS Foundation in honor of the requesting organization; and

   d. Voluntary contributions exceeding the $2,000.00 limit per gift or $5,000.00 per annum limit shall require a two-thirds (2/3) majority vote of the Board of Trustees. (7 votes) (HD-67) (Aug. 12)

9. **Reimbursement of Dues of Deceased Fellow or Member and Reimbursement of Candidate Fees:** A deceased fellow’s or member’s dues or candidate’s fees for the current year shall be returned to the fellow’s, member’s or candidate’s estate or spouse when notification of death is learned or received prior to March 1 by the headquarters. (Sept. 76)

10. **Dues Statements:** Fellows, members, provisional fellows/members, affiliate members and candidates shall pay their dues and assessments and fees in United States dollars. (HD-67; Dec. 98)

11. **Waiver of Dues and Assessments and Fees:** Fellows, members and affiliate members and candidates may be granted a waiver of dues and assessments and fees by the Committee on Membership with the concurrence of the Board of Trustees and reported thereafter to the House of Delegates upon meeting the following requirements:

   a. Requests for a waiver of dues must be submitted annually in writing by April 1 of each year in which the waiver is to be granted. (June 14)

   b. Waiver of dues and assessments and fees may be granted for full-time postdoctorate education of not less than nine (9) months in a related biomedical field, upon submission of a written verification of school enrollment for the academic year in which the waiver is requested. Residency and Fellowship programs must be accredited through the
Policies

Commission on Dental Accreditation or the Accreditation Council for Graduate Medical Education or others as approved by the Board of Trustees. (Sept. 10 Oct.13)

c. Waiver of dues and assessments and fees may be granted due to personal illness or other extenuating circumstances. (June 14)

d. Appropriate documentation must accompany all requests. (HD-73; HD-74; June 81; June 92; June 14)

At the recommendation of the Committee on Membership, with the concurrence of the Board of Trustees, fellows, members and affiliate members granted a waiver of dues and assessments may be required to pay an administrative maintenance fee determined by the Board of Trustees in order to receive all Association mailings.

12. Reduction of Dues, Assessments and Fees: Fellows, members and affiliate members and candidates may be granted a reduction of dues and assessments and fees by the Committee on Membership with the concurrence of the Board of Trustees and reported thereafter to the House of Delegates upon meeting the following requirements:

a. Requests for a reduction of dues or fees must be submitted annually in writing by April 1 of each year in which the reduction is to be granted. (June 92; June 14)

b. A reduction of dues and assessments and fees may be granted to fellows, members and affiliate members who return to full-time postdoctoral education after having been in the practice of oral and maxillofacial surgery, for full-time postdoctorate education of not less than nine (9) months in a related biomedical field, upon submission of a written verification of school enrollment for the academic year in which the reduction is requested. Residency and Fellowship programs must be accredited through the Commission on Dental Accreditation or the Accreditation Council for Graduate Medical Education or others as approved by the Board of Trustees. (Sept. 10 Oct.13)

c. Reduction of dues and assessments and fees may be granted due to personal illness or other extenuating circumstances and appropriate documentation must accompany all requests. These requests must be made annually and are not to exceed two years. After two years, fellows, members and affiliate members can apply for inactive status if the personal illness or other extenuating circumstances persist. (June 92; June 14)

13. Late Penalty Fee: A 15% late penalty fee shall apply on fellows/members and provisional fellows/members’ dues and assessments and candidate fees not received by February 1 annually. (June 86)

14. Honorarium Policies:

a. President, President-Elect, Vice President, Treasurer, Past President, Speaker of the House of Delegates and Trustees: An annual honorarium of $120,000 shall be disbursed to the President; $96,000 to the President-Elect; $60,000 to the Vice President; $60,000 to the Treasurer annually; $60,000 to the Immediate Past President, and $42,000 to the Speaker of the House of Delegates, and $42,000 to each of the six Trustees during their term of office.
All of the remuneration authorized under this policy is paid solely as remuneration for the service of the individuals as Trustees, with the differences in remuneration reflecting
differences in time spent fulfilling Trustee duties. (HD-79; Nov. 79; May 80; June 86; Jan. 90; Dec. 91; June 96; Dec. 97; March 99; April 00; March 04; March 08; Sept. 11; Oct. 18)

A House of Delegates advisory committee composed of caucus chairs and the Speaker of the House will be formed every five years and charged with reviewing and recommending the amount of the District Trustees’ and Officers’ reimbursement honoraria. (HD-17) Any change in honorarium for an elected officer and/or trustee in the AAOMS must be discussed, debated and approved by the House of Delegates. (HD-99)

The President’s spouse or significant other shall be reimbursed for travel when attending meetings with the President. (March 79; March 99; Sept. 06)

b. **Grant or Self-Supporting Conferences:** In instances that a conference is self-supporting or supported by outside grants, the rules covering honoraria may be altered with the approval of the Executive Committee. (June 69; Dec. 98)

15. **Reimbursement (Travel, Per Diem):**

a. **Basis of Reimbursement:** All travel and maintenance expenses shall be reimbursed on the basis of funds so provided as a budgetary item or approved by the Board of Trustees; the completion and return within 30 days of a signed expense voucher, and in compliance with the following rules.

Any expense charges against the per diem will be deducted from the final expense reimbursement amount. (June 03; Sept. 08)

(1) **Travel Reimbursement:** Members are encouraged to utilize 21-day advance purchase non-refundable economy tickets. If tickets, which are reimbursed by the Association, are not purchased at least 21 days in advance of the meeting or are not non-refundable economy class, reimbursement is limited to $400 or the cost of the ticket, whichever is less. (March 97; June 05)

Tickets must be purchased at least 21 days prior to the meeting unless the meeting was scheduled with less than 21 days notice.

Submission of the ticket, e-ticket or the invoice, including the purchase date, is required as a requisite for reimbursement. (Sept. 10)

Members may purchase their airline tickets early and fax a copy of their ticket to the staff responsible for the meeting to receive a reimbursement check prior to the meeting. (Sept. 10)

If a ticket is unused because of emergency or other extenuating circumstances and the member has already been reimbursed, the member is to hold on to the ticket for future use. (June 05)

If travel is by auto, then the allotment is to be at the IRS approved mileage rate. (Dec. 88; Jan. 89; June 91; June 92; June 95; April 96)
Policies

(2) **Maintenance (Per Diem):** Interpreted as reimbursement for hotel accommodations at the average convention rate as established by staff plus $185 per day for each day of official assignment to defray out-of-pocket expenses for meals, gratuities and local ground transportation that is not reimbursed in accordance with the guidelines that follow: Costs for lunches during board and committee meetings shall not be deducted from the per diem payments. (June 08; Sept. 10)

**Expenses Between Home/Office and Local Airport:** A reimbursement of up to $200 per business meeting, based on actual expenses and submission of receipts, will be provided to defray out-of-pocket expenses for round-trip ground transportation between a home or office and the local airport. These expenses would include tolls, and a mileage allowance for personal auto use, or costs for taxis/limousine services and shuttles. (June 08; Dec. 10; Dec. 17)

**Ground Transportation Costs from Airport to and From Meeting Destination:** A reimbursement of actual expenses will be provided for round-trip taxi and shuttle fare between the destination airport and the destination hotel or meeting venue. Such reimbursement shall be in addition to any expenses between the home or office and the local airport, as referenced above. (Sept. 10)

**Airport Parking:** A reimbursement of reasonable expenses will be provided for airport parking (excludes valet parking).

**Local Meetings Where Air Travel Is Not Required:** A reimbursement of actual expenses will be provided. These expenses would include parking, tolls, and a mileage allowance for personal auto use, or costs for taxis/limousine services. (June 08)

Staff will make hotel reservations in the name of the individual members. Members are to pay for their individual hotel room and tax instead of the AAOMS unless complimentary rooms are available. (June 08)

(3) **AAOMS Conferences** (Dec. 75; June 77; Nov. 78; Jan. 88; Jan. 90) (Section IX. conferences, Item B-2):

(a) **Committee on Continuing Education and Professional Development:** Members of the committee shall be reimbursed for travel, hotel accommodations and up to four (4) days' per diem with waiver of the general registration fee for attendance at each conference sponsored by the AAOMS. (Jan. 90)

(b) **Board of Trustees:** Members of the Board of Trustees shall be reimbursed for travel, hotel accommodations and per diem for each day present for fulfillment of their responsibilities with waiver of the general registration fee for attendance at each AAOMS-sponsored conference. (Jan. 90; Dec. 98)

(c) **Committee on Public and Professional Communication:** One committee member with expertise in public and professional communication, designated by the chair, may be reimbursed for travel, hotel accommodations and up to three (3) days' per diem with waiver of the general registration fee for attendance at each AAOMS-sponsored conference. (Jan. 90; Sept. 97; Sept. 01)
(d) **Committee on Health Care Policy, Coding and Reimbursement:** Two committee members with expertise in coding, designated by the chair, may be reimbursed for up to two (2) days’ per diem, travel and hotel accommodations from the coding workshop budget for attendance at an AAOMS-sponsored conference when a coding workshop(s) (Parts 1 and 2) is held. One additional new committee member may be reimbursed to observe. (Jan. 90; March 90; Sept. 97; Sept. 01; Sept. 10)

(4) **Annual Meeting**

(a) Officers, trustees and members of the Committee on Continuing Education and Professional Development shall be reimbursed per policy, with waiver of the general registration fee, for each day present for fulfillment of their responsibilities at the annual meeting. (Dec. 75; July 77; Nov. 78; Dec. 81; May 92; Dec. 98) (See also Section IX. A. Annual Meetings, Item 2)

(b) Committees having board approved AAOMS business at annual meetings shall be reimbursed for actual days of official business. (May 92)

(c) **Committee on Practice Management and Professional Staff Development:** Members of the Committee on Practice Management and Professional Staff Development shall be reimbursed for travel, hotel accommodations and per diem for each day present for fulfillment of their responsibilities with waiver of the general registration fee for attendance at each annual meeting. Their duties at the annual meeting shall be as follows: (Jan. 90; Feb. 00; Sept. 01; Dec. 04)

(i) Members shall serve as moderators to the professional allied staff programs and practice management activities, as assigned.

(ii) The Chair shall oversee all activities related to the Committee on Practice Management and Professional Staff Development.

(d) **Committee on Health Care Policy, Coding and Reimbursement:** Two committee members with expertise in coding, designated by the chair, may be reimbursed for per diem and travel in accordance with policy when three days of coding workshops (Beyond the Basics and Advanced Coding Practice Clinic) are held. One additional new committee member may be reimbursed to observe. (Jan. 90; March 90; Sept. 97; Sept. 01; Sept. 10)

(e) **Committee on Public and Professional Communication:** One (1) member and the chair of the Committee on Public and Professional Communication shall be reimbursed for travel, hotel accommodations and per diem for each day present for fulfillment of their responsibilities with waiver of the general registration fee for attendance at each annual meeting. Their duties at the annual meeting include monitoring and serving as liaisons on all media relations and communications activities. (Jan. 90; Feb. 00; Sept. 01; June 03)

(5) **Dental Implant Conference:** Reimbursement to members of the Board of Trustees and Committee on Continuing Education and Professional Development shall be for travel,
hotel accommodations and per diem with waiver of the general registration fee. (Dec. 97; Sept. 99; Sept. 10)

(6) **Coding Workshops:** Two (2) members, with expertise in coding, shall be designated by the chair of the Committee on Health Care Policy, Coding and Reimbursement (CHPCR) and may be reimbursed for travel, hotel accommodations and up to two (2) days’ per diem for participation in coding workshops. One additional new committee member may be reimbursed to observe. (Jan. 90; March 90; Sept. 01; July 05; Sept. 10)

Members of the Board of Trustees may attend coding workshops/seminars without payment of the registration fee. (Dec. 97)

(7) **Other Educational Courses/Programs (i.e., Anesthesia Review Course, DAANCE, Surgical Clinics, Practice Clinics, Etc.):** Attendance by members of the Board of Trustees is optional. Fees for these educational programs/courses are waived for current members of the Board of Trustees. (Dec. 97)

(8) **Representatives to Non-USA Meetings (Excludes Canada and Mexico):** All AAOMS representation at meeting(s) in a foreign country not stated in policy must have the approval of the Board of Trustees prior to attendance. Per diem shall be at $235 for each day travel to and from the meeting and days of official representation at meetings to South America or to transatlantic or transpacific destinations. Reimbursement shall be for hotel accommodations and up to a Business Class air fare for travel to meetings in South America, and transatlantic and transpacific destinations. Spouses/significant others of officers of the AAOMS Board of Trustees, who are required to attend international meetings, shall be reimbursed for up to a Business Class air fare when accompanying an officer. Official representatives attending meetings in foreign countries are obligated to provide a written report to the AAOMS Board of Trustees on all actions within 45 days of the meeting and to seek the advice and counsel of the board on the USA position on matters prior to attending. (Nov. 79; Nov. 80; Dec. 97; June 98; Dec. 98; Feb. 00; Sept. 00; June 01; June 05; Sept. 06; June 08)

(9) **Overlapping Events/Meetings:** Travel reimbursable expenses for an AAOMS event or meeting which overlaps with an event or meeting sponsored by another organization shall be shared equally by the AAOMS and the other sponsoring organization(s). (April 87)

b. **Regional and Component Society Meetings:** See page 76, Section II. Board of Trustees, Policy 2, entitled Officer and Trustee Representation and Reimbursement for Attendance at Regional and Component Society Meetings.

c. **Staff:** When traveling on AAOMS business, staff shall be reimbursed on an approved expense basis. (June 69; Dec. 98)

d. **Reimbursement of Airfare for Spouses of the Board of Trustees:** The Spouse or significant other of current officers, trustees and the Speaker of the House shall be reimbursed for their air travel when attending the AAOMS Annual Meeting, ADA Annual Meeting, Dental
Implant Conference and the off-site Board meeting in accordance with Policy 15c (1) Travel Reimbursement, Section XI. Budget and Finance. (Jan 17)
MANUAL OF THE HOUSE OF DELEGATES

I. INTRODUCTION

The House of Delegates is the legislative and governing body of the American Association of Oral and Maxillofacial Surgeons. As such, it speaks for the membership of the Association and for oral and maxillofacial surgery in the United States. This manual has been prepared so that all who participate in the sessions of the House of Delegates may have a better understanding of the methods and rules under which it operates.

The members of the House of Delegates are chosen by the 50 state components and counterparts (District of Columbia, Commonwealth of Puerto Rico and U.S. territories and the five federal dental services) and the Resident Organization, AAOMS. The allocation of delegates is made on the basis of membership, with each component and counterpart having at least one delegate. The membership of the House of Delegates shall not exceed 102 voting members. In addition, there may be 102 alternates, none of whom shall vote unless officially certified to replace a voting delegate by the Committee on Credentials.

The Resident Organization shall have two delegates and two alternates. The delegates shall have voting rights, but may not vote during AAOMS/ABOMS officer, trustee and director elections and during election of district caucus officers.

II. OPERATION OF THE HOUSE OF DELEGATES

A. Officers: The House of Delegates has two officers, Chair and Secretary. The Chair is the Speaker who is elected annually by the House of Delegates. The Secretary is the Executive Director of the Association.

The Speaker presides at all sessions. The Secretary serves as the recording officer and custodian of the records.

B. "Ex-Officio" Members: The officers, trustees, the Editor of the Journal of Oral and Maxillofacial Surgery and the Executive Director are ex-officio members of the House without voting privileges. Past presidents are ex-officio members of the House without voting privileges unless they are duly elected delegates from their component or counterpart.

C. Duties of the House of Delegates and Board of Trustees: The House of Delegates serves as the legislative and governing agency of the Association while the Board of Trustees serves as the administrative agency. The duties of both are defined in the Bylaws.

The powers and duties of the House of Delegates are defined in Chapter V of the Bylaws. It can enact legislation, determine policies, enact, amend and repeal the Constitution and Bylaws, and the Code of Professional Conduct and Judicial Procedures and elect all categories of membership. The House of Delegates also has the duty of electing the President-Elect, Vice President, Treasurer, Speaker of the House of Delegates and members of the Board of Trustees. It can grant, suspend, and revoke the official component status of state societies. It also approves the annual budget and withdrawal of funds from the Reserve Fund.

* Where "fellow" and the masculine pronoun appears in this document, they it shall be understood to include both females and males as gender-inclusive.
The Board of Trustees, as defined in Chapter VI of the Bylaws, is the administrative body of the Association with full powers to conduct all business. The Board of Trustees carries out the policies of the House of Delegates and has the power to establish ad interim policies when the House of Delegates is not in session and when such policies are essential to the management of the Association. Such policies must be presented to the next session of the House of Delegates for approval.

The Board of Trustees also provides for the maintenance and supervision of the headquarters and all other property or offices owned or operated by the Association, appoints the Executive Director and JOMS Editor and Assistant Editors, prepares the annual budget, supervises the financial affairs, approves appointments to committees, selects the time and place of meetings and reviews all reports and makes recommendations on them to the House of Delegates.

**Annual Reports to House of Delegates:** The Board of Trustees presents an annual report on its activities to the House of Delegates and makes recommendations on the programs of the Association.

The President is charged by the Bylaws with making a report to the House of Delegates. In this report the President may make recommendations on Association programs or issues affecting the specialty of oral and maxillofacial surgery.

The committees of the Association are charged in the Bylaws, Chapter IX. Section 20, with making recommendations to the House on matters under their jurisdiction.

District caucuses and delegates initiating resolutions from the floor are to provide a typed written copy to both the Recorder and Speaker of the House of Delegates.

Reports to be considered by the House of Delegates include: (1) the Reports of Board of Trustees and Committees; (2) the supplementary reports of the Board of Trustees and committees; and (3) the annual meeting program containing the agenda of the House.

### III. STANDING & SPECIAL COMMITTEES OF THE HOUSE OF DELEGATES

#### A. Standing Committees of the House of Delegates:

For the purpose of conducting business, the House of Delegates has four standing committees comprised of voting delegates with the exception of the Committee on Constitution and Bylaws: (1) the Committee on Credentials, (2) the Committee on Rules and Procedure, (3) the Committee on Constitution and Bylaws and (4) the Committee of Tellers.

1. **Committee on Credentials:** This committee shall certify the eligibility of delegates and alternates to a seat in the House of Delegates, maintain a continuous roll call, determine the presence of a quorum and supervise voting and election procedures. It is composed of three delegates, appointed by the President, and serves throughout the annual meeting.

2. **Committee on Rules and Procedure:** This committee presents the agenda and recommends rules and procedures necessary for the conduct of the business of the House of Delegates. The report of this committee is presented at the first session of the House. It is composed of three delegates appointed by the President.
3. **Committee on Constitution and Bylaws:** This committee considers the wording of all proposed amendments to the *Bylaws* and, when necessary, drafts suitable wording for any amendment which may be proposed. Each reference committee is required to clear the wording of a proposed amendment with the committee. The committee is not charged with making the determination on whether or not a given amendment is desirable. The committee is composed of three fellows and life fellows and serves as the Association's standing Committee on Constitution and Bylaws.

4. **Committee of Tellers:** This committee assists the Speaker when requested, distributes ballots, tabulates votes, and assists with the voting process. The tellers are obligated to complete a report reflecting the results of the vote which shall be signed by each member of the committee prior to transmittal to the Secretary and Speaker of the House of Delegates. The committee is composed of three delegates, appointed by the President, and serves throughout the annual meeting. (HD-09; HD-16)

**B. Special Committee on Consent Agenda:** This committee shall be comprised of the reference committee chairs, the caucus chairs and secretaries and the Speaker, who shall be Chair, and Secretary of the House of Delegates. Annually, following the second session of the district caucuses and prior to the second session of the House of Delegates, the committee shall meet to develop a proposed consent agenda of resolutions and a priority agenda for consideration by the House at its second session.

**C. Recorder:** Annually, the President shall appoint a delegate to perform the duties of reading clerk and to assist the professional stenographer. The Executive Director shall retain a professional stenographer for the purpose of obtaining a verbatim transcript of the proceedings to be preserved in the archives of the Association.

**D. Sergeant-at-Arms:** The Speaker may appoint a sergeant-at-arms to assist in the conduct of the sessions.

**IV. SCHEDULE OF HOUSE SESSIONS & REFERENCE COMMITTEE HEARINGS**

The schedule of sessions of the House of Delegates and reference committee hearings are published in advance in the AAOMS media, annual reports and annual meeting program. Special sessions of the House of Delegates during the same annual meeting may be called by vote of the House.

The Board of Trustees may revise the schedule for future annual meetings to accommodate business and scientific sessions within the parameters of the meeting and convention center facilities, including available dates and financial requirements. Business of the House of Delegates shall be scheduled in accordance with the 1996 Resolution D-8 (Amend.) and latitude is to be provided the Speaker of the House of Delegates to revise the daily schedule of the House of Delegates.

The following is the sequence of business sessions during the annual meeting:

**First Session:** The first session is devoted to matters relating to the organization of the House, President's Address, supplementary reports of the Board of Trustees and committees, election of the director of the American Board of Oral and Maxillofacial Surgery, and nomination of officer candidates.
**Reference Committee Hearings:** The open hearings are scheduled to follow each other. Members of the reference committees and the location of the hearing are listed in the official meeting program. All fellows and members of the Association are encouraged to attend and participate in these hearings.

**Second Session:** The session is devoted to acting upon the reports of the Committee on Membership and the reference committees.

**Third Session:** The final session is devoted to completion of action on the reference committee reports, the election and installation of the officers and trustees, and presentation of the Presidential Inaugural Address.

---

**V. STANDING RULES OF PROCEDURE OF THE HOUSE OF DELEGATES**

**A. General Rules of Procedure**

1. **Method of Least Proportionate Error in Allocating Delegates and Alternates:** Each component, the District of Columbia, Commonwealth of Puerto Rico and U.S. territories, and each branch of the five federal dental services shall be represented by one delegate and alternate regardless of its total fellows, members, life fellows and life members and provisional fellows and provisional members in the Association. Additional delegates and alternates shall be granted based on the remaining number of fellows, members, life fellows and members and provisional fellows and provisional members to remaining number of delegates, after allocation of the first delegate, until the ceiling of 100 delegates is allocated. The number of delegates authorized from each component or counterpart shall be determined by the number of AAOMS (a) fellows, (b) members, (c) life fellows and members and (d) provisional fellows and members as of January 1 of the year in which the House convenes. Should components and/or counterparts have equal fellows, members, life fellows and life members and provisional fellows and provisional members when allocating the last of 100 delegates, the one with the greatest number of candidates for Association membership shall receive the delegate and alternate.

   The Resident Organization shall be represented by two delegates and two alternates. The resident delegates shall have voting privileges, but shall not be able to vote during the election of the ABOMS director, the AAOMS officers and trustees, and district caucus officers.

2. **Election of Delegates and Alternates:** The headquarters shall notify the component societies and the most recent delegate of counterparts by February 1 of the number of delegate(s) and alternate(s). The component societies and counterparts will determine their method of election of delegates and alternates, including their tenures. The election results will be transmitted to the AAOMS headquarters by June 1 annually. In the event the delegate(s) and alternate(s) are not elected and certified by June 1, the caucus chair shall appoint the delegate(s) and alternate(s) from fellows and life fellows in the component or counterpart involved. In the event no one is available from the component or counterpart, the caucus chair shall appoint the delegate/alternate from fellows and life fellows in the district.
3. **Credentials for Delegates:** Official credentials are mailed in advance to all delegates, officers, trustees and past presidents by the Executive Director. These credentials must be presented at the time of registration.

4. **Registration:** Delegate registration shall be conducted for at least two hours prior to the first session of the House, and 15 minutes prior to each session of the House near the locale where the House convenes.

5. **Admission Cards for Delegates:** Each delegate, at registration, will receive the official delegate information and three numbered admission cards. A meeting badge alone will not admit a delegate to the floor of the House of Delegates. The properly numbered card must be presented for each session in order to gain admission. The loss of admission cards should be reported promptly to the Committee on Credentials.

6. **Physical Placement of Delegations:** The seating of delegations shall be by trustee district and no district shall be separated by an aisle. Seating of districts shall be on a rotational basis.

7. **Access to Floor:** Access to the floor of the House of Delegates is limited to delegates, past presidents, members of the Board of Trustees, the Editor of the *Journal of Oral and Maxillofacial Surgery*, the Executive Director, and to committee chairs, and members of the headquarters staff, when requested.

   Two members of the Resident Organization’s Executive Committee shall serve as voting members of the AAOMS House of Delegates with access to the floor and may be seated in a special section on the floor of the House of Delegates. They may participate in debate at the caucus level. Resolutions originating in the AAOMS Resident Organization shall be submitted to the Board of Trustees, who may forward such resolutions to the House of Delegates at its option.

   Alternates do not have the privilege of access to the floor, but will be seated in a special area in the visitors' section.

8. **Seating of Alternates:** If a delegate cannot attend a session or portion thereof of the House of Delegates, he the individual is to instruct his the appropriate alternate to apply to the Committee on Credentials for proper credentials. The delegate must surrender his any admission card(s) for the session(s) not attended before admission cards will be issued to the alternate.

9. **Visitors at House Sessions:** Anyone may attend sessions of the House of Delegates as a visitor upon display of the annual meeting badge. Visitors are not permitted access to the floor of the House but must be seated in the section reserved for visitors.

**B. Duties of Delegates and Alternates:** A delegate is one who is chosen to represent the fellows and members of his a component oral and maxillofacial surgery society or counterpart or Resident Organization in the House of Delegates of the AAOMS.

The duties of a delegate are:
1. to attend the annual meeting and all business sessions and caucuses before and during
the annual meeting;

2. to be informed regarding the issues proposed for action during the annual meeting;

3. to be informed regarding the rules of procedure, conduct and decorum in the business
sessions of the annual meeting;

4. to vote for what the individual believes is best for the AAOMS as a whole, except as
he might have been instructed by their component society and counterpart he
represents represented;

5. to be prepared to report to his the component society or counterpart after the annual
meeting on the business that was transacted during the annual meeting.

An alternate is one who is chosen to act as a substitute for a delegate. An alternate can
either be paired with a specific delegate or he can be chosen according to a numerical rank
(first alternate, second alternate, etc.). The duties of an alternate are:

1. to be available to perform the duties of a delegate for the entire annual meeting, or any
portion thereof, should the delegate be required to withdraw;

2. to register with the House Committee on Credentials and to obtain the proper delegate
credentials prior to assuming the delegate's duties;

3. to fulfill the responsibilities of a delegate should he be if required to do so.

C. Introduction of Business to the House of Delegates

1. Rules on Resolutions to the House of Delegates: Resolutions may be presented by the
President, Board of Trustees, committees, delegates, component societies and
counterparts and district caucuses. Resolutions from component societies or
counterparts are to be transmitted in writing by June 1. Resolutions by summer district
caucuses are to be transmitted to the AAOMS headquarters by a date dependent upon
the convening of the annual meeting.

All resolutions must indicate the fiscal impact, when possible; be signed by the secretary
of the component society, counterpart or district caucus; and indicate the site, date and
presence of a quorum of AAOMS fellows and life fellows or, in case of district caucuses,
eligible AAOMS delegates. When voting by mail ballot, the component, counterpart or
district caucus is to indicate the total number of AAOMS fellows and life fellows or
eligible AAOMS delegates balloted with favorable and unfavorable responses. The two
resident delegates may attend and participate in any of the six district caucuses, but
may not vote at the caucus level.

2. Introduction of New Business at Second or Third Session: No new business shall be
introduced into the House of Delegates at the second or third session, unless by two-
thirds (2/3) affirmative vote of the delegates present and voting. However, measures
originating in geographic district caucuses may be introduced under new business at the
second session.
3. **Presentation of Resolutions and Other Items of Business:** Within the limitations of the rule on the presentation of new business at the second or last session of the House of Delegates, any delegate may present an item of business from the floor. Such resolutions must be presented as far in advance as possible to the Secretary of the House of Delegates so that copies may be made available to members of the House.

4. **Resolutions Requiring Expenditure of Funds:** Any resolution requiring an expenditure, except those relating to the annual budget, shall be referred to the Board of Trustees for a report at the same meeting on the availability of funds for the purpose specified.

5. **Consideration of Budget:** The annual budget shall be submitted to the House of Delegates. In the event the budget, as submitted, is not approved, all recommendations for changes shall be referred to the Board of Trustees to prepare and present a revised budget. This procedure shall be repeated until a budget for the ensuing fiscal year shall be adopted.

D. **Reference Committees of the House of Delegates**

1. **Reference Committees:** The reference committees of the House of Delegates consist of seven (7) delegates each appointed at least six weeks prior to the annual meeting by the President of the Association. Appointments to the reference committees shall provide for representation of the geographical districts. The chair shall be appointed on a district rotational basis. The number of reference committees varies from year to year and they are designated alphabetically and in accordance with the committee reports assigned them. The two resident delegates are not eligible to serve on reference committees.

   The scope of the committees will vary somewhat from year to year.

   **“A,” Education and Professional Affairs and Membership Programs and Services,**
   
   **Reference Committee on:** This committee considers matters relating to health care programs, governmental and professional conduct affairs. Specifically, it considers the reports of the Committees on Residency Education and Training, Continuing Education and Professional Development, Anesthesia, Hospital and Interprofessional Affairs, Research Planning and Technology Assessment, Health Care and Advocacy, and Governmental Affairs, and Commission on Professional Conduct.

   **“B,” Membership, Practice Management, and Public and Professional Communication,**
   
   **President’s Address and Administration, Operations and Business, Reference Committee on:** This committee considers the reports of the Board of Trustees and Committees on Membership, Practice Management and Professional Allied Staff and Public and Professional Communication, and the President’s Address, the proposed budget; and such administrative matters as are referred to it by the Board of Trustees and House of Delegates.

2. **Duties:** The primary duty of a reference committee is to recommend to the House of Delegates an appropriate course of action on matters which have been placed before it. This duty is discharged by evaluating all recommendations which it has received from the Board of Trustees, fellows and members, committees, and other agencies, and by
basing its recommendations on the best information and advice which is available, and
making its decisions in the best interest of the public, the Association, and the specialty
of oral and maxillofacial surgery.

The reference committee shall not prevent the House of Delegates from taking action
on any matters that have been presented. Furthermore, the committee should not,
without deliberation, automatically accept the opinions of its members, or the opinions
of those who have testified.

The reference committee must take action on all matters assigned to it. It advises the
House of Delegates to adopt, not adopt (reject), amend, substitute or refer a resolution
which has been placed before it.

3. **Authority:** Reference committees act within the rules and procedures of the House of
Delegates and the **Constitution** and **Bylaws**. They may not only act on resolutions before
them but may also propose resolutions on their own initiative. They may call upon the
officers, members of the Board of Trustees, committees, and the Executive Director or
senior management team when they desire to gain information. The reference
committees may explain their decisions before recommending that an action be taken
on the resolution.

4. **Referral of Reports and Resolutions:** A list of recommended referrals to reference
committees shall be prepared and presented by the Committee on Rules and Procedure
at the opening session of the House of Delegates to be subject to amendment and
approval by the House of Delegates.

5. **Referral of Items of Business to Reference Committees:** The reference committees
receive items of business for consideration by referral from the House of Delegates as
determined at the first session.

6. **Reference Committee Briefing and Hearing Attendance:** An administrative briefing for
reference committees shall be conducted by the Speaker prior to the hearings. The
chair of all committees or his designate shall attend the reference
committee briefing as well as the hearing at which his respective report(s) will be
presented. The Executive Director shall attend the briefing to reinforce the importance
of the reference committees, the nature of their role and the requirements of all
members of the reference committees being present to consult in the development of
their respective reports.

7. **Conduct of Hearing:**

   a. The primary duty of a reference committee is to receive and evaluate opinions so
      that it may present a well-informed recommendation to the House of Delegates.

      All fellows and members in good standing of the American Association of Oral and
Maxillofacial Surgeons have the right and are encouraged to attend reference
committee hearings and to participate in the discussions. Non-members of the
Association should identify themselves and may participate in the discussion at
hearings only at the invitation of the majority of the reference committee.
The chair of the reference committee should preside at both the hearing and the executive meeting at which the committee's decisions are made. He should not permit the making of motions or the taking of formal votes at an open hearing, since the objective of the hearing is to receive information and opinions and not to make decisions of any sort which would bind the reference committee in its subsequent deliberations.

The chair should ensure that all are heard and should not permit prolonged holding of the floor by one or more persons at the expense of others. The chair, with the consent of his committee, may place reasonable limitations on discussion and debate.

8. Amendments to the Bylaws: Some reference committees may be asked to consider amendments to the Bylaws. The determination of whether or not the policy involved in the proposed amendment is desirable must be made by the reference committee which receives the referral. The wording of all proposed amendments, however, shall have the approval of the Committee on Constitution and Bylaws.

When the language of the amendment is approved by the Committee on Constitution and Bylaws, the reference committee will then incorporate the approved text of the amendment in its report and indicate that approval has been obtained.

9. Conduct of Executive Session: After evidence and information have been received at the open hearing, the reference committee shall retire to an executive session at which only members of the committee and the committee's staff may be present. At this session, the committee reaches its decisions and prepares its report. The reference committee chair may request consultation with the Committee on Constitution and Bylaws and others during this executive session.

10. Headquarters Staff Assistance: Each reference committee will be provided with staff support. The staff is provided with instructions so that they may be of the greatest possible assistance to the committee. Staff shall not participate in the committee's decision process or take verbatim minutes. Staff is to develop the reports in accordance with the standard format. Reference committees should not urge new styles and formats for the report. The Executive Director is to hold all committee deliberations and decisions in the strictest confidence. The Executive Director is responsible for seeing that the reports are prepared on the basis of material as directed by the reference committee.

11. Format of Reports to House of Delegates: During executive session of each reference committee, a specimen report will be provided members of the reference committees to indicate the general format to be used for reference committee reports to the House of Delegates. This report should be clearly written and typed in order that it may be edited and reproduced by the headquarters' staff for distribution. The report should be submitted to the Executive Director following the close of the reference committee hearings and not later than 9 p.m. the same day.

12. Preparation of Reports: The report of the reference committee to the House of Delegates shall reflect those comments and recommendations of the committee on the proposals which it has had under consideration.
All recommendations to the House of Delegates must be placed in the standard resolution form. Except in very unusual cases, the use of preliminary and explanatory "whereas" clauses is not permitted. The committee should place this material in its comments on the resolution in the general text of the report.

Resolutions should be worded with the utmost clarity and must contain only a single topic. Resolutions containing more than one topic must be divided so that the House of Delegates can vote intelligently on a single question. The wording of the resolution is most important since an improperly worded resolution will not give the delegates a clear and immediate idea of the question on which they are being asked to vote.

If the report of a committee contains no resolutions, the reference committee should merely state that it has nothing to report and make such comments as it may desire. It is not proper to recommend that the report be received, approved or adopted. If the reference committee wishes to adopt or approve some items in the report, it must draft a suitable resolution.

The report should be as brief as possible and long sections of material which delegates already have before them should not be repeated.

13. Majority and Minority Reports: Every effort should be made by members of the reference committee to reach unanimous agreement. If it is not possible, majority and minority reports may be presented. The report receiving the most support from members of the committee is presented as the majority report.

14. Availability of Reference Committee Members: Reference committee members must be available to the staff for consultation in preparation of the reports.

15. Signing of Reports: One copy of the report must be signed by all members of the committee except in the case of a minority report, and it must be presented to the Secretary before it is presented to the House of Delegates.

16. Availability of Reports: As soon as is practical following the reference committee hearings, copies of reference committee reports will be made available to the membership at the headquarters office and registration center.

E. Reading of Reports to the House of Delegates and Special Rules of Debate

1. Presentation of Reports: The reports of the reference committees are presented by their chairs at the second session of the House of Delegates following a priority agenda. Minor changes in the reading of a reference committee report in the House shall be permitted providing the revised wording does not alter the intent of the report.

Reports are presented from the right-hand side of the rostrum and are read in a clear and slow fashion. The House will act on the report section by section, and the Speaker will indicate when the reference committee chair is to continue with the next section of the report. Page numbers and other citations should not be read, since all members of the House will have copies of the report before them.
In the event of debate or discussion, the chair and members of the reference committee are free to reply to any questions or to comment. If the chair desires, he may call on a member of a committee, officer, member of the Board of Trustees or staff to supply the information requested. The chair of the committee, however, should be prepared to comment on the position which his committee has taken.

2. **Actions Recommended by Reference Committees**: Reference committee recommendations for action on resolutions may be to adopt, not adopt (reject), amend, substitute, in lieu of, refer, and accept as a first reading.

3. **Recommendations to Adopt or Reject Resolutions**: When the recommendation of the reference committee is to adopt a resolution, the results of the vote (majority, 2/3, etc.) dispose of the resolution. When the recommendation of the reference committee is to reject a resolution, the chair will take the positive vote first (for adoption), followed by the negative vote (for rejection).

4. **Motions to Refer and to Postpone Definitely**: Resolutions may be postponed to a later time within the same annual meeting, but not to the next annual meeting, since the House of Delegates for the next year's annual meeting does not yet exist. If the House wishes to delay action on a resolution until the following annual meeting, the preferred motion is to refer the resolution to the Board of Trustees or the appropriate committee for study and report with recommendations at the next annual meeting.

5. **Motions to Close Debate (to Vote Immediately or for the Previous Question)**: The motion to close debate is not debatable and requires a two-thirds (2/3) vote. It shall be applied to the immediately pending motion only, unless the delegate making the motion specifically states that it applies to all pending motions.

   The informal "call for the question" (not a motion) may be ignored or ruled out of order by the chair if others are standing at a microphone waiting to speak, or if it is obvious that general consent cannot be sustained.

   The motion to close debate, or the informal call for the question, shall not be used until the House has had the opportunity to hear at least one speaker representing each side of the pending motion.

   If the motion to close debate, or the informal call for the question, is added to the end of a speech, the chair shall have the option to rule it out of order, or to ask for one additional speech in opposition to the last speaker before stating the motion to close debate.

6. **Motion to Postpone Temporarily (to "Table")**: A motion to postpone temporarily, or to "table" cannot be debated, and must be put to a vote as soon as it has been seconded and stated by the chair.

   Since reference committees are instructed to present resolutions in a way that will not restrict or prevent debate, the motion to postpone temporarily or "table" should not be used by reference committees when presenting their reports. Instead, if the intention of a reference committee is to defeat a resolution, it should merely present the
resolution and recommend that it be rejected. In this way the House will have the opportunity to debate the issue and to dispose of it by vote.

7. Previous Notice and First Reading: Resolutions to amend the Bylaws that affect dues and assessments (DA amendments) or membership qualifications (MQ amendments) require a 60-day notice or a one-year previous notice, respectively, and are submitted in writing to the House of Delegates, sometimes using the term “first reading”.

DA and MQ amendments usually are referred to the Board of Trustees, or to the appropriate committee, for study and recommendations to be presented at the next annual meeting. Adoption by the House of Delegates at the next annual meeting requires a two-thirds vote.

In special cases, the House may wish to consider and adopt a DA or MQ amendment during the same annual meeting at which it is introduced. A unanimous vote is required for waiver of the special 60-day or one-year notice. Following waiver of notice, a two-thirds vote is required for adoption of the amendment.

The House may also wish to oppose a DA or MQ amendment at the first reading stage during the same annual meeting at which it is introduced. Since the rights to introduce a motion and to give notice are basic rights of the membership in a deliberative assembly, a two-thirds vote shall be required to reject a DA or MQ amendment at the first reading stage. In addition, the sponsor(s) of the DA or MQ amendment may request that the resolution be withdrawn, which can be granted by general consent or by a majority vote.

F. Nomination and Election Procedures: Only properly certified delegates are permitted to participate in the elections of the House of Delegates, excludes the two resident delegates. All elections are held under the supervision of the Committee on Credentials.

The method of voting in the House of Delegates is usually determined by the Speaker of the House, except where provided in the Bylaws. The Speaker may call for a voice vote, show of hands, standing vote, roll call, electronic vote or ballot vote.

The method of voting may also be determined by a majority vote of the House of Delegates.

If the result of a vote is uncertain or if a division is called for, the Speaker will first ask all voting affirmatively to stand. The count will be made by the tellers and reported to the Speaker. It is essential that voters remain standing until the Speaker has indicated that the count is completed. The same procedure is then used for recording the negative vote.

Voting Booths: A limited number of voting booths will be available for use by delegates.

1. Nomination for Trustees: A caucus shall be called by the trustee whose term is about to expire or by his designee. The notice of the time and place of such caucus shall be reported to the Secretary of the House of Delegates.

At the caucus, the delegates shall nominate one (1) or two (2) candidates for the office of trustee, whose name(s) shall be presented to the House of Delegates in accordance with the following rules:
a. A person receiving the unanimous vote of the delegates present and eligible to vote at the caucus shall be the only nominee presented by the district.

b. In the event of two (2) or more candidates for nomination, the name of a candidate who receives a majority vote in the caucus shall be presented to the House of Delegates. In addition, the name of a minority nominee may be presented to the House for consideration if the individual receives at least one-third (1/3) of the votes of the district delegates present and voting at the caucus. Should two (2) nominees be presented from a district under these conditions, identification of the majority and minority nominees shall be announced to the House of Delegates.

Should a tie vote occur, efforts should be made by additional ballots to attain a majority and minority candidate. In the event of a deadlock vote between two candidates, a re-balloting should occur. If a deadlock (tie) vote still exists, both candidates may be brought to the floor of the House of Delegates.

c. A nominating speech for each nominee of up to four (4) minutes may be delivered in the House of Delegates by a fellow or life fellow in good standing. Seconding speeches are not permitted. Two (2) members of the House of Delegates will be permitted to indicate their second from the floor.

2. Election of Trustees

a. If there is only one (1) nominee from a trustee district, the nominee may be elected by majority ballot, electronic vote or voice vote of the delegates present and eligible to vote.

b. If there are two (2) nominees from a trustee district, the election shall be by ballot or electronic vote. A majority vote of the delegates present and eligible to vote shall be required for election.

Tellers shall count the ballots, if required, and any delegate shall be entitled to witness this procedure.

3. Officer Election Campaign Activities:

a. Between Annual Meetings:

(1) Nominations for the office of President-Elect, Vice President, Treasurer and Speaker of the House of Delegates shall be presented at the first session of the House of Delegates. Nominations must be made in writing and signed by 10 fellows or life fellows in good standing.

(2) Candidates for office may announce their candidacy to seek office at any time through public announcement in AAOMS media.

(3) Election campaign activity may take place at the dental implant conference.

(4) Candidates may establish 800 telephone numbers for campaign use.
(5) Candidates are permitted to address a regional, state or caucus meeting. Each candidate shall have a minimum of 15 minutes to address the group. All candidates shall be treated equally.

(6) Candidate statements and prepared interviews may be submitted for publication in an issue of the *AAOMS Today*.

(7) AAOMS officers (members of the board’s Executive Committee) and administrative staff shall not participate in any way in campaigning for candidates. AAOMS officers who are running for office may participate only in their own candidacy. Trustees may participate in campaigning.

**b. During the Annual Meeting:**

(1) A caucus/open forum for candidates shall be held following the second session of the House of Delegates, the caucus/open forum consisting of the delegates and alternates from the six (6) trustee districts. Delegates and alternates are required to attend. Fellows and members are invited and encouraged to attend. The President shall be the moderator of the caucus/open forum.

(2) AAOMS officers (members of the board’s Executive Committee) and administrative staff shall not participate in any way in campaigning for candidates. AAOMS officers who are running for office may participate only in their own candidacy. Trustees may participate in campaigning.

(3) Political campaign receptions or parties for candidates are permitted during the annual meeting.

(4) Distributed or displayed campaign items shall not be permitted in the House of Delegates.

### 4. Officer Nomination and Election Procedures:

**a. Nomination Procedures:** Nominations for the Office of President-Elect, Vice President, Treasurer and Speaker of the House of Delegates shall be presented at the first session of the House of Delegates. Nominations must be made in writing and signed by 10 fellows and life fellows in good standing.

A nominating speech for officer candidates of up to four (4) minutes may be delivered at the first session by a fellow or life fellow in good standing. Seconding speeches are not permitted except that two (2) members of the House of Delegates will be permitted to indicate their second from the floor.

**b. Election Procedures:** The offices of President-Elect, Vice President, Treasurer and Speaker of the House of Delegates shall be elected by eligible members of the House of Delegates.

(1) If there is one (1) nominee for each office, the nominee may be elected by majority ballot, electronic vote or voice vote of the delegates present and eligible to vote at the third session of the House.
If there are two (2) or more nominees for an office, the election shall be by
ballot or electronic vote prior to, and/or during, the third session of the House.
A majority vote of the delegates present and eligible to vote shall be required
for election. Voting procedures shall be supervised by the Committee on
Credentials. The tellers shall provide a report with the vote totals to the
Secretary and Speaker of the House of Delegates who shall announce the
election results during the third House session. This report must be reviewed
and signed by all members of the Committee of Tellers. (HD-09)

(3) If there are three (3) or more nominees for an office, and if none of the
nominees receives a majority vote, the candidate receiving the least number of
votes shall be dropped from the list of candidates, and the delegates shall vote
again. This procedure shall be repeated until a majority vote is obtained.

c. Installation of Officers: The new officers shall be installed in their offices at the final
session of the House of Delegates.

5. Eligibility of Those Candidates for Officer Positions to Fulfill an Unexpired Term: An
elected trustee is eligible to fulfill *his* unexpired term on the Board of Trustees in
the instance *he* the trustee is an unsuccessful candidate for an officer position.

G. Guidelines for Trustee District Caucuses

These guidelines serve as a suggested operational means for conducting business at the
district caucuses and outline the procedure to be followed within each district for
nominating trustee candidates to the Association's House of Delegates. These guidelines
are to be considered with those parts of the Bylaws related to nomination and election of
officers.

General Guidelines:

1. Both delegates and alternates shall be obliged to attend the caucuses. Both may
participate in the caucus deliberations, but only eligible delegates shall have voting
privileges.

2. Source members (committee chairs, staff, candidates, etc.) may attend the caucus
proceedings upon request of the chair.

3. Fellows and members, but only from the district, may be invited to witness caucuses on
a space available basis.

4. The official call of all caucuses shall be at the direction of the respective district trustee
after consultation with the caucus chair.

Caucus Officers and Responsibilities: There shall be two officers for each caucus, a chair and
a secretary. The chair and secretary shall be either a delegate or alternate, but neither may
be an AAOMS officer or trustee.

Chair Responsibilities:

1. Preside and maintain order during the caucuses.
2. Invite, when necessary, source members, etc. to attend the caucus and speak to particular issues.

3. Present the district nomination report on trustee election to the third session of the House, if applicable.

4. Cause the election of the Chair and Secretary for the following year at the final caucus convened at the annual meeting.

5. Report annually to the AAOMS headquarters by December 1 the city, hotel and dates of the summer caucus for the following year with approval of the district trustee.

Secretary Responsibilities:

1. Maintain a record of proceedings based on the desires of the caucus.

2. Schedule appearances of candidates for officer positions in coordination with other caucus secretaries during Caucus Session II, if desired.

3. Maintain liaison with other caucuses.

4. Preside in the absence of the chair.

5. Obtain reference committee reports for delegates from the AAOMS headquarters office or registration center for review at the third caucus.

6. Provide the Speaker with the district nomination report (typed and in duplicate) prior to third session of House, if applicable.

Trustee district caucuses shall be scheduled as follows:

SUMMER CAUCUS

(between August 10 - September 1)

Trustee districts shall convene a summer caucus for the purpose of addressing issues before the upcoming House with the following stipulations:

1. The summer caucuses shall be convened preferably during the period August 10 - September 1 to allow receipt of the annual reports by the membership for review and to provide the opportunity for comments to their delegates prior to the pre-annual meeting caucus;

2. The three general guidelines on attendance and notice at annual meeting caucuses shall apply for any pre-annual meeting caucuses convened;

3. Any resolutions resulting from the summer caucus for submission to the House shall be provided in writing with the recorded vote, list of delegates and alternates in attendance to the AAOMS headquarters within five days following completion of the summer caucus to allow for duplication and insertion into the delegates portfolio.
Resolutions submitted in this manner shall be deemed official for House consideration as are issues provided by the June 1 annual deadline from state societies and other approved sources (board, committees, delegates, etc.) that are published in the annual reports;

4. Invitations to candidates for elective office to appear at the summer caucus shall be at the sole discretion of the respective district caucuses.

**ANNUAL MEETING CAUCUSES**

Three trustee district caucuses shall be scheduled immediately prior to the official opening of the annual meeting with duties as outlined in these guidelines.

One prior to and following the first session of the House and the third following publication of the reference committee reports and before the second session of the House.

**CAUCUS I**
*(Scheduled prior to the first session of House)*

1. Review of list of delegates and alternates and assignment of new delegates and alternates for states and/or counterparts not having representation in the House of Delegates.

2. Assignment of new delegates/alternates must be based on the following rules:

   In accordance with Section V. Standing Rules of Procedure of the House of Delegates (page 116 of the *Manual of the House of Delegates*) that in the event a delegate/alternate is not elected and certified by a state by June 1 annually, the district caucus chair shall appoint the delegate/alternate from fellows and life fellows in the component or counterpart involved, the following guidelines are provided:

   **Prior to the Annual Meeting**

   The President of the state component society or counterpart society shall notify, in writing, the district caucus chair that the state component or counterpart will not have official representation in the House of Delegates. This notification shall include authorization for the district caucus chair to select a new delegate from the state or counterpart involved.

   The district caucus chair shall exhaust all means to select a new delegate from the state component or counterpart involved. If this results in no one being able to accept the position to serve as the delegate from the state or counterpart involved, the district caucus chair may select a fellow or life fellow from another state within the same district to serve as delegate for the state or counterpart involved. A letter confirming this action from the district caucus chair with a copy of the state’s or counterpart’s notification shall be provided to the Speaker of the House of Delegates and the House Committee on Credentials for concurrence and subsequently seating of the newly designated delegate.

   **On-site at the Annual Meeting**
The district caucus chair shall contact the President and/or an officer of the state component society or counterpart society in his district to receive confirmation that the state component or counterpart’s official delegate will not be present in the House. Once confirmed and permission is received to designate a delegate, the district caucus chair shall make every effort to seat a delegate from the state involved. If no one is available on-site from the state or counterpart, the district caucus chair shall designate a delegate from fellows and life fellows from another state or counterpart in the respective district on-site. Again, documentation is to be prepared confirming the authorization from the state or counterpart involved with the name of the newly designated delegate.

If notification has not been received or contact with a state society or counterpart society is not possible on-site at the meeting, the seat for that state or counterpart shall remain vacant. This would also be the case if a duly appointed delegate is present at the annual meeting but does not attend any of the sessions of the House, unless an alternate from the respective state is available to take the place of the delegate.

In all of the above situations, the Speaker of the House of Delegates and the House Committee on Credentials must be notified and provided with documentation, except in the instance of a no show where documentation is not available. In instances of a “no show” and the alternate is not available, that state/counterpart seat in the House of Delegates shall remain vacant, unless official documentation in accordance with the above can be provided.

**CAUCUS II**  
*(Scheduled following first session of House)*

1. Assignment of representatives to reference committee hearings. *(Note: Primary responsibility for this resides with the chair, but individual caucuses may choose to accomplish this through election, on a volunteer basis, or by appointment by the chair.)*

2. Discussion of resolutions presented during the first session of the House. *(Note: It is at this caucus that delegates should determine the position of the caucus to be taken on issues at the reference committee hearings.)*

3. Appearance of candidates for office according to the schedule established by the secretary of the caucus (may occur also at the summer caucus or Caucus III).

**CAUCUS III**  
*(Scheduled following publication of reference committee reports and before second session of House)*

1. Review of reference committee reports and report on hearing deliberations from caucus representatives.

2. Development of amendments or substitute resolutions, if desired by the caucus, for presentation by designated delegate(s).
3. If not accomplished at Caucus II, determine district nominee(s) for trustee by secret ballot in accordance with Chapter VI. Section 50, of the Bylaws, if applicable, and the following procedure:

(a) Only eligible delegates present may vote in the caucus at the time of nomination of a trustee. The only exception shall be if a delegate is unable to attend the annual meeting and his chosen alternate has been certified by the Committee on Credentials to serve as the delegate. However, in instances of an emergency, an alternate may replace a delegate in the caucus at which trustee nominees are voted upon, but only the caucus chair may approve such, with subsequent notification to the Committee on Credentials. (The intent of the last sentence is to ensure that those who vote for their trustee nominee in caucus should also be present at the session of the House at which election occurs.)

(b) The district is obliged to report either one candidate or a majority and minority candidate. However, should a tie vote occur, efforts should be made by additional ballots to attain a majority and minority candidate. A deadlock (tie) vote on two candidates may be brought to the floor of the House of Delegates for resolution.

4. Elect the Caucus Chair and Secretary to serve through the summer caucus and annual meeting of the following year.
Committee on Membership (CM)

Dr. Katherine A. Keeley, Chair
Dr. Robin L. Gallardi
Dr. Gayle T. Miranda
Dr. Mary F. Stavropoulos
Dr. Heath M. Stewart
Dr. Thomas F. Burk, ROAAOMS Liaison
Dr. Charles A. Crago, Board Liaison

The Committee on Membership convened via conference call on Dec. 12, 2018 and March 13, 2019. The Committee on Membership will also meet via conference call on July 17, 2019, prior to the 2019 Annual Meeting.

The CM continues to be encouraged by the number of chief residents who apply for AAOMS membership within the year they finish training. 203 out of the 253, or 80%, in 2018 applied in time to receive the AAOMS graduated dues structure, whereby they did not pay any dues in 2019, and will pay 1/3 dues in 2020, 2/3 dues in 2021, and full dues thereafter. The Association continues to receive applications from the 2018 graduates well into 2019, even though the applicants no longer qualify for the graduated dues structure. Additionally, AAOMS has already received applications from 60, or 24%, of the 250 estimated 2019 graduates, in advance of completion of their OMS training programs.

The CM and the Committee on Anesthesia (CAN) continue to work together to ensure that all members remain in compliance with the office anesthesia recertification requirements that were approved by the House of Delegates in 2003. OMS component societies have until the end of July 2019, to report any members who do not comply with the office anesthesia evaluation requirement; the CM will recommend non-compliant members be dropped at the 2019 Annual Meeting.

The CM and the Committee on Practice Management and Professional Staff Development (CPMPSD) continue to concentrate on developing additional programs and services for the allied staff membership category. In 2018, AAOMS allied staff members numbered more than 1,100. Unique from years past, AAOMS experienced the highest allied staff membership retention rate since the category’s creation; only 33% did not renew and were dropped in March 2019. As of May 13, 2019, current allied staff members sponsored by AAOMS fellows, members and candidates total 916.

Amendment to Candidate Application

In response to feedback from the component state OMS societies, the Association considered a content addition to the current application for fellowship or membership. The content addition will allow applicants to express their consent for the Association to share the application with the state OMS society. This will save the applicant time from completing two separate applications (AAOMS and state) with much of the same demographic and contact information. The Association hopes this will also reduce the length of time it takes candidates to fulfill the state membership requirement. The Board of Trustees considered and approved the content addition, for use beginning Jan. 1, 2020.

2019 Candidate Status: As of May 13, 2019, the Committee on Membership is recommending to the 2019 House of Delegates that 81 candidates be elected into membership. 294 candidates remain at
this time with incomplete applications. Consistent with past years, many more candidates will complete their applications before the commencement of the 2019 Annual Meeting.

**Provisional Membership Category:** As of May 13, 2019, 120 provisional members have successfully completed their anesthesia evaluation and fulfillment of state OMS society membership requirements. Accordingly, the CM is recommending to the 2019 House of Delegates that they be moved to full membership. 196 members remain at this time in the provisional membership category.

**Status of Membership as of May 13, 2019:** Since the 2018 Annual Meeting, 9 members resigned, and 69 requests for reinstatement were approved.

As of May 13, 2019, waivers of 2019 dues were recommended for 26 fellows, members and candidates. Reduction of 2019 dues was recommended for 9 members.

Life membership will be granted to 130 fellows and members during the 2019 Annual Meeting. Retired membership is requested from 135 fellows and members. 42 fellows and members will transfer to inactive status. Consistent with years past, the majority of inactive transfers are staff-directed transfers of fellows and members who the Association no longer has contact information for.
Committee on Practice Management and Professional Staff Development (CPMPSD)

Dr. Debra M. Schardt-Sacco, Chair
Dr. Anthony M. Del Vecchio
Dr. Martin E. Eichner
Dr. David A. Fenton
Dr. Christopher J. Haggerty
Dr. Mehran Hossaini-Zadeh
Dr. Donald P. Lewis, Jr., Consultant
Dr. David E. Seago
Dr. J. Alexander Smith
Dr. Larry E. Stigall, Consultant
Dr. Monty C. Wilson
Dr. David E. Yates
Dr. Charles A. Crago, Board Liaison

The Committee on Practice Management and Professional Staff Development (CPMPSD) met on March 3, 2019 in Tampa, Fla. Allied staff committee members, Jennifer Brady and Wendy Beard, were also present. The CPMPSD continues to monitor trends in the oral and maxillofacial surgery practice and evaluates continuing education offerings for the entire OMS staff. At its meeting, the committee reviewed registration totals and course evaluations gathered from all 2018 practice management and professional staff development programs.

Along with course offerings, the CPMPSD continues to review practice management inquiry trends to determine the focus of new products and future articles. The top inquiries received by AAOMS practice management staff in 2018 were related to the Dental Anesthesia Assistant National Certification Examination (DAANCE), assistant courses (Anesthesia Assistants Review Course, Anesthesia Assistants Skills Lab, Advanced Protocols for Medical Emergencies), regulatory compliance (HIPAA, OSHA), practice startups and transitions, and vendor/supply requests. Questions are utilized to shape AAOMS Today articles, including Practice Management Notes and Practice Management Matters. At the direction of the CPMPSD, staff also works with ASI partners to provide relevant thought leadership and information in the AAOMS Today.

The CPMPSD also oversees the development and sales of the AAOMS practice management and compliance publications, as well as resources for clinical staff. The committee is rewriting and updating Surgical Assisting Skills Series III: Advanced Protocols for Medical Emergencies in the Oral and Maxillofacial Surgery Office. Additionally, the third edition of the Practice Management Manual is currently in editorial review. The next publication slated for update is the Office Design & Construction Manual.

CPMPSD members are exploring the development of future course offerings and product resources that relate not only to traditional practices, but also evolving practice models (such as DSOs) and those who work in them. The committee sees this as a priority and seeks to remain relevant in its offerings to all AAOMS members.
The committee further understands the need to continually strengthen and provide meaningful development of future programs and resources, not only for the dental anesthesia assistant (DAA), but also the OMS assistant. CPMPSD members are focused on keeping up with changing state requirements and recognize the importance of PALS and ACLS certification in the OMS practice. The committee will continue to develop educational pathways and resources to help in this effort.

Practice Management Stand Alone
AAOMS hosted its 19th Practice Management Stand Alone (PMSA) meeting in Rosemont, Illinois on May 4, 2019, with three presentations by speaker Laci Phillips. This was the first time the PMSA format included more than one topic and early evaluation results, as well as onsite feedback, indicated the program was successful and well-received by attendees. The first session, “Systems, Teams and Technology: Creating Balance-driven Success in your Practice,” focused on identifying three main areas of practice to help achieve a balanced day. Her next session, “The Numbers Start the Story, but They Don’t Tell the Whole Story,” focused on key performance indicators and what they mean in terms of business success. The final presentation, “Dynamic Branding and Marketing: Bringing Your Story to Life,” focused on branding an office, social marketing tools, and monitoring a practice’s online reputation.

Staff is currently planning the 2020 PMSA and will continue to utilize this new multi-session format.

Webinars
AAOMS continues to sell mp4 recordings of past AAOMS webinars in the CE On-Demand center. The practice management department has hosted two webinars in 2019. In February 2019, Dr. Larry Stigall presented, “Pharmacology for the Oral and Maxillofacial Surgical Assistant.” Eighty offices registered for the live event. In May 2019, John Bauer presented “Understanding Practice Overhead,” which was attended by 59 offices. Both Dr. Stigall and John Bauer will be speaking on similar topics at the 2019 Annual Meeting in Boston.

Staff is currently developing a third webinar for late fall 2019, and the material will focus on marketing of the dental implant practice.

DAANCE
A total of 1,420 examinees completed the Dental Anesthesia Assistant National Certification Examination (DAANCE) from January 2018 through December 2018. The DAANCE passing score is 66, and the mean test score of all 1,420 candidates in was 71.04. A total of 63.8% (906) of candidates passed the test in 2018; 36.2% (514) candidates did not pass. Our testing agency partner, PSI reported that based on their analysis and the DAANCE test item statistics, the examination again proves to be psychometrically sound.

As of May, 976 individuals have applied in 2019 to participate in the DAANCE.

The DAANCE Advisory Committee is adding pediatric and geriatric anesthesia information to the DAANCE Study Guide and the updated edition with this new material will be available for all 2020 DAANCE participants.

For the first time, AAOMS staff represented the DAANCE program at the Society of Oral and Maxillofacial Surgery Administrators (SOMSA) April 2019 meeting in Savannah, Georgia. Staff answered questions from SOMSA attendees who have enrolled their assistants in the program and promoted the
program to those unfamiliar with it. Overall, attendees at this meeting were enthusiastic about the DAANCE and see it as necessary training for their dental anesthesia assistants.

**Advanced Protocols for Medical Emergencies**
The committee conducted its 15th Advanced Protocols for Medical Emergencies (APME) course for Assistants on May 4-5, 2019 in Rosemont, Illinois. This was the first time this meeting was held in Rosemont, and staff received positive feedback about the location. Next year’s course is expected to do well, and will be held again in Rosemont, Illinois. Early evaluation results indicate not only was the course material well-received, but attendees were also very pleased with the course speakers.

**Anesthesia Assistant Review Course**
The Anesthesia Assistant Review Course (AARC) was held on November 30 – December 1, 2018, in conjunction with the Dental Implant Conference in Chicago, Illinois. Attendance at this course remains high with approximately 200 attendees. A spring AARC was offered on March 2 – 3, 2019 in Tampa, Florida, exceeding registration from the previous spring’s course. The AARC continues to follow a systems approach, which aids attendees as they learn about basic sciences, patient evaluation and preparation, anesthetic drugs and techniques, monitoring, and emergency procedures. Future courses will be offered in December 2019 in conjunction with the Dental Implant Conference and again in February 2020 in Nashville, Tennessee.

For those who are unable to attend the AARC in-person, the On-Line Anesthesia Review for Dental Anesthesia Assistants offers a pared down version of the two-day live course. Participants who complete this course receive 4 hours CDE credit. AAOMS continues to offer promotional pricing twice a year, once in May and then again in the fall.

**Anesthesia Assistant Skills Lab**
The CPMPSD will present two Anesthesia Assistant Skills Labs (AASL) in conjunction with the September 2019 Annual Meeting and one more will be offered at the December 2019 Dental Implant Conference. Providing hands-on training at both respiratory and cardio stations, these courses remain in high demand and sell out.

**Annual Meeting**
The 100th AAOMS Annual Meeting and Scientific Sessions in Chicago, Illinois included 32 practice management clinics. Overall, attendance and evaluations were excellent and consistent with prior years. Preparation is currently underway for the 2019 Annual Meeting session lineup of 33 practice management and allied staff courses. This includes a ticketed course being offered twice – “Be Prepared for the Unexpected: The OMS Assistant’s Role in Medical Emergencies.” The general registration fee includes attendance at all other practice management courses. However, a separate fee is still required to attend the Anesthesia Assistant Skills Lab sessions.

For the first time, the 2019 Annual Meeting will include a Special Interest Group (SIG) on Allied Staff Membership. A moderator from the CPMPSD will help facilitate this event.
Committee on Public and Professional Communications

Dr. Steven L. Fletcher, Chair
Dr. Lee F. Allen
Dr. Jasjit K. Dillon
Dr. Bryan P. Keegan
Dr. Ronald H. Nellen
Dr. Michael J. Safian
Dr. Louis K. Rafetto, OMS Foundation Liaison
Dr. Robert L. Flint, Consultant
Dr. Scott Morgan, ROAAOMS Liaison
Dr. David Shafer, Board Liaison

The Committee on Public and Professional Communications (CPPC) is responsible for oversight of the AAOMS Informational Campaign’s direction, strategies and tactics. It also develops and reviews new public and professional materials and programs, oversees the display and use of the AAOMS logo, and provides guidance on OMS Foundation communications. The CPPC met in person on July 28, 2018, and March 9, 2019, at AAOMS headquarters in Rosemont, Ill., and also held numerous virtual meetings during which the following issues were addressed.

Informational Campaign

MyOMS.org
One of the key objectives of the AAOMS Informational Campaign is to drive traffic to MyOMS.org. All digital and print ads in the campaign display the MyOMS.org URL. The home page received a total of 331,277 visitors in 2018 – an increase of 68% over 2017. The entire site logged 670,640 visitors, about a 44% increase since 2015. To increase search engine optimization so MyOMS.org pages show up higher on Google (and other browser) search results pages, new web content is being written and posted monthly. A redesign of the website will be launched in 2019.

Consumer Survey
An annual consumer survey measures the reach (awareness), frequency (recall) and overall effectiveness of the campaign’s messaging. Results show there was a significant increase in the percentage of consumers who had seen or heard any advertising or promotion on consulting an OMS (25% in 2018, 15% in 2017, 7% in 2016). After seeing advertisements or promotions, 28% said they visited MyOMS.org; of those, 73% used the “Find a Surgeon” service and 58% said they are now more likely to choose an OMS. Questions also gauged preferred providers, the importance of AAOMS membership and decision-making factors. Results include:

- Which dental professional would you be most likely to choose for your treatment?
  - Mothers of teens and young adults regarding third molars: 89% and 75% said OMS, respectively
  - Baby boomers regarding dental implants: 59% said OMS

- How important is it for you to know your surgeon is an AAOMS member?
  - Mothers of teens and young adults regarding third molars: 80% and 56%, extremely or very important, respectively
  - Baby boomers regarding dental implants: 83% extremely or very important
Digital Marketing
A variety of Google AdWords, Bing/Yahoo ads and display network ads are deployed each month to generate online traffic to MyOMS.org. With an increased focus on this tactic, AAOMS saw a 72% increase in impressions (to 118 million) in 2018 over 2017 and a 21% increase in clicks (to 408,214) in 2018 over 2017. A new tactic launched in 2018 was YouTube pre-roll (short videos that play as advertisements before viewers can see a video). That initiative generated 2.3 million impressions in 2018. AAOMS also now uses goal conversions to track behaviors of those consumers who arrive on MyOMS.org because of campaign digital advertising. The 2018 results include: 28,255 visitors clicked on one of the “Find a Surgeon” icons; 28,773 filled out search criteria and clicked on the search button; and 11,698 clicked on a surgeon’s name on the results page. At mid-year 2018, an additional goal was added to track clicks to a doctor’s website or phone number. That six-month total was 1,179.

Public Service Announcements (PSAs)
The production and distribution of television and radio PSAs continue to rank as the campaign’s highest return-on-investment. Since their release and through 2018, the three television PSAs – two focusing on oral cancer and one on OSA – have had a broadcast audience of more than 738 million with an equivalent advertising dollar value of more than $18.3 million. Radio PSAs on oral cancer and OSA were created and distributed in spring 2018, with Nielsen tracking only available for about 17% of stations. In nine months, the Nielsen report shows radio spots were played 12,476 times to an audience impression of 122 million with an equivalent ad dollar value of $785,988. A new tactic launched in late 2018 was the development of airport signs with a wisdom teeth management message. In three months, 18 signs were displayed in five airports, generating 2.6 million impressions with an equivalent ad dollar value of $143,850.

WebMD Microsite
To enhance the reach of the campaign, AAOMS in 2017 launched a microsite on the popular health information website. The six pages focus on “What is an OMS;” wisdom teeth; dental implants; oral, head and neck cancer; OSA; and corrective jaw surgery. Since its launch and through 2018, the pages have logged more than 171,000 page views. In addition, media ads placed on other WebMD pages have generated 6.6 million impressions and social media ads have logged more than 560,000 impressions.

Media Relations
AAOMS believes media and public relations are an effective component of the Informational Campaign strategy to attract reader interest on items that showcase OMSs’ expertise and experience. In 2018, 11 press releases were distributed on consumer-interest JOMS articles as well as AAOMS programs and initiatives. Those releases generated 29,630 views, 2,168 pickups and a potential audience of 282 million.

Informational / Promotional / Patient Videos
Informational Campaign videos are hosted both on YouTube and Vimeo. The top videos for 2019 were: dental implant surgery (31,000 views), corrective jaw surgery (16,000) and wisdom teeth management (23,000). A new initiative launched in 2018 was the development of videos focusing on actual patients. The first one focusing on a corrective jaw surgery patient generated 2,700 views in four months. All videos are available for members to download and use on their practice websites and social media accounts.
Infographics
To build brand awareness, help generate traffic to MyOMS.org and translate technical information into visual presentations, a series of 18 infographics covering the full scope of OMS practice were developed, approved and posted. The infographics are being featured on the consumer-facing website, used in social media and available as no-cost downloads for members.

Social Media
Social media serves as an effective communication tool for AAOMS to connect with the general public and the AAOMS membership. Growth in all consumer-facing accounts was noted in 2018 over 2017, including Facebook (13%), Twitter (13%), Instagram (129%), and Pinterest (32%). Organic Facebook posts reached 262,509 users, while boosted posts reached an additional 613,226 users.

Awards
The AAOMS Informational Campaign won 12 awards in three national and international competitions in 2018. Individual elements winning awards included the radio public service announcements, the “Find a Surgeon” website feature, the Oral Health supplement print ad, the patient video series and animated YouTube pre-roll videos.

Social Media Bar
The Social Media Bar in the Exhibit Hall at the 2018 Annual Meeting featured a series of Learning Labs on how to best use the Informational Campaign materials in a practice. It also offered personalized one-on-one social media consulting.

Dental Student Outreach
AAOMS reached out to dental students in 2018 through advertising in the ADA Morning Huddle Future Student edition; the American Student Dental Association home page and the ASDA Contour digital magazine. It also mailed out the JOMS Guide to Suturing to second-year dental students and the JOMS Introduction to Implant Dentistry to third-year dental students.

Dental Hygienists Outreach
AAOMS reached out to dental hygienists in 2018 through advertising on the American Dental Hygienist Association website, the Journal of Dental Hygiene website and the Access print and online magazine. Annual surveys show increasing numbers of hygienists (57% in 2018 vs. 38% in 2017) have seen or heard OMS advertising or promotions.

AAOMS Member Communications/Marketing

AAOMS Today Redesign
AAOMS Today was redesigned in a magazine-style format starting in January 2018, coinciding with AAOMS’s 100-year anniversary. A 96-page commemorative issue was produced in September/October to honor the centennial. The magazine featured a cover story on 100 ways AAOMs provides value to its members, 14 pages of Annual Meeting photos through the years, a series of history-focused columns and a two-page spread with pictures of all 100 AAOMS Presidents. The magazine was honored with seven awards in 2018 in three national and international competitions for the overall publication as well as its writing and design. In addition, Editor Dr. Daniel Laskin was honored as the 2018 Distinguished Dental Editor by the American Association of Dental Editors and Journalists and the American Dental Association Council on Communications.
AAOMS.org
The member-facing website received 870,643 visitors in 2018. After the home page (with 148,866 visitors), the pages visited the most often last year were the 2018 Annual Meeting page (60,308 views), DAANCE (29,825), NBME for OMS Applicants (23,578), and Upcoming Events (20,201). On the AAOMS.org home page desktop view, there are a number of “Quicklink” clickable icons that direct to key AAOMS information on the site and/or important partner websites. Of the 10 Quicklinks, the most visited is Career Line, AAOMS’s online job board, with 6,835 clicks in 2018, followed by MyOMS.org, with 1,099 clicks.

E-communications
More than 260 eblasts were sent by AAOMS in 2018 – many to all members, and others to smaller targeted groups based on engagement, interests or meeting attendance. The emails include regular President’s Newsletters, monthly Advocacy News, messages about upcoming events and educational offerings, and important member alerts. For all AAOMS email blasts in 2018, the average open rate was 44.9% and the average click-through rate was 8.6%. With the new email provider switch in summer 2018, members now can choose which types of email communications they want to receive (instead of opting in or out of all emails).

JOMS Flier Supplement
To enhance communications and marketing efforts, AAOMS in spring 2018 began inserting a monthly “AAOMS Annex” flier with JOMS through a publisher’s contract provision that offers no insertion or mailing costs.

Social Media
In member-facing accounts, LinkedIn saw 90% growth from 2017 to 2018, and ROAAOMS Facebook saw 37% growth.

Videos
Member-facing videos on a Vimeo account logged more than 7,463 video plays in 2018. The top videos were the Annual Meeting welcome video, the AAOMS Centennial video and a promotional video focusing on coding and billing for the OMS.

Digital Advertising
For a second year, AAOMS used remarketing campaigns for the Annual Meeting and Dental Implant Conference. When members visited either page on the AAOMS.org website, digital banner advertising would “follow” them when they subsequently browsed the internet. The ads generated more than 45,000 impressions.

Products
Gross product sales for 2018 totaled $372,146, higher than 2017 but the second lowest year-end sales total to date. The most popular product was the 9th edition of the OAE Manual, followed by Patient Information Pamphlets and Patient Education Guides. AAOMSstore.com is the largest order source with 67 percent of orders being placed on the AAOMS e-store, followed by phone orders at 25 percent.

OMS Foundation
The CPPC approved a communications plan for the OMS Foundation, GIVE program promotions and a new marketing brochure.
The Editorial Board of the *Journal of Oral and Maxillofacial Surgery* met at the Embassy Suites, Rosemont, Ill., on Sunday, April 28, 2019. Due to inclement weather, attendance was lower than usual.

Submissions (1,767) were up for 2018 after a small dip the previous year (1,686). The acceptance rate remained around its typical 25 percent (27 percent). The dental implants section continues to be at the low end of acceptance (14 percent), likely because other studies are submitted to journals more focused on the topic.

After a decrease in 2017, submissions from the United States now rank higher than China (by one) after China was No. 1 last year. Japan sends high-quality papers (with a 31 percent acceptance rate). The acceptance rate for the United States is 63 percent compared to 19 percent for international submissions.

Dr. Elie Ferneini is the new Section Editor of Dentoalveolar Surgery, replacing Dr. Jack Campbell.
**JOMS** will now be the official journal of the Canadian Association of Oral and Maxillofacial Surgeons (CAOMS), and Dr. Carl Bouchard is the new CAOMS liaison. Dr. David Walker is a new international Board member, and Patrick McGinty is the new Elsevier publisher.

New Board members whose three-year terms began Jan. 1 are Drs. Carolyn Brookes, Mehran Hossaini, King Kim, Scott Morgan (resident representative), Peter Moy, Joseph Piecuch and John Schmitz. Board members whose terms end Dec. 31 are Drs. Antonia Kolokythas and Michael Turner.

The publication has 635 reviewers. These top 2018 reviewers will be recognized during the 2019 AAOMS Annual Meeting in Boston, Mass.:

- **Anesthesia/TMJ Disorders/Facial Pain** – Dr. Daniel E. Perez
- **Craniomaxillofacial Deformities/Sleep Disorders/Cosmetic Surgery** – Dr. Brian J. Christensen
- **Craniomaxillofacial Trauma** – Dr. Paul N. Manson
- **Dental Implants** – Dr. Robert S. Glickman
- **Dentoalveolar Surgery** – Dr. Leon Assael
- **Pathology** – Dr. O. Ross Beirne
- **Surgical Oncology and Reconstruction** – Dr. Roderick Kim

**JOMS** would like to add reviewers, and Board members can make a recommendation. Days to complete a review remained at 10.4, the same amount for the previous two years. The submission-to-first-decision average is 20.9 days, making it possibly one of the fastest clinical journals. The accept-to-publish time for print articles ranges from 4-6 months.

The revenue numbers for **JOMS** are healthy and expected to rise next year. **JOMS**’s impact factor is second to the international journal but ahead of *Oral Surgery, Oral Medicine, Oral Pathology, and Oral Radiology* and the British journal. **JOMS** netted 15,340 citations in 2017, leading all four journals. A solid click-through rate of 12.7 percent for 2018 (compared to 8.13 percent in 2017) indicates an engaged audience.

The Board also addressed the following issues at its meeting:

**Daniel M. Laskin Award**
The winner is “Long-Term Effects of Distraction Osteogenesis of the Mandible” by Drs. Zachary S. Peacock, Alfonso Salcines, Maria J. Troulis and Leonard B. Kaban. The award will be presented at the 2019 AAOMS Annual Meeting. Ten papers were considered.

**Resident section**
The Board of Trustees approved the resident section, which will possibly launch in January 2020 and resemble that of *The New England Journal of Medicine*. The hope is the section will stimulate more resident involvement. Members of the **JOMS** Board support using video to help encourage resident participation.

**Supplements**
Of the two special supplements created in recent years, the suture manual is being sent to second-year dental students, and the dental implant guide is going to third-year dental students. The supplements
also are available for free on the JOMS website. Several Board members expressed interest in informing faculty when it is available.

**Press Releases**

Information about press releases written about JOMS studies was shared. The figures (number of views, pickups and potential audience) for the six press releases distributed since the last meeting as well as the July 2018 press release (about IV acetaminophen use resulting in no significant pain decrease in wisdom teeth patients) were distributed. The releases are written for public consumption and distributed nationally using the Cision service.

**Guest editorials**

Guest editorials are welcome but rarely submitted. More submissions are encouraged.

**Distinguished Dental Editor Award**

Dr. Daniel M. Laskin was named recipient of the ADA Council on Communications and AADEJ 2018 Distinguished Dental Editor Award. He has served as the AAOMS Today editor since 1966, making him the longest-serving editor of a dental association newsletter.
BOARD OF TRUSTEES (BOT)

Dr. A. Thomas Indresano, President
Dr. Victor L. Nannini, President-Elect
Dr. B.D. Tiner, Vice President
Dr. J. David Johnson, Jr., Treasurer
Dr. Brett L. Ferguson, Immediate Past President
Mr. Scott C. Farrell, Secretary and Executive Director (ex-officio)
Dr. David M. Shafer, Trustee, District I
Dr. Paul J. Schwartz, Trustee, District II
Dr. Robert S. Clark, Trustee, District III
Dr. J. David Morrison, Jr., Trustee, District IV
Dr. Charles A. Crago, Trustee, District V
Dr. Mark A. Egbert, Trustee, District VI

SECTION I -- ACTIVITIES OF THE BOARD OF TRUSTEES

October 2018 - June 2019

Board of Trustees' Meetings

By the end of the 2019 AAOMS Annual Meeting, the Board of Trustees will have met on at least 11 occasions (6 meetings and 5 conference calls) since the 2018 Annual Meeting in Chicago, Ill.

Deliberations of the Board after the production of this report will be contained in the Board's 2019 Supplementary Report for consideration by the 2019 House of Delegates.

Many conference calls have been held during the year by the Board of Trustees, senior management team and committees. This has helped to conserve time at Board meetings and to expedite implementation of items of an urgent nature. Actions of the Board’s conference calls are reported in the Board actions. The Board actions are uploaded to the AAOMS website (AAOMS.org) and can be viewed using a password that has been provided to eligible individuals. Matters of an urgent nature can be approved by way of e-mail ballots to expedite progress. This mechanism is used several times annually. Results of e-mail ballots are required to be unanimous and are published in the Board actions.

Major activities and programs conducted by the Association during the past year are presented in the annual reports of the committees. This report contains Board decisions and comments on activities and proposals for consideration by the 2019 House of Delegates. Section II of this report provides comments and recommendations on 2018-2019 financial affairs; the Association's financial status as of June 30, 2019; and the proposed budget for 2020.

The Board of Trustees' comments and recommendations on proposals from Association agencies appear in Section III of this report in accordance with Chapter VI. Section 90, Paragraph K. of the Bylaws.

Representation at Regional and State Component Society Meetings and International Affairs

Each year the Board members attend as many component society meetings as possible. In addition, the Board of Trustees has conducted liaison meetings with international colleagues and organizations.

In accordance with the AAOMS’ records, the following is an account of meetings that Board members have attended or will attend in 2018-2019.
Dr. Indresano: Asian Association of OMS, British Association of OMS, California Association of OMS, Canadian Association of OMS, Illinois Society of OMS, International Association of OMS – ICOMS, New York Society of OMS, Southeastern Society of OMS, Western Society of OMS and Wisconsin Society of OMS

Dr. Nannini: British Association of OMS, California Association of OMS, Canadian Association of OMS, Middle Atlantic Society of OMS, New York Society of OMS and Southeastern Society of OMS

Dr. Tiner: Asian Association of OMS, California Association of OMS, International Association of OMS – ICOMS, Southeastern Society of OMS, Southwest Society of OMS and Texas Society of OMS

Dr. Johnson: California Association of OMS, New York Society of OMS, Middle Atlantic Society of OMS and Southeastern Society of OMS

Dr. Ferguson: Australia and New Zealand Association of OMS, California Association of OMS, Southeastern Society of OMS, Southwest Society of OMS

Dr. Shafer: New York Society of OMS

Dr. Schwartz: Middle Atlantic Society of OMS

Dr. Clark: Florida Society of OMS, South Carolina Society of OMS, Southeastern Society of OMS and Tennessee Society of OMS

Dr. Morrison: Illinois Society of OMS, Michigan Society of OMS, Ohio Society of OMS and Wisconsin Society of OMS

Dr. Crago: Southwest Society of OMS and Texas Society of OMS

Dr. Egbert: Arizona Society of OMS, California Association of OMS, Oregon Society of OMS, Washington Society of OMS and Western Society of OMS

In addition to Board attendance at regional and state society meetings and distribution of the AAOMS Board Actions to regional and state society officials and members of the House of Delegates, each trustee prepares and distributes an e-mail newsletter to fellows and members and resident members in their respective district on Board deliberations three times per year.

President A. Thomas Indresano continues to report the latest information on AAOMS activities and programs through the President’s e-newsletter. To provide fellows and members with current information and updates, Dr. Indresano transmits this publication twice a month.

AAOMS Committee Meetings and Representation at Allied Organizations’ Meetings

During the period Oct. 2018 through Sept. 2019, AAOMS will have convened more than 200 meetings, conference calls and liaison activities with related organizations. In addition, CPT/ICD-10 Coding Workshops/Webinars, Anesthesia Assistants Review Courses, the Clinical and Scientific Innovations in OMS Conference, a professional state advocates forum, Day-on-the-Hill, hands-on skills and soft tissue courses, an OMS faculty meeting, and a Dental Implant Conference, including webinars on various subjects, were held. The specialty's liaison activities with related and allied organizations and government agencies have continued to increase.

During the year, special committees were reappointed and reconstituted to consider issues/items needing detailed review with recommendations for the Board’s consideration. These special committees met in face-to-face meetings and/or by teleconference.

The Board expresses appreciation to fellows and members who so willingly offered their time to participate in AAOMS activities and as members of committees, including representation at allied groups’ meetings. Excellent programs, projects and publications have resulted from their participation and input. The Board commends these fellows and members for their expertise and efforts in furthering
the goals and objectives of our specialty. They are an integral part in enhancing the quality of oral and maxillofacial surgery treatment, surgical procedures, techniques and patient care.

**Liaison Activities**

AAOMS establishes and maintains liaison activities with other organizations for a variety of reasons -- to protect the interests of our specialty; to enhance the goals of the specialty; or to produce programs that are mutually beneficial. During 2018-2019, the AAOMS Board or agents of the Board have met or will meet with the following organizations:

- Accreditation Association for Ambulatory Health Care (AAAHC)
- American Academy of Oral and Maxillofacial Pathology (AAOMP)
- American Academy of Pediatric Dentists (AAPD)
- American Academy of Periodontology (AAP)
- American Association of Dental Consultants (AADC)
- American Association of Endodontists (AAE)
- American Association of Orthodontists (AAO)
- American Association of Public Health Dentistry (AAPHD)
- American Board of Oral and Maxillofacial Surgery (ABOMS)
- American Cleft Palate-Craniofacial Association (ACPA)
- American College of Oral and Maxillofacial Surgery (ACOMS)
- American College of Prosthodontists (ACP)
- American College of Surgeons (ACS)
- American Dental Education Association (ADEA)
- American Dental Association (ADA)
- American Dental Society of Anesthesiology (ADSA)
- American Society of Anesthesiologists (ASA)
- Association of Dental Support Organizations (ADSO)
- British Association of Oral and Maxillofacial Surgeons (BAOMS)
- Canadian Association of Oral and Maxillofacial Surgeons (CAOMS)
- International Association of Oral and Maxillofacial Surgeons (IAOMS)
- National Institute of Dental and Craniofacial Research
- OMS Foundation (OMSF)
- OMS National Insurance Company (OMSNIC)

**American College of Surgeons**

In 2015, the Board of Trustees worked with the American College of Surgeons (ACS) on the development of a pathway that allows eligible single-degree oral and maxillofacial surgeons to apply for Fellowship in the ACS. Since then, 156 have met the requirements and were welcomed as new Fellows of the ACS. In 2019, AAOMS began offering assistance with application review for ACS Fellowship to dual-degree OMSs that is similar to the assistance it has offered to single-degree OMSs. Dual-degree surgeons still directly apply to ACS, but upon request, AAOMS provides case log review for dual-degree applicants.

At present, there are approx. 500 oral and maxillofacial surgeons who are Fellows of the ACS, and our specialty is represented by an advisory council with ACS, as well as a seat on the Board of Governors.
The process for the AAOMS-ACS pathway to Fellowship is coordinated through AAOMS and is announced through the various communication channels including AAOMS Today and the President’s e-news communicator.

ABOMS Director Nominees
The Board accepted the slate of three nominees (Drs. Brian B. Farrell, Deepak Kademani, and Dongsoo David Kim) for ABOMS director as submitted by the ABOMS for transmittal to the 2019 House of Delegates, of whom one will be elected to serve an eight-year term, October 2019 - October 2027. The Board acknowledges that, in accordance with the joint policy with the ABOMS, additional nominees meeting the criteria and policy procedure may be submitted to the House.

Awards
During the 101st Opening Session and Awards Ceremony on Wed., Sept. 18, at the 2019 Annual Meeting in Boston, Mass. the following awards will be presented.

Dedication of 2019 Annual Meeting
This year, the Board is pleased to announce that the 2019 AAOMS Annual Meeting in Boston will be dedicated to the past and present member of the AAOMS House of Delegates.

The Robert V. Walker Distinguished Service Award
The Robert V. Walker Distinguished Service Award is presented when deemed appropriate to recognize an individual who has made a major current contribution to the specialty of OMS. This year, the Board of Trustees and Advisory Committee on Awards Nominations elected to present the award to Dr. Timothy Turvey, University of North Carolina, for his outstanding contributions and leadership to the specialty.

Committee Person of the Year Award
Annually, the AAOMS presents the Committee Person of the Year Award to a committee member whose services were exemplary during the preceding year. Dr. Larry Stigall, is the 2019 recipient of the award for his service on the Committee on Practice Management and Professional Allied Staff, serving as the AAOMS representative to the ADA’s Standards Committee on Dental Informatics.

Donald B. Osbon Award for Outstanding Educator
Dr. Peter Larsen, Ohio State University, has been selected to receive the 2019 Donald B. Osbon Award for Outstanding Educator. The award, consisting of a framed certificate and $2,000 designated to an educational institution of the recipient’s choice to support education, is presented annually to an individual identified as the year’s most outstanding educator.

Daniel M. Laskin Award for Outstanding Predoctoral Educator
Dr. William Synan, University of Iowa, has been selected to receive the 2019 Daniel M. Laskin Award for an Outstanding Predoctoral Educator. The award, consisting of a framed certificate, is presented annually to recognize an individual who has been identified as the year’s most outstanding predoctoral educator in the specialty.

FEDA Award Winners
Four individuals were selected to receive the FEDA Awards in 2019. Each individual will be funded $40,000 annually for three years beginning in 2019 with each of the sponsoring institutions provided a $15,000 award dispersed over three years. They are:

James C. Melville, DDS, FACS
UT Southwestern Medical Center at Houston

Justine Moe, DDS, MD
University of Michigan
President Achievement Award
This award was established in 1996 to recognize up to two individuals (who have not previously received the Distinguished Service Award, Gies Award in OMS or Annual Meeting Dedication) for important contributions of benefit to the specialty of oral and maxillofacial surgery through clinical, academic, research, or public service activities. Dr. Mary Delsol, Dana Point, Calif., was selected as the 2019 recipient of the award.

Humanitarian Award for Fellows and Members
This award recognizes fellows and members who have donated substantial time and effort with their local community or on a global basis that results in an improvement in the quality of life for the public. The Board is pleased to announce that Dr. Khaled Abughazaleh, (Fellow) Chicago, Ill. and Dr. Kyley Wood, (Fellow) Jaspar, Texas, are the recipients of this award.

Humanitarian Award for Residents
This award recognizes OMS residents who have donated substantial time and effort within their local or global community, above and beyond training experience during residency that results in an improvement in the quality of life for the public. The Board commends Dr. Christopher Abernathy, Virginia Commonwealth University as the 2019 recipient of this award.

Outstanding Legislator of the Year Award
The “Outstanding Legislator of the Year Award” recognizes legislators from the state and federal levels for superb contributions to legislation that would positively affect the specialty. In 2019, U.S. Rep. Brian Babin (R-Texas), was selected to receive this award.

Special Honorary Fellowship
The House of Delegates in 2002 adopted a resolution to permit the Board of Trustees, as desired, to bestow a special honorary fellowship to presidents of non-USA oral and maxillofacial surgery organizations for the duration of the presidents’ term of office. For 2019, the Board of Trustees elected Mr. Satyesh C. Parmar BChD, BMBS, BMedSci, FDSRCS, FRCS, President of the British Association of OMS (BAOMS) to receive a special honorary fellowship in the AAOMS.

John F. Freihaut Political Activist Award
The John F. Freihaut Political Activist Award was established to recognize fellows and members, state OMS societies, state dental associations or groups of individuals for their outstanding grassroots efforts and support of legislative issues at the state and federal level. The Board is pleased to announce that Mr. Patrick Quinlan, Providence, R.I., was selected to receive the 2019 John F. Freihaut Political Activist Award.

Clinical Research Award
The Clinical Research Award for Fellows and Members was established in 2014. The award was established to recognize fellows and members engaged in clinical research that fosters innovations and new diagnostic and therapeutic interventions applicable to the clinical practice of oral and maxillofacial surgery. The 2019 recipients of the award are Dr. Bonnie Padwa, Boston, Mass., and Dr. Scott Boyd, Nashville, Tenn.

Resident Award Program
The Resident Scientific Research Award Program consists of the submission of manuscripts by residents from which up to five may be selected by the Committee on Continuing Education and Professional Development for presentation during the Annual Meeting abstract sessions. This year three residents were selected to receive $2,000 awards. They are: Tumor Stage Re-Categorization and Survival in
Patients with Node-Negative Tongue Cancer: Impact of the 8th edition of the American Joint Committee on Cancer Classification by Rushil Dang, BDS, DMD; Are oral and maxillofacial surgeons prescribing fewer opioids and more non-narcotic analgesics for post-operative pain after third molar removal? by Jesse Han, DDS, MD; and Autotransplantation with a 3D printed replica of the donor tooth minimizes extra-alveolar time and intraoperative fitting attempts: a multicenter prospective study of 100 transplanted teeth by J.P. Verweij, MD, DMD, PhD.

Board of Trustees' Advisory Committee on Awards Nominations (ACAN)
The Board’s advisory committee, comprised of Past Presidents R. Lynn White, Chair, Ira D. Cheifetz, Jay Malmquist, Larry Moore, Miro Pavelka and Immediate Past President Brett Ferguson (ex-officio), convened its meeting on March 3, 2019. Nominations from members of the Board, committees, regional/component societies and fellows/members were reviewed. By ballot, the advisory committee selected recipients for the awards for presentation to and consideration by the Board. The Board of Trustees reviewed ACAN’s recommendations during their March 24, 2019 meeting and finalized recommendations were approved on their April 16, 2019 conference call. Annual Meeting attendees are encouraged to attend the awards ceremony on Wednesday, Sept. 18 in Boston, Mass. and to join the Board of Trustees and Awards Nominating Committee in honoring colleagues and friends on this special occasion.

Fellows and members are encouraged to submit nominations annually by January 31 for AAOMS awards. Criteria and nomination information can be found on AAOMS.org.

Board Committees and Related Activities

Building Committee
The Board of Trustees Building Committee met face-to-face in April and via conference call in May to review proposed terms of a lease extension for the major tenant on the second floor of the headquarters building. In conjunction with the lease extension, the tenant has agreed to release a small amount of excess space which will allow the association to expand the size of the classroom in the OMS Institute for Education and Innovation to the desired size. The Building Committee forwarded two recommendations to the Board of Trustees, and both were approved. Initially, the Committee recommended that the association hire a real estate broker to help negotiate the terms of the lease extension and space recapture. The second recommendation approved by the Board related to the key terms in the Letter of Intent that was executed between the association and the tenant. The lease extension covered ten years, from December 2024 until November 2034. Prior to the current lease with the tenant (which was executed in 2009), the second floor of the headquarters building was vacant for over five years during a challenging time for landlords. The recent lease extension guarantees a stream of non-dues income through late in the year 2034.

Standing Committees
During the year, the Board reviews committees and committee appointments to ensure appropriate use of the Association’s resources. Included in this review is the determination on the continuance of committees. The Board reviewed and concurred with recommendations from reports of the Commission on Professional Conduct (CPC), Committee on Constitution and Bylaws (CCB) and the Finance and Audit (F&A) Committee. These recommendations are included in their respective committees’ annual reports.

Special Committees
During the year, the Board appointed and reappointed special committees to review and complete specific tasks, and sunset a special committee that had completed the task(s) for which is was established. A Special Committee of the House of Delegates’ Speaker and Caucus Chairs was formed to review the state OMS societies’ observance of the component society requirements, as detailed in the...
AAOMS Bylaws. Additionally, the Board supports Resolution A-3 as presented in AR-25, transitioning the Special Committee on Oral, Head and Neck Oncologic and Reconstructive Surgery (SCOHNORS) to a standing committee. Status reports on the various special committees are provided to the House in the Reports of the Board of Trustees and Committees.

**ADA Annual Session**

Annually the Board reaffirms the AAOMS’ active participation and visibility at the ADA annual sessions. All members of the AAOMS Board will attend the ADA annual session on Sept. 4-9, 2019 in San Francisco, Calif. The AAOMS breakfast featuring ADA Officer candidates will be convened Saturday morning, Sept. 8, with the AAOMS hosted reception that evening. Attendees at the breakfast will include AAOMS fellows and members active in the ADA House, including those who serve on ADA councils. The AAOMS reception at the ADA annual session is attended by members of the ADA House of Delegates and councils, the Board of Trustees and senior staff. The AAOMS will continue to maintain a headquarters office to accommodate AAOMS meetings, requests for information and a place for representatives to gain knowledge about activities of interest to the specialty.

The ADA Liaison Committee will continue to hold meetings or conference calls to address matters of importance to the AAOMS. The committee will convene conference calls and/or a meeting in the fall to discuss issues before the ADA House. The ADA Liaison Committee is comprised of AAOMS fellows and members who are active in the ADA trustee districts and serve as a delegate or alternate to the ADA House, or have expertise in ADA activities.

During 2019, the AAOMS officers met with the ADA officers to discuss issues of importance to the specialty.

**Dental Specialty Group Liaison**

The Dental Specialty Group met on Feb. 7, 2019, prior to the ADA Commission on Dental Accreditation’s meeting in Chicago, Illinois. The next scheduled meeting of the group will be Aug. 1, 2019 and representatives of the 10 recognized specialties of dentistry will participate. The AAOMS Officers and members of senior staff will attend. A number of items of mutual interest will be discussed.

**ADA National Commission on Recognition of Dental Specialties and Certifying Boards**

In late 2018, the National Commission received an application from the American Society of Dentist Anesthesiologists (ASDA), and provided the Communities of Interest with the ability to provide comments concerning the application. Consistent with past history, AAOMS opposed the ASDA application, citing that it did not meet the criteria established for specialty recognition. However, the National Commission ultimately approved the application, enabling the ASDA to become the tenth recognized specialty. In the second quarter of 2019, the National Commission received two additional applications from the American Academy of Orofacial Pain and the American Academy of Oral Medicine. As of the end of May 2019, the Commission is still reviewing both applications for completeness. Once the applications are complete and shared with the Communities of Interest, AAOMS will submit comments during the 60-day period provided for in the Commission’s Rules and Procedures.

**Annual Meetings, Conferences and Other Events:**

**Annual Meetings**

Marketing efforts were continued to increase attendance at AAOMS Annual Meetings and conferences. Continuing a high level of service, the AAOMS provided the registration materials by e-mail and mail in advance of the Annual Meeting to all fellows and members who pre-registered. Registration for meetings and ticketed events and reservations for hotel accommodations are available through AAOMS.org as well as printed copy.
Upcoming Annual Meetings are as follows:

101st Annual Meeting, Scientific Sessions and Exhibition in conjunction with the Dutch Association of Oral and Maxillofacial Surgeons (NVMKA)
Westin Boston Waterfront and Boston Convention Center; Boston, Mass. – Sept. 16 - 21, 2019

102nd Annual Meeting, Scientific Sessions and Exhibition in conjunction with the International Association of Oral and Maxillofacial Surgeons (IAOMS)
Grand Hyatt San Antonio and Henry B. Gonzalez Convention Center; San Antonio, Texas – Oct. 5 - 10, 2020

103rd Annual Meeting, Scientific Sessions and Exhibition in conjunction with the Canadian Association of Oral and Maxillofacial Surgeons (CAOMS)
Omni Nashville Hotel and Nashville Music City Center; Nashville, Tenn. – Sept. 27 - Oct. 2, 2021

Dental Implant Conferences
The Dental Implant Conference offerings continue to grow with the addition of pre-conference hands-on and didactic courses.

2019 Dental Implant Conference
Sheraton Grand Chicago, Chicago, Ill. – Dec. 5 - 7, 2019

2020 Dental Implant Conference
Sheraton Grand Chicago, Chicago, Ill. – Dec. 3 - 5, 2020

AAOMS Strategic Plan, 2018-2020
The AAOMS Strategic Plan is an agenda item for each Board and committee meeting. Revisions/additions requested by committees (if any) are reviewed by the Board at each meeting and/or conference call and the plan may be revised accordingly. In addition, the Board continues to monitor the progress of initiatives and adjust activities as necessary. This year was the second in the three-year strategic plan cycle. Below is the 2018-2020 plan which also appears on AAOMS.org.

MISSION: Assure excellence in patient care by advancing, promoting and preserving the specialty of oral and maxillofacial surgery, and the skill and professionalism of AAOMS members.

VISION

* AAOMS members practice at the highest level of quality and professionalism.
* AAOMS members have made a demonstrable difference in the lives of their patients and communities.
* AAOMS members are professionally fulfilled and satisfied.

CORE VALUES

* Oral and maxillofacial surgeons are uniquely qualified to care for patients that require surgery of the face, mouth and jaw.
* Patients deserve the highest quality care.
* Oral and maxillofacial surgeons are committed to the highest standards of ethics and professionalism.
* Membership in AAOMS is an honor and privilege.

2018–2020 STRATEGIC PRIORITIES / GOALS

* Preserve Anesthesia – Preserve and advance OMS delivery of anesthesia.
* Increase Member Value and Engagement – Align benefits/value to membership.
• Advance the Specialty of Oral and Maxillofacial Surgery – Unify OMS around AAOMS mission.
• Influence Healthcare Transformation – Position OMS to thrive in future environments.

PRIORITY OBJECTIVES 2018–2020

Preserve Anesthesia

• Aggressively preserve OMS anesthesia delivery model.
• Advance anesthesia standards.
• Deliver emergency preparedness training for the anesthesia team.
• Promote practice models that provide effective and efficient anesthesia care.

Increase Member Value and Engagement

• Deliver premier communications and educational offerings.
• Increase and align member benefits and value to a growing diverse membership and their practice models.
• Provide and promote leadership development.
• Strengthen and leverage public awareness of OMS through the Informational Campaign.

Advance the Specialty of Oral and Maxillofacial Surgery

• Develop and promote practice models that provide quality, safe, effective and efficient care.
• Pursue strategies for fair payment and practice sustainability to ensure patient’s access to care.
• Achieve meaningful advocacy at the state and federal levels; strengthen liaison affiliations.

Influence Healthcare Transformation

• Launch and leverage OMSQOR.
• Establish the value of OMS as an integral element of the healthcare system.
• Host a leadership summit by 2021.
• Convene OMS 2030 Visioning Summit.

IMPLEMENTATION DOMAINS
ADVOCACY: Advocate at federal and state levels; form strategic alliances.

EDUCATION: Set standards of excellence in education and training for AAOMS fellows, members and their staff as well as OMS residents.

RESEARCH: Catalyze advances in the specialty of OMS and promote scholarships.

PRACTICE: Advance and optimize the practice of AAOMS members.

COMMUNICATIONS: Promote the brand, mission, vision and values of AAOMS.

Headquarters Operations:
Staff
The AAOMS staff continues to be busy and productive in the best interest of the membership.

The Association's staff is comprised of 59 full-time positions. Eight serve as the Senior Management Team (seven associate executive directors, including one from the OMS Foundation staff, and the executive director).
Anniversaries

During 2019, 9 members of the AAOMS and OMSF staff celebrated or will celebrate their 10th, 15th, or 20th Anniversaries. They are:

- 10-year anniversaries – Yolanda Armour, Heidi Bonfield and Samantha Jones
- 15-year anniversaries – Wendy Dudan, Beth Hayson and Vicky Rappatta
- 20-year anniversaries – Kim Molley, Karin Wittich and Valerie Wolf

Approval of Policies

During the year, the Board reviewed and approved policy amendments proposed by committees, necessitated by changes proposed to the bylaws or other reasons which appear in Appendix I of the 2019 Annual Reports (see pg. AR-112). Policies approved by the 2018 House were published as part of the Governing Rules and Regulations, 2018-2019, and were available to Association officials, members of committees, and the House of Delegates and state and regional society officers with announcement of its availability appearing in AAOMS media. Appendix I contains AAOMS policies with proposed changes, additions, deletions, etc. as of July 1 for consideration by the 2019 House. Should additional changes be made prior to the 2019 Annual Meeting, they will be included in the 2019 Supplementary Report of the Board.

In accordance with Chapter VI. Section 80. c. of the Bylaws, the Board recommends adoption of the following resolution:

<table>
<thead>
<tr>
<th>RESOLUTION B-2</th>
</tr>
</thead>
<tbody>
<tr>
<td>RESOLVED, that the amended or added policies as approved by the Board during the period Oct. 2018 – June 2019 – as reflected in Appendix I, page AR-112, of these 2019 Annual Reports, be approved. (majority)</td>
</tr>
</tbody>
</table>

Financial Impact: Minimal

In other actions, the Board

- Approved moderators, speakers and sessions for the following 2019 AAOMS educational sessions: Annual Meeting, Dental Implant Conference, Resident Transitions into Practice Conference, Pediatric Anesthesia Patient Safety Conference, CSIOMS Conference, Anesthesia Update, ACLS, PALS, BEAM, Anesthesia Assistant Skills Lab, Coding Workshop and various webinars.
- Approved that the BEAM course eligibility include the OMS anesthesia team, allowing the OMS to register up to three assistants.
- Approved extending the AAOMS ACS application review process to include dual-degree surgeons.
- Approved creation of an Allied Staff SIG (special interest group) and permitting allied staff members to be members of the existing clinical topic CIGs (clinical interest groups).
- Approved several sets of infographics, web icons and associated web pages for placement on the MyOMS.org website and dissemination through AAOMS social media accounts.
- Approved resident contributions to the OMS Foundation Annual Fund be matched up to $2,500 annually, with communication of the match through the ROAAOMS newsletter.
- Approved that AAOMS allow an OMSNIC member to participate in an ex-officio capacity on the Committees on Anesthesia (CAN), Education and Training (CET), and the Special Committee on Patient Safety, and that AAOMS request a member be added to OMSNIC’s Patient Safety Committee, with each organization bearing expenses related to their representatives.
• Approved the distribution of an Oral Cancer Screening Toolkit at the 101st Annual Meeting, Scientific Sessions and Exhibition for members to organize an oral cancer screening event at their own office(s) or institution.

• Approved the 102nd AAOMS Annual Meeting, Oct. 5-10, 2020 in San Antonio, be held in conjunction with the International Association of Oral and Maxillofacial Surgeons (IAOMS).

• Approved eliminating the Practice Management and Professional Staff Development Session Day Passes from the Annual Meeting and increase the general registration fees for the “Allied Staff Members” and “Other Professional Staff of an AAOMS Member” rate categories to $400 and $500, respectively, for the earliest registration periods, effective for the 2019 Annual Meeting.

• Approved the Special Committee on Maxillofacial Oncology and Reconstructive Surgery (SCMORS) change its name to the Special Committee on Oral, Head and Neck Oncologic and Reconstructive Surgery (SCOHNORS).

• Approved that AAOMS convene a head and neck oncologic cancer conference in 2020.

• Approved electronic distribution of the OMS Office Based Surgery Survey on Patient Safety Culture to the membership.

• Approved contacting appropriate federal agencies to advocate for modification(s) to current statutorily excluded services and/or limited benefit coverage for medically compromised Medicare patients being treated for medically necessary dental services related to otherwise covered Medicare disease(s).

• Approved AAOMS support of increased access to dental care for the older, low-income adult population, through the expansion of state Medicaid systems.

• Approved AAOMS representation at the AGD Foundation’s Oral Cancer Summit in August 2019.

• Approved creating a special committee consisting of the AAOMS House of Delegates’ speaker and caucus chairs, tasked with investigating compliance of the state OMS societies with the AAOMS Bylaws.

• Approved model bills for legislation on Dental Loss Ratios and Pediatric Anesthesia Permits.

• Approved demonstration of the OAE application during the 2019 Anesthesia Update lunch, on the exhibit hall floor in the member pavilion, and during the reference committee hearings and district caucuses.

• Approved creation of a JOMS electronic supplement on the OMS practice model.

• Approved the Committee on Anesthesia develop an in-depth pediatric anesthesia survey for distribution to practicing members.

• Approved the proposed 2020 OMS National Curriculum budget be increased by $25,000 to pay for the licensing of 50 chapters from Fonseca 3 Volume textbook series.

• Approved the 2020 Clinical Trials Course take place April 29 – May 1, 2020.

• Formed a Board subcommittee to write a statement in response to the AAP Guidelines for submission to the JOMS, AAP journal, AAPD journal and JADA.

• Approved deferring the Emerging Leaders program until 2020, where it will be held in the new AAOMS education center.

• Approved a patient video series featuring a wisdom tooth patient to be used as part of the Informational Campaign.

• Approved institution of registration fees for participants in the Resident Transition into Practice Course, the Clinical Trials Methods Course and the Educators Summit.
• Approved increasing Annual Meeting general registration fees by $100 for members and non-members.

• Approved a nominal increase in the late registration fee for future Dental Implant Conferences.

• Approved the Annual Meeting Coding Workshop be sold as a ticketed event within the Annual Meeting at a fee of $400 for allied staff members and fellows/members and $475 for other professional staff of a fellow/member and that attendees must register for the Annual Meeting to attend the Workshop.

• Approved a resolution to the 2019 House of Delegates that effective in 2020, dues paying members, fellows and candidates be assessed $350 per year, with proportionate reductions for members in discounted dues categories and an exemption given to current, active-duty military members, for each of the three (3) years (2020, 2021, and 2022) for use in supporting the AAOMS Informational Campaign.

• Approved a $25,000 unrestricted matching contribution to the OMS Foundation for a giving challenge at the 2019 Annual Meeting.

• Approved the 2020 AAOMS operating budget.

• Approved funding of $80,000 to the Canadian Association of OMS in conjunction with the Joint Annual Meeting in 2021.

• Approved purchase of Elevate as the new Learning Management System for the Association, with a link built to Personify.

• Approved production of 200 print copies of the AAOMS Membership Directory every three years, with copies available upon member request.

• Approved formation of a Special Committee on TM Joint Care charged with developing a comprehensive five-year plan to outline strategies related to improving the assessment, diagnosis, treatment and management of patients diagnosed with acute and chronic TMJ conditions and diseases.

• Approved exhibiting at the National Conference of State Legislatures’ Legislative Summit, August 10-13, 2020, in Indianapolis, Ind.

• Approved resolutions to the 2019 House of Delegates incorporating resident members into select sections of the Code of Professional Conduct.

• Approved the 2019-2020 AAOMS committee appointments, reappointments and sunsetting of a special committee.

• Approved May 30-31, 2020 as the dates for the next State Leadership Conference.

Reference Committee B is referred to other pages for review and consideration of additional reports and resolutions within its purview:

Section II, Financial Affairs

Resolution B-3, extending the Informational Campaign Assessment; Resolution B-4, Proposed 2020 Operating Budget; and Resolution B-4a, alternate budget should Resolution B-3 not be approved.

For Board of Trustees commentary on reports and resolutions before Reference Committee "B", see Section III, page AR-110.
2018 Audited Results
The Association’s 2018 financial statements were audited once again by an independent public accounting firm, Plante Moran, PLLC. Due to the strategic alliance with the Oral and Maxillofacial Surgery Foundation (OMSF), the OMSF activity for 2018 and the OMSF assets, liabilities, and net assets as of December 31st were consolidated with the AAOMS and ASI totals to form the consolidated financial statements of AAOMS. The 2018 audit resulted in an unmodified (clean) opinion related to the AAOMS financial statements. Included in this report are the entire audited financial statements, including all accompanying notes, the auditors’ opinion letter, and an additional information section which presents the consolidating schedules that provide detail on the actual results for each organization. The 2018 audited financial statements are presented on a single year basis due to the adoption of the Financial Accounting Standards Board’s Accounting Standard Update No. 2016-14 which significantly changed the allocation of program expenses from the prior year making comparative statements less useful without undertaking significant work to restate the 2017 numbers. Following are comments related to the Consolidated Statements of Financial Position and Consolidated Statements of Activities.

Consolidated Statements of Financial Position (page AR-57)
Assets in total increased 2.5% from $44,662,000 at the end of 2017 to $45,760,000 at December 31, 2018. Looking at the most significant change amongst the categories, cash and Investments combined increased 3.8% from approximately $39,349,000 at the end of 2017, to $40,843,000 at the end of 2018. Property and equipment, net decreased approximately $237,000 to $2,656,000, as depreciation on fixed assets exceeded new purchases during 2018.

Liabilities in total increased approximately $420,000 during 2018, totaling $12,342,000 at the end of the year. The most significant change was in accounts payable, which increased approximately $371,000 during 2018. The majority of this increase was due to large bills for the Annual Meeting and Dental Implant Conference being received and paid after year-end. Additionally, deferred income increased $356,000 as advance collections of 2019 membership dues and assessments at the end of 2018 were greater than the comparable levels at the end of 2017. Partially offsetting the increases was a $286,000 decrease in grants payable related to the timing of OMSF grant payments.

Total Net Assets increased approximately $678,000 during 2018, totaling $33,418,000 at the end
of the year. Board of Trustees designated net assets of $548,000 at the end of 2018 included the headquarters building cash reserve and a technology reserve (see Note 2 to the financial statements). Net Assets with Donor Restrictions totaling $12,533,000 are net assets of the OMSF which have donor-imposed restrictions limiting their use.

Consolidated Statements of Activities (page AR-58)
Revenues, excluding nonoperating losses, totaled $23,919,000 in 2018, increasing 7.9% compared to 2017 levels. Expenses in total increased 2.8% to $20,808,000. Nonoperating gains and losses, representing net realized/unrealized gains and losses on investments, reflected a loss of slightly over $2.4 million in 2018, versus a gain of slightly over $1.0 million in 2017. Excluding nonoperating gains and losses, 2018 revenues were greater than expenses by $3.1 million, versus 2017 where revenues exceeded expenses by $1.9 million.

Consolidated results include revenues (including nonoperating gains and losses) and expenses attendant to the following: the AAOMS Operating Fund, the Technology Reserve, AAOMS Services, Inc., the OMSPAC administrative account, the OMSF and non-cash items (mainly depreciation on fixed assets). The breakdown by area follows (amounts are in thousands):

<table>
<thead>
<tr>
<th></th>
<th>Revenues</th>
<th>Expenses</th>
<th>Expenses Over/(Under)</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAOMS Operating Fund</td>
<td>$20,806</td>
<td>$19,915</td>
<td>$ 891</td>
</tr>
<tr>
<td>AAOMS Services, Inc.</td>
<td>541</td>
<td>376</td>
<td>165</td>
</tr>
<tr>
<td>OMSPAC Administrative Account</td>
<td>233</td>
<td>200</td>
<td>33</td>
</tr>
<tr>
<td>Technology Reserve</td>
<td>100</td>
<td>24</td>
<td>76</td>
</tr>
<tr>
<td>Non-Cash (Depreciation, etc.)</td>
<td>363</td>
<td>299</td>
<td>64</td>
</tr>
<tr>
<td>OMSF</td>
<td>815</td>
<td>1,366</td>
<td>(551)</td>
</tr>
<tr>
<td>Add Back: Net Nonoperating Losses</td>
<td>2,433</td>
<td>-</td>
<td>2,433</td>
</tr>
<tr>
<td>Consolidating Eliminations</td>
<td>(1,372)</td>
<td>(1,372)</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$ 23,919</strong></td>
<td><strong>$ 20,808</strong></td>
<td><strong>$ 3,111</strong></td>
</tr>
</tbody>
</table>

Three revenue categories showed significant changes from 2017 to 2018. Total non-operating gains and losses resulted in a loss of $2.4 million in 2018 versus a gain of $1.0 million in 2017 as the equity, bond, and commodity markets all had poor performance late in the year. Contributions increased to $1.6 million in 2018 as the OMSF had a successful fundraising campaign honoring the AAOMS Centennial. Annual meeting revenue increased from $3,861,000 in San Francisco in 2017 to $4,207,000 in Chicago. The 2018 meeting had the highest revenue total of any annual meeting surpassing the record held by the 2016 meeting by $295,000.

The application of the new accounting standard significantly affected the presentation of the programmatic expenditures as the new standard required that many of the staffing costs previously reported in Management and General expenses be allocated to the various programs. This resulted in a $3.6 million decrease in Management and General expenses between years. Disregarding the accounting standard change, the most significant differences between years were in the Annual meeting and Resident Programs. Spending for the Annual meeting increased $429,000 in 2018 as meeting costs included special one-time expenses.
related to the Centennial Celebration such as the museum and a high-profile keynote speaker. Additionally, convention center rental and audio-visual services were significantly higher in Chicago. Resident program expenditures increased by $191,000 in 2018 as both the Resident Transitions into Practice Conference and the Emerging Leaders Conference were held and work on the National OMS Curriculum began.

Most of the other programs experienced slight increases or decreases in 2018 versus 2017.
Independent Auditor's Report

To the Board of Directors
American Association of Oral and
Maxillofacial Surgeons and Subsidiaries

We have audited the accompanying consolidated financial statements of American Association of Oral and Maxillofacial Surgeons and Subsidiaries (the "Organizations"), which comprise the consolidated statement of financial position as of December 31, 2018 and the related consolidated statements of activities and changes in net assets and cash flows for the year then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of American Association of Oral and Maxillofacial Surgeons and Subsidiaries as of December 31, 2018 and their changes in net assets and their cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Emphasis of Matter

As described in Note 2 to the consolidated financial statements, the Organizations adopted the provisions of the Financial Accounting Standards Board's Accounting Standards Update No. 2016-14, Not-for-Profit Entities (Topic 958): Presentation of Financial Statements of Not-for-Profit Entities, as of January 1, 2018. Our opinion is not modified with respect to this matter.

May 20, 2019
### Consolidated Statement of Financial Position

#### December 31, 2018

#### Assets

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash</td>
<td>$ 5,069,293</td>
</tr>
<tr>
<td>Investments</td>
<td>35,773,358</td>
</tr>
<tr>
<td>Accounts receivables - Net</td>
<td></td>
</tr>
<tr>
<td>Contributions receivable</td>
<td>537,870</td>
</tr>
<tr>
<td>Cash surrender value of life insurance</td>
<td></td>
</tr>
<tr>
<td>Prepaid expenses</td>
<td>611,939</td>
</tr>
<tr>
<td>Deferred rent receivable</td>
<td>601,415</td>
</tr>
<tr>
<td>Other assets</td>
<td>105,476</td>
</tr>
<tr>
<td>Property and equipment - Net</td>
<td>2,656,484</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td><strong>$ 45,759,608</strong></td>
</tr>
</tbody>
</table>

#### Liabilities and Net Assets

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts payable</td>
<td>$ 1,780,882</td>
</tr>
<tr>
<td>Grants payable</td>
<td>741,400</td>
</tr>
<tr>
<td>Deferred compensation liability</td>
<td>1,157,026</td>
</tr>
<tr>
<td>Deferred income</td>
<td>8,218,981</td>
</tr>
<tr>
<td>Accrued liabilities</td>
<td>443,488</td>
</tr>
<tr>
<td><strong>Total liabilities</strong></td>
<td><strong>12,341,777</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net assets without donor restrictions</td>
<td>20,885,288</td>
</tr>
<tr>
<td>Net assets with donor restrictions</td>
<td>12,532,543</td>
</tr>
<tr>
<td><strong>Total net assets</strong></td>
<td><strong>33,417,831</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total liabilities and net assets</strong></td>
<td><strong>$ 45,759,608</strong></td>
</tr>
</tbody>
</table>

See notes to consolidated financial statements.
American Association of Oral and Maxillofacial Surgeons and Subsidiaries

Consolidated Statement of Activities and Changes in Net Assets

Year Ended December 31, 2018

<table>
<thead>
<tr>
<th>Revenue, Gains, and Other Support</th>
<th>Without Donor Restrictions</th>
<th>With Donor Restrictions</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dues, fees, and assessments</td>
<td>$8,702,260</td>
<td>-</td>
<td>$8,702,260</td>
</tr>
<tr>
<td>Rental income</td>
<td>388,339</td>
<td>-</td>
<td>388,339</td>
</tr>
<tr>
<td>Annual meeting</td>
<td>4,206,723</td>
<td>-</td>
<td>4,206,723</td>
</tr>
<tr>
<td>Educational materials sales</td>
<td>475,208</td>
<td>-</td>
<td>475,208</td>
</tr>
<tr>
<td>Educational programs fees</td>
<td>2,661,354</td>
<td>-</td>
<td>2,661,354</td>
</tr>
<tr>
<td>Assistants program fees</td>
<td>892,825</td>
<td>-</td>
<td>892,825</td>
</tr>
<tr>
<td>Journal of Oral and Maxillofacial Surgery subscription fees</td>
<td>752,116</td>
<td>-</td>
<td>752,116</td>
</tr>
<tr>
<td>Other royalties</td>
<td>2,296,740</td>
<td>-</td>
<td>2,296,740</td>
</tr>
<tr>
<td>Grants, awards, and sponsorships</td>
<td>319,858</td>
<td>-</td>
<td>319,858</td>
</tr>
<tr>
<td>Other revenue</td>
<td>344,908</td>
<td>-</td>
<td>344,908</td>
</tr>
<tr>
<td>Contributions</td>
<td>1,476,636</td>
<td>90,794</td>
<td>1,567,430</td>
</tr>
<tr>
<td>Investment interest and dividends - Net</td>
<td>441,900</td>
<td>402,411</td>
<td>844,311</td>
</tr>
<tr>
<td>Change in value of cash surrender value of life insurance</td>
<td>-</td>
<td>2,647</td>
<td>2,647</td>
</tr>
<tr>
<td>Net assets released from restrictions</td>
<td>815,515</td>
<td>(815,515)</td>
<td>-</td>
</tr>
<tr>
<td>Total revenue, gains, and other support</td>
<td>24,238,647</td>
<td>(319,663)</td>
<td>23,918,984</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expenses</th>
<th>Without Donor Restrictions</th>
<th>With Donor Restrictions</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program expenses:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual meeting</td>
<td>3,624,630</td>
<td>-</td>
<td>3,624,630</td>
</tr>
<tr>
<td>Educational programs</td>
<td>2,427,173</td>
<td>-</td>
<td>2,427,173</td>
</tr>
<tr>
<td>Assistants programs</td>
<td>657,202</td>
<td>-</td>
<td>657,202</td>
</tr>
<tr>
<td>Journal of Oral and Maxillofacial Surgery</td>
<td>336,842</td>
<td>-</td>
<td>336,842</td>
</tr>
<tr>
<td>Advocacy programs</td>
<td>1,018,129</td>
<td>-</td>
<td>1,018,129</td>
</tr>
<tr>
<td>Communications</td>
<td>2,758,016</td>
<td>-</td>
<td>2,758,016</td>
</tr>
<tr>
<td>Representation - Allied organizations</td>
<td>569,266</td>
<td>-</td>
<td>569,266</td>
</tr>
<tr>
<td>Resident programs</td>
<td>1,304,521</td>
<td>-</td>
<td>1,304,521</td>
</tr>
<tr>
<td>Other programs</td>
<td>1,909,262</td>
<td>-</td>
<td>1,909,262</td>
</tr>
<tr>
<td>Research and fellowship fund grants</td>
<td>173,642</td>
<td>-</td>
<td>173,642</td>
</tr>
<tr>
<td>Other foundation expenses</td>
<td>187,828</td>
<td>-</td>
<td>187,828</td>
</tr>
<tr>
<td>Total program expenses</td>
<td>14,966,511</td>
<td>-</td>
<td>14,966,511</td>
</tr>
</tbody>
</table>

| Support services:                  |                           |                        |       |
| Management and general             | 5,520,789                 | -                      | 5,520,789 |
| Fundraising                        | 320,445                   | -                      | 320,445 |
| Total expenses                     | 20,807,745                | -                      | 20,807,745 |

<table>
<thead>
<tr>
<th>Increase (Decrease) in Net Assets - Before nonoperating gains and losses</th>
<th>Without Donor Restrictions</th>
<th>With Donor Restrictions</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3,430,902</td>
<td>(319,663)</td>
<td>3,111,239</td>
</tr>
</tbody>
</table>

| Nonoperating Gains (Losses)                                               |                           |                        |       |
| Net unrealized gains (losses) on foundation investments                   | 9,959                     | (1,364,429)            | (1,354,470) |
| Net realized gains on sale of foundation investments                      | -                         | 103,745                | 103,745 |
| Net realized gains on the sale of investments                             | 287,925                   | -                      | 287,925 |
| Net unrealized losses                                                      | (1,470,600)               | -                      | (1,470,600) |
| Total nonoperating loss                                                   | (1,172,716)               | (1,260,684)            | (2,433,400) |

| Increase (Decrease) in Net Assets - Beginning of year                      | 2,258,186                 | (1,580,347)            | 677,839 |
| Net Assets - Beginning of year                                            | 18,627,102                | 14,112,890             | 32,739,992 |

| Net Assets - End of year                                                  | $20,885,288               | $12,532,543            | $33,417,831 |

See notes to consolidated financial statements.
# Consolidated Statement of Cash Flows

**Year Ended December 31, 2018**

## Cash Flows from Operating Activities

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase in net assets</td>
<td>$677,839</td>
</tr>
<tr>
<td>Adjustments to reconcile increase in net assets to net cash from operating activities:</td>
<td></td>
</tr>
<tr>
<td>Depreciation and amortization</td>
<td>$419,896</td>
</tr>
<tr>
<td>Net realized gains on sale of investments</td>
<td>$(391,670)</td>
</tr>
<tr>
<td>Net unrealized losses on investments</td>
<td>$2,625,070</td>
</tr>
<tr>
<td>Change in cash surrender value of life insurance</td>
<td>$(2,647)</td>
</tr>
<tr>
<td>Changes in operating assets and liabilities that (used) provided cash:</td>
<td></td>
</tr>
<tr>
<td>Accounts receivable</td>
<td>$(53,396)</td>
</tr>
<tr>
<td>Contributions receivable</td>
<td>$150,562</td>
</tr>
<tr>
<td>Prepaid expenses</td>
<td>$(48,953)</td>
</tr>
<tr>
<td>Deferred rent</td>
<td>$(1,604)</td>
</tr>
<tr>
<td>Other assets</td>
<td>$9,635</td>
</tr>
<tr>
<td>Accounts payable</td>
<td>$378,180</td>
</tr>
<tr>
<td>Grants payable</td>
<td>$(286,000)</td>
</tr>
<tr>
<td>Deferred compensation liability</td>
<td>$3,787</td>
</tr>
<tr>
<td>Deferred income</td>
<td>$356,167</td>
</tr>
<tr>
<td>Accrued liabilities</td>
<td>$(32,103)</td>
</tr>
<tr>
<td>Net cash provided by operating activities</td>
<td>$4,004,763</td>
</tr>
</tbody>
</table>

## Cash Flows from Investing Activities

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purchase of property and equipment</td>
<td>$(77,413)</td>
</tr>
<tr>
<td>Proceeds from sales and maturities of investments</td>
<td>$5,345,596</td>
</tr>
<tr>
<td>Purchases of investments</td>
<td>$(8,995,223)</td>
</tr>
<tr>
<td>Net cash used in investing activities</td>
<td>$(3,727,040)</td>
</tr>
</tbody>
</table>

## Net Increase in Cash

- **Net Increase in Cash:** $277,723

## Cash

- **Cash - Beginning of year:** $4,791,570
- **Cash - End of year:** $5,069,293

**Supplemental Cash Flow Information - Cash paid for taxes**

- **Cash paid for taxes:** $250,366

See notes to consolidated financial statements.
Note 1 - Nature of Business

American Association of Oral and Maxillofacial Surgeons (AAOMS) contributes to the public welfare by advancement of the profession of dentistry and, in particular, of the specialty of oral and maxillofacial surgery, through service and continuing education to its membership.

The accompanying consolidated financial statements include the accounts of AAOMS Services, Inc. (ASI), AAOMS’ wholly owned for-profit subsidiary. ASI was organized to sponsor programs for AAOMS membership that fell outside AAOMS’ tax-exempt charter. Throughout the notes, AAOMS and ASI are collectively referred to as the "Association."

AAOMS is the sole member of Oral and Maxillofacial Surgery Foundation (the "Foundation"), an Illinois not-for-profit organization. As a result, the Foundation is included in the accompanying consolidated financial statements. The Foundation's mission is to improve the quality and safety of patient care by advancing innovation in oral and maxillofacial surgery research and education.

All significant intercompany accounts and transactions between AAOMS, ASI, and the Foundation (collectively, the “Organizations”) have been eliminated in consolidation.

Note 2 - Significant Accounting Policies

Classification of Net Assets

Net assets of the Organizations are classified based on the presence or absence for donor-imposed restrictions.

Net assets without donor restrictions: Net assets that are not subject to donor-imposed restrictions or the donor-imposed restriction have expired or been fulfilled. Net assets in this category may be expended for any purpose in performing the primary objectives of the Organizations.

Net assets with donor restrictions: Net assets subject to stipulations imposed by donors and grantors. Some donor restrictions are temporary in nature; those restrictions will be met by actions of the Organizations or by the passage of time. Other donor restrictions are perpetual in nature, whereby the donor has stipulated the funds be maintained in perpetuity.

Earnings, gains, and losses on donor-restricted net assets are classified as net assets without donor restrictions unless specifically restricted by the donor or by applicable state law.

Designated net assets are included in net assets without donor restrictions on the consolidated statement of financial position. As of December 31, 2018, board of trustees designated net assets included a technology reserve of $103,980 and a headquarters building cash reserve of $444,458.

Cash

The Organizations maintain cash balances in bank deposit accounts, which at times may exceed federally insured limits. The Organizations have not experienced any losses in such accounts and believe that they are not exposed to any significant credit risk.

Accounts Receivable

Accounts receivable are carried at original invoice or royalty statement amounts less estimates made for doubtful receivables. Management determines the allowance for doubtful accounts by reviewing and identifying troubled accounts on a regular basis and by using historical experience applied to an aging of accounts. Receivables are written off when deemed uncollectible and reasonable collection efforts have been used.

Recovery of receivables previously written off is recorded when received. As of December 31, 2018, the allowance for uncollectible accounts was $40,000. Management believes all net outstanding receivables are collectible.
Contributions Receivable

Contributions receivable that are expected to be collected within one year are recorded at fair value. Unconditional promises to give that are expected to be collected in future years are recorded at the present value of their estimated future cash flows. Amortization of the discounts is included in contribution revenue. An allowance for uncollectible contributions is provided when evidence indicates that amounts promised by donors may not be collectible. There was no allowance recorded in 2018.

Investments

Investments are reported at fair value. Unrealized and realized gains and losses are included in the consolidated statement of activities and changes in net assets as nonoperating revenue. Interest and dividends are also included in the consolidated statement of activities and changes in net assets, net of investment management fees. Investment management fees totaled $128,120 in the year ended December 31, 2018. The investments are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to these risk factors, it is reasonably possible that changes in the value of investments will occur in the near term and could materially affect the amounts reported in the consolidated financial statements.

Life Insurance Cash Surrender Value

The Foundation is the owner of certain life insurance policies on various donors who have named the Foundation as beneficiary.

Grants Payable

The Organizations recognize grants made to others as expenses in the period the unconditional promise to give is made. Grants payable represent grants approved for payment but not yet paid.

Revenue Recognition

The Association's membership year is a calendar year. Membership dues, fees, and assessments are recognized as income in the membership year in which they are earned. Amounts received in advance are deferred. Unearned membership dues, fees, and assessments, which have been included in deferred income in the accompanying consolidated financial statements, amounted to $6,726,993 at December 31, 2018.

Rental income from the Association's headquarters building is recorded as revenue when earned.

Revenue from the annual meeting, educational program fees, and assistants program fees are recognized in the year that the meeting or program takes place. Amounts received in advance for a meeting or program in the following year are deferred.

Journal of Oral and Maxillofacial Surgery subscription fees are recognized in the calendar year that covers the subscription term. Amounts received in advance are deferred.

Royalties associated with the Journal of Oral and Maxillofacial Surgery, insurance programs, ASI programs, and other member benefit programs are recognized as revenue when earned based on the underlying contractual terms.

Revenue associated with grants, awards, and sponsorships consist of contributions from members and corporations. Grants, awards, and sponsorships are recognized in the period that the commitment for support is obtained. All grants, awards, and sponsorships received during 2018 were unrestricted.
Contributions

Contributions of cash and other assets, including unconditional promises to give in the future, are reported as revenue when received and measured at fair value. Donor promises to give in the future are recorded at the present value of estimated future cash flows. Contributions resulting from split-interest agreements, measured at the time into which the agreements are entered, are based on the difference between the fair value of the assets received or promised and the present value of the obligation to the third-party recipient(s) under the contract.

Contributions received are recorded as net assets without donor restrictions or net assets with donor restrictions, depending on the existence and/or nature of any donor-imposed restrictions. Contributions that are restricted by the donor are reported as an increase in net assets without donor restrictions if the restriction expires in the reporting period in which the contribution is recognized. All other donor restricted contributions are reported as an increase in net assets with donor restrictions, depending on the nature of restriction. When a restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the consolidated statement of activities and changes in net assets as net assets released from restrictions.

Depreciation and Amortization

Property and equipment are recorded at cost. Depreciation is provided for on the straight-line method over the estimated useful lives of depreciable assets, which is 40.5 years for the headquarters building, 5 to 40.5 years for building improvements, and 3 to 5 years for furniture and equipment.

Functional Allocation of Expenses

Costs of providing the program and support services have been reported on a functional basis in the consolidated statement of activities and changes in net assets. Costs are charged to program and support services on an actual basis when available. Some costs have been allocated between the various programs and support services on several bases and estimates as follows:

Association

- Salaries and Wages of Information Technology and Building Operations Departments - Based on full time equivalent (FTE) positions within each function
- Salaries and Wages of Remaining Departments - Based on time and effort spent by employee within each function
- Benefits - Based on the salaries and wages allocation calculation
- Depreciation, Occupancy, and Information Technology - Based on full time equivalent (FTE) positions within each function

Foundation

- Salaries and Benefits, Shared Staffing - Based on time and effort spent by employee within each function
- Meeting and Strategic Planning Costs - Based on time spent discussing topics within each function
- Occupancy and Other Office Expenses - Based on time and effort spent by employee within each function

Although the methods of allocation used are considered appropriate, other methods could be used that would produce different amounts.
Note 2 - Significant Accounting Policies (Continued)

Use of Estimates

The preparation of consolidated financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

Income Taxes

AAOMS has received a favorable determination letter from the Internal Revenue Service stating that it is exempt from taxation on income related to its exempt purpose under Section 501(a) of the Internal Revenue Code as an organization described in Section 501(c)(6). As an exempt organization, AAOMS is subject to federal and state income taxes on income determined to be unrelated business taxable income. The income of AAOMS' for-profit subsidiary is also subject to federal and state income taxes. These taxes, which are included in the general and administrative expense category in the consolidated statement of activities and changes in net assets, totaled $203,089 for the year ended December 31, 2018.

The Foundation is exempt from income tax under the provisions of Internal Revenue Code Section 501(c)(3).

Adoption of New Accounting Principle

As of January 1, 2018, the Foundation adopted the Financial Accounting Standards Board's (FASB) Accounting Standards Update (ASU) No. 2016-14, Not-for-Profit Entities (Topic 958): Presentation of Financial Statements of Not-for-Profit Entities. ASU No. 2016-14 requires changes to the financial reporting model of organizations that follow FASB not-for-profit rules, including net asset classification, liquidity and availability of resources, and details of expenses by natural and functional classification and methods of allocation. All applicable changes to the reporting model have been incorporated into the Organizations’ consolidated financial statements.

Upcoming Accounting Pronouncements

In May 2014, the FASB issued ASU No. 2014-09, Revenue from Contracts with Customers (Topic 606), which will supersede the current revenue recognition requirements in Topic 605, Revenue Recognition. The ASU is based on the principle that revenue is recognized to depict the transfer of goods or services to customers in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services. The ASU also requires additional disclosure about the nature, amount, timing, and uncertainty of revenue and cash flows arising from customer contracts, including significant judgments and changes in judgments and assets recognized from costs incurred to obtain or fulfill a contract. The new guidance will be effective for the Organizations’ year ending December 31, 2019. The ASU permits application of the new revenue recognition guidance using one of two retrospective application methods. The Organizations plan to apply the standard using the modified retrospective method. The Organizations have reviewed current revenue streams and determined the new standard will not have a significant effect on the consolidated financial statements.

The FASB issued ASU No. 2016-02, Leases, which will supersede the current lease requirements in ASC 840. The ASU did not significantly change the accounting requirements for lessors, and, accordingly, application of the new lease standard is not expected to have a significant effect on the Organizations’ consolidated financial statements. The new lease guidance will be effective for the Organizations’ year ending December 31, 2020 and will be using a modified retrospective transition method to the beginning of the earliest period presented.
Note 2 - Significant Accounting Policies (Continued)

In June 2018, the FASB issued Accounting Standards Update No. 2018-08, Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made, which provides enhanced guidance to assist entities in (1) evaluating whether transactions should be accounted for as contributions (nonreciprocal transactions) or as exchange (reciprocal transactions) and (2) determining whether a contribution is conditional. The accounting guidance will result in more governmental contracts being accounted for as contributions and may delay revenue recognition for certain grants and contributions that no longer meet the definition of unconditional. The new guidance will be effective for the Organizations’ year ending December 31, 2019 and will be applied on a modified prospective basis. The Organizations have not yet determined the impact on the timing of recognition of foundation and individual grants and contributions.

Subsequent Events

The consolidated financial statements and related disclosures include evaluation of events up through and including May 20, 2019, which is the date the consolidated financial statements were available to be issued.

Note 3 - Fair Value Measurements

Accounting standards require certain assets and liabilities be reported at fair value in the financial statements and provide a framework for establishing that fair value. The framework for determining fair value is based on a hierarchy that prioritizes the inputs and valuation techniques used to measure fair value.

The following tables present information about the Organizations’ assets measured at fair value on a recurring basis at December 31, 2018 and the valuation techniques used by the Organizations to determine those fair values.

Fair values determined by Level 1 inputs use quoted prices in active markets for identical assets that the Organizations have the ability to access.

Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly. These Level 2 inputs include quoted prices for similar assets in active markets and other inputs, such as interest rates and yield curves, that are observable at commonly quoted intervals.

Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset. These Level 3 fair value measurements are based primarily on management’s own estimates using pricing models, discounted cash flow methodologies, or similar techniques taking into account the characteristics of the asset.

There were no Level 2 or Level 3 investments as of December 31, 2018.

In instances whereby inputs used to measure fair value fall into different levels in the above fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. The Organizations’ assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset.
American Association of Oral and Maxillofacial Surgeons and Subsidiaries

Notes to Consolidated Financial Statements

December 31, 2018

Note 3 - Fair Value Measurements (Continued)

<table>
<thead>
<tr>
<th>Assets Measured at Fair Value on a Recurring Basis at December 31, 2018</th>
<th>Quoted Prices in Active Markets for Identical Assets (Level 1)</th>
<th>Balance at December 31, 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AAOMS Investments</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fixed-income mutual funds:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fidelity Institutional Money Market Fund</td>
<td>4,749,565</td>
<td>-</td>
</tr>
<tr>
<td>Dodge &amp; Cox Income Fund</td>
<td>3,793,618</td>
<td>-</td>
</tr>
<tr>
<td>Vanguard Total Bond Market Index Fund</td>
<td>1,277,859</td>
<td>-</td>
</tr>
<tr>
<td>Fidelity Investments Money Market Fund</td>
<td>4,134,001</td>
<td>-</td>
</tr>
<tr>
<td>Vanguard Inflation-Protected Securities Fund</td>
<td>565,452</td>
<td>-</td>
</tr>
<tr>
<td>Hotchkis and Wiley High Yield Bond Fund</td>
<td>638,704</td>
<td>-</td>
</tr>
<tr>
<td>Fixed-income mutual funds</td>
<td>891,195</td>
<td>-</td>
</tr>
<tr>
<td>Money market mutual funds</td>
<td>410,676</td>
<td>-</td>
</tr>
<tr>
<td>Total fixed-income mutual funds</td>
<td>16,461,070</td>
<td>-</td>
</tr>
<tr>
<td>Equity funds:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>International equity funds</td>
<td>1,368,348</td>
<td>-</td>
</tr>
<tr>
<td>Domestic large-cap equity funds</td>
<td>1,023,775</td>
<td>-</td>
</tr>
<tr>
<td>Fidelity 500 Index Funds</td>
<td>886,121</td>
<td>-</td>
</tr>
<tr>
<td>Domestic small-cap equity funds</td>
<td>609,723</td>
<td>-</td>
</tr>
<tr>
<td>American EuroPacific Growth Fund</td>
<td>592,784</td>
<td>-</td>
</tr>
<tr>
<td>Total equity funds</td>
<td>4,480,751</td>
<td>-</td>
</tr>
<tr>
<td>Other investments:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balanced equity and fixed-income mutual funds</td>
<td>691,751</td>
<td>-</td>
</tr>
<tr>
<td>Commodity Sector Fund</td>
<td>250,632</td>
<td>-</td>
</tr>
<tr>
<td>Energy Sector Funds</td>
<td>538,032</td>
<td>-</td>
</tr>
<tr>
<td>Real Estate Sector Funds</td>
<td>340,840</td>
<td>-</td>
</tr>
<tr>
<td>Total other investments</td>
<td>1,821,255</td>
<td>-</td>
</tr>
<tr>
<td>Total AAOMS investments</td>
<td>22,763,076</td>
<td>-</td>
</tr>
<tr>
<td><strong>Foundation Investments</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other investments:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Money market funds</td>
<td>3,813</td>
<td>-</td>
</tr>
<tr>
<td>Fixed-income bond funds</td>
<td>4,471,965</td>
<td>-</td>
</tr>
<tr>
<td>Ironwood International Ltd. Funds</td>
<td>-</td>
<td>1,780,171</td>
</tr>
<tr>
<td>Total other investments</td>
<td>4,475,778</td>
<td>1,780,171</td>
</tr>
<tr>
<td>Equity mutual funds:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Large-cap value</td>
<td>1,909,095</td>
<td>-</td>
</tr>
<tr>
<td>Large-cap growth</td>
<td>290,954</td>
<td>-</td>
</tr>
<tr>
<td>Small-cap value</td>
<td>370,377</td>
<td>-</td>
</tr>
<tr>
<td>Small-cap growth</td>
<td>370,840</td>
<td>-</td>
</tr>
<tr>
<td>International</td>
<td>1,823,503</td>
<td>-</td>
</tr>
<tr>
<td>Emerging market</td>
<td>678,149</td>
<td>-</td>
</tr>
<tr>
<td>Commodity</td>
<td>1,033,480</td>
<td>-</td>
</tr>
<tr>
<td>Real estate</td>
<td>277,935</td>
<td>-</td>
</tr>
<tr>
<td>Total equity mutual funds</td>
<td>6,754,333</td>
<td>-</td>
</tr>
<tr>
<td>Total foundation investments</td>
<td>11,230,111</td>
<td>1,780,171</td>
</tr>
<tr>
<td>Total investments</td>
<td>$ 33,993,187</td>
<td>$ 1,780,171</td>
</tr>
</tbody>
</table>
Note 3 - Fair Value Measurements (Continued)

Level 1

Estimated fair values for the Organizations’ mutual funds, money market funds, common stocks, equity mutual funds, fixed-income bond funds, and other funds were based on quoted market prices.

The Organizations’ policy is to recognize transfers in and out of Level 1, 2, and 3 fair value classifications as of the beginning of the reporting period. During the year ended December 31, 2018, there were no such transfers.

Investments in Entities that Calculate Net Asset Value per Share

The Foundation holds shares or interests in an investment company at year end whereby the fair value of the investment held is estimated based on the net asset value per share of the investment company.

The Ironwood International Ltd. funds seek capital appreciation with limited variability of returns by investing substantially all assets through a master-feeder structure in Ironwood Partners L.P., a fund of hedge funds. There are no unfunded commitments. The redemption terms are semiannual liquidity with a 95-day notice period once the one-year lock-up expires.

Included in AAOMS investments at December 31, 2018 are $1,156,516 of investments associated with deferred compensation programs.

Note 4 - Contributions Receivable

Included in contributions receivable are several unconditional promises to give at December 31, 2018:

<table>
<thead>
<tr>
<th>Gross contributions promised</th>
<th>$ 307,228</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Amounts due in:</strong></td>
<td></td>
</tr>
<tr>
<td>Less than one year</td>
<td>$ 146,396</td>
</tr>
<tr>
<td>One to five years</td>
<td>160,832</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$ 307,228</td>
</tr>
</tbody>
</table>

Note 5 - Property and Equipment

Property and equipment consist of the following at December 31, 2018:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Land</td>
<td>$ 698,900</td>
</tr>
<tr>
<td>Buildings</td>
<td>3,751,100</td>
</tr>
<tr>
<td>Building improvements</td>
<td>3,755,255</td>
</tr>
<tr>
<td>Furniture, computers, and equipment</td>
<td>1,670,337</td>
</tr>
<tr>
<td>Construction in progress</td>
<td>77,411</td>
</tr>
<tr>
<td><strong>Total cost</strong></td>
<td>9,953,003</td>
</tr>
<tr>
<td>Accumulated depreciation</td>
<td>7,296,519</td>
</tr>
<tr>
<td><strong>Net property and equipment</strong></td>
<td>$ 2,656,484</td>
</tr>
</tbody>
</table>

Note 6 - Publication Rights

The Association purchased the rights to the *Journal of Oral and Maxillofacial Surgery* from the American Dental Association as of January 1, 1982. The Association’s policy is to amortize the $100,000 cost of the publication rights over a 40-year period, using the straight-line method. The unamortized balances of publication rights were $7,500 at December 31, 2018 and are included in other assets in the consolidated statement of financial position.
Note 7 - Grants Payable

The Association initiated a Faculty Educator Development Award (FEDA) program in 2002 to facilitate the recruitment and retention of faculty in the oral and maxillofacial surgery training programs. The awards provide a three-year financial commitment to the recipients. The Foundation awards research and education grants annually. Amounts recorded at year end in the accompanying consolidated statement of financial position related to future commitments are as follows:

<table>
<thead>
<tr>
<th>Grants payable - Association</th>
<th>$504,400</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grants payable - Foundation</td>
<td>$237,000</td>
</tr>
<tr>
<td><strong>Total grants payable</strong></td>
<td><strong>$741,400</strong></td>
</tr>
</tbody>
</table>

The following is a schedule, by year, of remaining payments under grants awarded as of December 31, 2018:

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>2020</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017 awards</td>
<td>$114,900</td>
<td>$</td>
<td>$114,900</td>
</tr>
<tr>
<td>2018 awards</td>
<td>$437,000</td>
<td>$189,500</td>
<td>$626,500</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$551,900</strong></td>
<td><strong>$189,500</strong></td>
<td><strong>$741,400</strong></td>
</tr>
</tbody>
</table>

Note 8 - Retirement Plans

The Association has a 401(k) retirement and savings plan covering substantially all full-time employees. Employees may contribute, on a pretax basis, up to 100 percent of their compensation, subject to the maximum permitted by law. The Organizations provides for a 10 percent contribution of employees' salaries and also matches 50 percent of the employee contributions up to a maximum of $1,000 in any plan year. The plan expense for the year ended December 31, 2018 was $571,245, exclusive of employee contributions.

Note 9 - Deferred Compensation

The Association has deferred compensation arrangements with certain key employees. Under these agreements, a certain percentage of the key employee's salary is accrued for the benefit of the participant. The Association previously suspended contributions to the plans in 2003 based on changes in regulations. In December 2012, the Association amended and restated one of the plans. The restated plan is being provided for currently. Deferred compensation expense was $21,230 for the year ended December 31, 2018.

Effective in January 2013, members of the board of trustees were eligible to participate if they elected to defer honoraria payments, and key employees were eligible for voluntary contributions to the plan, up to the maximum permitted by law. During the year ended December 31, 2018, members of the board of trustees deferred honoraria payments totaling $149,000 and key employees voluntarily contributed $18,500.

The restricted investment accounts represent the accumulated total of amounts previously set aside and net earnings under the deferred compensation agreements, reduced by any distributions.

Investments associated with the deferred compensation programs amounted to $1,156,515 at December 31, 2018 and are included in investments on the consolidated statement of financial position. These investments are offset by the deferred compensation liability.
**American Association of Oral and Maxillofacial Surgeons and Subsidiaries**  
**Notes to Consolidated Financial Statements**  

**December 31, 2018**

**Note 10 - Other Royalties**

The Association has entered into royalty and licensing agreements in conjunction with certain member benefit programs. Additionally, the Association has entered into a royalty, licensing, and endorsement agreement with OMS National Insurance Company, Risk Retention Group (OMSNIC) for use of the Association’s name and service mark for the issuance and marketing of professional liability insurance to members of the Association. The revenue breakdown for other royalties on the consolidated statement of activities and changes in net assets is as follows:

<table>
<thead>
<tr>
<th>Program</th>
<th>Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASI Programs</td>
<td>$1,089,498</td>
</tr>
<tr>
<td>OMSNIC</td>
<td>600,000</td>
</tr>
<tr>
<td>Treloar and Heisel Insurance Programs</td>
<td>271,745</td>
</tr>
<tr>
<td>AAOMS Career Line</td>
<td>241,452</td>
</tr>
<tr>
<td>OMS Vision</td>
<td>90,000</td>
</tr>
<tr>
<td>Other</td>
<td>4,045</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$2,296,740</strong></td>
</tr>
</tbody>
</table>

**Note 11 - Rental Income**

The Association has rental property of approximately 20,000 square feet on the second floor of the headquarters building. In March 2009, the Association entered into a 15-year lease with another healthcare association for approximately 15,400 rentable square feet, with a lease commencement date of December 1, 2009. Per the lease terms, the Association agreed to provide a tenant improvement allowance of approximately $693,000; the unamortized portion of the tenant improvement allowance was $273,332 at December 31, 2018 and is included in deferred rent in the consolidated statement of financial position. Base rental income and the amortization of the tenant improvement allowance will be recognized on a straight-line basis over the 15-year lease term. As is customary, the Association as landlord paid leasing commissions to the tenant’s leasing agent and the Association’s leasing agent. These payments approximated $404,000. The leasing commissions will be amortized evenly over the term of the lease. Unamortized leasing commissions were $159,444 at December 31, 2018 and were included in prepaid expenses in the consolidated statement of financial position.

In September, 2013, the Association entered into a five-year lease with an association management company for the remaining space on the second floor, with a lease commencement date of January 1, 2014. Base rental income will be recognized on a straight-line basis over the five-year lease term. Per the lease, the Association agreed to provide specified improvements to the space in advance of the lease commencement, which totaled $117,458. The tenant improvement allowance was fully amortized as of December 31, 2018. Additionally, the Association paid total leasing commissions of $33,047 to the tenant’s leasing agent and the Association’s leasing agent. The improvements and leasing commissions were fully amortized as of December 31, 2018. The lease was terminated as of December 31, 2018.

Following is a schedule by year of future minimum rental receipts required under operating leases that have remaining noncancelable lease terms in excess of one year as of December 31, 2018:

<table>
<thead>
<tr>
<th>Year</th>
<th>Rental Receipts</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>$374,067</td>
</tr>
<tr>
<td>2020</td>
<td>381,767</td>
</tr>
<tr>
<td>2021</td>
<td>389,466</td>
</tr>
<tr>
<td>2022</td>
<td>397,166</td>
</tr>
<tr>
<td>2023</td>
<td>404,865</td>
</tr>
<tr>
<td>Thereafter</td>
<td>377,596</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$2,324,927</strong></td>
</tr>
</tbody>
</table>
Note 12 - Donor-restricted Endowments

The Foundation’s endowment consists of four donor-restricted funds established to support research and fellowship. Net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions.

Interpretation of Relevant Law

The Foundation is subject to the State Prudent Management of Institutional Funds Act (SPMIFA) and, thus, classifies amounts in its donor-restricted endowment funds as net assets with donor restrictions because those net assets are time restricted until the board of trustees appropriates such amounts for expenditures. Most of those net assets also are subject to purpose restrictions that must be met before reclassifying those net assets to net assets without donor restrictions. The board of trustees of the Foundation had interpreted SPMIFA as not requiring the maintenance of purchasing power of the original gift amount contributed to an endowment fund, unless a donor stipulates the contrary. As a result of this interpretation, when reviewing its donor-restricted endowment funds, the Foundation considers a fund to be underwater if the fair value of the fund is less than the sum of (a) the original value of initial and subsequent gift amounts donated to the fund and (b) any accumulations to the fund that are required to be maintained in perpetuity in accordance with the direction of the applicable donor gift instrument. The Foundation has interpreted SPMIFA to permit spending from underwater funds in accordance with the prudent measures required under the law. Additionally, in accordance with SPMIFA, the Foundation considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds:

- The duration and preservation of the fund
- The purpose of the Foundation and the donor-restricted endowment fund
- General economic conditions
- The possible effect of inflation and deflation
- The expected total return from income and the appreciation of investments
- Other resources of the Foundation
- The investment policies of the Foundation

Endowment Net Asset Composition by Type of Fund as of December 31, 2018

<table>
<thead>
<tr>
<th>Endowment Net Asset Composition by Type of Fund as of December 31, 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>With Donor Restrictions and Subject to Appropriation</td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td>Donor-restricted endowment funds</td>
</tr>
</tbody>
</table>
### Changes in Endowment Net Assets for the Fiscal Year Ended December 31, 2018

<table>
<thead>
<tr>
<th></th>
<th>With Donor Restrictions and Subject to Appropriation</th>
<th>With Donor Restrictions to be Maintained in Perpetuity</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Endowment net assets - Beginning of year</td>
<td>$7,207,903</td>
<td>$6,518,696</td>
<td>$13,726,599</td>
</tr>
<tr>
<td>Investment income (loss):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investment income</td>
<td>402,411</td>
<td>-</td>
<td>402,411</td>
</tr>
<tr>
<td>Net depreciation (realized and unrealized)</td>
<td>(1,260,684)</td>
<td>-</td>
<td>(1,260,684)</td>
</tr>
<tr>
<td>Total investment loss</td>
<td>(858,273)</td>
<td>-</td>
<td>(858,273)</td>
</tr>
<tr>
<td>Contributions</td>
<td>5,788</td>
<td>-</td>
<td>5,788</td>
</tr>
<tr>
<td>Appropriation of endowment assets for expenditure</td>
<td>(665,807)</td>
<td>-</td>
<td>(665,807)</td>
</tr>
<tr>
<td>Endowment net assets - End of year</td>
<td>$5,689,611</td>
<td>$6,518,696</td>
<td>$12,208,307</td>
</tr>
</tbody>
</table>

### Funds with Deficiencies

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level that the donor or SPMIFA requires the Foundation to retain as a fund of perpetual duration. There were no such deficiencies as of December 31, 2018.

### Return Objectives and Risk Parameters

The Foundation has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain the purchasing power of the endowment assets. Endowment assets include those assets of donor-restricted funds that the Foundation must hold in perpetuity or for a donor-specified period, as well as board-designated funds. Under this policy, as approved by the board of directors, the endowment assets are invested in a manner that is intended to produce results that exceed the price and yield results of the respective benchmarks for the different asset classes provided for in the Foundation's investment policy. These asset classes include domestic and international equities, high-grade corporate and government bonds, and cash equivalents and alternative investments consisting of hedge funds, managed futures, and commodity funds. The Foundation expects its endowment funds, over time, to provide an average rate of return of approximately 6.5 percent annually, net of management fees. Actual returns in any given year may vary from this amount.

### Strategies Employed for Achieving Objectives

To satisfy its long-term rate-of-return objectives, the Foundation relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). The Foundation targets a diversified asset allocation that places a greater emphasis on equity-based investments to achieve its long-term return objectives within prudent risk constraints.

### Spending Policy and How the Investment Objectives Relate to Spending Policy

Each year, the board of directors approves the amount to be appropriated, taking into consideration the long-term expected return on its endowment.
## Note 13 - Net Assets

Net assets with donor restrictions consist of the following for the year ended December 31, 2018:

<table>
<thead>
<tr>
<th>Specific purpose:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>REAP</td>
<td>$3,120,317</td>
</tr>
<tr>
<td>Research fund</td>
<td>$7,845,167</td>
</tr>
<tr>
<td>Fellowship fund</td>
<td>$1,242,823</td>
</tr>
<tr>
<td>GIVE</td>
<td>$11,655</td>
</tr>
</tbody>
</table>

| Total specific purpose  | $12,219,962 |
| Time restricted         | $312,581    |

Total net assets with donor restrictions $12,532,543

Releases of net assets with donor restrictions are as follows:

<table>
<thead>
<tr>
<th>Satisfaction of purpose restrictions:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>REAP</td>
<td>$662,107</td>
</tr>
<tr>
<td>Fellowship fund</td>
<td>$3,700</td>
</tr>
</tbody>
</table>

Total satisfaction of purpose restrictions $665,807

Satisfaction of time restrictions $149,708

Total $815,515

## Note 14 - Conditional Promises to Give

The Foundation has been named as beneficiary in a number of wills and bequests. These intentions to give do not have a readily determinable fair value and are not reflected as contributions in the consolidated statement of activities and changes in net assets, since they are conditional promises to give. As of December 31, 2018, the Foundation estimates these intentions to give totaled approximately $8,302,000. This figure is unaudited.

## Note 15 - Related Party Transactions

The Association shares facilities and administrative services with the American Association of Oral and Maxillofacial Surgery Political Action Committee (OMSPAC). The OMSPAC reimburses the Association for occupancy costs and certain administrative services. Rental income from OMSPAC totaled $3,200 in 2018. The Association also provides donated services and support, including staff support, to OMSPAC, as OMSPAC has no full-time employees. Donated services and support totaled $35,131 in 2018, which is included in advocacy programs expense on the consolidated statement of activities and changes in net assets.
Note 16 - Liquidity

The following reflects the Organizations’ financial assets as of December 31, 2018, reduced by amounts not available for general use because of contractual restrictions, donor-imposed restrictions or board designations within one year of the consolidated statement of financial position date:

<table>
<thead>
<tr>
<th></th>
<th>Association</th>
<th>Foundation</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash</td>
<td>$4,627,847</td>
<td>$441,446</td>
<td>$5,069,293</td>
</tr>
<tr>
<td>Investments</td>
<td>22,763,076</td>
<td>13,010,282</td>
<td>35,773,358</td>
</tr>
<tr>
<td>Accounts receivable - Net</td>
<td>537,870</td>
<td>-</td>
<td>537,870</td>
</tr>
<tr>
<td>Contributions receivable</td>
<td>-</td>
<td>307,228</td>
<td>307,228</td>
</tr>
<tr>
<td>Cash surrender value of life insurance</td>
<td>-</td>
<td>96,545</td>
<td>96,545</td>
</tr>
<tr>
<td>Financial assets</td>
<td>27,928,793</td>
<td>13,855,501</td>
<td>41,784,294</td>
</tr>
</tbody>
</table>

Less those unavailable for general expenditures within one year due to:

- Contractual or donor-imposed restrictions:
  - Deferred compensation program investments: $1,156,516
  - Contributions receivable - Due after one year: -
  - Cash surrender value of life insurance: -
  - Restricted funds less grant commitments: -
  - Endowment funds: -
  - Board-designated special projects fund: $548,000

Financial assets available to meet cash needs for general expenditures within one year $26,224,277 $2,058,428 $28,282,705

The Organizations strive to maintain liquid financial assets sufficient to cover 60 percent of general expenditures. Financial assets in excess of daily cash requirements are invested in money market funds and other short-term investments. The Organizations also realize there could be unanticipated liquidity needs.

**Association**

Amounts not available include a board-designated technology reserve intended to fund major technology initiatives and a board-designated headquarters building cash reserve with the purpose of providing the required liquidity for building improvements and expenditures. In the event the need arises to utilize the board-designated funds for liquidity purposes, the reserves could be drawn upon through board resolution. Amounts not available to meet general expenditures within one year also may include net assets with donor restrictions. There were no association net assets with donor restrictions at December 31, 2018.

**Foundation**

The Foundation receives contributions with donor restrictions to be used in accordance with the associated purpose restrictions. It also maintains funds from gifts for endowments that will exist in perpetuity; the income generated from such endowments is used to fund programs. In addition, the Foundation receives contributions without donor restrictions that partially support annual expenditures with the remainder funded by investment income without donor restrictions and appropriated earnings from gifts with donor restrictions.

The Foundation considers investment income without donor restrictions, appropriated earnings from donor-restricted endowments, and contributions without donor restrictions for use in current programs that are ongoing, major, and central to its annual operations to be available to meet cash needs for general expenditures. General expenditures include administrative and general expenses, fundraising expenses, program expenses, and grant commitments expected to be paid in the subsequent year. Annual operations are defined as activities occurring during the Foundation’s fiscal year.
Note 16 - Liquidity (Continued)

The Foundation manages its cash available to meet general expenditures following three guiding principles:

- Operating within a prudent range of financial soundness and stability
- Maintaining adequate liquid assets
- Maintaining sufficient reserves to provide reasonable assurance that long-term grant commitments and obligations under endowments with donor restrictions that support mission fulfillment will continue to be met, ensuring the sustainability of the Foundation

Note 17 - Functional Expenses

The Organizations provide various services. Expenses related to providing these services are as follows as of December 31, 2018:

<table>
<thead>
<tr>
<th></th>
<th>Educational Programs</th>
<th>Member Services</th>
<th>Foundation Programs</th>
<th>Total Program Services</th>
<th>Management and General</th>
<th>Fundraising</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries, wages, and benefits</td>
<td>$1,857,559</td>
<td>$2,870,496</td>
<td>$93,920</td>
<td>$4,821,975</td>
<td>$3,240,306</td>
<td>$141,601</td>
<td>$8,203,883</td>
</tr>
<tr>
<td>Travel</td>
<td>483,912</td>
<td>886,120</td>
<td>19,213</td>
<td>1,389,245</td>
<td>350,499</td>
<td>16,573</td>
<td>1,756,317</td>
</tr>
<tr>
<td>Printing and publications</td>
<td>358,667</td>
<td>314,225</td>
<td>5,223</td>
<td>678,115</td>
<td>12,323</td>
<td>8,576</td>
<td>699,014</td>
</tr>
<tr>
<td>Professional services</td>
<td>614,158</td>
<td>1,150,729</td>
<td>36,265</td>
<td>1,801,152</td>
<td>350,226</td>
<td>18,929</td>
<td>2,170,307</td>
</tr>
<tr>
<td>Marketing and promotion</td>
<td>20,386</td>
<td>1,227,155</td>
<td>3,192</td>
<td>1,250,733</td>
<td>7,165</td>
<td>2,487</td>
<td>1,260,385</td>
</tr>
<tr>
<td>Information technology</td>
<td>220,486</td>
<td>150,878</td>
<td>3,636</td>
<td>375,000</td>
<td>156,005</td>
<td>25,452</td>
<td>556,457</td>
</tr>
<tr>
<td>Grants and awards</td>
<td>-</td>
<td>359,278</td>
<td>173,643</td>
<td>532,921</td>
<td>-</td>
<td>-</td>
<td>532,921</td>
</tr>
<tr>
<td>Financial and office expenses</td>
<td>238,397</td>
<td>129,983</td>
<td>13,860</td>
<td>379,240</td>
<td>406,101</td>
<td>29,442</td>
<td>814,783</td>
</tr>
<tr>
<td>Occupancy</td>
<td>185,272</td>
<td>145,173</td>
<td>5,564</td>
<td>336,009</td>
<td>449,122</td>
<td>8,347</td>
<td>793,478</td>
</tr>
<tr>
<td>Depreciation and amortization</td>
<td>57,314</td>
<td>73,584</td>
<td>-</td>
<td>130,896</td>
<td>216,809</td>
<td>-</td>
<td>347,707</td>
</tr>
<tr>
<td>Meeting expenses</td>
<td>2,623,424</td>
<td>581,552</td>
<td>4,352</td>
<td>3,209,328</td>
<td>178,865</td>
<td>66,790</td>
<td>3,454,983</td>
</tr>
<tr>
<td>Taxes and other expenses</td>
<td>52,429</td>
<td>6,863</td>
<td>2,602</td>
<td>61,894</td>
<td>153,368</td>
<td>2,248</td>
<td>217,510</td>
</tr>
</tbody>
</table>

|                           | $6,709,005          | $7,896,036      | $361,470            | $14,966,511            | $5,520,789             | $320,445    | $20,807,745 |

Educational Programs consist of expenses from Annual Meeting, Educational Programs, and Assistants Programs as reported on the consolidated statement of activities and changes in net assets. Member Services consist of expenses from Journal of Oral and Maxillofacial Surgery, Advocacy Programs, Communications, Representation – Allied Organizations, Resident Programs, and Other Programs as reported on the consolidated statement of activities and changes in net assets.
Additional Information
Independent Auditor’s Report on Additional Information

To the Board of Directors
American Association of Oral and Maxillofacial Surgeons and Subsidiaries

We have audited the consolidated financial statements of American Association of Oral and Maxillofacial Surgeons and Subsidiaries as of December 31, 2018 and for the year then ended and have issued our report thereon dated May 20, 2019, which contained an unmodified opinion on those consolidated financial statements. Our audit was performed for the purpose of forming an opinion on the 2018 consolidated financial statements as a whole. The additional information, consisting of the consolidating statement of financial position and consolidating statement of activities and changes in net assets, is presented for the purpose of additional analysis rather than to present the financial position, changes in net assets, and cash flows of the individual organizations and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from, and relates directly to, the underlying accounting and other records used to prepare the 2018 consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the 2018 consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the 2018 consolidated financial statements as a whole.

May 20, 2019
## Consolidating Statement of Financial Position

### American Association of Oral and Maxillofacial Surgeons

<table>
<thead>
<tr>
<th>Assets</th>
<th>American Association of Oral and Maxillofacial Surgeons</th>
<th>AAOMS Services, Inc.</th>
<th>Oral and Maxillofacial Surgery Foundation</th>
<th>Eliminating Entries</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash</td>
<td>$4,564,234</td>
<td>$63,613</td>
<td>$441,446</td>
<td>-</td>
<td>$5,069,293</td>
</tr>
<tr>
<td></td>
<td>Investments</td>
<td>22,618,822</td>
<td>145,254</td>
<td>13,010,282</td>
<td>35,773,358</td>
</tr>
<tr>
<td></td>
<td>Accounts receivables - Net</td>
<td>840,878</td>
<td>116,653</td>
<td>-</td>
<td>537,870</td>
</tr>
<tr>
<td></td>
<td>Contributions receivable</td>
<td>-</td>
<td>-</td>
<td>471,495</td>
<td>307,228</td>
</tr>
<tr>
<td></td>
<td>Cash surrender value of life insurance</td>
<td>-</td>
<td>-</td>
<td>96,545</td>
<td>96,545</td>
</tr>
<tr>
<td></td>
<td>Prepaid expenses</td>
<td>576,021</td>
<td>42,650</td>
<td>11,183</td>
<td>611,939</td>
</tr>
<tr>
<td></td>
<td>Deferred rent receivable</td>
<td>601,415</td>
<td>-</td>
<td>-</td>
<td>601,415</td>
</tr>
<tr>
<td></td>
<td>Other assets</td>
<td>105,476</td>
<td>-</td>
<td>-</td>
<td>105,476</td>
</tr>
<tr>
<td></td>
<td>Property and equipment - Net</td>
<td>2,656,484</td>
<td>-</td>
<td>-</td>
<td>2,656,484</td>
</tr>
<tr>
<td>Total assets</td>
<td>$31,963,330</td>
<td>$368,170</td>
<td>$14,030,951</td>
<td>$(602,843)</td>
<td>$45,759,608</td>
</tr>
</tbody>
</table>

### Liabilities and Net Assets

<table>
<thead>
<tr>
<th>Liabilities</th>
<th>American Association of Oral and Maxillofacial Surgeons</th>
<th>AAOMS Services, Inc.</th>
<th>Oral and Maxillofacial Surgery Foundation</th>
<th>Eliminating Entries</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts payable</td>
<td>$1,915,258</td>
<td>$6,368</td>
<td>$88,184</td>
<td>(228,928)</td>
<td>$1,780,882</td>
</tr>
<tr>
<td>Grants payable</td>
<td>504,400</td>
<td>-</td>
<td>592,000</td>
<td>(355,000)</td>
<td>741,400</td>
</tr>
<tr>
<td>Deferred compensation liability</td>
<td>1,157,026</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1,157,026</td>
</tr>
<tr>
<td>Deferred income</td>
<td>8,236,896</td>
<td>-</td>
<td>-</td>
<td>(17,915)</td>
<td>8,218,981</td>
</tr>
<tr>
<td>Accrued liabilities</td>
<td>438,689</td>
<td>-</td>
<td>4,799</td>
<td>-</td>
<td>443,488</td>
</tr>
<tr>
<td>Total liabilities</td>
<td>12,252,269</td>
<td>6,368</td>
<td>684,983</td>
<td>(601,843)</td>
<td>12,341,777</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Net Assets</th>
<th>American Association of Oral and Maxillofacial Surgeons</th>
<th>AAOMS Services, Inc.</th>
<th>Oral and Maxillofacial Surgery Foundation</th>
<th>Eliminating Entries</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net assets without donor restrictions</td>
<td>19,711,061</td>
<td>361,802</td>
<td>813,425</td>
<td>(1,000)</td>
<td>20,885,288</td>
</tr>
<tr>
<td>Net assets with donor restrictions</td>
<td>-</td>
<td>-</td>
<td>12,532,543</td>
<td>-</td>
<td>12,532,543</td>
</tr>
<tr>
<td>Total net assets</td>
<td>19,711,061</td>
<td>361,802</td>
<td>13,345,968</td>
<td>(1,000)</td>
<td>33,417,831</td>
</tr>
<tr>
<td>Total liabilities and net assets</td>
<td>$31,963,330</td>
<td>$368,170</td>
<td>$14,030,951</td>
<td>$(602,843)</td>
<td>$45,759,608</td>
</tr>
</tbody>
</table>

AR-76
American Association of Oral and Maxillofacial Surgeons and Subsidiaries

Consolidating Statement of Activities and Changes in Net Assets

Year Ended December 31, 2018

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue, gains, and other support:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dues, fees, and assessments</td>
<td>$8,702,260</td>
<td>$-</td>
<td>-</td>
<td>$8,702,260</td>
<td></td>
</tr>
<tr>
<td>Rental income</td>
<td>388,339</td>
<td>-</td>
<td>-</td>
<td>388,339</td>
<td></td>
</tr>
<tr>
<td>Annual meeting</td>
<td>4,328,388</td>
<td>-</td>
<td>(121,665)</td>
<td>4,206,723</td>
<td></td>
</tr>
<tr>
<td>Educational material sales</td>
<td>475,208</td>
<td>-</td>
<td>-</td>
<td>475,208</td>
<td></td>
</tr>
<tr>
<td>Educational programs fees</td>
<td>2,686,354</td>
<td>-</td>
<td>(25,000)</td>
<td>2,661,354</td>
<td></td>
</tr>
<tr>
<td>Assistants program fees</td>
<td>892,825</td>
<td>-</td>
<td>-</td>
<td>892,825</td>
<td></td>
</tr>
<tr>
<td>Journal of Oral and Maxillofacial Surgery</td>
<td>752,116</td>
<td>-</td>
<td>-</td>
<td>752,116</td>
<td></td>
</tr>
<tr>
<td>Other royalties</td>
<td>1,755,928</td>
<td>540,812</td>
<td>-</td>
<td>2,296,740</td>
<td></td>
</tr>
<tr>
<td>Grants, awards, and sponsorships</td>
<td>721,858</td>
<td>-</td>
<td>(402,000)</td>
<td>319,858</td>
<td></td>
</tr>
<tr>
<td>Other revenues</td>
<td>348,758</td>
<td>-</td>
<td>(15,350)</td>
<td>333,408</td>
<td></td>
</tr>
<tr>
<td>Contributions</td>
<td>-</td>
<td>-</td>
<td>1,557,636</td>
<td>1,476,636</td>
<td></td>
</tr>
<tr>
<td>Investment interest and dividends</td>
<td>556,438</td>
<td>166</td>
<td>(115,000)</td>
<td>441,900</td>
<td></td>
</tr>
<tr>
<td>Net assets released from restrictions</td>
<td>-</td>
<td>-</td>
<td>815,515</td>
<td>815,515</td>
<td></td>
</tr>
</tbody>
</table>

Total revenue, gains, other support, and net assets released from restrictions: $22,072,737, 540,978, 2,384,947, (760,015), $24,238,647

Expenses:

Program expenses:

<table>
<thead>
<tr>
<th>Program expenses</th>
<th>American Association of Oral and Maxillofacial Surgeons</th>
<th>AAOMS Services, Inc.</th>
<th>Oral and Maxillofacial Surgery Foundation</th>
<th>Eliminating Entries</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual meeting</td>
<td>3,617,792</td>
<td>122,753</td>
<td>-</td>
<td>(115,915)</td>
<td>3,624,630</td>
</tr>
<tr>
<td>Educational programs</td>
<td>2,427,173</td>
<td>-</td>
<td>-</td>
<td>2,427,173</td>
<td></td>
</tr>
<tr>
<td>Assistants program</td>
<td>657,202</td>
<td>-</td>
<td>-</td>
<td>657,202</td>
<td></td>
</tr>
<tr>
<td>Journal of Oral and Maxillofacial Surgery</td>
<td>336,842</td>
<td>-</td>
<td>-</td>
<td>336,842</td>
<td></td>
</tr>
<tr>
<td>Advocacy programs</td>
<td>1,023,129</td>
<td>-</td>
<td>(5,000)</td>
<td>1,018,129</td>
<td></td>
</tr>
<tr>
<td>Communications</td>
<td>2,758,016</td>
<td>-</td>
<td>-</td>
<td>2,758,016</td>
<td></td>
</tr>
<tr>
<td>Representation - Allied organizations</td>
<td>569,266</td>
<td>-</td>
<td>-</td>
<td>569,266</td>
<td></td>
</tr>
<tr>
<td>Resident programs</td>
<td>1,304,521</td>
<td>22,000</td>
<td>-</td>
<td>(22,000)</td>
<td>1,304,521</td>
</tr>
<tr>
<td>Other programs</td>
<td>1,967,780</td>
<td>28,732</td>
<td>-</td>
<td>(87,250)</td>
<td>1,902,262</td>
</tr>
<tr>
<td>Research and fellowship fund grants</td>
<td>-</td>
<td>-</td>
<td>578,642</td>
<td>(405,000)</td>
<td>173,642</td>
</tr>
<tr>
<td>Other foundation expenses</td>
<td>-</td>
<td>-</td>
<td>193,578</td>
<td>(5,750)</td>
<td>187,828</td>
</tr>
</tbody>
</table>

Total program expenses: $14,661,721, 173,485, 772,220, (640,915), $14,966,511

Support services:

<table>
<thead>
<tr>
<th>Support services</th>
<th>American Association of Oral and Maxillofacial Surgeons</th>
<th>AAOMS Services, Inc.</th>
<th>Oral and Maxillofacial Surgery Foundation</th>
<th>Eliminating Entries</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management and general</td>
<td>5,049,363</td>
<td>317,402</td>
<td>269,024</td>
<td>(115,000)</td>
<td>5,520,789</td>
</tr>
<tr>
<td>Fundraising</td>
<td>-</td>
<td>-</td>
<td>324,545</td>
<td>(4,100)</td>
<td>320,445</td>
</tr>
</tbody>
</table>

Total support services: $5,049,363, 317,402, 593,569, (119,100), $5,841,234

Total expenses: $19,711,084, 490,887, 1,365,789, (760,015), $20,807,745

AR-77
### American Association of Oral and Maxillofacial Surgeons and Subsidiaries

Consolidating Statement of Activities and Changes in Net Assets (Continued)

**Year Ended December 31, 2018**

<table>
<thead>
<tr>
<th></th>
<th>American Association of Oral and Maxillofacial Surgeons</th>
<th>AAOMS Services, Inc.</th>
<th>Oral and Maxillofacial Surgery Foundation</th>
<th>Eliminating Entries</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Increase in Net Assets without Donor Restrictions - Before nonoperating gains and losses</strong></td>
<td>$ 2,361,653</td>
<td>$ 50,091</td>
<td>$ 1,019,158</td>
<td>-</td>
<td>$ 3,430,902</td>
</tr>
<tr>
<td><strong>Nonoperating Gains and Losses</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net unrealized gains on foundation investments</td>
<td>-</td>
<td>-</td>
<td>9,959</td>
<td>-</td>
<td>9,959</td>
</tr>
<tr>
<td>Net realized gains on the sale of investments</td>
<td>267,925</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>287,925</td>
</tr>
<tr>
<td>Net unrealized losses</td>
<td>(1,470,600)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>(1,470,600)</td>
</tr>
<tr>
<td><strong>Total nonoperating gains and losses</strong></td>
<td>(1,182,675)</td>
<td>-</td>
<td>9,959</td>
<td>-</td>
<td>(1,172,716)</td>
</tr>
<tr>
<td><strong>Increase in Net Assets without Donor Restrictions</strong></td>
<td>1,178,978</td>
<td>50,091</td>
<td>1,029,117</td>
<td>-</td>
<td>2,258,186</td>
</tr>
<tr>
<td><strong>Changes in Net Assets with Donor Restrictions</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contributions</td>
<td>-</td>
<td>-</td>
<td>90,794</td>
<td>-</td>
<td>90,794</td>
</tr>
<tr>
<td>Interest income</td>
<td>-</td>
<td>-</td>
<td>402,411</td>
<td>-</td>
<td>402,411</td>
</tr>
<tr>
<td>Net unrealized losses on foundation investments</td>
<td>-</td>
<td>-</td>
<td>(1,364,429)</td>
<td>-</td>
<td>(1,364,429)</td>
</tr>
<tr>
<td>Net realized gains on sale of foundation investments</td>
<td>-</td>
<td>-</td>
<td>103,745</td>
<td>-</td>
<td>103,745</td>
</tr>
<tr>
<td>Change in value of cash surrender value of life insurance</td>
<td>-</td>
<td>-</td>
<td>2,647</td>
<td>-</td>
<td>2,647</td>
</tr>
<tr>
<td>Net assets released from restrictions</td>
<td>-</td>
<td>-</td>
<td>(815,515)</td>
<td>-</td>
<td>(815,515)</td>
</tr>
<tr>
<td><strong>Decrease in Net Assets with Donor Restrictions</strong></td>
<td></td>
<td></td>
<td>(1,580,347)</td>
<td>-</td>
<td>(1,580,347)</td>
</tr>
<tr>
<td><strong>Increase (Decrease) in Net Assets</strong></td>
<td>1,178,978</td>
<td>50,091</td>
<td>(551,230)</td>
<td>-</td>
<td>677,839</td>
</tr>
<tr>
<td><strong>Net Assets</strong> - Beginning of year</td>
<td>18,532,083</td>
<td>311,711</td>
<td>13,897,198</td>
<td>(1,000)</td>
<td>32,739,992</td>
</tr>
<tr>
<td><strong>Net Assets</strong> - End of year</td>
<td>$ 19,711,061</td>
<td>$ 361,802</td>
<td>$ 13,345,968</td>
<td>$ (1,000)</td>
<td>$ 33,417,831</td>
</tr>
</tbody>
</table>
REPORT ON 2018 BUILDING OPERATIONS

The following is a report on the rental operations of the AAOMS headquarters building for 2018 and 2017. It does not include non-cash charges such as depreciation. In 2018, revenues totaled $831,113, expenses totaled $879,647, resulting in a net loss of $48,534. The loss was mainly caused by an increase in the property tax rate and repairs needed for the HVAC system. Note that the rental income total included in the Consolidated Statement of Activities (presented earlier) was exclusive of the entire AAOMS and OMSF chargeback for rental space per Generally Accepted Accounting Principles. Owner costs includes consulting fees to determine usability of the space for an education and simulation center.

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenue</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rental Income</td>
<td>$388,339</td>
<td>$387,788</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td>388,339</td>
<td>387,788</td>
</tr>
<tr>
<td>Add: Rent Chargeback to</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AAOMS and OMSF</td>
<td>442,774</td>
<td>445,699</td>
</tr>
<tr>
<td><strong>Total Revenue Including Rent Chargeback</strong></td>
<td>$831,113</td>
<td>$833,487</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Expenses - Building Operations</strong></th>
<th>% of Total</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cleaning Costs</td>
<td>80,395</td>
<td>9%</td>
</tr>
<tr>
<td>Utility Costs (electricity and water)</td>
<td>145,067</td>
<td>16%</td>
</tr>
<tr>
<td>Repairs and Maintenance (electricity, HVAC, plumbing)</td>
<td>66,291</td>
<td>8%</td>
</tr>
<tr>
<td>Security Fees, Fire Safety and Alarms</td>
<td>28,320</td>
<td>3%</td>
</tr>
<tr>
<td>Landscape Maintenance and Plant Rental</td>
<td>25,765</td>
<td>3%</td>
</tr>
<tr>
<td>Snow Removal, General Repairs and Maintenance</td>
<td>36,439</td>
<td>5%</td>
</tr>
<tr>
<td>Supplies and Miscellaneous</td>
<td>4,250</td>
<td>0%</td>
</tr>
<tr>
<td>Personnel costs, including Benefits</td>
<td>212,113</td>
<td>24%</td>
</tr>
<tr>
<td>Property Taxes</td>
<td>252,988</td>
<td>29%</td>
</tr>
<tr>
<td>Insurance</td>
<td>28,019</td>
<td>3%</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td>$879,647</td>
<td>100%</td>
</tr>
</tbody>
</table>

| **Net Income**                   | ($48,534)| $18,350 |
| Owner Costs                       | 77,456  | 5,888    |

In the first quarter of 2009, the Association entered into a fifteen-year lease with another health care association for approximately 15,400 rentable square feet on the second floor, with a lease commencement date of December 1, 2009. Total base rent over the fifteen-year period totals $5,062,000, and the Association provided a tenant improvement allowance of $693,000. As is customary, the Association was also responsible for paying leasing commissions to the tenant’s leasing agent and the Association’s leasing agent, which approximated $404,000 in total.

In the fourth quarter of 2013, the Association entered into a five-year lease with an association management company for the remaining space on the second floor, with a lease commencement date of January 1, 2014. Total base rent over the five-year period totals $385,000, and the Association provided a tenant improvement allowance of $117,000. This lease ended at December 31, 2018.
In October of 2018, the House of Delegates approved the construction of an Education and Simulation center in the second floor at AAOMS headquarters at an estimated cost of $2.5 million. In order to accommodate a 100-seat capacity conference space in the center, the Association entered into negotiations with the remaining tenant to slightly decrease their rented space and extend their current lease by 10 years. The lease amendment was signed in July of 2019. Total base rent over the additional ten-year period totals approximately $4,079,000, and the Association provided a tenant improvement allowance of $349,000. As is customary, the Association was also responsible for paying leasing commissions to the tenant’s leasing agent and the Association’s leasing agent, which approximated $375,000 in total. Plans are currently in the permitting process and construction is scheduled to begin on September 1. It is anticipated that the center will open in early 2020.
REPORT ON 2019 OPERATING BUDGET AS OF MAY 31, 2019

The 2018 budgeted contingency fund had an unallocated balance of $138,452 as of May 31, 2019; the original budgeted contingency fund was $200,000. Contingency Fund monies are allocated to program budgets once approved by the Board of Trustees. Following is a summary of the operating budget as of May 31, 2019:

<table>
<thead>
<tr>
<th>Year-to-date through May 31st</th>
<th>Annual Budget</th>
<th>Variance</th>
<th>Annual Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenue</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Membership Program</td>
<td>$6,534,981</td>
<td>$6,546,666</td>
<td>($11,685)</td>
</tr>
<tr>
<td>Investments and Royalties</td>
<td>744,646</td>
<td>714,080</td>
<td>30,566</td>
</tr>
<tr>
<td>Building Operations (includes AAOMS Rent)</td>
<td>342,278</td>
<td>342,225</td>
<td>53</td>
</tr>
<tr>
<td>Assistants Programs</td>
<td>365,125</td>
<td>359,525</td>
<td>5,600</td>
</tr>
<tr>
<td>Annual Meeting</td>
<td>2,084,288</td>
<td>2,183,875</td>
<td>(99,587)</td>
</tr>
<tr>
<td>Implant Conference</td>
<td>308,252</td>
<td>306,225</td>
<td>2,002</td>
</tr>
<tr>
<td>JOMS</td>
<td>1,292,749</td>
<td>1,327,214</td>
<td>(34,465)</td>
</tr>
<tr>
<td>Coding Workshops</td>
<td>178,575</td>
<td>180,030</td>
<td>(1,455)</td>
</tr>
<tr>
<td>Other Educational Programs</td>
<td>335,085</td>
<td>286,150</td>
<td>48,935</td>
</tr>
<tr>
<td>Revenue from Subsidized Programs</td>
<td>2,599,290</td>
<td>2,611,440</td>
<td>(12,150)</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td><strong>$14,785,269</strong></td>
<td><strong>$14,857,455</strong></td>
<td><strong>($72,186)</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Expense</strong></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Board of Trustees</td>
<td>710,854</td>
<td>712,583</td>
<td>1,729</td>
</tr>
<tr>
<td>House of Delegates</td>
<td>43,245</td>
<td>43,200</td>
<td>(45)</td>
</tr>
<tr>
<td>Administrative Operations and Support Services</td>
<td>3,039,632</td>
<td>3,114,739</td>
<td>75,107</td>
</tr>
<tr>
<td>Building Operations</td>
<td>405,667</td>
<td>394,708</td>
<td>(10,959)</td>
</tr>
<tr>
<td>Membership Program</td>
<td>53,862</td>
<td>51,100</td>
<td>(2,762)</td>
</tr>
<tr>
<td>Annual Meeting</td>
<td>602,149</td>
<td>605,828</td>
<td>3,679</td>
</tr>
<tr>
<td>Assistants Programs</td>
<td>182,731</td>
<td>208,229</td>
<td>25,498</td>
</tr>
<tr>
<td>Publications</td>
<td>80,010</td>
<td>56,175</td>
<td>(23,835)</td>
</tr>
<tr>
<td>Other Educational Programs</td>
<td>199,969</td>
<td>217,870</td>
<td>17,901</td>
</tr>
<tr>
<td>Representation at Allied Meetings</td>
<td>159,470</td>
<td>149,810</td>
<td>(9,660)</td>
</tr>
<tr>
<td>Advocacy</td>
<td>138,844</td>
<td>158,888</td>
<td>20,044</td>
</tr>
<tr>
<td>Anesthesia</td>
<td>92,400</td>
<td>110,485</td>
<td>18,085</td>
</tr>
<tr>
<td>Communications and Web Site</td>
<td>619,418</td>
<td>641,993</td>
<td>22,575</td>
</tr>
<tr>
<td>Residency Programs and FEDA</td>
<td>293,313</td>
<td>317,470</td>
<td>24,157</td>
</tr>
<tr>
<td>Research Activities</td>
<td>84,423</td>
<td>90,975</td>
<td>6,552</td>
</tr>
<tr>
<td>Practice Management, Coding, &amp; Reimbursement</td>
<td>205,309</td>
<td>219,825</td>
<td>14,516</td>
</tr>
<tr>
<td>All Other Programs</td>
<td>169,255</td>
<td>184,865</td>
<td>15,610</td>
</tr>
<tr>
<td>Contingency Fund</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td><strong>$7,080,551</strong></td>
<td><strong>$7,278,743</strong></td>
<td><strong>$198,192</strong></td>
</tr>
</tbody>
</table>

Revenue Over Expense Before Non-Operating Gains (Losses) | $7,704,718 | $7,578,712 | $126,006 | $103,723

Nonoperating Gains (Losses)

| Net Realized Gains/(Losses) on Sales of Investments | (26,649) | n/a | n/a | n/a |
| Net Unrealized Gains/(Losses)                      | 755,109  | n/a | n/a | n/a |
| **Total Nonoperating Gains/(Losses)**              | 728,460  |     |     |     |

Revenue Over Expense | $8,433,178 | $7,578,712 | $854,466 | $103,723
Revenues through May 31, 2019 of $14,785,000 were lower than the budgeted level of $14,857,000 by $72,000. Annual Meeting revenues of $2,084,000 were $100,000 less than budget due to lagging exhibition booth sales. Revenues of $1,293,000 for JOMS fell $34,000 short of budget as the residual royalty payment was lower than anticipated due to lower online and non-member subscription income. Providing a partial offset to the negative variances were Other Educational Programs revenues of $335,000, which were $49,000 better than budget due to increased sales of Knowledge Update Volume V and other online CME offerings. Revenues of $745,000 for Investments and Royalties exceeded budget by $31,000; net investment revenues of $190,000 were $51,000 greater than budget due to higher than anticipated interest and dividends during the first five months of the year. The change in realized and unrealized gains and losses on investments is reflected outside of the operating budget as Non-operating Gains/(Losses) since only dividends and interest are budgeted given the inability to accurately predict such changes. Strong performance in the financial markets during the first five months produced a non-operating gain of $728,000.

Expenses of $7,081,000 through the end of May were approximately $198,000 less than budget. In Administrative Operations and Support Services, expenses of $3,040,000 for the first five months were $75,000 less than budget; savings in Employee Benefits was the main contributor. The 2019 budget assumed that medical insurance premium costs for staff would increase as seen in the past however, the 2019 renewal resulted in no increase. Expenses for the Assistants Programs of $183,000 were slightly over $25,000 under budget, reflecting savings in the spring Anesthesia Assistants Review Course expenses due to lower registration for the course. Most of the other programs contributed to the remaining savings in expenses through May 31, 2019.

In summary, financial results have outperformed budget during the first five months of 2019. Actual revenues over expenses of $7,705,000 (excluding non-operating gains) through the end of May exceeded the budgeted levels by approximately $126,000. The variance increases to $854,000 when non-operating gains are included.
REPORT ON THE PROPOSED 2020 BUDGET

Financial expectations in 2020 include the results of AAOMS Services, Inc., the OMSPAC soft dollar account (from corporate contributions), non-cash items (mainly depreciation on fixed assets), and the operating budget, which includes the building operations.

AAOMS Services, Inc. (ASI), the wholly owned subsidiary of AAOMS, is projecting total program revenues of $1,195,000, split between the for-profit subsidiary, $593,000, and AAOMS, $602,000. AAOMS receives a tax-free licensing royalty from the ASI programs for use of the AAOMS name and logo.

Depreciation on fixed assets, a non-cash expense, is expected to total $253,000 in 2020 based on assets purchased prior to January 1, 2019. Additional capital expenditures during 2019 and 2020 will result in an increase to this total (fixed assets are depreciated on a straight-line basis over the useful life of the asset).

Following is an expanded report on the 2020 operating budget.

PROPOSED 2020 OPERATING BUDGET

The 2020 budget has been broken down into five categories: (1) Membership Dues and other Major Revenue Sources; (2) Fee Based Programs and Activities; (3) Governance and Administration; (4) Programs; and (5) Informational Campaign and Member Assessments. Each of the categories has a unique strategy related to budget management.

Major Revenue Sources, which includes membership dues, accounts for 45% of revenues budgeted in 2020 for the operating budget (membership dues account for 31% of total revenues). The goal within this category is to grow revenues to help fund new programs and priorities. Membership recruitment and retention will continue to be emphasized in the years ahead, consistent with the Strategic Plan objectives.

Fee Based Programs and Activities account for the majority of the remaining revenues generated in the operating budget. The goal of these activities is to provide a valuable service to members at a competitive cost. The Annual Meeting, the Dental Implant Conference, the Journal of Oral and Maxillofacial Surgery, and AAOMS Publications are included in this category.

Governance and Administration includes the Board of Trustees, the House of Delegates proceedings, staffing costs (including benefits and occupancy), professional fees, technology, overhead costs for the OMS Institute for Education and Innovation, and other administrative activities that are critical to the continued success of AAOMS. All activities within this category are scrutinized to insure that they are absolutely necessary and that they are being done in the most cost effective manner.

Program Funding is perhaps the most important category. This is where the most difficult decisions ultimately occur, given that AAOMS, like all other organizations, has finite resources. The Strategic Plan guides all program funding decisions; programs are prioritized, and lower priority programs are not funded. Programs funded in a given year are reevaluated annually and might not continue to be funded if new programs are deemed more important.
Reference Committee “B”

Informational Campaign and Member Assessments, the final category, was created to show the impact of the Informational Campaign on the operating budget and the funding the assessment provides. A continuation of the assessment is proposed for 2020 through 2022. The suggested budget for the campaign each year is reviewed and adjusted by the Board of Trustees based on prioritization of the activities and review of the metrics of the campaign’s effectiveness.

Based on these five categories, the proposed 2020 operating budget breaks down as follows:

<table>
<thead>
<tr>
<th></th>
<th>Proposed 2020 Budget</th>
<th>2019 Budget</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenues</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Major Revenue Sources</td>
<td>$9,779,247</td>
<td>$9,650,059</td>
<td>$8,590,457</td>
</tr>
<tr>
<td>Fee Based Programs and Activities</td>
<td>8,789,944</td>
<td>8,709,194</td>
<td>9,201,409</td>
</tr>
<tr>
<td>Programs</td>
<td>1,618,150</td>
<td>1,423,570</td>
<td>1,122,225</td>
</tr>
<tr>
<td><strong>Total Revenues</strong></td>
<td>$20,187,341</td>
<td>$19,782,823</td>
<td>$18,914,091</td>
</tr>
</tbody>
</table>

|                      |                      |             |        |
| **Expenses**         |                      |             |        |
| Major Revenue Sources| $1,159,759           | $1,139,734  | $1,205,504 |
| Fee Based Programs and Activities | 6,010,729 | 5,792,470 | 5,948,848 |
| Governance and Administration | 8,960,097 | 8,728,197 | 7,705,762 |
| Programs             | 3,702,861            | 3,798,044   | 3,224,242 |
| Unrelated Business Income Taxes | 139,000 | 150,000 | 137,256 |
| Contingency Fund     | 200,000              | 147,680     | -      |
| **Total Expenses**   | $20,172,446          | $19,756,125 | $18,221,612 |

| **Sub-Total (Revenues over/(under) Expenses)** | $14,895 | $26,698 | $692,479 |
| Revenue - Member Assessments (Resolution B-3) | $1,821,000 | $1,806,000 | $1,822,675 |
| Expense - Informational Campaign                | $1,821,000 | $1,728,975 | $1,623,928 |
| **Revenues over/(under) Expenses (Resolution B-4)** | $14,895 | $103,723 | $891,226 |
The operating budget presented above would result in a transfer to operating reserves of $14,895 assuming that Resolution B-3 passes. The Board of Trustees historically has been committed to budgeting for transfers into reserves from operations. Increases in reserves provide flexibility in dealing with unanticipated events or opportunities. A strong reserve position also allows the Association to commit to strategic investments that will have longer-term benefits. Recently, the Association was presented with some unique opportunities to make some strategic investments that will provide the framework for future returns for both the association and the specialty. The Informational Campaign, the development of an OMS Registry, up-front funding for an enhanced OMS Simulation education program, the purchase of a new association management system, and the construction of the OMS Institute for Education and Innovation (OIEI) in the vacated second floor space of the headquarters building made up some of the opportunities that were presented to the Association. Although these programs presented some financial challenges in regard to funding, the Board feels strongly that these strategic investments will provide significant payback in the years to come.

Following is a five-year history of transfers to and from the operating reserves, presented on both a profit and loss basis as well as a cash basis. Capital expenditures for fixed assets (building improvements, furniture, equipment, and software) must be factored in to arrive at the actual cash transfer to or from operating reserves. Projected 2019 capital expenditures include the estimated construction costs for the OIEI in addition to furniture, equipment, and software purchases.

<table>
<thead>
<tr>
<th>In $000's</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>2019 Budget</th>
<th>2020 Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Fund Revenues</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Over Expenses</td>
<td>$1,277</td>
<td>$3,183</td>
<td>$891</td>
<td>$104</td>
<td>$15</td>
</tr>
<tr>
<td>Less - Capital Expenditures:</td>
<td></td>
<td></td>
<td></td>
<td>Projections</td>
<td>Projections</td>
</tr>
<tr>
<td>Improvements to Headquarters</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Furniture and Equipment</td>
<td>(249)</td>
<td>(16)</td>
<td>(77)</td>
<td>(2,560)</td>
<td>(50)</td>
</tr>
<tr>
<td>Cash Transfer to/(from) Operating Reserves</td>
<td>$1,028</td>
<td>$3,167</td>
<td>$814</td>
<td>($2,456)</td>
<td>($35)</td>
</tr>
</tbody>
</table>
Budget Breakdown

Following is a breakdown by category of the five sections. Budgeted items not included in the categories below include Unrelated Business Income Taxes and the Board Contingency Fund. AAOMS is required to remit taxes on certain revenues that are not considered tax-exempt by the Internal Revenue Service. These include a portion of the OMSNIC royalties and advertising revenues attributable to the AAOMS Today, the AAOMS Career Line, and meeting programs. The Board Contingency Fund totaling $200,000 provides monies to fund critical activities that arise during the year that could not have been anticipated in the original budget, including special committee expenditures.

Major Revenue Sources

Net revenues for major revenue sources in total are expected to increase $109,000, or 1.3%, in the proposed 2020 budget. Revenues are projected at $9,779,000, and expenses at $1,160,000, resulting in net revenues of $8,619,000 (see schedule on page AR-87).

In the Membership Program, net revenues are projected to increase $6,000 to $6,619,000 (see Appendix A, page AR-98). Dues revenues are projected to increase $6,000 in 2020 versus the 2019 budget. The increase is primarily due to 2/3 member dues which are budgeted to increase $20,000 as additional members are eligible for this rate. Partially offsetting the increase are slight drops in the other dues categories. On the expense side, the 2020 budget request projects a decrease of $5,000 in expenditures in the Membership program. This decrease is due to the elimination of expenses for the membership directory as it is assumed that no print run will be needed in 2020 given the excess available from the 2018 print run.

The loss from Building Operations (detail in Appendix B, page AR-99) is projected to decrease $15,000 in the 2020 request. Revenues are projected to increase $42,000 due to a ten-year lease extension with the second floor tenant; accounting standards require that the revenue be recognized over the remaining 15 years of the lease resulting in additional revenue. Operating expenses are projected to increase $27,000 in the 2020 request. Property taxes are anticipated to increase $15,000 as property tax rates in Illinois have increased significantly and decreases are not anticipated on the current assessment. Additionally, the request includes monies to continue replacing some windows at the headquarters building. The remaining increase is spread across various line items.

Investment revenues reflect an expected yield of 2.4% for the core layer of operating reserves, and 2.91% for the growth layer. Investment revenues net of fees are projected to increase $78,000 in 2020 compared to the 2019 budgeted amount. Consistent with past practice, no change in the realized or unrealized appreciation/depreciation of operating reserves is budgeted given the inability to accurately predict such changes (only interest and dividends are budgeted).

Net revenues from Royalties are increasing $11,000 (0.7%) in the 2020 request. The OMSNIC royalty budget request of $600,000 reflects the fixed fee that is built into the current contractual arrangement. Royalties from the Treloar and Heisel program are expected to increase $5,000 in 2020, totaling $285,000. Royalties from ASI programs are expected to increase 0.5% versus the budgeted 2019 levels, totaling $602,000 in the 2020 budget request. The numbers presented reflect royalties paid directly to AAOMS (royalties paid to ASI are not included in these totals).
Finally, OMS Vision royalties are projected to remain at $90,000 in 2020; the contract was renewed in 2018 with a fixed royalty amount.

### Major Revenue Sources

<table>
<thead>
<tr>
<th></th>
<th>2020 Request</th>
<th>2019 Budget</th>
<th>2018 Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Membership Program (Appendix A)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Revenue</td>
<td>$6,834,899</td>
<td>$6,833,770</td>
<td>$6,834,872</td>
</tr>
<tr>
<td>Expense</td>
<td>215,370</td>
<td>220,370</td>
<td>214,844</td>
</tr>
<tr>
<td>Revenue Over Expense</td>
<td>6,619,529</td>
<td>6,613,400</td>
<td>6,620,028</td>
</tr>
<tr>
<td><strong>Building Operations (Appendix B)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Revenue</td>
<td>903,400</td>
<td>861,422</td>
<td>916,476</td>
</tr>
<tr>
<td>Expense</td>
<td>942,889</td>
<td>915,864</td>
<td>990,660</td>
</tr>
<tr>
<td>Revenue Over/(Under) Expense</td>
<td>(39,489)</td>
<td>(54,442)</td>
<td>(74,184)</td>
</tr>
<tr>
<td><strong>Investment Revenue</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Revenue</td>
<td>455,898</td>
<td>378,367</td>
<td>(678,945)</td>
</tr>
<tr>
<td><strong>Royalties</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OMSNIC</td>
<td>600,000</td>
<td>600,000</td>
<td>600,000</td>
</tr>
<tr>
<td>Treloar and Heisel</td>
<td>285,000</td>
<td>280,000</td>
<td>271,745</td>
</tr>
<tr>
<td>Royalties from ASI Programs</td>
<td>602,050</td>
<td>599,000</td>
<td>548,686</td>
</tr>
<tr>
<td>OMS Vision Royalties</td>
<td>90,000</td>
<td>90,000</td>
<td>90,000</td>
</tr>
<tr>
<td>Other</td>
<td>8,000</td>
<td>7,500</td>
<td>7,623</td>
</tr>
<tr>
<td>Total Royalties</td>
<td>1,585,050</td>
<td>1,576,500</td>
<td>1,518,054</td>
</tr>
<tr>
<td>Expenses Supporting Royalty Programs</td>
<td>1,500</td>
<td>3,500</td>
<td>-</td>
</tr>
</tbody>
</table>

### Total - Major Revenue Sources

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue</td>
<td>$9,779,247</td>
<td>$9,650,059</td>
<td>$8,590,457</td>
</tr>
<tr>
<td>Expense</td>
<td>1,159,759</td>
<td>1,139,734</td>
<td>1,205,504</td>
</tr>
<tr>
<td>Revenue Over Expense</td>
<td><strong>$8,619,488</strong></td>
<td><strong>$8,510,325</strong></td>
<td><strong>$7,384,953</strong></td>
</tr>
</tbody>
</table>

### Fee Based Programs and Activities

Fee based programs and activities are projecting net revenues of approximately $2,779,000 in the proposed 2020 budget, a decrease of $138,000 as compared to the 2019 budget (see schedule on pages AR-90-91). Revenues are projected at $8,790,000, a $81,000 increase, versus the 2019 budgeted totals. Expenses in the 2020 request total $6,011,000, an increase of $218,000 compared to the 2019 budgeted amounts.

The budgeted revenue over expense for the 102nd Annual Meeting is $611,000 in the 2020 budget request, $39,000 less than the 2019 budgeted level (see Appendix C, page AR-100). Revenues total approximately $3,996,000 in the 2020 request, an increase of $17,000 (.01%)
versus the 2019 budget. The 2020 budget request assumes that registration fees for members and non-members increase by $100 and that the recently increased fees implemented for professional staff in 2019 remain. The general registration fee for members was last increased by $100 in 2016 to allow for the elimination of separate fees for most clinical courses. Additional fees still exist for hands-on courses and the President’s Event. In 2019, day passes for practice clinics were eliminated and the registration fees for professional staff were raised. General registration fees are projected at $1,469,000, an increase of $206,000 compared to the 2019 budget.

The 2020 budget request of $46,000 for clinical courses is projected to equal the budgeted fees in Boston. The 2020 request includes anticipated revenue for hands-on courses and assumes a cadaver course is offered. Practice Clinic revenue was eliminated in the 2020 budget due to the 2019 pricing structure change.

Exhibition revenues are projected to decrease $20,000 to $1,915,000 in 2020. The request assumes that the booth fee is not increased in 2020 based on feedback from current and potential exhibitors; after hearing that the booth fee was much higher than others, staff surveyed other associations regarding their booth fees and found that AAOMS still has the highest price booth fee compared to similar organizations. Recently, staff has seen exhibitors drop out of the exhibition due to cost along with reduced space needs due to company mergers. The budget request assumes 405 booths are sold, at an average fee of $4,410, four Corporate Forum sessions are held, at a fee of $6,000 each, and two Product Theater and two Exhibitor Suites are sold next year.

Corporate Support totals $300,000 in the 2020 budget request, which is equal to the 2019 budgeted amount. The 2020 President’s Event is anticipated to be held at the Grotto on the San Antonio Riverwalk. Included in the current budget request for 2020 are revenues of $115,000, expenses of $253,000, resulting in a net subsidy of $138,000.

Other Income is projected at $94,000 in the 2020 budget request, down $14,000 from the 2019 budgeted amount. Annual Meeting recording sales, which are projected to decrease $10,000 in 2020 based on recent experience, are mainly responsible for the change.

The 2020 budget request includes total Annual Meeting expenses of $3,385,000, an increase of $56,000 (1.7%) versus the 2019 budget. The 2020 request for Registration/Staff Support expenses of $1,151,000 is up $27,000 over the 2019 budget, due to an increase in the headquarters staff support allocation for the meeting. Meeting administration expenses of $673,000 have decreased $60,000 in the 2020 request. Convention center rental fees are projected to decrease $44,000 based on the contracted costs. Staff hotel expenses are projected to decrease $12,000 as the association will split staff between hotels in order to maximize usage of the comp hotel nights provided by the overflow hotels due to the close proximity of the hotels and convention center. Additionally, usage of a shuttle service will not be needed in San Antonio resulting in an $8,000 savings versus the 2019 budget. Some increases spread over a variety of items have provided a partial offset to some of the savings.

Scientific Program expenses of $542,000 in the 2020 request have increased $85,000 from the 2019 budgeted levels. The increase primarily relates to the cost of the clinician honoraria as the 2020 budget includes additional non-member speakers with the new track format. Also,
expenses for programs originating from committees within the Advanced Education and Professional Affairs division has been added to the request. Previously, these costs were charged to the various committees that held Open Forums and other small programs. Since these programs are open to all meeting attendees, the costs are being consolidated to show the true costs of the Annual Meeting. Expenses for this new area total $32,000 and will result in expense reductions in the 2020 program budgets.

Exhibition expenses of $402,000 in the 2020 request have increased $37,000 versus the 2019 budgeted levels. Costs related to the member resource center and new technologies area are responsible for the increase. This is mainly due to increasing service contractor costs for reconfiguring the resource center and adding new initiatives, such as a touchscreen display of the virtual exhibit hall map to allow attendees to navigate the hall easier. Costs for the Opening Ceremony and Welcome Reception have been decreased $10,000 in the 2020 request. AV equipment costs are the primary reason for the decrease as the opening ceremony will be held in the same room as the House of Delegates resulting in shared AV costs.

The budget request for the pre-Annual Meeting Anesthesia Course reflects revenues over expenses of $120,000 in 2020, a decrease of $25,000 versus the 2019 budgeted results, and $40,000 lower than the actual net revenues in 2018. Registration fees in the proposed budget assumes attendance equal to what was experienced in 2018 in Chicago. No corporate support is budgeted given that the previous contributor will not be providing support in 2019.

The Implant Conference budget request for 2020 assumes the format will remain unchanged (2-day conference). The current request assumes the fee increase implemented in 2018 does not change. The budget also assumes that the projected attendance in 2020 will be similar to the 2018 actual attendance and that non-sponsored other dental specialists will pay a higher registration fee. It is also assumed that a simulcast will occur again in 2020. Given the assumptions above, revenues are projected at $1,291,000 in the 2020 request, an increase of $25,000 versus the 2019 budget, and $12,000 above the actual revenues in 2018. Expenses of $1,046,000 have increased $40,000 versus the 2019 budgeted levels, and are $56,000 above the actual expenditures in 2018.

The projected revenues over expenses for the pre-DIC courses total $81,000 in the 2020 request, which assumes three separate didactic courses will be offered and three hands-on courses. Projected attendance assumes 75 paid registrations per didactic course, and 75 total registrants for the three hands-on courses.

The JOMS budget request reflects net revenues of $1,028,000, a decrease of $15,000 versus the 2019 budget (see Appendix D, page AR-101). No supplements are budgeted to occur in 2020 based on the current request. The proposed budget also factors in an increase in the JOMS subscription fee from $131 in 2019 to $134 in 2020. Royalties are projected to decrease $28,000 in the 2020 budget request based on decreased online and non-member subscription income experienced in 2018. On the expense side, the 2020 request assumes that expenses will increase $8,000 primarily due to increases in the staff support allocation and editorial fees.

The margin from the Assistants Programs is projected to increase $6,000 in 2020 to $339,000, primarily due to the projected net margin for the DAANCE and the Anesthesia Assistants Review Courses. The request assumes that the online Anesthesia Review Course will be updated since it
has been five years since it was launched and that one Anesthesia Skills lab will be held in the OIEI.

The net revenues from the Coding Workshops are expected to increase $8,000 in 2020, primarily due to increased attendance at the workshop held during the Annual Meeting.

Net revenues from the catalog publications are expected to decrease $35,000 in the 2020 budget request, totaling $84,000. Revenues are projected to decrease $20,000, and expenses are projected to increase $16,000. Catalog Publication sales have been decreasing over the past few years; the 2020 budget request assumes that sales are similar to 2018 levels.

The 2020 request includes revenues of $192,000 and expenses of $67,000 for the Online CME program, which includes the Knowledge Update distance learning program and sales of clinical webinars and archived educational programs. Net revenues have increased slightly over the 2019 budget; while there has been increased demand for these products, expenses have also increased.

### Fee Based Programs

<table>
<thead>
<tr>
<th></th>
<th>2020 Request</th>
<th>2019 Budget</th>
<th>2018 Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Meeting (Appendix C)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Revenue</td>
<td>$3,995,855</td>
<td>$3,978,505</td>
<td>$4,328,387</td>
</tr>
<tr>
<td>Expense</td>
<td>3,384,999</td>
<td>3,329,143</td>
<td>3,475,279</td>
</tr>
<tr>
<td>Revenue Over Expense</td>
<td>610,856</td>
<td>649,362</td>
<td>853,108</td>
</tr>
<tr>
<td><strong>Anesthesia Course</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Revenue</td>
<td>192,750</td>
<td>217,750</td>
<td>218,705</td>
</tr>
<tr>
<td>Expense</td>
<td>72,900</td>
<td>72,750</td>
<td>58,558</td>
</tr>
<tr>
<td>Revenue Over Expense</td>
<td>119,850</td>
<td>145,000</td>
<td>160,147</td>
</tr>
<tr>
<td><strong>Implant Conference</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Revenue</td>
<td>1,290,750</td>
<td>1,266,200</td>
<td>1,279,254</td>
</tr>
<tr>
<td>Expense</td>
<td>1,045,520</td>
<td>1,005,257</td>
<td>989,538</td>
</tr>
<tr>
<td>Revenue Over Expense</td>
<td>245,230</td>
<td>260,943</td>
<td>289,716</td>
</tr>
<tr>
<td><strong>Pre-Implant Conference Courses</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Revenue</td>
<td>189,750</td>
<td>202,400</td>
<td>179,485</td>
</tr>
<tr>
<td>Expense</td>
<td>108,350</td>
<td>97,650</td>
<td>106,361</td>
</tr>
<tr>
<td>Revenue Over Expense</td>
<td>81,400</td>
<td>104,750</td>
<td>73,124</td>
</tr>
<tr>
<td><strong>JOMS (Appendix D)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Revenue</td>
<td>$1,333,214</td>
<td>$1,340,214</td>
<td>$1,341,115</td>
</tr>
<tr>
<td>Expense</td>
<td>305,000</td>
<td>297,000</td>
<td>293,339</td>
</tr>
<tr>
<td>Revenue Over Expense</td>
<td>1,028,214</td>
<td>1,043,214</td>
<td>1,047,776</td>
</tr>
</tbody>
</table>

AR-90
### Assistants Programs

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>2020</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue</td>
<td>844,500</td>
<td>786,500</td>
<td>892,825</td>
</tr>
<tr>
<td>Expense</td>
<td>505,500</td>
<td>453,835</td>
<td>499,743</td>
</tr>
<tr>
<td>Revenue Over Expense</td>
<td>339,000</td>
<td>332,665</td>
<td>393,082</td>
</tr>
</tbody>
</table>

### Coding Workshops

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>2020</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue</td>
<td>384,125</td>
<td>376,125</td>
<td>347,700</td>
</tr>
<tr>
<td>Expense</td>
<td>238,820</td>
<td>238,820</td>
<td>206,403</td>
</tr>
<tr>
<td>Revenue Over Expense</td>
<td>145,305</td>
<td>137,305</td>
<td>141,297</td>
</tr>
</tbody>
</table>

### Publications

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>2020</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue</td>
<td>367,000</td>
<td>386,500</td>
<td>370,593</td>
</tr>
<tr>
<td>Expense</td>
<td>282,790</td>
<td>266,800</td>
<td>279,847</td>
</tr>
<tr>
<td>Revenue Over Expense</td>
<td>84,210</td>
<td>119,700</td>
<td>90,746</td>
</tr>
</tbody>
</table>

### Online CME (includes OMSKU 5)

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>2020</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue</td>
<td>192,000</td>
<td>155,000</td>
<td>243,345</td>
</tr>
<tr>
<td>Expense</td>
<td>66,850</td>
<td>31,215</td>
<td>39,780</td>
</tr>
<tr>
<td>Revenue Over Expense</td>
<td>125,150</td>
<td>123,785</td>
<td>203,565</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>2020</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Revenue</td>
<td>8,789,944</td>
<td>8,709,194</td>
<td>9,201,409</td>
</tr>
<tr>
<td>Total Expense</td>
<td>6,010,729</td>
<td>5,792,470</td>
<td>5,948,848</td>
</tr>
<tr>
<td>Revenue Over Expense</td>
<td>$2,779,215</td>
<td>$2,916,724</td>
<td>$3,252,561</td>
</tr>
</tbody>
</table>

### Governance and Administration

Governance and administration spending of $8,960,000 is projected to increase $232,000 from the 2019 budgeted level, or 2.7% in the proposed 2020 budget (see schedule on page AR-93).

The House of Delegates requested spending in 2020 of $149,000 has increased $9,000 from the 2019 budgeted amounts, given that food and beverage and labor costs are anticipated to increase. The 2018 actual costs were abnormally high due to additional labor costs caused by the Chicago Marathon delaying HOD setup and the need to reconfigure the ballrooms for the keynote speaker following the third session of the House.

The proposed 2020 budget for the Board of Trustees totals $1,043,000 (see Appendix E on page R-102), which is $5,000 lower than the 2019 budgeted total. Board Honoraria and meeting costs are both projected to remain the same. Other BOT expenses are projected to decrease $6,000 in 2020 versus the 2019 budget. The 2020 budget includes $20,000 related to the costs of a facilitator and survey data analysis for the revision of the Strategic Plan; the majority of costs for the member survey are included in the 2019 budget.

As for the headquarters operations categories, salaries and wages have increased $120,000, or 3.0%, to $4,180,000 in the 2020 budget request. This reflects costs that are not allocated to the
major meetings and certain other programs. Salaries and wages includes an average merit increase of 3.0% this year and next year, in line with industry standards, and includes one added complement position.

Benefits expense is projected to increase $81,000, or 3.7%, in the 2020 budget request. The budget request reflects no major changes to any of the benefit programs. The primary reason for the increase in costs relates to an anticipated increase in the pension contribution and a rise in medical insurance costs. A premium increase of 8% has been factored into the 2020 request for the employee PPO Plan, based on input from the association’s benefits consultant. The cost of the annual pension contribution has also been increased by $45,000 as many of the newer staff will be eligible for a contribution in 2020; the plan has a one-year waiting period before contributions are made.

The 2020 budget request of $407,000 for Technology has decreased $60,000 versus the 2019 budgeted amount. The 2020 request assumes that additional monies will be needed to maintain and enhance the association management system. No transfer to the Technology Reserve is included in the 2020 request; the 2019 budget included a $50,000 transfer. The fund currently has a balance of approximately $150,000 and it is estimated that the balance will be $25,000 to $50,000 after the purchase of a learning management system and update of the Boardroom audio-visual technology in 2019. The general technology request has decreased by $10,000. The 2019 request included $25,000 in funding for a security audit. While a full security audit is not needed every year, PCI compliance standards now requires a penetration test on the network every year resulting in $15,000 of the security audit funding being included in the 2020 request.

Operational costs for the OMS Institute for Education and Innovation have been estimated at $75,000. These costs will include IT infrastructure maintenance costs, such as internet service and backups, along with additional costs such as cleaning, security for functions on the weekend, phone, and electricity.

Telecommunication costs have been decreased $22,000 in the 2020 request. The 2019 request included funding to purchase a new phone system for headquarters. The Professional Fees category includes outside legal fees, public accounting (auditing) fees, and subscription fees for a legal service utilized by staff attorneys. In Professional Fees, consulting costs have been increased $25,000 in the 2019 request. The 2020 budget request includes costs for a compensation consultant to complete the triennial review of all staff position grades vis-à-vis the marketplace. None of the other categories in the headquarters operations had any significant changes proposed in the 2020 budget request. Rent and Occupancy includes the imputed rent charge for AAOMS staff utilizing the first floor of the headquarters building. Financial Expense includes bank charges and corporate insurance charges not allocated elsewhere. Supplies and Office Expense includes office supplies, cafeteria supplies, mailroom and copy center costs, and office equipment rentals.
**Governance and Administration**

<table>
<thead>
<tr>
<th></th>
<th>2020 Request</th>
<th>2019 Budget</th>
<th>2018 Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>House of Delegates (Appendix E)</td>
<td>$149,100</td>
<td>$139,800</td>
<td>$148,196</td>
</tr>
<tr>
<td>Board of Trustees (Appendix E)</td>
<td>1,043,000</td>
<td>1,048,000</td>
<td>899,386</td>
</tr>
</tbody>
</table>

**Headquarters Operations:**

<table>
<thead>
<tr>
<th>Activity</th>
<th>2020</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries and Wages</td>
<td>4,179,803</td>
<td>4,059,527</td>
<td>3,518,720</td>
</tr>
<tr>
<td>Benefits</td>
<td>2,297,095</td>
<td>2,215,711</td>
<td>1,971,768</td>
</tr>
<tr>
<td>Employee Recruitment and Development</td>
<td>48,250</td>
<td>40,450</td>
<td>58,057</td>
</tr>
<tr>
<td>Technology</td>
<td>407,000</td>
<td>467,000</td>
<td>406,008</td>
</tr>
<tr>
<td>Professional Fees</td>
<td>96,500</td>
<td>72,000</td>
<td>74,547</td>
</tr>
<tr>
<td>Rent and Occupancy</td>
<td>447,024</td>
<td>450,024</td>
<td>445,505</td>
</tr>
<tr>
<td>OMS Institute for Education and Innovation</td>
<td>75,000</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Financial Expense</td>
<td>60,600</td>
<td>57,010</td>
<td>46,376</td>
</tr>
<tr>
<td>Supplies and Office Expense</td>
<td>130,225</td>
<td>130,675</td>
<td>113,659</td>
</tr>
<tr>
<td>Telecommunications</td>
<td>26,500</td>
<td>48,000</td>
<td>23,540</td>
</tr>
<tr>
<td>Total Headquarters Operations</td>
<td>7,767,997</td>
<td>7,540,397</td>
<td>6,658,180</td>
</tr>
</tbody>
</table>

**Total Expense**

<table>
<thead>
<tr>
<th></th>
<th>2020</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$8,960,097</td>
<td>$8,728,197</td>
<td>$7,705,762</td>
</tr>
</tbody>
</table>

**Program Funding**

Total net program spending of $2,085,000 per the 2020 request is $290,000 lower than the 2019 budgeted amounts, a decrease of 12.2% (see AR-96). The programs with the most dramatic spending shifts include Research Activities, Residency Programs, and Advocacy.

In the Governmental Affairs/Advocacy budget request (AR-103), expenses of $411,000 have decreased $73,000 from the 2019 budgeted totals, mainly due to decreased funding of state scholarships for advocacy efforts based on the limited legislative schedule in some of the larger states. Partially offsetting the decrease is a $7,000 increase in costs for Federal Legislative and Regulatory Activities due to an anticipated need for member and staff travel to Washington, D.C.

In the Anesthesia program, expenses have decreased from $467,000 in the 2019 budget to $408,000 in the 2020 budget request (AR-103). The decrease is mainly due to the fact that the 2020 request assumes that the Anesthesia Patient Safety Conference does not occur. Partially offsetting the savings from the conference elimination are $16,000 for a membership survey on anesthesia and a $28,000 increase in simulation program development costs for validation studies.

The 2020 budget request for Awards and Grants reflects a $16,000 decrease, as the request assumes that the Global Outreach Project is not renewed, and that the Dental Patient Safety Foundation contribution is lowered (AR-104).
In the Representation at Allied Meetings budget request, spending has been increased $66,000 in 2020 versus the 2019 budget (AR-104). The bi-annual State Leadership Conference will be held in 2020 whereas the 2019 budget includes no funding for the conference.

The Web Site budget request for 2020 reflects a revenue increase of $20,000, primarily due to increased royalties from the AAOMS Career Line program (AR-104). Expenses are projected to increase $11,000, primarily due to an increase in outside development support. It should be noted that a reallocation of part of the webmaster’s salary and benefits and the outside developer’s fees to the Informational Campaign for the work done on MyOMS.org and the public facing part of AAOMS.org has been reflected in the request and historical numbers. The request also assumes that the PBHS program is eliminated due to lack of participation.

The 2020 budget request for Reimbursement and Coding anticipates that revenues from webinars increase by $19,000 (AR-105). Expenses are projected to decrease from $442,000 in the 2019 budget to $420,000 in the 2020 request. Third Party Advocacy costs are decreasing $23,000 in 2020, as the Insurance Industry Open Forum will not be held next year.

In the Practice Management program (AR-105), the 2020 expense request of $75,000 has increased slightly over the 2019 budgeted amount, with no significant changes in any of the programmatic activities. Revenues are anticipated to increase $21,000 primarily due to fees from webinars.

In Research Activities, the 2020 budget request for expenses has decreased $111,000 versus the 2019 budgeted amounts, and revenues have decreased $51,000 (AR-106). The bi-annual CSIOMS Conference was held in 2019 and the Clinical Trials Methods Course will be held next year in the OIEI, and that a registration fee of $100 for residents and $200 for fellows/members is charged to partially offset expenses and discourage no-shows.

The 2020 expense request for Professional Affairs (AR-106) has increased $43,000 versus the 2019 budget, primarily due to the addition of a MOR5 stand-alone conference held in the OIEI. The conference budget request projects a net revenue of $17,000 with revenues of $79,000 and expenses of $62,000. Partially offsetting the increased expenses for the conference is the elimination of $20,000 for speakers at the MOR5 joint meeting with the BAOMS in Birmingham, U.K.

In the Continuing Education program budget, expenses are expected to increase $19,000 based on the 2020 budget request (AR-107). The request includes $18,000 in funding for a comprehensive education needs assessment survey to allow AAOMS to make more data driven decisions in planning education.

In Communications, the 2020 budget request projects revenue from AAOMS Today to increase $9,000 over the 2019 budget, anticipating a return to the ad sales experienced in 2017. Expenses are projected to decrease $54,000. No expenses are anticipated for the Centennial History Book as it is assumed to be a for-sale product and included in the Publication sales budget; the 2019 budget included $46,000 for the printing and distribution of the book. Additionally, some costs which were previously charged to the Communications budget have been re-allocated to the Informational Campaign given that they are part of the public communications of the campaign; this change has also been reflected in the historical amounts shown. These include PR Products (press release service and media monitoring - $30,000),
media training ($19,000), and oral cancer and facial protection months ($4,000). Half the costs of the CPPC ($8,000) have been allocated to the campaign given that they now are responsible for the campaign tactics which has caused a second meeting to be added each year. If an assessment is not approved, these costs will need to remain in the budget as they will still be needed. (AR-107).

In the ADA Representation budget, the 2020 expense request has increased $1,000 versus the 2019 budgeted amount. The request assumes that the AAOMS reception continues to be scheduled for one hour as done in 2018 (AR-107).

In the Residency program, revenues are projected to increase $15,000 in the 2020 budget request, and expenses are anticipated to increase $99,000 in total (AR-108). ROAAOMS corporate support and NBME testing revenue are projected to remain flat in the 2020 budget request. The Resident Educational Program request anticipates $50,000 in corporate support and $8,800 in registration fees; the request assumes a $34,000 subsidy for the program. The Emerging Leadership Program is anticipated to occur in 2020, instead of 2019, at a subsidy of $12,000. The ROAAOMS expense request has decreased $3,000 in the 2020 budget request. The CET request has decreased $12,000 due to reduced ADEA representation and the moving of the spring meeting to Headquarters. Net funding of $46,000 is requested for an Educators Conference to convene in May; it is assumed that the conference will occur in the OIEI and a registration fee will be charged to partially offset costs.

FEDA funding remains flat in the 2020 budget request. The funding request accounts for only AAOMS-funded awards. This assumes two awards are funded by AAOMS in 2019 and 2020. It is assumed that the OMS Foundation will fund a minimum of one additional award in 2020.
## Program Funding Requests

<table>
<thead>
<tr>
<th></th>
<th>2020 Request</th>
<th>2019 Budget</th>
<th>2018 Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Detailed on page AR-103:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Governmental Affairs/Advocacy</td>
<td>$411,300</td>
<td>$484,500</td>
<td>$416,463</td>
</tr>
<tr>
<td>Anesthesia</td>
<td>407,920</td>
<td>467,470</td>
<td>159,829</td>
</tr>
<tr>
<td><strong>Detailed on page AR-104:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Awards and Grants</td>
<td>112,500</td>
<td>128,500</td>
<td>212,052</td>
</tr>
<tr>
<td>Representation-Allied Meetings</td>
<td>328,970</td>
<td>262,590</td>
<td>338,486</td>
</tr>
<tr>
<td>Web Site</td>
<td>95,175</td>
<td>84,325</td>
<td>85,128</td>
</tr>
<tr>
<td><strong>Detailed on page AR-105:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reimbursement and Coding</td>
<td>419,645</td>
<td>442,405</td>
<td>385,256</td>
</tr>
<tr>
<td>Practice Management</td>
<td>74,675</td>
<td>72,675</td>
<td>75,175</td>
</tr>
<tr>
<td><strong>Detailed on page AR-106:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Research Activities</td>
<td>69,550</td>
<td>180,575</td>
<td>96,440</td>
</tr>
<tr>
<td>Professional Affairs</td>
<td>142,530</td>
<td>99,680</td>
<td>41,825</td>
</tr>
<tr>
<td><strong>Detailed on page AR-107:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Continuing Education</td>
<td>70,000</td>
<td>51,200</td>
<td>46,820</td>
</tr>
<tr>
<td>Communications</td>
<td>220,000</td>
<td>274,000</td>
<td>174,355</td>
</tr>
<tr>
<td>ADA Representation</td>
<td>228,640</td>
<td>227,530</td>
<td>230,779</td>
</tr>
<tr>
<td><strong>Detailed on page AR-108:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Residency Programs</td>
<td>861,956</td>
<td>762,594</td>
<td>701,635</td>
</tr>
<tr>
<td>FEDA</td>
<td>260,000</td>
<td>260,000</td>
<td>260,000</td>
</tr>
<tr>
<td><strong>Total Requested Funding</strong></td>
<td>$3,702,861</td>
<td>$3,798,044</td>
<td>$3,224,243</td>
</tr>
</tbody>
</table>

## Revenues

<table>
<thead>
<tr>
<th></th>
<th>2020</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anesthesia Courses (AR-103)</td>
<td>285,450</td>
<td>190,850</td>
<td>44,450</td>
</tr>
<tr>
<td>Awards and Grants (AR-104)</td>
<td>-</td>
<td>12,000</td>
<td>12,000</td>
</tr>
<tr>
<td>Web Site (AR-104)</td>
<td>264,500</td>
<td>244,700</td>
<td>265,462</td>
</tr>
<tr>
<td>Reimbursement and Coding (AR-105)</td>
<td>47,700</td>
<td>28,620</td>
<td>48,960</td>
</tr>
<tr>
<td>Practice Management (AR-105)</td>
<td>90,000</td>
<td>69,150</td>
<td>94,215</td>
</tr>
<tr>
<td>Research Activities (AR-106)</td>
<td>21,200</td>
<td>72,500</td>
<td>20,000</td>
</tr>
<tr>
<td>Professional Affairs (AR-106)</td>
<td>79,350</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Continuing Education (AR-107)</td>
<td>10,000</td>
<td>10,000</td>
<td>9,000</td>
</tr>
<tr>
<td>Communications (AR-107)</td>
<td>239,000</td>
<td>230,000</td>
<td>212,378</td>
</tr>
<tr>
<td>Residency Programs (AR-108)</td>
<td>580,950</td>
<td>565,750</td>
<td>415,760</td>
</tr>
<tr>
<td><strong>Total Revenues</strong></td>
<td>$1,618,150</td>
<td>$1,423,570</td>
<td>$1,122,225</td>
</tr>
</tbody>
</table>

**Net Spending Requested**

<table>
<thead>
<tr>
<th></th>
<th>2020</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$2,084,711</td>
<td>$2,374,474</td>
<td>$2,102,018</td>
</tr>
</tbody>
</table>
Informational Campaign and Member Assessments

The 2020 budget request for the Informational Campaign includes $1,821,000 in revenue and $1,821,000 in expenses (see Appendix G on page AR-109). Revenue is based on the anticipated member counts and assessment levels assuming that a continuation of the current $350 assessment is approved. Expenses of $1,821,000 for the Informational Campaign assumes that all the assessment revenue is spent in the year it is received with campaign tactics adjusted based on the revenue collected. Some costs which were previously charged to the Communications and Website budgets have been re-allocated to the Informational Campaign given that they are part of the public communications of the campaign; this change has also been reflected in the historical amounts shown. The request assumes that new television and radio public service announcements are produced and distributed on a topic yet-to-be determined and that current initiatives with substantial return on investment are continued (digital marketing, WebMD, SEO, new website copy).

Although Operating Reserves were slightly over $19 million at the end of 2018, the Board of Trustees recognizes that continually utilizing Operating Reserves to help fund operations over multiple years can jeopardize an organization’s solvency. Without a member assessment and no curtailment of the Informational Campaign, the current 2020 budget request would require a $1,806,000 transfer from Operating Reserves in order to balance the budget. If the campaign is curtailed to a minimum level with no assessment, the current 2020 budget request would require a $157,000 transfer from Operating Reserves in order to balance the budget. Given the ongoing reserve spending for construction of the OIEI and the future funding requests for the Informational Campaign, the Board of Trustees proposes that a member assessment be continued for three years. The member assessment will allow the association to continue to capitalize on the Campaign’s effectiveness without jeopardizing other programs and member services.

RESOLUTION B-3

RESOLVED, that, effective in 2020, dues-paying members, fellows and candidates be assessed $350 per year, with proportionate reductions for members in discounted dues categories and an exemption given to current, active-duty military members, for each of the three (3) years (2020, 2021, and 2022) for use in supporting the AAOMS Informational Campaign.

RESOLUTION B-4

(If Resolution B-3 is approved)

RESOLVED, that a 2020 operational budget with revenues of $22,008,341 and expenses of $21,993,446 as presented on pages AR-83 through AR-97 of the 2019 Annual Reports, be approved.

RESOLUTION B-4a

(If Resolution B-3 is not approved)

RESOLVED, that a 2020 operational budget with revenues of $20,187,341 and expenses of $20,344,121 as presented on pages AR-83 through AR-97 of the 2019 Annual Reports, be approved.
**Membership Program**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenues</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full Dues</td>
<td>$5,829,688</td>
<td>4,797</td>
<td>$5,833,965</td>
<td>4,905</td>
<td>$5,878,203</td>
<td>4,823</td>
</tr>
<tr>
<td>1/3 Dues</td>
<td>87,355</td>
<td>229</td>
<td>92,464</td>
<td>239</td>
<td>89,232</td>
<td>234</td>
</tr>
<tr>
<td>2/3 Dues</td>
<td>193,081</td>
<td>251</td>
<td>173,436</td>
<td>227</td>
<td>163,889</td>
<td>211</td>
</tr>
<tr>
<td>Life Dues</td>
<td>496,250</td>
<td>792</td>
<td>497,500</td>
<td>792</td>
<td>463,939</td>
<td>745</td>
</tr>
<tr>
<td>Affiliate Dues</td>
<td>101,650</td>
<td>190</td>
<td>97,905</td>
<td>183</td>
<td>112,350</td>
<td>210</td>
</tr>
<tr>
<td>Allied Staff Dues</td>
<td>45,375</td>
<td>825</td>
<td>49,500</td>
<td>900</td>
<td>43,175</td>
<td>785</td>
</tr>
<tr>
<td>Allied Staff Application Fees</td>
<td>20,000</td>
<td>500</td>
<td>23,000</td>
<td>575</td>
<td>18,160</td>
<td>454</td>
</tr>
<tr>
<td>Fee to Receive Mailings</td>
<td>2,000</td>
<td>7,000</td>
<td></td>
<td></td>
<td>2,300</td>
<td></td>
</tr>
<tr>
<td>Late Fees and Application Fees</td>
<td>23,500</td>
<td>18,000</td>
<td></td>
<td></td>
<td>22,974</td>
<td></td>
</tr>
<tr>
<td><strong>Total For Dues/Application Fees</strong></td>
<td>$6,798,899</td>
<td>7,584</td>
<td>$6,792,770</td>
<td>7,821</td>
<td>$6,794,222</td>
<td>7,462</td>
</tr>
<tr>
<td>Mailing Labels</td>
<td>36,000</td>
<td></td>
<td>41,000</td>
<td></td>
<td>40,650</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL REVENUE</strong></td>
<td>$6,834,899</td>
<td></td>
<td>$6,833,770</td>
<td></td>
<td>$6,834,872</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Expenses</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Directory</td>
<td>-</td>
<td></td>
<td>5,000</td>
<td></td>
<td>3,679</td>
<td></td>
</tr>
<tr>
<td>Committee on Membership</td>
<td>1,870</td>
<td></td>
<td>1,870</td>
<td></td>
<td>539</td>
<td></td>
</tr>
<tr>
<td>Credit Card Discount Fees</td>
<td>190,000</td>
<td></td>
<td>190,000</td>
<td></td>
<td>191,884</td>
<td></td>
</tr>
<tr>
<td>Dues Collection Process</td>
<td>12,500</td>
<td></td>
<td>12,500</td>
<td></td>
<td>11,174</td>
<td></td>
</tr>
<tr>
<td>Journal Copies</td>
<td>2,000</td>
<td></td>
<td>2,000</td>
<td></td>
<td>1,591</td>
<td></td>
</tr>
<tr>
<td>Certificates and Life Pins</td>
<td>4,000</td>
<td></td>
<td>4,000</td>
<td></td>
<td>4,179</td>
<td></td>
</tr>
<tr>
<td>Promotion/Campaigns</td>
<td>5,000</td>
<td></td>
<td>5,000</td>
<td></td>
<td>1,798</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL EXPENSES</strong></td>
<td>$215,370</td>
<td></td>
<td>$220,370</td>
<td></td>
<td>$214,844</td>
<td></td>
</tr>
<tr>
<td><strong>REVENUE OVER EXPENSE</strong></td>
<td>$6,619,529</td>
<td></td>
<td>$6,613,400</td>
<td></td>
<td>$6,620,028</td>
<td></td>
</tr>
</tbody>
</table>
## Building Operations

### Revenue

<table>
<thead>
<tr>
<th>Description</th>
<th>2020</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rental Income - 2nd Floor</td>
<td>$390,523</td>
<td>$356,095</td>
<td>$437,278</td>
</tr>
<tr>
<td>Less: Amortization of Tenant Improvements</td>
<td>(38,467)</td>
<td>(46,197)</td>
<td>(69,689)</td>
</tr>
<tr>
<td>Rental Income - OMSF</td>
<td>17,550</td>
<td>17,550</td>
<td>17,550</td>
</tr>
<tr>
<td>Rental Income - OMSPAC</td>
<td>3,200</td>
<td>3,200</td>
<td>3,200</td>
</tr>
<tr>
<td>Membership Assessments</td>
<td>88,000</td>
<td>88,000</td>
<td>85,363</td>
</tr>
<tr>
<td>Rental Income - AAOMS Occupancy</td>
<td>442,774</td>
<td>442,774</td>
<td>442,774</td>
</tr>
<tr>
<td><strong>TOTAL REVENUES</strong></td>
<td><strong>$903,400</strong></td>
<td><strong>$861,422</strong></td>
<td><strong>$916,476</strong></td>
</tr>
</tbody>
</table>

### Expenses

<table>
<thead>
<tr>
<th>Description</th>
<th>2020</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cleaning</td>
<td>84,642</td>
<td>81,958</td>
<td>80,395</td>
</tr>
<tr>
<td>Utilities</td>
<td>158,050</td>
<td>154,550</td>
<td>145,067</td>
</tr>
<tr>
<td>Repairs and Maintenance</td>
<td>147,875</td>
<td>147,550</td>
<td>161,034</td>
</tr>
<tr>
<td>Property Tax</td>
<td>255,000</td>
<td>240,000</td>
<td>252,988</td>
</tr>
<tr>
<td>Administration</td>
<td>255,637</td>
<td>248,131</td>
<td>240,262</td>
</tr>
<tr>
<td><strong>NORMAL OPERATING EXPENSES</strong></td>
<td><strong>$901,204</strong></td>
<td><strong>$872,216</strong></td>
<td><strong>$879,746</strong></td>
</tr>
<tr>
<td>Replacement / Upkeep Pool</td>
<td>10,700</td>
<td>10,700</td>
<td>6,652</td>
</tr>
<tr>
<td>Owner Expenses</td>
<td>6,000</td>
<td>6,000</td>
<td>3,920</td>
</tr>
<tr>
<td>Architect Fees (Education Center)</td>
<td>-</td>
<td>-</td>
<td>66,784</td>
</tr>
<tr>
<td>Amortization - Brokerage Commissions</td>
<td>24,985</td>
<td>26,948</td>
<td>33,558</td>
</tr>
<tr>
<td><strong>TOTAL OPERATING EXPENSES</strong></td>
<td><strong>$942,889</strong></td>
<td><strong>$915,864</strong></td>
<td><strong>$990,660</strong></td>
</tr>
<tr>
<td><strong>REVENUE OVER EXPENSE</strong></td>
<td>$(39,489)</td>
<td>$(54,442)</td>
<td>$(74,184)</td>
</tr>
</tbody>
</table>
## Appendix C

### Annual Meeting

<table>
<thead>
<tr>
<th></th>
<th>San Antonio 2020</th>
<th>Boston 2019</th>
<th>Chicago 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue</td>
<td>Request</td>
<td>Request</td>
<td>Actual</td>
</tr>
<tr>
<td>Early Registration Fees</td>
<td>$507,360</td>
<td>$490,375</td>
<td>$499,505</td>
</tr>
<tr>
<td>Registration Fees</td>
<td>210,325</td>
<td>218,625</td>
<td>186,825</td>
</tr>
<tr>
<td>Onsite Registration Fees</td>
<td>233,825</td>
<td>246,125</td>
<td>305,195</td>
</tr>
<tr>
<td>Assistants Registration Fees</td>
<td>359,950</td>
<td>157,000</td>
<td>175,740</td>
</tr>
<tr>
<td>Non-Member Registration Fees</td>
<td>157,410</td>
<td>150,585</td>
<td>226,485</td>
</tr>
<tr>
<td><strong>Total Registration Fees</strong></td>
<td><strong>$1,468,870</strong></td>
<td><strong>$1,262,710</strong></td>
<td><strong>$1,393,750</strong></td>
</tr>
<tr>
<td>Clinical Courses</td>
<td>46,000</td>
<td>46,000</td>
<td>46,800</td>
</tr>
<tr>
<td>Practice Management Clinics</td>
<td>n/a</td>
<td>165,200</td>
<td>237,535</td>
</tr>
<tr>
<td>Assistant Programs</td>
<td>27,800</td>
<td>27,800</td>
<td>28,825</td>
</tr>
<tr>
<td><strong>Total Scientific Program Fees</strong></td>
<td><strong>$73,800</strong></td>
<td><strong>$239,000</strong></td>
<td><strong>$313,160</strong></td>
</tr>
<tr>
<td>Exhibit Rentals and Registration Fees</td>
<td>1,814,050</td>
<td>1,852,975</td>
<td>1,800,603</td>
</tr>
<tr>
<td>Corporate Forums and Special Offerings</td>
<td>68,825</td>
<td>49,925</td>
<td>90,966</td>
</tr>
<tr>
<td>Online Exhibit Hall</td>
<td>32,375</td>
<td>32,375</td>
<td>35,700</td>
</tr>
<tr>
<td><strong>Total Exhibitor Fees</strong></td>
<td><strong>$1,915,250</strong></td>
<td><strong>$1,935,275</strong></td>
<td><strong>$1,927,269</strong></td>
</tr>
<tr>
<td>Corporate Support Fees</td>
<td>300,000</td>
<td>300,000</td>
<td>382,250</td>
</tr>
<tr>
<td>Program Advertising</td>
<td>28,500</td>
<td>28,500</td>
<td>40,756</td>
</tr>
<tr>
<td><strong>Total Corporate Support/Advertising</strong></td>
<td><strong>$328,500</strong></td>
<td><strong>$328,500</strong></td>
<td><strong>$423,006</strong></td>
</tr>
<tr>
<td>President’s Event</td>
<td>$115,000</td>
<td>$105,000</td>
<td>$158,551</td>
</tr>
<tr>
<td>Other Income</td>
<td><strong>$94,435</strong></td>
<td><strong>$108,020</strong></td>
<td><strong>$112,651</strong></td>
</tr>
<tr>
<td><strong>TOTAL REVENUES</strong></td>
<td><strong>$3,995,855</strong></td>
<td><strong>$3,978,505</strong></td>
<td><strong>$4,328,387</strong></td>
</tr>
</tbody>
</table>

### Expenses

<table>
<thead>
<tr>
<th></th>
<th>San Antonio 2020</th>
<th>Boston 2019</th>
<th>Chicago 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration/Finance/Staff Support</td>
<td>1,150,750</td>
<td>1,124,000</td>
<td>1,098,570</td>
</tr>
<tr>
<td>Assistants Programs</td>
<td>20,687</td>
<td>20,413</td>
<td>18,730</td>
</tr>
<tr>
<td>Meetings Administration</td>
<td>673,415</td>
<td>733,765</td>
<td>830,133</td>
</tr>
<tr>
<td>Scientific Programs</td>
<td>542,360</td>
<td>457,057</td>
<td>571,842</td>
</tr>
<tr>
<td>Practice Management Programs</td>
<td>67,237</td>
<td>65,518</td>
<td>72,556</td>
</tr>
<tr>
<td>Exhibits</td>
<td>402,125</td>
<td>365,015</td>
<td>323,894</td>
</tr>
<tr>
<td>Opening Ceremony/Reception</td>
<td>203,000</td>
<td>213,000</td>
<td>232,993</td>
</tr>
<tr>
<td>Sponsorship Activities</td>
<td>72,425</td>
<td>53,075</td>
<td>70,089</td>
</tr>
<tr>
<td>Centennial Related Activities</td>
<td>-</td>
<td>-</td>
<td>51,352</td>
</tr>
<tr>
<td>President’s Event</td>
<td><strong>253,000</strong></td>
<td><strong>297,300</strong></td>
<td><strong>205,120</strong></td>
</tr>
<tr>
<td><strong>TOTAL EXPENSES</strong></td>
<td><strong>$3,384,999</strong></td>
<td><strong>$3,329,143</strong></td>
<td><strong>$3,475,279</strong></td>
</tr>
<tr>
<td><strong>REVENUE OVER EXPENSE</strong></td>
<td><strong>$610,856</strong></td>
<td><strong>$649,362</strong></td>
<td><strong>$853,108</strong></td>
</tr>
</tbody>
</table>
## Reference Committee “B”

### Appendix D

**Journal of Oral and Maxillofacial Surgery**

<table>
<thead>
<tr>
<th></th>
<th>Request</th>
<th>Budget</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Royalties</td>
<td>$435,000</td>
<td>$463,000</td>
<td>$464,265</td>
</tr>
<tr>
<td>Subscriptions</td>
<td>775,000</td>
<td>754,000</td>
<td>752,116</td>
</tr>
<tr>
<td>Reader's Circle</td>
<td>-</td>
<td>-</td>
<td>1,520</td>
</tr>
<tr>
<td>Contract Signing Bonus</td>
<td>85,714</td>
<td>85,714</td>
<td>85,714</td>
</tr>
<tr>
<td>Corporate Support</td>
<td>35,000</td>
<td>35,000</td>
<td>35,000</td>
</tr>
<tr>
<td>Miscellaneous Income</td>
<td>2,500</td>
<td>2,500</td>
<td>2,500</td>
</tr>
<tr>
<td><strong>TOTAL REVENUES</strong></td>
<td>$1,333,214</td>
<td>$1,340,214</td>
<td>$1,341,115</td>
</tr>
</tbody>
</table>

**Expenses**

<table>
<thead>
<tr>
<th></th>
<th>2020</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Editorial Fees</td>
<td>174,000</td>
<td>169,000</td>
<td>174,000</td>
</tr>
<tr>
<td>Travel Reimbursements</td>
<td>12,000</td>
<td>12,000</td>
<td>5,789</td>
</tr>
<tr>
<td>JOMS Statistician</td>
<td>1,500</td>
<td>1,500</td>
<td>1,500</td>
</tr>
<tr>
<td><strong>Editorial Expenses</strong></td>
<td>$187,500</td>
<td>$182,500</td>
<td>$181,289</td>
</tr>
<tr>
<td>Support from AAOMS Staff</td>
<td>112,000</td>
<td>109,000</td>
<td>106,100</td>
</tr>
<tr>
<td>Miscellaneous Expenses</td>
<td>3,000</td>
<td>3,000</td>
<td>3,450</td>
</tr>
<tr>
<td>Amortization - Publication Rights</td>
<td>2,500</td>
<td>2,500</td>
<td>2,500</td>
</tr>
<tr>
<td><strong>Total Operational Expenses</strong></td>
<td>$117,500</td>
<td>$114,500</td>
<td>$112,050</td>
</tr>
<tr>
<td><strong>TOTAL EXPENSES</strong></td>
<td>$305,000</td>
<td>$297,000</td>
<td>$293,339</td>
</tr>
<tr>
<td><strong>REVENUE OVER EXPENSE</strong></td>
<td>$1,028,214</td>
<td>$1,043,214</td>
<td>$1,047,776</td>
</tr>
</tbody>
</table>
Appendix E

<table>
<thead>
<tr>
<th></th>
<th>2020 Request</th>
<th>2019 Budget</th>
<th>2018 Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>House of Delegates</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Audio-Visual, Electric Charges</td>
<td>$66,000</td>
<td>$62,000</td>
<td>$88,247</td>
</tr>
<tr>
<td>Travel Reimbursements</td>
<td>9,100</td>
<td>9,100</td>
<td>9,098</td>
</tr>
<tr>
<td>Food and Beverage</td>
<td>25,000</td>
<td>24,000</td>
<td>26,616</td>
</tr>
<tr>
<td>All Other Annual Meeting Costs</td>
<td>7,000</td>
<td>2,700</td>
<td>9,235</td>
</tr>
<tr>
<td>Speaker Honoraria</td>
<td>42,000</td>
<td>42,000</td>
<td>15,000</td>
</tr>
<tr>
<td><strong>TOTAL HOUSE OF DELEGATES</strong></td>
<td>$149,100</td>
<td>$139,800</td>
<td>$148,196</td>
</tr>
<tr>
<td><strong>Board of Trustees</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Honoraria</td>
<td>$648,000</td>
<td>$648,000</td>
<td>$540,000</td>
</tr>
<tr>
<td>Board Meetings</td>
<td>314,000</td>
<td>314,000</td>
<td>305,084</td>
</tr>
<tr>
<td>Finance and Audit Committee</td>
<td>11,000</td>
<td>12,000</td>
<td>9,218</td>
</tr>
<tr>
<td>Strategic Planning</td>
<td>20,000</td>
<td>18,000</td>
<td>-</td>
</tr>
<tr>
<td>Board Task Forces</td>
<td>-</td>
<td>-</td>
<td>55</td>
</tr>
<tr>
<td>Trustee Reports</td>
<td>3,000</td>
<td>4,000</td>
<td>1,956</td>
</tr>
<tr>
<td>General Administration</td>
<td>24,000</td>
<td>29,000</td>
<td>20,925</td>
</tr>
<tr>
<td>Executive Director's Administrative Account</td>
<td>23,000</td>
<td>23,000</td>
<td>22,148</td>
</tr>
<tr>
<td><strong>TOTAL BOARD OF TRUSTEES</strong></td>
<td>$1,043,000</td>
<td>$1,048,000</td>
<td>$899,386</td>
</tr>
</tbody>
</table>
## Program Detail

<table>
<thead>
<tr>
<th></th>
<th>2020 Request</th>
<th>2019 Budget</th>
<th>2018 Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Governmental Affairs/Advocacy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Federal Legislative/Regulatory Activities</td>
<td>$22,000</td>
<td>$15,000</td>
<td>$19,814</td>
</tr>
<tr>
<td>Day on the Hill</td>
<td>118,100</td>
<td>118,100</td>
<td>118,141</td>
</tr>
<tr>
<td>Online Legislative Research</td>
<td>40,500</td>
<td>38,500</td>
<td>38,256</td>
</tr>
<tr>
<td>Support of State Lobbying</td>
<td>79,500</td>
<td>164,500</td>
<td>95,961</td>
</tr>
<tr>
<td>Committee on Governmental Affairs</td>
<td>23,000</td>
<td>20,000</td>
<td>25,310</td>
</tr>
<tr>
<td>State Advocates Forum</td>
<td>55,000</td>
<td>55,000</td>
<td>49,946</td>
</tr>
<tr>
<td>OMS on State Dental Boards</td>
<td>200</td>
<td>400</td>
<td>-</td>
</tr>
<tr>
<td>Grassroots Software</td>
<td>10,000</td>
<td>10,000</td>
<td>9,000</td>
</tr>
<tr>
<td>Attendance - Legislative Conferences</td>
<td>3,000</td>
<td>3,000</td>
<td>35</td>
</tr>
<tr>
<td>Lobbying Firm</td>
<td>60,000</td>
<td>60,000</td>
<td>60,000</td>
</tr>
<tr>
<td><strong>TOTAL EXPENSE</strong></td>
<td><strong>$411,300</strong></td>
<td><strong>$484,500</strong></td>
<td><strong>$416,463</strong></td>
</tr>
</tbody>
</table>

### Anesthesia

#### Revenue

<table>
<thead>
<tr>
<th></th>
<th>2020 Request</th>
<th>2019 Budget</th>
<th>2018 Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Simulation Program Courses</td>
<td>259,200</td>
<td>166,600</td>
<td>19,400</td>
</tr>
<tr>
<td>ACLS/PALS Courses</td>
<td>26,250</td>
<td>24,250</td>
<td>25,050</td>
</tr>
<tr>
<td><strong>TOTAL REVENUE</strong></td>
<td><strong>$285,450</strong></td>
<td><strong>$190,850</strong></td>
<td><strong>$44,450</strong></td>
</tr>
</tbody>
</table>

#### Expense

<table>
<thead>
<tr>
<th></th>
<th>2020 Request</th>
<th>2019 Budget</th>
<th>2018 Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Simulation Program Courses</td>
<td>196,350</td>
<td>214,130</td>
<td>42,275</td>
</tr>
<tr>
<td>ACLS/PALS Courses</td>
<td>23,500</td>
<td>21,750</td>
<td>23,293</td>
</tr>
<tr>
<td>Simulation Program Development/Validation Study</td>
<td>78,350</td>
<td>50,000</td>
<td>28,291</td>
</tr>
<tr>
<td>OAE Completion Certificates</td>
<td>1,900</td>
<td>1,900</td>
<td>912</td>
</tr>
<tr>
<td>OAE Web Application Development</td>
<td>2,000</td>
<td>10,000</td>
<td>-</td>
</tr>
<tr>
<td>ASA Meeting Attendance</td>
<td>4,050</td>
<td>4,050</td>
<td>1,058</td>
</tr>
<tr>
<td>Pediatric Sedation Conference</td>
<td>4,340</td>
<td>4,340</td>
<td>-</td>
</tr>
<tr>
<td>SAMBA</td>
<td>3,890</td>
<td>3,890</td>
<td>1,050</td>
</tr>
<tr>
<td>Anesthesia Patient Safety Conference</td>
<td>-</td>
<td>84,820</td>
<td>-</td>
</tr>
<tr>
<td>Membership Survey</td>
<td>16,000</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Committee on Anesthesia</td>
<td>77,540</td>
<td>72,590</td>
<td>62,950</td>
</tr>
<tr>
<td><strong>TOTAL EXPENSE</strong></td>
<td><strong>$407,920</strong></td>
<td><strong>$467,470</strong></td>
<td><strong>$159,829</strong></td>
</tr>
</tbody>
</table>
## Appendix F

### Program Detail

<table>
<thead>
<tr>
<th></th>
<th>2020 Request</th>
<th>2019 Budget</th>
<th>2018 Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Awards and Grants</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Revenue</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Global Outreach Project</td>
<td>$0</td>
<td>$12,000</td>
<td>$12,000</td>
</tr>
<tr>
<td><strong>TOTAL REVENUE</strong></td>
<td>$0</td>
<td>$12,000</td>
<td>$12,000</td>
</tr>
<tr>
<td>Expense</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Awards</td>
<td>40,000</td>
<td>43,000</td>
<td>34,348</td>
</tr>
<tr>
<td>Past Presidents Lunch</td>
<td>2,000</td>
<td>2,000</td>
<td>2,254</td>
</tr>
<tr>
<td>Officer/Trustee Dinner</td>
<td>45,000</td>
<td>42,000</td>
<td>45,948</td>
</tr>
<tr>
<td>President's Event for Spouses</td>
<td>7,000</td>
<td>8,000</td>
<td>4,913</td>
</tr>
<tr>
<td>Anesthesia Patient Safety Foundation</td>
<td>5,000</td>
<td>5,000</td>
<td>5,000</td>
</tr>
<tr>
<td>Dental Patient Safety Foundation</td>
<td>5,000</td>
<td>10,000</td>
<td>-</td>
</tr>
<tr>
<td>OMS Foundation Contribution</td>
<td>-</td>
<td>-</td>
<td>50,000</td>
</tr>
<tr>
<td>IAOMS Foundation Contribution</td>
<td>-</td>
<td>-</td>
<td>50,000</td>
</tr>
<tr>
<td>Memorials and Contributions</td>
<td>500</td>
<td>500</td>
<td>1,100</td>
</tr>
<tr>
<td>Global Outreach Project</td>
<td>8,000</td>
<td>8,000</td>
<td>8,455</td>
</tr>
<tr>
<td><strong>TOTAL EXPENSE</strong></td>
<td>$112,500</td>
<td>$128,500</td>
<td>$212,052</td>
</tr>
<tr>
<td><strong>Representation - Allied Meetings</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>International Representation</td>
<td>96,970</td>
<td>94,590</td>
<td>115,286</td>
</tr>
<tr>
<td>Regional/State Society Meetings</td>
<td>82,000</td>
<td>90,000</td>
<td>79,792</td>
</tr>
<tr>
<td>Affiliate Organization Representation</td>
<td>75,000</td>
<td>78,000</td>
<td>57,102</td>
</tr>
<tr>
<td>State Leadership Conference</td>
<td>75,000</td>
<td>-</td>
<td>86,306</td>
</tr>
<tr>
<td><strong>TOTAL EXPENSE</strong></td>
<td>$328,970</td>
<td>$262,590</td>
<td>$338,486</td>
</tr>
<tr>
<td><strong>Web Site</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Revenue</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AAOAMS Career Line</td>
<td>240,000</td>
<td>220,000</td>
<td>241,452</td>
</tr>
<tr>
<td>AAOAMS Supplier Marketplace</td>
<td>4,500</td>
<td>4,000</td>
<td>3,492</td>
</tr>
<tr>
<td>PBHS Program</td>
<td>-</td>
<td>700</td>
<td>518</td>
</tr>
<tr>
<td>Corporate Support Fees</td>
<td>20,000</td>
<td>20,000</td>
<td>20,000</td>
</tr>
<tr>
<td><strong>TOTAL REVENUE</strong></td>
<td>$264,500</td>
<td>$244,700</td>
<td>$265,462</td>
</tr>
<tr>
<td>Expense</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AAOAMS Career Line</td>
<td>1,000</td>
<td>1,000</td>
<td>663</td>
</tr>
<tr>
<td>Broadcast E-mail Software</td>
<td>16,500</td>
<td>15,000</td>
<td>19,665</td>
</tr>
<tr>
<td>Administration</td>
<td>77,675</td>
<td>68,325</td>
<td>64,800</td>
</tr>
<tr>
<td><strong>TOTAL EXPENSE</strong></td>
<td>$95,175</td>
<td>$84,325</td>
<td>$85,128</td>
</tr>
</tbody>
</table>
# Appendix F

## Program Detail

### Reimbursement and Coding

<table>
<thead>
<tr>
<th></th>
<th>2020 Request</th>
<th>2019 Budget</th>
<th>2018 Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenue</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Webinars</td>
<td>$47,700</td>
<td>$28,620</td>
<td>$48,960</td>
</tr>
<tr>
<td><strong>TOTAL REVENUE</strong></td>
<td>$47,700</td>
<td>$28,620</td>
<td>$48,960</td>
</tr>
<tr>
<td><strong>Expense</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADA CDT Representation</td>
<td>5,000</td>
<td>5,000</td>
<td>2,338</td>
</tr>
<tr>
<td>CPT Editorial Panel Representation</td>
<td>9,660</td>
<td>9,660</td>
<td>10,482</td>
</tr>
<tr>
<td>Insurance Carrier Meetings</td>
<td>6,000</td>
<td>6,000</td>
<td>175</td>
</tr>
<tr>
<td>Third Party Advocacy</td>
<td>1,000</td>
<td>23,760</td>
<td>884</td>
</tr>
<tr>
<td>Committee on Health Care Policy, Coding &amp; Reimbursement</td>
<td>21,640</td>
<td>21,640</td>
<td>16,259</td>
</tr>
<tr>
<td>OMS Registry</td>
<td>300,000</td>
<td>300,000</td>
<td>294,103</td>
</tr>
<tr>
<td>AMA RUC</td>
<td>16,700</td>
<td>16,700</td>
<td>14,181</td>
</tr>
<tr>
<td>SNODENT Editorial Panel</td>
<td>1,285</td>
<td>1,285</td>
<td>64</td>
</tr>
<tr>
<td>Coding Technical Assistance</td>
<td>15,195</td>
<td>15,195</td>
<td>12,214</td>
</tr>
<tr>
<td>Alternative Payment Research</td>
<td>2,500</td>
<td>2,500</td>
<td>702</td>
</tr>
<tr>
<td>Dental Quality Alliance</td>
<td>12,740</td>
<td>12,740</td>
<td>8,614</td>
</tr>
<tr>
<td>Policy Reporter</td>
<td>8,500</td>
<td>8,500</td>
<td>8,599</td>
</tr>
<tr>
<td>Webinars</td>
<td>8,175</td>
<td>8,175</td>
<td>7,216</td>
</tr>
<tr>
<td>AADC Meeting</td>
<td>11,250</td>
<td>11,250</td>
<td>9,425</td>
</tr>
<tr>
<td><strong>TOTAL EXPENSE</strong></td>
<td>$419,645</td>
<td>$442,405</td>
<td>$385,256</td>
</tr>
</tbody>
</table>

### Practice Management

<table>
<thead>
<tr>
<th></th>
<th>2020 Request</th>
<th>2019 Budget</th>
<th>2018 Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenue</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Practice Management Stand Alone Meeting</td>
<td>45,000</td>
<td>40,000</td>
<td>43,425</td>
</tr>
<tr>
<td>Webinars</td>
<td>45,000</td>
<td>29,150</td>
<td>50,790</td>
</tr>
<tr>
<td><strong>TOTAL REVENUE</strong></td>
<td>$90,000</td>
<td>$69,150</td>
<td>$94,215</td>
</tr>
<tr>
<td><strong>Expense</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Committee on Practice Management/PAS</td>
<td>26,000</td>
<td>26,000</td>
<td>29,839</td>
</tr>
<tr>
<td>ADSO Meeting</td>
<td>6,500</td>
<td>4,500</td>
<td>1,914</td>
</tr>
<tr>
<td>Practice Management Stand Alone Meeting</td>
<td>28,000</td>
<td>28,000</td>
<td>34,783</td>
</tr>
<tr>
<td>Practice Management Resources</td>
<td>6,000</td>
<td>6,000</td>
<td>960</td>
</tr>
<tr>
<td>Webinars</td>
<td>8,175</td>
<td>8,175</td>
<td>7,679</td>
</tr>
<tr>
<td><strong>TOTAL EXPENSE</strong></td>
<td>$74,675</td>
<td>$72,675</td>
<td>$75,175</td>
</tr>
</tbody>
</table>
## Program Detail

<table>
<thead>
<tr>
<th></th>
<th>2020</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Research Activities</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Revenue</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CSIOMS Conference</td>
<td>$</td>
<td>72,500</td>
<td>$</td>
</tr>
<tr>
<td>Clinical Trials Methods Course</td>
<td>21,200</td>
<td>-</td>
<td>20,000</td>
</tr>
<tr>
<td><strong>TOTAL REVENUE</strong></td>
<td>$21,200</td>
<td>$72,500</td>
<td>$20,000</td>
</tr>
<tr>
<td><strong>Expense</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Committee on RPTA</td>
<td>14,820</td>
<td>18,070</td>
<td>30,465</td>
</tr>
<tr>
<td>CSIOMS Conference</td>
<td>-</td>
<td>162,505</td>
<td>-</td>
</tr>
<tr>
<td>Clinical Trials Methods Course</td>
<td>54,730</td>
<td>-</td>
<td>65,975</td>
</tr>
<tr>
<td><strong>TOTAL EXPENSE</strong></td>
<td>$69,550</td>
<td>$180,575</td>
<td>$96,440</td>
</tr>
<tr>
<td><strong>Professional Affairs</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Revenue</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MORS Stand Alone Meeting</td>
<td>79,350</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>TOTAL REVENUE</strong></td>
<td>$79,350</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Expense</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IVO Project</td>
<td>5,000</td>
<td>5,000</td>
<td>5,000</td>
</tr>
<tr>
<td>CCCPOMS</td>
<td>22,805</td>
<td>22,805</td>
<td>6,998</td>
</tr>
<tr>
<td>SCOHNORS</td>
<td>26,155</td>
<td>25,875</td>
<td>7,748</td>
</tr>
<tr>
<td>MORS Stand Alone Meeting</td>
<td>62,190</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>MORS Joint Meeting with BAOMS</td>
<td>-</td>
<td>20,000</td>
<td>-</td>
</tr>
<tr>
<td>Par Care Committees</td>
<td>700</td>
<td>700</td>
<td>-</td>
</tr>
<tr>
<td>Hospital Privileges/Credentialing</td>
<td>500</td>
<td>1,650</td>
<td>25</td>
</tr>
<tr>
<td>ACS Trauma Meeting</td>
<td>6,930</td>
<td>6,900</td>
<td>6,012</td>
</tr>
<tr>
<td>ACS Clinical Congress/Reception</td>
<td>17,750</td>
<td>15,750</td>
<td>15,875</td>
</tr>
<tr>
<td>Commission on Professional Conduct</td>
<td>500</td>
<td>1,000</td>
<td>167</td>
</tr>
<tr>
<td><strong>TOTAL EXPENSE</strong></td>
<td>$142,530</td>
<td>$99,680</td>
<td>$41,825</td>
</tr>
</tbody>
</table>
## Appendix F

### Program Detail

#### Continuing Education

<table>
<thead>
<tr>
<th>Revenue</th>
<th>2020 Request</th>
<th>2019 Budget</th>
<th>2018 Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joint Sponsorship Fees</td>
<td>$10,000</td>
<td>$10,000</td>
<td>$9,000</td>
</tr>
<tr>
<td>TOTAL REVENUE</td>
<td>$10,000</td>
<td>$10,000</td>
<td>$9,000</td>
</tr>
</tbody>
</table>

#### Expense

<table>
<thead>
<tr>
<th>Expense</th>
<th>2020</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCEPD</td>
<td>35,000</td>
<td>35,000</td>
<td>31,870</td>
</tr>
<tr>
<td>Speaker/Program Review</td>
<td>3,000</td>
<td>3,000</td>
<td>2,296</td>
</tr>
<tr>
<td>CE Accreditation Fees</td>
<td>7,500</td>
<td>6,700</td>
<td>7,170</td>
</tr>
<tr>
<td>Maintaining ACCME Accreditation</td>
<td>1,000</td>
<td>1,000</td>
<td>25</td>
</tr>
<tr>
<td>Needs Assessment Research</td>
<td>500</td>
<td>500</td>
<td>459</td>
</tr>
<tr>
<td>Education Deep Dive Survey</td>
<td>18,000</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Speakers at ADA Meeting</td>
<td>5,000</td>
<td>5,000</td>
<td>5,000</td>
</tr>
<tr>
<td>TOTAL EXPENSE</td>
<td>$70,000</td>
<td>$51,200</td>
<td>$46,820</td>
</tr>
</tbody>
</table>

#### Communications

<table>
<thead>
<tr>
<th>Revenue</th>
<th>2020</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAOMS Today</td>
<td>239,000</td>
<td>230,000</td>
<td>212,270</td>
</tr>
<tr>
<td>Surgical Updates</td>
<td>-</td>
<td>-</td>
<td>108</td>
</tr>
<tr>
<td>TOTAL REVENUE</td>
<td>$239,000</td>
<td>$230,000</td>
<td>$212,378</td>
</tr>
</tbody>
</table>

#### Expense

<table>
<thead>
<tr>
<th>Expense</th>
<th>2020</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAOMS Today</td>
<td>175,000</td>
<td>175,000</td>
<td>160,565</td>
</tr>
<tr>
<td>Practice Management Notes</td>
<td>8,000</td>
<td>12,000</td>
<td>6,649</td>
</tr>
<tr>
<td>CPPC</td>
<td>8,000</td>
<td>5,000</td>
<td>7,141</td>
</tr>
<tr>
<td>Marketing</td>
<td>15,000</td>
<td>15,000</td>
<td>-</td>
</tr>
<tr>
<td>Freelance Design</td>
<td>-</td>
<td>9,000</td>
<td>-</td>
</tr>
<tr>
<td>AAOMS Annex (JOMS Insert)</td>
<td>14,000</td>
<td>12,000</td>
<td>-</td>
</tr>
<tr>
<td>Centennial History Book</td>
<td>-</td>
<td>46,000</td>
<td>-</td>
</tr>
<tr>
<td>TOTAL EXPENSE</td>
<td>$220,000</td>
<td>$274,000</td>
<td>$174,355</td>
</tr>
</tbody>
</table>

#### ADA Representation

<table>
<thead>
<tr>
<th>Expense</th>
<th>2020</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADA Reception</td>
<td>90,000</td>
<td>95,000</td>
<td>96,294</td>
</tr>
<tr>
<td>Board Representation</td>
<td>105,000</td>
<td>100,000</td>
<td>108,358</td>
</tr>
<tr>
<td>CODA Meetings</td>
<td>14,320</td>
<td>13,210</td>
<td>10,800</td>
</tr>
<tr>
<td>Residency Review Committee Meetings</td>
<td>14,320</td>
<td>14,320</td>
<td>10,347</td>
</tr>
<tr>
<td>ADA Liaison Committee</td>
<td>5,000</td>
<td>5,000</td>
<td>4,980</td>
</tr>
<tr>
<td>TOTAL EXPENSE</td>
<td>$228,640</td>
<td>$227,530</td>
<td>$230,779</td>
</tr>
</tbody>
</table>
## Residency Programs

### Revenue

<table>
<thead>
<tr>
<th>Program</th>
<th>2020 Request</th>
<th>2019 Budget</th>
<th>2018 Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROAAOMS Corporate Support</td>
<td>$60,000</td>
<td>$60,000</td>
<td>$69,000</td>
</tr>
<tr>
<td>NBME Testing</td>
<td>390,000</td>
<td>390,000</td>
<td>281,260</td>
</tr>
<tr>
<td>OMS National Curriculum</td>
<td>20,000</td>
<td>20,000</td>
<td>20,000</td>
</tr>
<tr>
<td>Resident Educational Program</td>
<td>58,800</td>
<td>60,000</td>
<td>37,500</td>
</tr>
<tr>
<td>Educators Summit</td>
<td>16,400</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Emerging Leadership Program</td>
<td>35,750</td>
<td>35,750</td>
<td>8,000</td>
</tr>
<tr>
<td><strong>TOTAL REVENUE</strong></td>
<td><strong>$580,950</strong></td>
<td><strong>$565,750</strong></td>
<td><strong>$415,760</strong></td>
</tr>
</tbody>
</table>

### Expense

<table>
<thead>
<tr>
<th>Program</th>
<th>2020 Request</th>
<th>2019 Budget</th>
<th>2018 Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROAAOMS</td>
<td>154,915</td>
<td>157,805</td>
<td>132,046</td>
</tr>
<tr>
<td>CET</td>
<td>119,711</td>
<td>131,770</td>
<td>89,838</td>
</tr>
<tr>
<td>OMS National Curriculum</td>
<td>96,890</td>
<td>71,890</td>
<td>42,592</td>
</tr>
<tr>
<td>OMS Faculty Section</td>
<td>-</td>
<td>10,000</td>
<td>9,630</td>
</tr>
<tr>
<td>Faculty Section Executive Committee</td>
<td>-</td>
<td>6,005</td>
<td>152</td>
</tr>
<tr>
<td>Resident Educational Program</td>
<td>92,920</td>
<td>67,110</td>
<td>67,521</td>
</tr>
<tr>
<td>ADEA ITL Program</td>
<td>11,880</td>
<td>11,880</td>
<td>9,009</td>
</tr>
<tr>
<td>Educators Summit</td>
<td>61,920</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Emerging Leadership Program</td>
<td>47,320</td>
<td>57,000</td>
<td>83,545</td>
</tr>
<tr>
<td>NBME Testing</td>
<td>276,400</td>
<td>249,134</td>
<td>267,302</td>
</tr>
<tr>
<td><strong>TOTAL EXPENSE</strong></td>
<td><strong>$861,956</strong></td>
<td><strong>$762,594</strong></td>
<td><strong>$701,635</strong></td>
</tr>
</tbody>
</table>

## FEDA Expense

<table>
<thead>
<tr>
<th>Program</th>
<th>2020 Request</th>
<th>2019 Request</th>
<th>2018 Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty Educator Development Awards</td>
<td>260,000</td>
<td>260,000</td>
<td>260,000</td>
</tr>
<tr>
<td><strong>TOTAL EXPENSE</strong></td>
<td><strong>$260,000</strong></td>
<td><strong>$260,000</strong></td>
<td><strong>$260,000</strong></td>
</tr>
</tbody>
</table>
### Informational Campaign

<table>
<thead>
<tr>
<th></th>
<th>2020 Request</th>
<th>2019 Budget</th>
<th>2018 Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Media</td>
<td>$1,306,325</td>
<td>$1,237,000</td>
<td>$1,079,913</td>
</tr>
<tr>
<td>Media Training</td>
<td>$19,000</td>
<td>$32,000</td>
<td>$7,429</td>
</tr>
<tr>
<td>Research/Tracking</td>
<td>60,000</td>
<td>70,000</td>
<td>54,684</td>
</tr>
<tr>
<td>Video Library</td>
<td>100,000</td>
<td>25,000</td>
<td>87,638</td>
</tr>
<tr>
<td>Public Relations</td>
<td>80,000</td>
<td>63,500</td>
<td>66,379</td>
</tr>
<tr>
<td>Campaign - General</td>
<td>13,000</td>
<td>70,400</td>
<td>57,948</td>
</tr>
<tr>
<td>Websites</td>
<td>108,675</td>
<td>109,975</td>
<td>106,872</td>
</tr>
<tr>
<td>National Awareness Months</td>
<td>4,000</td>
<td>4,000</td>
<td>2,562</td>
</tr>
<tr>
<td>Creative Production</td>
<td>30,000</td>
<td>29,500</td>
<td>87,315</td>
</tr>
<tr>
<td>Digital Marketing Management</td>
<td>100,000</td>
<td>87,600</td>
<td>73,188</td>
</tr>
<tr>
<td><strong>TOTAL EXPENSE</strong></td>
<td><strong>$1,821,000</strong></td>
<td><strong>$1,728,975</strong></td>
<td><strong>$1,623,928</strong></td>
</tr>
</tbody>
</table>
SECTION III -- BOARD OF TRUSTEES’ RECOMMENDATIONS TO HOUSE OF DElegates ON 2019 ANNUAL REPORTS AND RESOLUTIONS

Reference Committee “A”

Commission on Professional Conduct (CPC), Committee on Anesthesia (CAN), Committee on Cleft, Craniofacial, and Pediatric Oral and Maxillofacial Surgery (CCCPOMS), Committee on Continuing Education and Professional Development (CCEPD), Committee on Education and Training (CET), Committee on Governmental Affairs (CGA), Committee on Healthcare Policy, Coding and Reimbursement (CHPCR), Committee on Research Planning and Technology Assessment (CRPTA), OMS Faculty Section Executive Committee, Resident Organization of AAOMS (ROAAOMS), Special Committee on Head, Neck, Oral and Reconstructive Surgery (SCOHNORS) and Special Committee on Patient Safety (SCPS)

The annual reports of the Committee on Anesthesia (CAN)(AR-6); Committee on Cleft, Craniofacial & Pediatric OMS (CCCPOMS)(AR-7); Committee on Continuing Education & Professional Development (CCEPD)(AR-8); Committee on Education and Training (CET)(AR-12); Committee on Governmental Affairs (CGA)(AR-14); Committee on Healthcare Policy, Coding and Reimbursement (CHPCR)(AR-18); Committee on Research Planning & Technology Assessment (CRPTA)(AR-21); OMS Faculty Section (FS)(AR-22); Executive Committee, Resident Organization, AAOMS (ROAAOMS)(AR-23); and Special Committee on Patient Safety (SCPS) (AR-27) contain no resolutions and the Board has no recommendations. The Board expresses appreciation to these committees on their accomplishments during the past year in the important areas of education and health policy. The issues with which these committees deal have an important impact on the specialty. Fellows and members are encouraged to read their reports.


Special Committee on Head, Neck, Oral and Reconstructive Surgery (SCOHNORS) (AR-25): The annual report of the SOHNORS contains one resolution, A-3, requesting transfer from a special committee to a standing committee. The Board concurs with Resolution A-3 and recommends its adoption.

Reference Committee “B”

Committee on Constitution and Bylaws (CCB), Committee on Membership (CM), Committee on Practice Management and Professional Staff Development (CPMPSD), Committee on Public and Professional Communications (CPPC), Journal of Oral and Maxillofacial Surgery Editorial Board (JOMS), Board of Trustees [Administrative and Financial Affairs], Strategic Planning and President’s Address

The annual reports of the Committee on Membership (CM) (AR-29); Committee on Practice Management & Professional Staff Development (CPMPSD)(AR-31); Committee on Public & Professional Communication (CPPC)(AR-34); and Journal of Oral & Maxillofacial Surgery (JOMS) Editorial Board (AR-38) contain no resolutions and therefore the Board has no recommendations. Fellows and members are encouraged to read and note the significant work done by these committees on their behalf during the course of the year.
Committee on Constitution and Bylaws (CCB)(AR-28): The annual report of the Committee on Constitution and Bylaws contains one resolution. Resolution B-1 is in response to the 2018 House of Delegates Resolution 18-B-14 (RC) (Amend) (District VI), requesting the CCB revise the AAOMS Governing Rules and Regulations for gender-inclusivity. The Board concurs with Resolution B-1 and recommends its adoption.

Section I, Administrative Affairs (AR-41), Resolution B-2
Section I of the Board’s annual report contains 1 resolution -- B-2 (AR-50) Approval of amendments to the AAOMS Policies.

Section II, Financial Affairs (AR-53)
Section II of the Board’s annual report contains three resolutions – B-3 (AR-97), regarding extending the AAOMS Informational Campaign assessment; B-4, regarding approval of the proposed 2020 Operating Budget (AR-97), and B-4a, the 2020 Operating Budget if Resolution B-3 is not approved. The Board concurs with Resolutions B-3 and B-4 and recommends their adoption.

Although not subject to House jurisdiction, the membership is encouraged to review the annual reports of organizations related to the AAOMS, namely the American Board of Oral and Maxillofacial Surgery (ABOMS) (AR-113), Oral and Maxillofacial Surgery Political Action Committee (OMSPAC) (AR-121), Oral and Maxillofacial Surgery Foundation (OMSF) (AR-125), and AAOMS Services, Inc. (ASI) (AR-128). Members of these respective related organizations having concerns and comments regarding the reports are encouraged to correspond with the appropriate officials.
During its 2018-2019 meetings and conference calls, the Board amended, added and deleted the following policies. Amendments/additions are bold underlined, deletions are indicated by strike-through. Depending upon actions of the House, some policy amendments may be removed or changed.

1. **Amended** Section II. Board of Trustees. 5. Board of Trustees’ Meetings as follows: (strikethrough = deletion; bold underline = addition/change)

   **5. Board of Trustees’ Meetings:** Board of Trustees’ meetings shall be convened in the United States or at locations outside of the United States if negotiated costs are equal to or lower than comparable locations within the United States. This requirement does not apply to meetings except those convened during the regularly scheduled national meetings of the Association. (June 97 Dec. 18)

2. **Deleted** Section II. 4. Board Appointments to Committees, Etc., as follows: (strikethrough = deletion; bold underline = addition/change)

   n. **Special Committee on Maxillofacial Oncology and Reconstructive Surgery (SCMORS)**
   
   Composition: The Special Committee on Oral, Head and Neck Oncologic Maxillofacial Oncology and Reconstructive Surgery shall be comprised of six (6) voting fellows and members of whom one shall serve as Chair. The terms shall be for one year. Committee members shall be appointed annually for terms of (3) years. Committee members are eligible to complete up to two (2) consecutive three-year terms. The Chair may serve for a total of up to eight (8) years on the Committee. shall be limited to serving a tenure of up to two (2) consecutive three-year terms. District representation is preferred when possible.

   Duties: The duties of the special committee shall be to: (1) develop a maxillofacial head and neck oncology database, (2) develop a head and neck national referral network, (3) collaborate with appropriate committees on education and training (Committees on Continuing Education and Professional Development (CCEPD), Residency Education and Training (CRET), and Practice Management and Professional Allied Staff (CPMPAS), (4) oversee the area of oral cancer, (5) coordinate collaborative studies, and (6) plan promotion of oral/head/neck cancer. (Dec. 12)
American Board of Oral and Maxillofacial Surgery (ABOMS), Board of Directors

Alan S. Herford, President
David A. Bitonti, Vice President
Larry L. Cunningham, Secretary-Treasurer
Mark D. Zajkowski, Immediate Past President
Vincent Perciaccante, Director
BJ Costello, Director
Pushkar Mehra, Director
David Powers, Director
Erin E. Killeen, Executive Vice President

ORGANIZATION: In 1946 the American Board of Oral Surgery was incorporated under the laws of the State of Illinois. During the following year, the American Board of Oral Surgery was approved by the Council on Dental Education of the American Dental Association and was authorized to proceed with the certification of specialists in oral surgery.

The American Board of Oral Surgery was renamed the American Board of Oral and Maxillofacial Surgery (ABOMS) in 1978 to reflect the scope of the specialty. The name modification was incorporated under the laws of the State of Illinois.

The operation of the American Board of Oral and Maxillofacial Surgery is entrusted to an eight-member Board of Directors. The Directors are Diplomates of the American Board of Oral and Maxillofacial Surgery and fellows of the American Association of Oral and Maxillofacial Surgeons. One new Director is elected each year by the House of Delegates of the American Association of Oral and Maxillofacial Surgeons to an eight-year term following nomination by his/her peers serving on the Board’s Examination Committee. The Examination Committee, composed of Diplomates of the American Board of Oral and Maxillofacial Surgery, is appointed by the Board of Directors to counsel and assist the Board with the certification examination processes. The Board of Directors and its Examination Committee serve without salary.

MISSION: The mission of the American Board of Oral and Maxillofacial Surgery is to assure the public of safe and optimal care through the development and maintenance of high standards of certification and re-certification of Diplomates in the specialty.
Objective

The objective of the ABOMS is to elevate the standards of oral and maxillofacial surgery through a certification and maintenance of certification process that fosters excellence and encourages learning, thus promoting the delivery of superior health care.

To meet this objective, the ABOMS will:

- Evaluate specialists who apply for initial certification (and certificates of additional qualification) and assure that they have the requisite training, education and experience;

- Administer a certification process that assesses the knowledge, experience, and skills requisite to the provision of high quality patient care in oral and maxillofacial surgery; and

- Administer maintenance of certification process that assures Diplomates are committed to lifelong learning, keep current in knowledge and skills, and practice in a safe and contemporary manner.

EXAMINATIONS: The ABOMS develops and administers a number of examinations throughout the year. Below is data related to the most recent examinations the Board administered.

### 2018 Recertification Examination

The 2018 Recertification Examination (RE) was administered at NCS Pearson VUE testing centers from September 8 - September 15, 2018. A total of 241 Diplomates took the RE. There were 227 Diplomates who passed the examination making the overall pass rate 94%.

<table>
<thead>
<tr>
<th>Time Taken</th>
<th>Total Taking Examination</th>
<th>Total Passing Examination</th>
<th>Pass Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Time Candidates</td>
<td>234</td>
<td>221</td>
<td>94%</td>
</tr>
<tr>
<td>Repeat Candidates</td>
<td>7</td>
<td>6</td>
<td>86%</td>
</tr>
<tr>
<td>Total/Overall</td>
<td>241</td>
<td>227</td>
<td>94%</td>
</tr>
</tbody>
</table>

### 2019 Qualifying Examination

The 2019 Qualifying Examination (QE) was administered at NCS Pearson VUE testing centers from January 5-12, 2019. Of the 314 Candidates who took the examination, 272 passed resulting in a passing rate of 87%.

<table>
<thead>
<tr>
<th>Time Taken</th>
<th>Total Taking Examination</th>
<th>Total Passing Examination</th>
<th>Pass Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Time Candidates</td>
<td>243</td>
<td>227</td>
<td>93%</td>
</tr>
<tr>
<td>Repeat Candidates</td>
<td>71</td>
<td>45</td>
<td>63%</td>
</tr>
<tr>
<td>Total/Overall</td>
<td>314</td>
<td>272</td>
<td>87%</td>
</tr>
</tbody>
</table>
2019 Oral Examination

The 2019 Oral Certifying Examination (OCE), the first year of the new format, was held February 4-8, 2019 in Dallas, Texas. Of the 302 Candidates who took the examination, 249 passed resulting in a passing rate of 82%

<table>
<thead>
<tr>
<th>Time Taken</th>
<th>Total Taking Examination</th>
<th>Total Passing Examination</th>
<th>Pass Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Time Candidates</td>
<td>247</td>
<td>217</td>
<td>87%</td>
</tr>
<tr>
<td>Repeat Candidates</td>
<td>55</td>
<td>32</td>
<td>58%</td>
</tr>
<tr>
<td>Total/Overall</td>
<td>302</td>
<td>249</td>
<td>82%</td>
</tr>
</tbody>
</table>

ORAL CERTIFYING EXAMINATION (OCE): The American Board of Oral and Maxillofacial Surgery (ABOMS) consistently works to maintain a challenging, current, and meaningful certification process. With this in mind, the Board began an in-depth review of the OCE in 2014. Beginning with confirmation of the value of an oral exam, focus was turned on both the content and process of the examination for Candidates. As the role of an oral exam is to evaluate critical thought process, ABOMS selected topics that allows a Candidate to demonstrate on-the-fly thinking, synthesizing core knowledge and applying this to realistic, mainstream office and hospital-based scenarios. Determination of the focus and weighting of these topics involved psychometric methods to ensure validity and consistency for each Candidate to succeed equally.

The intent of these changes is to create a more meaningful and comprehensive program. All content currently covered as part of the Board certification process remains unchanged, with some covered in a slightly different fashion. The section topics for the 2019 OCE are:

**Section I**
- Implants
- Infections
- TMJ
- Orthognathic Surgery

**Section II**
- Dentoalveolar Surgery
- Trauma
- Pathology
- Reconstruction

**Section III**
- Adult Medical Assessment/Anesthesia
- Office Based Emergency Management
- Pediatric Medical Assessment/Anesthesia
- Focused Additional Short Topics

After determining appropriate content, focus was turned to the overall exam process. The Board found that with a focus on critical thinking, cases could be presented in a shorter, more focused format to “get right to the point” of a case. This allows Candidates to display a full consideration of how and why they choose to treat a patient in that scenario. The process resulted in a dramatically shorter exam divided into three sections, each with four twelve-minute cases, for a total exam time of 144 minutes, compared to the previous 200-minute exam.
Oral and Maxillofacial Surgery In-Service Training Examination (OMSITE): The 2019 ABOMS OMSITE was delivered in Pearson Vue Testing Center from March 16 through March 30, 2019. There were:

- 1,005 residents who participated
- 101 US programs represented
- 4 Canadian programs represented

**FUTURE EXAMINATION DATES**

<table>
<thead>
<tr>
<th>Examination</th>
<th>2019-2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recertification Examination</td>
<td>September 21 – 28, 2019</td>
</tr>
<tr>
<td>Qualifying Examination</td>
<td>January 4 – 11, 2020</td>
</tr>
<tr>
<td>Oral Certifying Examination</td>
<td>February 3 – 7, 2020</td>
</tr>
<tr>
<td>OMSITE</td>
<td>March 14 – 28, 2020</td>
</tr>
</tbody>
</table>

**2018 ANNUAL MEETING:** The ABOMS Board of Directors met in Chicago, Illinois in conjunction with the AAOMS Annual Meeting to conduct the business of the Board.

The ABOMS held two open forums. The ABOMS CM Open Forum was held Friday October 12th and focused on the upcoming changes to the Certification Maintenance Process beginning in January 2020. The ABOMS/ROAAOMS Open Forum was conducted in conjunction with ROAAOMS on Saturday October 13th. The Directors presented information regarding the business of the Board and encouraged discussion on items related to the operations of ABOMS. Particular emphasis was given to the various examination processes.

**FINANCIAL REPORT:** The annual audit of the 2018 fiscal year was conducted in March 2019 by the accounting firm of Bansley and Kiener. The Board has reviewed and approved that report and is pleased to note stability of the Board’s financial health as documented in the report.

**NOMINATIONS FOR NEW DIRECTOR:** The following Diplomates were nominated for ABOMS Director during the 2019 Oral Certifying Examination:

- Brian B. Farrell, DDS, MD (certified in 2007)
- Deepak Kademani, DMD, MD, FACS (certified 2005)
- Dongsoo (David) Kim, DMD, MD (certified 2005)

In accordance with joint ABOMS/AAOMS policy, information about the nominees was sent to AAOMS for inclusion in a delegate mailing. The ABOMS Director will be elected by the AAOMS House of Delegates during its first session, which will be held on Monday, September 16, 2019.
MEMO TO: AAOMS
RE: 2019 ABOMS Annual Report
Date: May 23, 2019

2018-2019 EXAMINATION COMMITTEE: The ABOMS certification process is multi-faceted and relies heavily on the expertise of oral and maxillofacial surgeons who volunteer to be Examiners. These Examiners give tirelessly to ensure the validity, reliability and objectivity of the ABOMS certification process. The Board of Directors is grateful to the following individuals who served as Co-Chairs for the 2018-2019 Examination Committee:

- **Surgery I**: John Caccamese and Matt Jacks
- **Surgery II**: Brian Farrell and Jayson Terres
- **Surgery III**: Christopher Viozzi and Jeffrey Elo
- **CM Committee**: David Dattillo and Ronald Caloss

The Board also wishes to recognize those Examination Committee members who have completed six and nine years of service. These individuals will be recognized at the ABOMS 2019 Annual Banquet.

**6 years of service**
- Richard Berger
- David Dattilo
- John Caccamese
- Brian Farrell
- Robert Hinkle
- David Kim
- David Hunter
- Milan Pastuovic
- Rawle Philbert
- Christopher Viozzi

**9 years of service**
- Paul Smith
- Lee Pollan
- Lionel Candelaria
- Rob Strauss
- Deepak Stanton

2019-2020 EXAMINATION COMMITTEE: Examination development is a continuous process. Co-Chairs for each Surgery Section work with the Examiners to develop cases/scenarios, prepare questions, and provide leadership for the Oral Certifying Examination (OCE). The ABOMS is pleased to announce the appointment of Co-Chairs and Examiners for the 2019 Oral Certifying Examination.

- **Surgery I**: Matt Jacks and Kelly Kennedy
- **Surgery II**: Jayson Terres and Paul Tiwana
- **Surgery III**: Jeffrey Elo and Tamer Goskel
- **CM Committee**: Ronald Caloss and Sidney Bourgeois
The Examiners appointed to the 2019-2020 Examination Committee follow:

Edward Adlesic  Steven Fletcher  Stephen MacLeod
John Allen  Pedro Franco  Amir Marashi
John Alonge  Michael Gentile  Glenn Maron
Michael Beckley  Tamer Goksel  Suzanne McCormick
Gary Bouloux  Christopher Haggerty  Edward Miller
Sidney Bourgeois  Jon Holmes  Robert Nustad
Matthew Brandt  David Hunter  Alexis Olsson
William Cain  Thomas Jacks  Julia Plevnia
Ronald Caloss  Mark Johnson  Ramon Ruiz
Lionel Candelaria  Robert Julian  Nathan Schroeder
Vincent Carrao  Kevin Kempers  Paul Smith
H Casmedes  Kelly Kennedy  Roger Spampata
Guillermo Chacon  King Kim  David Stanton
Radhika Chigurupati  JD Kisella  Randall Stastny
Joseph Cillo  Antonia Kolokythas  Martin Steed
Paul Ciuci  Deepak Krishnan  Larry Stigall
Eugene D'Amico  Edward Lahey  Richard Szumita
Valmont Desa  Janice Lee  Daniel Taub
Robert Diecidue  Jesse Lee  Thomas Teenier
Jasjit Dillon  Killian MacCarthy  Jayson Terres
Jeffrey Elo  Thomas MacKenzie  Paul Tiwana

ABOMS NEW EXAMINER RESPONSIBILITIES: In 2018, the ABOMS Board of Directors approved a new structure for the Examination Committee. Starting with the 2019-2020 Examiner Application, which ended December 31, 2018, all applicants who are accepted will begin their service for ABOMS as item writers for the Qualifying Examination (QE), Oral and Maxillofacial Surgery In-Service Training Examination (OMSITE) and Certification Maintenance Pathway. All appointees must attend the Item Writing workshop at the AAOMS Annual Meeting. After successfully serving in this capacity for a minimum of two years, members will be considered for service on the Oral Certifying Examination Committee.

The New Examiners appointed to the 2019-20120 Examination Committee follow:

Tuan Bui  David Kirkpatrick  Jason Portnof
Angelle Casagrande  Alia Koch  Cory Resnick
Nam Cho  Carl Labella  Sara Runnels
Donita Dyalram  Susie Lin  Thomas Schlieve
Elie Ferneini  Brian Murphy  James Ward
Luis Ferrer-Nuin  Chan Park  Melvyn Yeoh
Raza Hussain  Daniel Perez  

AR-118
**BECOME PART OF THE ABOMS EXAMINATION COMMITTEE:** Every Spring the ABOMS Directors select qualified Diplomates to become members of the Examination Committee. Under certain circumstances, the ABOMS Board of Directors will solicit Examination Committee members at other times of the year.

The ABOMS Examiners are expected to perform a number of specific duties:

Submit items for the Qualifying Examination (QE), the Oral and Maxillofacial Surgery In-service Training Examination (OMSITE), Certification Maintenance (CM) Pathway and cases for and examine Candidates participating in the Oral Certifying Examination (OCE).

The ABOMS Board of Directors encourages its Diplomates to consider joining your peers on the Examination Committee. Go to the About Us- Examination Committee section at [www.aboms.org](http://www.aboms.org) and learn more about the application process for the ABOMS Examination Committee.

**2019-2020 REGIONAL ADVISORS:** The Board of Directors of ABOMS makes annual appointments of Diplomates to the Examination Committee. These appointments are based on the needs of the Board. An effort is made by the Board to appoint Diplomates from private practice, academic institutions, and the Federal Services with consideration given to regional representation when appropriate.

In order to gather information about Diplomates who have applied to become Examiners the Board relies on Regional Advisors from each of the six ABOMS regions. The Regional Advisors must be active Diplomates of ABOMS and have served at least three years on the Examination Committee within the previous 10 years. Input from the Regional Advisors is a critical component of the Examiner appointment process.

**Regional Advisors:**

**Region I** (Connecticut, Maine, Massachusetts, New Hampshire, New York, Rhode Island, Vermont)

Dr. Lee Pollan  
4 Aden Hill  
Pittsford, NY 14534  
ldpoms74@aol.com

**Region II** (Delaware, District of Columbia, Maryland, New Jersey, Pennsylvania, Military Services)

Dr. Paul Smith  
500 Heritage Dr.  
Pottstown, PA 19464  
jpsmith01@comcast.net
**Region III** (Alabama, Georgia, Florida, Kentucky, Louisiana, Mississippi, North Carolina, Puerto Rico, South Carolina, Tennessee, Virginia, West Virginia)

Dr. Douglas Johnson  
St. Augustine Oral & Facial Surgical Ctr.  
1301 Plantation Island Dr. #101  
Anastasia Island, FL 32080  
dlj@FloridaFaceDoc.com

**Region IV** (Illinois, Indiana, Michigan, Ohio, Wisconsin, Public Health Service, Veterans Administration)

Dr. Jonathan Bailey  
Carle Foundation Hospital  
602 W University Avenue Champaign  
Urbana, IL 61801  
jonathan.bailey@carle.com

**Region V** (Arkansas, Colorado, Iowa, Kansas, Minnesota, Missouri, Montana, Nebraska, New Mexico, North Dakota, Oklahoma, South Dakota, Texas, Wyoming)

Dr. Chris Viozzi  
Mayo Clinic, Mayo12-89E 200  
First Street SW  
Rochester, MN 55905  
viozzi.christopher@mayo.edu

**Region VI** (Alaska, Arizona, California, Hawaii, Idaho, Nevada, Oregon, Utah, Washington)

Dr. Earl Freymiller  
21305 Bermuda St.  
Chatsworth, CA 91311  
efreymiller@dentistry.ucla.edu

Respectfully submitted,

Erin E. Killeen  
Executive Vice President
American Association of Oral and Maxillofacial Surgeons Political Action Committee (OMSPAC)

Dr. Jeffrey H. Wallen, Chair
Dr. Harry Y. Canter, Immediate Past Chair
Dr. Gary H. Dwight, Treasurer
Dr. Dana C. Jackson
Dr. Matthew C. Lowe
Dr. Steven M. Roser
Dr. W. Frederick Stephens
Dr. Cynthia E. Winne
Dr. Michael B. Border, ROAAOMS Representative

OMSPAC is a federal, nonpartisan political action committee that operates exclusively to raise funds to contribute to congressional candidates. OMSPAC helps protect and promote the specialty’s interests by contributing to congressional candidates who understand and support the healthcare issues of concern to the specialty or who are willing to engage in meaningful dialogue to learn more about the specialty’s role in our nation’s healthcare system. OMSPAC does not lobby legislators. OMSPAC’s activities are performed in conjunction with AAOMS, which in turn engages in lobbying activities.

**Member Contributions**

![OMSPAC Member Contributions Bar Chart]

- **May 2015 - April 2016**: $512,870
- **May 2016 - April 2017**: $411,323
- **May 2017 - April 2018**: $371,629
- **May 2018 - April 2019**: $438,345
General Statistics: OMSPAC collected $431,658 from 16.45 percent of AAOMS members in the United States in 2018. North Dakota boasted the country's highest participation rate with 42.11 percent of its eligible members contributing. OMSPAC collected $372,501 in 2017, $424,086 in 2016 and $487,215 in 2015. In April 2018, the OMSPAC Board set a goal of increasing membership participation by two percent each year, over the next five years. As of April 2019, OMSPAC has raised $339,880 from 14.51 percent of the membership. A list of current member contributions to OMSPAC may be found at OMSPAC.org/uploads/omspac_contributors.pdf.

Compared to similar-sized associations, OMSPAC’s fundraising efforts are strong; however, OMSPAC remains well below larger associations such as the American College of Surgeons and the American Dental Association in terms of total dollars raised. OMSPAC hopes to gain ground on the larger associations in the coming election cycle.
Fundraising Efforts: Aside from money collected as part of the AAOMS dues and peer-to-peer fundraising at state and national meetings, the two primary fundraising efforts are conducted via CAPTEL – a Washington, D.C.-based telephone fundraising firm that has helped OMSPAC raise money from OMSPAC-eligible AAOMS members since 2013 – and a late summer/early fall solicitation reminder letter. The OMSPAC Board decided to re-implement CAPTEL in Spring 2018 to solicit recently lapsed prior contributors and non-contributors who have been practicing for 15 to 20 years. CAPTEL was significantly more successful in soliciting prior contributors compared to non-contributors. As a result, the Board decided to use CAPTEL in 2019 to only target recently lapsed past-contributors. Meanwhile the summer/early fall solicitation reminder letter is sent via USPS to fellows and members and is signed by the AAOMS President and OMSPAC Board Chair while residents receive a reminder email letter signed by the ROAAOMS Executive Chair and the OMSPAC Board Chair.

Candidate Contributions

During the 2017-2018 election cycle, OMSPAC contributed $435,000 towards the 2018, 2020 and 2022 election cycles. Contributions are primarily delivered by AAOMS members with secondary support by our lobbyists in Washington, D.C. and AAOMS governmental affairs staff. Any current OMSPAC contributor may request an OMSPAC contribution for a federal candidate. The OMSPAC Board carefully reviews all requests to ensure OMSPAC supports candidates who understand and support the specialty’s interests. As a reminder, OMSPAC does not contribute to presidential candidates. For a full list of current OMSPAC contributions to federal candidates, please visit OMSPAC.org/candidate-central/candidate-contributions.

OMSPAC Initiatives

Strategic Plan: In August 2016, the OMSPAC Board of Directors approved its first strategic plan, which included new efforts to enhance and revitalize our communications and advocacy efforts. OMSPAC has spent the years since implementing this plan which has included a number of new communications materials, such as a solicitation video.

Contribution Cycle Changes: The OMSPAC Board implemented a change in the member contribution cycle from a rolling contribution year to a calendar year cycle. Previously, contributors were considered current with their annual contribution if it was made within 12 months of the previous contribution. Recognition as a current contributor has shifted to the year the contribution is made with the exception of contributions made as part of the dues statement which will count toward the following year. Any contributions made in the last few
months outside of the dues cycle count for the year in which they occur. The chart below has examples of each scenario:

<table>
<thead>
<tr>
<th>Contributor</th>
<th>A</th>
<th>B</th>
<th>C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contribution Date</td>
<td>10/15/18</td>
<td>10/15/18</td>
<td>1/2/19</td>
</tr>
<tr>
<td>Contribution Method</td>
<td>With AAOMS Dues</td>
<td>On Own</td>
<td>With or without AAOMS Dues</td>
</tr>
<tr>
<td>Recognition Year</td>
<td>2019</td>
<td>2018</td>
<td>2019</td>
</tr>
</tbody>
</table>


*Facebook:* OMSPAC continues to post information on congressional key races and American politics on the OMSPAC Facebook page, facebook.com/OMSPAC.

*State OMSPAC Chairs:* OMSPAC relies on the support of our state OMSPAC chairs, a network of in-state contacts for our continued success. OMSPAC publishes the bi-monthly *State OMSPAC Chair Newsletter* specifically for state OMSPAC chairs to keep them apprised of OMSPAC developments. A list of current state OMSPAC chairs may be found at OMSPAC.org/about/state-pac-chairs/.

*Fundraiser of the Year Award:* Each year, the OMSPAC Board of Directors bestows the Fundraiser of the Year Award in grateful acknowledgement of support for OMSPAC, leadership as a state OMSPAC chair and dedication to the profession of oral and maxillofacial surgery. The 2018 award was presented to Dr. David A. Fenton of Bristol, Conn. The 2019 award will be presented during the Advocacy Breakfast on Wednesday, Sept. 18.

*OMSPAC Event:* Each year the OMSPAC Board hosts a cocktail reception at the AAOMS Annual Meeting to thank OMSPAC contributors. The 2018 event was held at the Hilton Chicago Hotel and approximately 200 contributors and their guests attended. The 2019 reception is scheduled for the evening of Thursday, Sept. 19 at the Westin Boston Waterfront Hotel.

The OMSPAC Board continually seeks to enhance OMSPAC’s efforts to support our specialty and looks forward to continued growth and support by members of the American Association of Oral and Maxillofacial Surgeons.
The Oral and Maxillofacial Surgery Foundation was incorporated as a 501(c)(3) not-for-profit corporation in the State of Illinois. As a not-for-profit organization, the Oral and Maxillofacial Surgery Foundation relies on the generosity of our donors. Donations are tax deductible and ensure the future of the specialty by supporting the next generation of educators and researchers. AAOMS fellows and members can give via their AAOMS membership dues statement or on the OMS Foundation website. Since inception, we have awarded over $13 million dollars to Research and Educational programs such as:

- Research Support Grants
- Educational Fellowships
- Global Initiative for Volunteerism and Education (GIVE) Awards
- Student Research Training Awards
- Third Molar Clinical Trials
- Faculty Educator Development Award
- Clinical Trials Methods Course
- Clinical and Scientific Innovations for Oral and Maxillofacial Surgeons Conference
- Resident Travel Scholarships to Educational Conferences
- Other Projects relevant to the specialty

**2018 RESEARCH & EDUCATION FUNDING - $603,500**

**2018 – 2019 Committee on Research**

Dr. Brent B. Ward, Chair  
Dr. Tara L. Aghaloo  
Dr. Scott B. Boyd  
Dr. David L. Basi  
Dr. Regina Landesberg  
Dr. Louis K. Rafetto, Ex-Officio

The Oral and Maxillofacial Surgery Foundation Board of Directors in 2018, approved $603,500 in funding for research and education in the OMS specialty in the next year. This total includes:

- $225,000 - Three Research Support Grants
- $270,000 - Support of Faculty Educator Development Awards (FEDA)
- $ 20,000 - Support of 2019 AAOMS Clinical and Scientific Innovations in OMS Conference
- $ 12,000 - Resident Travel Scholarships to attend the 2019 AAOMS CSIOMS
- $  5,000 - Support of the 2019 Resident Transitions into Practice Conference
- $ 60,000 – Three-year grant for the OMS portal of the Surgical Council on Resident Education
RESEARCH SUPPORT GRANTS
Research Support Grants further the development of scientific investigators committed to problems related to oral and maxillofacial surgery. Each grant is $75,000.

- **Research Support Grant – Stephen B. Milam Research Award – University of Washington**
  Stephen B. Milam Research Award is given to the grant scored the highest by the OMS Foundation Committee on Research.
  
  “To Operate or Not to Operate?” Stigma and Quality of Life Outcomes in Craniofacial Fibrous Dysplasia

  PI: Andrea Beth Burke, DMD, MD
  Co-PI: Amanda Konradi, PhD

- **Research Support Grant – University of Illinois Chicago**
  Targeting mechanobiological pathways to attenuate dysfunctional remodeling in TMJ-OA

  PI: David Reed, PhD
  Co-PI: Michael Han, DDS, Louis Mercui, DDS, MS, Michael Miloro, DMD, MD, FACS

- **Research Support Grant – Providence Cancer Institute**
  Epigenetic Modulation of Immunotherapy Resistance

  PI: Chi Viet, DDS, MD, PhD
  Co-PI: R. Bryan Bell, MD, DDS

GLOBAL INITIATIVE FOR VOLUNTEERISM AND EDUCATION (GIVE)
In 2019, the Foundation initiated a program that provides residents with funding to accompany OMS programs on humanitarian healthcare trips to underserved countries. The Foundation Board of Directors approved support of up to eight residents in 2019. As of the end of May 2019, five residents have completed trips (four with Smile Bangladesh and one with Facing Futures in Viet Nam), and two residents have been approved to travel to Columbia with Healing the Children.

FUNDRAISING EFFORTS
The OMS Foundation set a goal of raising one million dollars through the Centennial Tree campaign in 2018, in recognition of the Association’s 100th anniversary. The campaign surpassed its goal, and the Foundation graciously thanks all that contributed: OMSNIC ($100,000 match), AAOMS ($50,000 match), Treloar and Heisel ($25,000 match), state and regional societies, donors of $2,500, $5,000 and $10,000 who received leaves on the centennial tree, as well as all other donors.

OMS FOUNDATION ALLIANCE COMMITTEE

**2018 – 2019 Alliance Committee**
Ms. Carmen Hupp, Chair
Ms. Angela Henderson, Vice Chair
Ms. Michelle Schneider, Immediate Past Chair
Ms. Ellyn Hutton
Ms. Kristen Reddinger
For 26 years, the Alliance has been dedicated to supporting the Oral and Maxillofacial Surgery Foundation.

The Alliance's numerous activities at the AAOMS Annual Meeting each year provide a variety of networking opportunities for spouses, allied staff, and friends of oral and maxillofacial surgeons to get involved in the specialty. AAOMS Annual Meeting activities sponsored by the Alliance include daily health walks, breakfasts, and the Alliance Annual Event luncheon. Net proceeds from the event directly support the OMS Foundation.

The Alliance also sponsors Resident Spouse Scholarships, which provide travel reimbursement to spouses of residents attending the AAOMS Annual Meeting.

Since 1993, the Alliance has raised over $300,000 in support of the OMS Foundation. The money raised by the Alliance Committee has supported the following:

- Research Support Grants
- Student Research Training Awards
- Faculty Educator Development Award
- Clinical Trials Methods Course
- Resident Travel Scholarships to AAOMS Conferences
- Resident Spouse Scholarships
- Raiser's Edge Software
AAOMS Services, Inc. (ASI) Board of Directors

Dr. A. Thomas Indresano, President
Dr. B.D. Tiner, Vice President
Dr. Victor L. Nannini, Secretary
Dr. J. David Johnson, Jr., Treasurer
Dr. J. David Morrison, Director
Dr. David Shafer, Director
Dr. Robert S. Clark, Director
Dr. Paul J. Schwartz, Director
Dr. Charles A. Crago, Director
Dr. Mark A. Egbert, Director
Mr. Scott C. Farrell, Director (ex-officio)

ASI Mission Statement: AAOMS Services, Inc. (ASI) is dedicated to the ongoing development of relationships with companies that can provide high-quality, affordable products and services that benefit and bring value to AAOMS members. This research and review service by the ASI Projects Committee is complimentary to all AAOMS members, and the recommended ASI Approved Programs provide a source of non-dues income that fund a variety of AAOMS programs throughout the year.

ASI financial results, which also include ASI program royalties paid directly to AAOMS for use of the AAOMS trademark, were as follows:

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
<th>% Growth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenues (includes AAOMS royalties)</td>
<td>$1,089,664</td>
<td>$1,075,698</td>
<td>+1.3%</td>
</tr>
<tr>
<td>Expenses</td>
<td>$310,055</td>
<td>$296,419</td>
<td>+4.6%</td>
</tr>
<tr>
<td>Pre-Tax Results</td>
<td>$779,609</td>
<td>$779,279</td>
<td>+0.0%</td>
</tr>
<tr>
<td>Income Taxes</td>
<td>$65,833</td>
<td>$88,499</td>
<td></td>
</tr>
<tr>
<td>Net Income</td>
<td>$713,776</td>
<td>$690,790</td>
<td>+3.33%</td>
</tr>
</tbody>
</table>

The expense totals reflected above include $120,000 in corporate support to AAOMS in 2018 and $100,000 in 2017. Sponsorship support in 2018 provided funding for the Annual Meeting Internet/CE Center, the Allied Staff Reception, Social Media Bar, Professional Headshot Booth, Museum Photo Booth and the ROAAOMS General Fund. At the 2019 Annual Meeting in Boston, the ASI partner aisle in the exhibition hall will feature representation from 16 of the 18 currently approved programs.

Revenues (royalties) from ASI Approved Programs are based on the participation by AAOMS members in each of the programs. ASI staff raises the importance of member purchases throughout
the year with advertisements, quarterly e-newsletters and other annual ASI awareness campaigns such as the Share-the-Savings promotion and the ASI Member Award.

AAOMS member purchases in 2018 through the Southern Anesthesia & Surgical (SAS) program decreased by 3.5% vs. 2017. Ongoing pharmaceutical shortages have caused members to search elsewhere for pharmaceuticals and surgical supplies which resulted in a downturn of the revenue stream from SAS. AAOMS management is trying to reverse this decline through a new marketing endeavor that began in May 2019 emphasizing how a portion of SAS’s revenue is earmarked for advocacy of anesthesia and other important educational resources important to the sustainability of an OMS practice.

Bank of America Merchant Services (BAMS) offers credit card processing with special rates for AAOMS members, and they will be exhibiting at the 2019 Annual Meeting next to their sister company, Bank of America Practice Solutions (BAPS). Royalty revenue for both financial service companies increased in 2018. BAPS has been invited to give a financial presentation at the AAOMS Annual Meeting in Boston.

In 2018, patients financed $56.4 million through CareCredit’s Patient Financing Program for AAOMS members making CareCredit the second top revenue producer (after SAS) of all 18 ASI Approved Programs. CareCredit will be exhibiting once again at the 2019 Annual Meeting in Boston.

MedXCom is the first hybrid medical answering service that combines a cloud-based automated answering service with a live operator option. Designed with input from oral and maxillofacial surgeons, the service increased revenue from royalties by 61.0% since the introduction of its program in 2017.

Royalty revenue by National Electronic Attachment (MEA/NEA) program increased by 12.0% over the previous year. NEA’s software is used for electronic transmission of x-rays, operative reports, intraoral photos, EOB’s, and other information in support of electronic claims, and NEA is also incorporated into many popular dental management software programs. NEA will once again be exhibiting in the ASI partner aisle at the AAOMS Annual Meeting in 2019.

Nuell, Inc. offers AAOMS members a discount for repair of their surgical instruments and related accessories. Their program grew by 15.4% in 2018 over the previous year. They will be exhibiting once again at this year’s Annual Meeting in Boston.

OfficeDepot/OfficeMax offers corporate discount pricing to AAOMS members on office supplies, shredding and printing services. Their decrease in pricing for several popular paper products benefited AAOMS members; however, this negatively affected revenue from royalties in 2018. AAOMS members are encouraged to visit the OfficeDepot/OfficeMax booth at the Annual Meeting this year.

Optum360 annually produces an OMS Coding Guide developed with guidance from the AAOMS Practice Management Department. Their other coding products, such as the online coding resource known as EncoderPro is also available to AAOMS members at special pricing.

PCIHIPAA provides AAOMS members a comprehensive HIPAA and PCI compliance program called Office Safe™. A dramatic decline in royalties of 50% in 2018 is attributed to new competitors with similar services now targeting AAOMS members. However, PCIHIPAA is the only company that offers $500,000 breach insurance to AAOMS members. Members are encouraged to learn more about their important program at the upcoming Annual Meeting in Boston.
For in-office dispensing, **PD-Rx Pharmaceuticals**, is the ASI approved firm that offers a specially priced formulary for AAOMS members. Revenue from this program is expected to decline in 2019, since they can no longer offer opiate-based products as a result of their insurance carrier excluding all such products from its product liability policy.

**Practice Quotient** is a national managed dental care contract negotiation firm. They help increase practice revenue by negotiating fair market discounts with third party payors. Royalties in 2018 grew by more than 130%. Practice Quotient will once again be presenting at the 2019 Annual Meeting.

**Scientific Metals** refines members’ old crowns and bridges at a high dollar return. They doubled their annual contribution to AAOMS/ASI in 2018. Scientific Metals will be exhibiting in the ASI aisle at the upcoming Annual Meeting in Boston, and members are encouraged to enroll in their popular program that brings residual income to a member’s practice.

**SoFi** provides student loan refinancing options for AAOMS members, their families and staff. They offer great rates and a simplified application process. They increased royalties by nearly 140% in 2018 over the previous year.

**Sowingo** is a new ASI approved program that was first introduced at the 2017 Annual Meeting. They help AAOMS members take control of inventory management with implants and other supplies in an OMS practice. Members are encouraged to visit the Sowingo booth in the ASI aisle at the 2019 Annual Meeting to learn more.

**StemSave** provides AAOMS members with the ability to provide stem cell banking services to their patients. Members receive payment for their assistance with each successful tooth collection. StemSave will once again be exhibiting at the 2019 Annual Meeting in the ASI partner aisle.

**TruPay** is a new ASI Approved Program that is offering payroll and HR solutions to AAOMS members with special discounts. They will be exhibiting at the 2019 AAOMS Annual Meeting and members are invited to visit them in the ASI aisle.

**TSI, Inc.** is a collection agency providing fixed-fee Accounts Receivable management solutions for AAOMS members. They have been invited to give a presentation at the upcoming AAOMS Annual Meeting in Boston.