



THE VOICE OF  
DENTAL EDUCATION

AMERICAN DENTAL EDUCATION ASSOCIATION

2016-17 BOARD OF DIRECTORS

Cecile A. Feldman, D.M.D., M.B.A.  
Chair of the Board

Leon A. Assael, D.M.D., CMM  
Chair-elect of the Board

Huw F. Thomas, B.D.S., M.S., Ph.D.  
Immediate Past Chair of the Board

Harold S. (Buddy) Auten  
Board Director for the  
Corporate Council

Joan E. Kowolik, B.D.S., LDS, RCS Edin.  
Board Director for Sections

David M. Shafer, D.M.D.  
Board Director for Hospitals and  
Advanced Education Programs

Kim T. Isringhausen, B.S.D.H., RDH, M.P.H.  
Board Director for Allied  
Dental Program Directors

R. Lamont MacNeil, D.D.S., M.D.S.  
Board Director for Deans

Ryan Quock, D.D.S.  
Board Director for Faculties

Timothy Treat  
Board Director for Students,  
Residents and Fellows

Richard W. Valachovic, D.M.D., M.P.H.  
President and CEO

The mission of ADEA is to lead institutions and individuals in the dental education community to address contemporary issues influencing education, research and the delivery of oral health care for the overall health and safety of the public.

655 K Street, NW  
Suite 800  
Washington, DC 20001  
Phone: 202.289.7201  
Fax: 202.289.7204  
adea.org

April 21, 2016

RECEIVED

MAY 09 2016

Dr. Greg T. Beyeler  
Chair  
Utah Dentist and Dental Hygienist  
Licensing Board  
160 East 300 South  
Salt Lake City, UT 84111

DIVISION OF OCCUPATIONAL  
& PROFESSIONAL LICENSING

Dear Dr. Beyeler:

The American Dental Education Association (ADEA) represents all 66 U.S. dental schools and, subsequently, the deans of these schools. The ADEA Council of Deans (ADEA Council) met at the 2016 ADEA Annual Session & Exhibition in Denver and voted to send this communication to all U.S. state dental boards regarding the issue of portability of licenses and the use of human subjects in clinical licensure examinations.

The ADEA Council is aware that the American Dental Association (ADA) and the ADEA principal officers recently sent a letter to many state dental boards encouraging greater portability of licensure throughout the United States. Given the mobility of this society, the ADEA Council supports this general principle, as dentists now move more frequently and unexpectedly from state to state, often for reasons beyond their control. This is especially true for dentists within their first 10 years of practice, military dentists and dentists with partners in other highly mobile professions. Given the fact that some states and jurisdictions now recognize licenses from other states independent of the type of licensure exam taken initially, the ADEA Council respectfully requests that your board develop reciprocal licensure policies and agreements so that dentists who possess a valid, unrestricted license in any state or jurisdiction in the United States would be eligible for dental licensure and able to practice in your state.

Also, the ADEA Council wishes to reiterate its position in opposition to the use of human subject, patient-based components of clinical licensure examinations. The ADEA House of Delegates in March 2014 unanimously passed a resolution, ADEA 5H-2014, which "recommends the elimination of the human subject/patient-based components of clinical licensure examinations and the adoption of an alternative and validated process for the clinical assessment of candidates for licensure." At the 2016 ADEA Annual Session & Exhibition in March 2016, the ADEA Council reaffirmed its position on licensure and its support of Resolution 5H-2014.

AMERICAN DENTAL EDUCATION ASSOCIATION

Dr. Greg T. Beyeler  
Page 2  
April 21, 2016

Some dental schools have made individual decisions to participate in the Clinical Integrated Format (CIF), also known as the Buffalo Model (CIF-Buffalo), largely to assist their students in navigating the only examination track that currently exists for licensure in certain states. The ADEA Council wishes to state that the decision by dental schools to participate in the CIF-Buffalo version of ADEX examination offered by the Commission on Dental Competency Assessment (CDCA) should not be interpreted as an endorsement of that specific examination format, which still involves participation of human subjects.

In light of the aforementioned, we respectfully ask that you carefully consider the positions of the ADEA Council, as detailed above. These positions were formulated after many hours of thoughtful and careful deliberation and we believe they have the ability to profoundly affect oral health professionals in this country and their capacity to deliver the best care possible to this nation's population.

We welcome the opportunity to discuss these matters in greater detail.

Sincerely,



Marsha A. Pyle, D.D.S., M.Ed.  
Chair, ADEA Council of Deans



R. Lamont MacNeil, D.D.S., M.Dent.Sc.  
Board Director, ADEA Council of Deans

cc: ADEA Board of Directors  
ADEA Council of Deans