

THE AMERICAN BOARD OF PEDODONTICS

The First Thirty Years



PREFACE

Dr. Ralph L. Ireland was invited to be the featured speaker at the Breakfast Meeting of the Association of Pedodontic Diplomates in Atlanta, Georgia, September 1, 1970. He was asked to report about the activities of the American Board of Pedodontics.

His presentation was outstanding, and in a very short time he reviewed the past history of the American Board of Pedodontics. The membership of the Association asked that his presentation be published for distribution to each member. Shortly after this, the Board of Directors of the American Academy of Pedodontics requested that this publication be sent to the Membership of the Academy also.

It is an extreme pleasure, as a member of the Association of Pedodontic Diplomates and American Academy of Pedodontics, for me to be able to send you a copy of this intimate and interesting history of the American Board of Pedodontics.

*Robert H. Spedding, D.D.S., M.S.D.
Secretary, Association of Pedodontic Diplomates*

January, 1972
Lexington, Kentucky

FORWARD

It has been my good fortune to have been associated with The American Board of Pedodontics since the Board was founded. It has also been my good fortune to have been a member of the two dental organizations that have played major roles in the Board's history, The American Society of Dentistry for Children and The American Academy of Pedodontics.

The early years of the Board's existence did not pass without a few growing pains. Fortunately these unpleasant situations were not of long duration, scars from the wounds healed, friendships were renewed, the road blocks were removed and peace eventually prevailed.

These incidents and other events in the history of the American Board of Pedodontics and the Board's relationship with the American Society of Dentistry for Children and the American Academy of Pedodontics are recorded on the following pages.

Ralph L. Ireland



THE AMERICAN BOARD OF PEDODONTICS
 INCORPORATED 1942

ORGANIZED THROUGH THE CO-OPERATION OF THE AMERICAN SOCIETY OF DENTISTRY FOR CHILDREN
 AND THE
 AMERICAN DENTAL ASSOCIATION
 SPONSORED SINCE 1964 BY THE AMERICAN ACADEMY OF PEDODONTICS

Hereby Certifies That

HAS MET ALL THE REQUIREMENTS OF THIS BOARD AND IS HEREBY QUALIFIED TO PRACTICE THE SPECIALTY OF

PEDODONTICS

CHAIRMAN

SECRETARY-TREASURER

VICE-CHAIRMAN



John C. Brauer



Kenneth A. Easlick



Ralph L. Ireland



Frank F. Lamons



Paul K. Losch



Walter J. Pelton



Charles A. Sweet

THE AMERICAN BOARD OF PEDODONTICS

The First Thirty Years

Ralph L. Ireland, D.D.S.
Executive Secretary
The American Board of Pedodontics
Lincoln, Nebraska

sponsored by:

Association of Pedodontic Diplomates
American Academy of Pedodontics

The origin of the American Board of Pedodontics and the specialty of Pedodontics is very closely associated with the beginning of other dental specialties and their certifying boards. It is imperative then that a history of the American Board of Pedodontics should include a brief account of the events that transpired during the period when specialization in dentistry was being discussed and various societies were preparing their areas of practice for recognition as a specialty.

The push toward specialization in dentistry began in 1938 when representatives from various dental organizations attended a conference in St. Louis, Missouri, on October 24 to discuss specialization. Although there were dentists who were limiting their practices at that time and no doubt were considered specialists, there was little or no control over such practices, no established qualifications or standards for their education, no rules or direction as to what constituted specialty practice and no approved specialty certifying boards. Most of the dentists who were limiting their practices were either self-taught or trained via the apprenticeship route.

The 1938 Conference in St. Louis resulted in the formation of the Advisory Board for Dental Specialties. The Board was composed of representatives from the following organizations: The American Dental Association, The American Association of Dental Schools, The Council on Dental Education, The National Association of Dental Examiners, The American College of Dentists, The American Association for the Advancement of University Education in Dentistry, The American Association of Orthodontists, The American Association of Oral Surgeons and Exodontists, The American Society for the Promotion of Dentistry for Children, The American Association of Denture Prosthetists and The American Academy of Restorative Dentistry. The Advisory Board met annually for several years and served in an advisory capacity to the Council on Dental Education of the American Dental Association regarding the formation of dental specialties and specialty boards. No doubt specialization in dentistry would have come about eventually, but the Advisory Board for Dental Specialties during the short time it was in existence acted as a catalyst and certainly hastened the development and recognition of dental specialties.

One of the groups that was stimulated by these meetings was the American Society for the Promotion of Dentistry for Children. This Society was founded in Detroit, Michigan on October 26, 1927 by a group of dentists, most of whom were general practitioners, who were interested in promoting more and better dental treatments for children. The offi-

cers of the Society who had been attending the meetings of the Advisory Board began thinking in terms of specialization for pedodontics. At the 1940 meeting of the Society in Cleveland, Ohio, the Executive Council passed the following resolution on September 9:

That the American Society of Dentistry for Children select a temporary board to draw up suitable plans for certification in Dentistry for Children in accordance with the plans and objectives of the Advisory Board for Dental Specialties, this board to report at the 1941 meeting.^{1*}

At the business meeting of the Society on September 10, 1940, Dr. Frank F. Lamons, who had just been installed as President, appointed Drs. Kenneth A. Easlick, John C. Brauer, Charles A. Sweet, Frank F. Lamons and Ralph L. Ireland as a temporary board to draw up plans for certification in Dentistry for Children. Members of the Board met during the Cleveland meeting and elected Dr. John C. Brauer, Chairman, and Dr. Ralph L. Ireland, Secretary-Treasurer. Drs. Walter J. Pelton and John Oppie McCall were selected to complete the seven-man Board.

It is of special interest to note that while the officers and council members of the American Society of Dentistry for Children were thinking in terms of specialization for pedodontics in 1940 and had organized The American Board of Pedodontics, the Council on Dental Education of the American Dental Association did not include pedodontics in their 1941 list of subjects which the Council expected to be taught in dental schools.

This oversight by the Council was corrected, however, when the Executive Council of the American Society of Dentistry for Children protested and requested a meeting with the Council on Dental Education. The request was granted and Drs. John C. Brauer, Kenneth A. Easlick, Frank F. Lamons, Walter J. Pelton, Ralph L. Ireland and Marcus L. Ward met with the Council on October 24 during the 1941 meeting of the American Dental Association in Houston, Texas. Following this meeting the Council added pedodontics to the list of subjects which should be taught in dental schools.

Between 1940 and 1942, members of the newly formed American Board of Pedodontics were busy

* The name of the Society was officially changed at the 1940 meeting from the American Society for the Promotion of Dentistry for Children to The American Society of Dentistry for Children.

preparing By-Laws for the Board's operation. The Board members also decided to incorporate and Michigan was selected as the state in which to incorporate. Articles of Incorporation were prepared for the purpose of forming a non-profit corporation under the provisions of Act No. 327 of the Public Acts of 1931, known as the Michigan General Corporation Act, and signed on the 18th day of December, 1942. The Articles of Incorporation and the By-Laws with amendments appear in appendix I and II.

From December, 1942 until shortly after the Second World War, the Board was dormant. The meetings held immediately following the war were devoted to developing a format for the Board's examination and with formulating rules and regulations for certification to conform with the requirements of the Council on Dental Education of the American Dental Association.

When members of the original Board were developing plans for the examination, it was their objective to produce an examination of such quality that it would test thoroughly the qualifications of those who would be specialists. Certification, otherwise, would be meaningless. It was decided that the examination of the American Board of Pedodontics would cover the following areas: 1) case histories, 2) clinical (operating and diagnosis), 3) written questions, and 4) oral questions. Candidates would be graded as "unsatisfactory" or "satisfactory" in each area. If a candidate for certification should fail one or more areas of the examination, he or she could, by majority vote of the Board and payment of the required fee, repeat the unsatisfactory areas at any of the three subsequent examinations scheduled by the Board. No candidate would be permitted to take any part of the examination more than two times unless, in the opinion of the Board, the circumstances merited a third examination.

The Board members have continuously reevaluated the various areas of the examination and made changes if changes were indicated that would provide for a more efficient and effective evaluation of the candidate. The desire of the Board in this regard as well as its interest in extending the waiver clause to enable more dentists to become certified will be noted in the discussions and resolutions passed at various Board meetings from 1947 to 1970.

Transactions at Board Meetings

The first meeting of the Board following World War II was held in Chicago, Illinois, February 9, 1947. It is interesting to note that at this meeting the

question of whether the present Board should be dissolved and a new Board organized under the sponsorship of the American Academy of Pedodontics was discussed. It was decided that the present Board should continue to function.

The Board approved Dr. John Oppie McCall's request to withdraw from active membership on the Board.

The Board approved the following resolution:

Starting with the date of the 1947 meeting of the American Society of Dentistry for Children, members of the American Board of Pedodontics would serve for the following terms: Frank F. Lamons, one year; Ralph L. Ireland, two years; Charles A. Sweet, three years; John C. Brauer, four years; Walter J. Pelton, five years; Kenneth A. Easlick, six years; and Dr. McCall's replacement, seven years.

Numbers were drawn from a hat to determine the number of years each Board member would serve.

It was the opinion of the Board members that in order for the Board to formulate rules and regulations for the Board's activities and to develop a format and procedures for the examination, it would be advantageous if the original members could be together for several years. It was decided, therefore, that members of the original Board would be eligible for election to an additional seven-year term. This ruling would not apply to the person who would replace Dr. McCall. That person would be elected to serve a seven-year term.

The following resolutions regarding annual appointments to the Board were passed:

Resolved: That the American Board of Pedodontics shall submit to the Executive Council of the American Society of Dentistry for Children the names of three candidates for membership on the American Board of Pedodontics for each vacancy. Each candidate must be a member of the American Society of Dentistry for Children.

Resolved: That the American Society of Dentistry for Children be notified of the Board's action in regard to the method of filling vacancies on the Board and that the Executive Council of the American Society of Dentistry for Children be asked to incorporate this plan in their by-laws.

Meeting of August 6, 1947

The second meeting of the Board was held in Boston, Massachusetts at the same time as the annual meeting of the American Society of Dentistry for Children.

Dr. Paul K. Losch was elected by the Executive Council to fill the vacancy on the Board caused by the retirement of Dr. McCall.

The matter of charter diplomates was discussed and the following resolution passed:

That the American Board of Pedodontics certify those individuals who meet the requirements set forth in the waiver clause provided by the Council on Dental Education of the American Dental Association and those certified by this procedure shall be known as charter diplomates.²

It was also resolved:

That five members of the Board must approve each name submitted for certification as charter diplomates under the waiver clause.

The requirements for the approval of Examining Boards in dental specialties, as formulated by the Council on Dental Education on February 7, 1947 and approved by the House of Delegates of the American Dental Association in August, 1947, were read by the Chairman and discussed by the members³ (Appendix III). The Requirements were amended by the Council in 1949⁴, 1950⁵, 1953⁶, 1956⁷, 1959⁸ and 1968⁹ (Appendix IV).

Meeting of February 8, 1948

The third meeting of the Board was held in Chicago, Illinois. At this meeting, Chairman John C. Brauer informed the members that the Council on Dental Education had just announced their approval of the Board.

In accordance with the Council's Requirements for Examining Boards in Dental Specialties, John C. Brauer, Kenneth A. Easlick, Walter J. Pelton, Ralph L. Ireland, Paul K. Losch, Frank F. Lamons and Charles A. Sweet were designated as founder and charter members of the Board to be certified without examination.

Each Board also was permitted to select a limited number of dentists who met the requirements set forth in the waiver clause as charter members to be

certified without examination. In accordance with this ruling of the Council on Dental Education, the Board members selected the following dentists as charter members and the Secretary was instructed to issue invitations to: Drs. Walter C. McBride, Samuel D. Harris, Alfred E. Seyler, Ruth Martin, John M. Clayton, George W. Teuscher, Elsie Schildwachter, Ralph M. Erwin, Jr. and Claude W. Bierman.

The Board decided to hold its first examination in Chicago on Friday and Saturday of the week of the 1949 Midwinter Meeting of the Chicago Dental Society.

The Board approved the report of Dr. Kenneth A. Easlick on "Recommendations for Developing a Specialist in Pedodontics" (Appendix V). These recommendations were formulated to help guide dentists who desired to specialize in pedodontics and also to assist dental schools, hospitals and endowed dental clinics planning to offer graduate, postgraduate, internships or residencies in pedodontics. These recommendations were revised in 1961 (Appendix VI) and served as the basis for "Guidelines for Advanced Education in Pedodontics" prepared in 1969 by the Committee on Advanced Education in Pedodontics of the American Academy of Pedodontics in cooperation with the American Board of Pedodontics.

Meeting of February 10-12, 1949

The fourth meeting of the Board was held in Chicago, Illinois. The secretary reported that one person had not accepted the Board's invitation to become a charter member. The following resolution was then passed:

Resolved: That all invitations extended by the American Board of Pedodontics for founder and charter memberships unaccepted as of this date be invalidated.

The Board approved the following criteria for evaluating professional training and experiences of applicants applying for examination:

In order that the American Board of Pedodontics may evaluate and give due credit to a candidate's professional training and experiences in accordance with the requirements for certification, he (the candidate) shall have submitted from the school of dentistry, institution or preceptor (preceptor must be certified and further must be approved by the American Board of Pedo-

dontics) a signed statement from the individual supervising the educational or training experiences of the candidate, outlining in detail: 1) the total time expended, with dates of all postgraduate or graduate instruction or training, and 2) a detailed report of the candidate's education in respect to each of the seven areas of training listed in "Recommendations for Developing a Specialist in Pedodontics."

The secretary was instructed to have brochures printed containing: 1) the By-Laws of the American Board of Pedodontics, 2) the Requirements for Certification, 3) Criteria for Evaluating Professional Experience of Candidates, 4) Areas to be covered in the Examination, and 5) Recommendations for Developing a Specialist in Pedodontics.

The first brochure, published in 1949, listed the following requirements for each area of the examination.*

CASE HISTORIES

The following case histories must be submitted by each candidate:

- A. Three case histories of vital partial pulpectomies in primary teeth with pre-operative roentgenograms and post operative roentgenograms of the cases at least one year after.
- B. Two case histories, including management, of fractured central incisors in the permanent dentition involving the pulp. Pre-operative and post-operative (one year later) roentgenograms should accompany the case history.
- C. Five full mouth roentgenograms, including bite-wing films, showing operative and any other procedures completed in the mouths of preschool children or children with a mixed dentition.
- D. Two case histories which demonstrate the use of different space maintainers. The case histories should include: plaster casts, pre- and post-operative (at least one year later) roentgenograms and the original space maintainers or duplicates mounted on plaster casts.

CLINICAL EXAMINATION

1. The following operative procedures are to be completed for a child:

- A. A class two (mesioclusal or distoclusal) cavity preparation and silver amalgam restoration in a primary molar. There must be a contacting tooth.
- B. A distolingual cavity preparation and silver amalgam restoration in a maxillary primary cuspid. There must be a contacting tooth.

Instruments and materials are to be furnished by the applicant.

Patients will be available for the clinical examination.

2. The candidate is to bring an ivory dentoform model on an articulator (Columbia Dentoform Corporation, New York, Model No. 760). This model is to include all of the primary teeth and the first four permanent molars. Operative procedures may or may not be required on this model.

WRITTEN AND ORAL EXAMINATION

A written and an oral examination covering the following subjects will supplement the practical examination:

- A. Root Canal Surgery and Therapy for the primary and young permanent teeth.
- B. Child Management.
- C. Operative Procedures for the primary and young permanent teeth.
- D. Dental Anatomy (primary teeth).
- E. Prosthodontic Procedures for the child.
- F. Properties and Manipulation of Materials (silver amalgam, siliceous cements, gold castings, fused porcelain, gold foil, denture materials and appliance materials).
- G. Anesthesia and Extraction.
- H. Dental Health Guidance.
- I. Growth, Development and Health Problems of Childhood.

The candidate may also be required to review

*The brochure is revised and published annually.

case histories and submit an oral or a written plan of treatment for each patient. In addition to the histories, the Board will have plaster casts and full mouth roentgenograms available for each case.

The waiver privileges as stated in the first brochure were:

Waivers:

- A. The board may grant a waiver in the requirements listed in Section II, until January 1, 1951, provided:
 1. The candidate submits evidence that for the past ten years
 - a. He has directed his interest primarily to the practice of pedodontics: or
 - b. He has been identified in teaching primarily in the field of pedodontics: or
 - c. He has made outstanding contributions to the science of pedodontics: or
 2. The candidate submits evidence that he has been in the practice of dentistry for a period of ten years , and, further, that for the past three (3) years he has limited his practice primarily to pedodontics.
- B. The board may grant a waiver in the requirements set forth in Sections II and IV (without examination) only, to those who may be designated as its founder and charter members. The selection of charter and founder members will be limited to those dentists who can qualify according to the provisions set forth in Section IIIA.

At the Board's first examination conducted at Northwestern University School of Dentistry on February 11-12, 1949, 13 candidates were examined. Five candidates passed all areas of the examination and were declared to be diplomates of the Board.

It is interesting to note that the expense for conducting this three-day meeting of the Board, one day for business and two days for examination, amounted to \$1,237.09. The annual meetings of the Board now last four days, and the expense varies between \$3,100.00 and \$4,000.00.

When, in 1947, the Board decided that it would be advantageous for the original members to have an additional seven-year appointment so that the Board's examination could be developed more effectively, the members did not anticipate the trouble this decision would cause later.

The trouble was initiated by some members of the American Society of Dentistry for Children (A.S.D.C.) who were unhappy with the procedure employed for Board appointments and a campaign was started to change the method of electing Society members to the Board. The campaign was successful and the minutes of the 1950 meeting of the A.S.D.C. held on October 27, 1950 in Atlantic City, New Jersey are filled with criticisms of the Board.¹⁰ The Board was accused of being self-perpetuating and criticized for the number of candidates who were failing the Board's examination. At the General Business Meeting of the Society on Sunday, October 29, the following Motion was passed:

Article VII, Section 4 of the By-Laws be repealed and the following Section be substituted and adopted. The Executive Council, meeting and voting jointly with the delegates of the various State Units at the annual meeting, shall elect a member of the American Board of Pedodontics. Candidates for election to this position shall be Diplomates of the Board.¹¹

One year following the passage of this revision of the By-Laws, the A.S.D.C. met in Washington, D.C. on October 13 and 14. The Board was criticized again at the Society's General Business Meeting held Sunday, October 14 for the number of candidates who were failing the examination.¹² In spite of the criticism which the Board was receiving from some members of the Society, there were still many members who approved of the Board. Numbered among this group was a member of the Society's Executive Council, Dr. G.A.C. Jennings of Richmond, Virginia. Dr. Jennings' experience with the Board is most interesting and revealing. He was admitted to the examination by way of the waiver clause and was examined when the Board met in St. Louis, February 1951. His reasons for taking the examination and his reactions following the examination were stated in a letter received from him recently.¹³ In the letter Dr. Jennings wrote:

As you know, the reason I took the Board was because I was elected to the Executive Council of the A.S.D.C. and some of my duties pertained to the Board.

I am sending you some of the material I have on the subject of my taking the Board. I am sending you, too, a partially prepared paper I wanted to present at the A.S.D.C. meeting in Washington. I requested a spot on the program, but was denied this when the title of my paper became known.

The following are excerpts from Dr. Jennings' paper which was titled "I Took the American Board of Pedodontics."

For the last two or three annual meetings, the Board has been cussed and discussed. I have listened to the discussion through courtesy, rather than interest, but now I am interested. So the only way to intelligently elect a member to the Board is to know the Board, and know the man. The only way to know the Board is to take it.

The first day, or written part, of the examination was tough. We had thirty minutes in which to complete each of the six or eight examinations. All were of the multiple answer type. All you had to do was to check in the correct place. The questions I knew were easy, but those I didn't know where to check were hard.

The next day we had our clinical. I had a nice little fellow, nine years old, a D.O. on a maxillary left second deciduous molar. His name was Cohen and he wanted to play football for Notre Dame. I told him to change his name to O'Connor and he might have a chance. We breezed through the cavity preparation and alloy filling without a murmur from the patient or the inspectors. Then came my dentoform cavity. It had been a long time since I had ground a dentoform tooth.

The next day was the oral examination. Slide after slide—and all types of questions. The Board was patient, but not helpful. Plenty of slides, and not too bad.

After the examinations were over, I asked the Board if I could see some of the case reports. Some were compiled in a dignified fashion showing hours of labor in their preparation. Some were typed, some printed and some in longhand. Some were punctuated and edited, some were just thrown

together. Some models were trimmed and polished, some just models. Some appliances were polished to perfection, some were just serviceable.

This paper is written in two parts. This part is before notification from the Board as to my status. I shall complete this paper after I hear from the Board and all of the candidates. Before I close this three-day diary, I want to give you my over-all impression of the entire adventure.

The examination covered only the material set forth in the brochure. If you will read it from cover to cover you will know what I mean. The examiners worked much harder than the applicants. Why anyone would want the job I don't know. Other than their love for the profession and their strong belief in high ideals and standards. The price would be too high to pay for only the honor, prestige and glory. My hat is off to these gentlemen and in my book that is what they are. They were not too serious and yet not a moment of frivolity existed during the entire examination. Everyone took the examination seriously, but no one took themselves that way. The dignity and poise of the examiners was impressive. They were as courteous as though you had been a guest in their own home. They were generous with their time, dignified and precise in their questions and requests. I have nothing but praise for them—win, lose or draw. If I failed the examination I still will have succeeded in my reason for taking the Board.

Although Dr. Jennings was not permitted to read his paper, he did compliment the Board on their accomplishments at the Washington meeting and told the officers and delegates that he thought the Society had a fine Board.

Later in the business meeting the presiding officer called for nominations for membership on the American Board of Pedodontics. Four members were nominated. The Board's nominee that year was the original member of the Board who had drawn number four from the hat. Before the balloting began, two of the nominees withdrew. The first and second ballots resulted in a tie vote for the two remaining candidates. Between the second and third ballots, members of the Board talked to some of the delegates and

explained again why the Board wanted to have the original members appointed for an additional term. On the third ballot the Board's nominee was elected by a one vote margin (20 to 19).¹²

There were harsh words spoken following this turn of events and some delegates were accused of being traitors. The events which transpired at the 1950 and 1951 meetings indicated that the push to change the method of electing Board members was a political move by a few A.S.D.C. members to elect one of their friends to membership on the Board. Peace eventually prevailed, however, and following this meeting the election of members to the Board occurred without dissension.

As a result of the Washington, D.C. incident, the Board prepared a list of qualifications which future appointees to the Board should possess. This action was taken to insure that future appointments to the Board would be based on the qualifications of the individual rather than on the popularity of the person or from political pressure. The following qualifications for membership on the American Board of Pedodontics were adopted by the Board at the 1953 meeting.

1. He shall be a diplomate in good standing of the American Board of Pedodontics for at least two years.
2. He shall have had a license to practice dentistry continuously for eight years in one or more of the following:

Any of the states of the United States, and of the territories of the United States, or the District of Columbia.
3. He shall be engaged in one or more of the following: 1) the practice of pedodontics; 2) the teaching of pedodontics; 3) employed as a dentist, or a teacher, or a (researcher) by a governmental agency, or an approved dental school, or an approved medical school, or an approved hospital, philanthropic foundation, or organization where the activity is directly and primarily concerned with pedodontics.
4. He shall be a member for eight years of the American Dental Association and a member of the American Society of Dentistry for Children.
5. He shall have contributed to the literature at least five scientific articles and/or one or more books in the field of pedodontics.

6. He shall be associated with, or intimately located with reference to a university, research laboratory, hospital, health center, or dental study club library in order that he can have ready access to the current and past dental literature and can develop the lantern slide and examination questions that are essential for a modern scientific examination.
7. After the year 1957, he shall have two years of graduate or postgraduate training in the specialty taken at a dental school, hospital, or institution recognized by the Council on Dental Education of the American Dental Association and the American Board of Pedodontics as a training center for the specialty of pedodontics.*

After conducting several examinations, the Board members decided that it would be more efficient if committees would plan and supervise each area of the examination. This procedure which began in 1951 has proven to be a most effective method for conducting the Board's examinations. At each business meeting, which is held the day before the examination begins, each committee chairman presents a report and advises the other members regarding the procedure which will be followed for his area. If recommendations for changes are made, they are discussed by the entire Board membership and either approved, rejected or held for further investigation. When changes in any areas of the examination are approved, they are not put into operation until at least the following year.

In 1954 and again in 1956 the Board requested the Council on Dental Education to extend the waiver clause. The Council approved the Board's request and the waiver clause was extended to May, 1957, but the Council advised the Board to consider that date to be time when waiver privileges should no longer be needed.

The Board continued to press for an extension of the waiver clause and at the 1960 meeting passed a resolution that steps be taken so that the Board could be permitted the privilege of waiving the formal education requirement until the 1962 Board meeting.

At the last business meeting of the Board on December 1, 1960, Dr. Kenneth A. Easlick, the retiring chairman, made the following remarks to the members concerning his personal reactions to the Board's activities after thirteen years of service.

I am pleased to have an opportunity, at this

*This requirement has been eliminated.

point, to make a few remarks which I think may be pertinent to those of you who conduct the Board's business the next few years. My remarks may consist of slightly historical personal reactions, and, I am sure, they definitely will state a charge to you.

A. Personal Reactions

1. Nostalgia

After 13 years of service with this Board and a few prior years of activity as assistant obstetrician (it took a long time to deliver a viable infant: in fact a World War intervened!), I know now, about this time next year, I shall be recalling that some fine pedodontists will be convening in order to perform a difficult job for pedodontics and, in fact, for all organized dentistry. This Board, some of you, I am sure, realize has accomplished much in setting a pattern for all of the dental specialties in the United States. (One of the founders of this Board, in fact, helped organize the American Board of Dental Public Health.) So, let me repeat, I shall recall and I shall expect to suffer some poignant nostalgic pains this time next year; I'll miss the fellowship and I'll miss the sense of belonging.

2. Relief

On the other hand, I shall be glad to be relieved of the worry and work that membership in this Board entails for a conscientious member of the profession. There are some definite reasons for this feeling. Unless you were there, at the initial examination held by the Board in the School of Dentistry of Northwestern University in February 1948, you would have little basis for knowing how discouraged I was with the first formal activity of the infant Board. I wanted to quit then and there; I was cured. The only reason that I stayed on was a combination of pride and inherited stubbornness; I just couldn't acknowledge that I was a deserting "heel"—deserting fellow-members as disturbed as was I, and deserting a practical opportunity to

improve the standards, countrywide, of the practice of dentistry for children. (Did they ever need it in the early 1940's!)

3. Sound Organization

Today this Board appears to be launched safely in orbit: 1) it has young members, a number qualified by formal graduate education; 2) it has developed an objective pattern of procedure; 3) its financial stability now appears ensured; 4) it possesses the potential for continued improvement; and 5) it has weathered at least four major crises: a) its weak initial operational procedures; b) a period of dirty, self-seeking pressure politics to approve good friends of members but friends thoroughly unqualified; c) the charge of discrimination against Northeastern practitioners; and d) recently, some misguided notions of what constitutes a specialty or a specialist. The Board has survived some less important hassles, too.

4. Long Service

In addition to some complaisance that we have a secure Board today, I think that I should remind you that 13 years is a long period of service. Probably no other member will achieve it, although I shall be unable to equal Ralph Ireland's years of combined service as a member and then the Executive Secretary. It would be interesting sometime to count the number of instances that the members of the Board have hidden behind Ralph's "bold front" and let him present, practically alone, the decisions made by the members while well-cushioned behind closed doors and shielded from the "brickbats" of dissident applicants or their sponsors. I should have known enough to retire two years ago when another Michiganian was elected to the Board. Sid Kohn, who has accomplished so much for this group, would not have it that way. So, I am retiring at this meeting with thanks to you for a period as Chairman.

B. Charge

Now a charge to you who will continue to administer the American Board of Pedodontics—a “quadruplet” charge, if you please:

- No.1. I am admonishing you to preserve the independence of this Board. It is incorporated legally as an independent organization; do not lose this independence of action to government, to the American Society of Dentistry for Children, to the American Academy of Pedodontics, to the American Dental Association. Treasure this independence of action.
- No.2. Never yield to an individual's or a group's pressures—many individuals and many groups still know no other way to gain their undesirable ends, even an occasional member of the Board.
- No.3. Gradually improve the quality and the comprehensiveness of the Board's examination. Programs of graduate study and the findings of enhanced research make improvement of this activity thoroughly essential.
- No.4. Improve the pattern of the Board's operation slowly and studiously, and, in so doing, never forget that you are gentlemen while you discharge a responsibility so extremely important to the prestige of a worried candidate.

With that charge behind me, I now am in a position to remind you that you are inheriting the residue of a lot of planning, a lot of implementing, a lot of wrangling, a lot of deciding, and a lot of personal “blood, sweat and tears.” I wish you good luck and a Roman's “pax vobiscum.”

The Board did not conduct an examination in 1961 but did schedule a meeting in Philadelphia

during the 1961 meeting of the American Dental Association. At this meeting the matter of Board sponsorship was discussed. Because the Council on Dental Education of the American Dental Association had suggested that all specialty boards should be sponsored by specialty societies, and the American Society of Dentistry for Children which had sponsored the Board since it was organized was not a specialty society, the Chairman and Secretary were instructed to meet with the Directors of the American Academy of Pedodontics to ascertain if the Academy would be inclined to assume sponsorship of the Board.

Although the American Academy of Pedodontics had indicated willingness to assume sponsorship of the Board if the American Society of Dentistry for Children would agree, the formation of a new pedodontic organization, The American Association of Pedodontists, appeared on the scene in 1961 and entered the picture as a potential sponsor of the Board.

According to a letter received from Dr. Edward S. Mack, the individuals who were promoting this new organization were of the opinion that the American Academy of Pedodontics was a closed organization with a limited membership and did not have the interests of all pedodontists, especially non-members, at heart. It was also the opinion of these individuals that since the Academy did not represent the majority of practicing pedodontists in the United States, the Academy should not be the sponsor of the Board.¹⁴

According to the May, 1962 Newsletter of the American Society of Dentistry for Children, a committee composed of representatives from the American Academy of Pedodontics, the American Board of Pedodontics, the Council on Dental Health of the American Dental Association, the proposed new organization, the American Association of Pedodontists and the two observers from the American Dental Association met in Chicago on March 1, 1962 to discuss the problem.¹⁵ The problems were not solved at the Chicago meeting according to Dr. Mack's letter and on March 21, 1962, the Association began soliciting memberships. Nine aims and objectives were outlined by the new organization, one of which was to be the sponsoring association for the American Board of Pedodontics. As the result of a vigorous campaign, membership in the Association grew to over 400 by the middle of 1962 and the Association was successful in obtaining from the Council on Dental Education a delay in transferring sponsorship of the Board.

Between the middle of 1962 and the fall of 1963, several joint meetings were held between representa-

tives of the Academy and the Association to resolve differences and prevent a schism in the specialty of pedodontics. As a result of these meetings, the Academy made concessions and modified its Constitution and By-Laws to make itself available to any eligible pedodontists.

On October 12, 1963 at the Atlantic City meeting of the Association, it was unanimously approved that the Association should now be dissolved as the Academy was endeavoring to fulfill their goal. It was also resolved that the Association join with and support the Academy and all pedodontists were urged to join the Academy.¹⁴

At the 1963 annual meeting of the American Society of Dentistry for Children, the members passed a resolution relinquishing sponsorship of the Board in favor of the Academy. The Council on Dental Education approved the transfer and on January 1, 1964 the American Academy of Pedodontics became the official sponsor of the Board.

The waiver privilege was discussed again at the 1962 Board meeting and a resolution was passed that the Board would not oppose reactivating the waiver clause as suggested by the American Dental Association House of Delegates resolution No. 35 (October 16, 1962). It was decided that if the waiver clause were reactivated that it would be limited to dentists who had graduated from dental school prior to January 1, 1955.

The Board decided to sponsor a breakfast for all Board diplomates at the 1963 meeting of the American Academy of Pedodontics to explore the possibility of forming an organization of Board diplomates. The breakfast meeting resulted in the formation of the Association of Pedodontic Diplomates. Members of the Association meet for breakfast and a short program during the annual meeting of the American Academy of Pedodontics.

A special meeting of the Board was held in Pittsburgh during the 1963 meeting of the American Association of Dental Schools for the purpose of re-evaluating the Board's examination. A resolution was passed which provided:

That the written area of the Board's examination may be taken at the completion of the two-year graduate, postgraduate or hospital training period and will be in effect beginning this year.

The Board also approved a plan whereby the written examination would be given on the same date in different centers throughout the United States. The number of candidates taking the written exam-

ination and the number of centers where the examination is given has increased each year since the plan was inaugurated. Ninety-seven candidates were approved for the 1971 written examination which was given in 17 cities in the United States and also in San Juan, Puerto Rico and the island of Guam. Since the change has been in effect 260 candidates have taken the written examination immediately following the completion of their educational requirements.

At the Board meeting of November 11, 1963, the members were advised that the Council on Dental Education had notified the secretary that the waiver privilege was no longer in effect and that candidates must now satisfy the educational requirements.

During the 1968, 1969 and 1970 Board meetings, there were lengthy discussions regarding possible changes in the clinical examination. Two changes resulted. Beginning in 1969, the clinical section consisted of an examination, diagnosis and comprehensive treatment plan for a child patient in lieu of the operative requirement. The other change, which was instituted in 1971, will have the Board members conducting the clinical examination in the offices of the candidates. By making this significant change the Board members believed that it would provide the maximum opportunity for the candidates to demonstrate their clinical abilities and for the examiners to observe these abilities under the most favorable conditions for the candidates.

In line with the Board's policy of continuing to reevaluate and improve the various areas of the examination, a special Board meeting was held on October 12-13, 1970 at Indianapolis, Indiana. This meeting was scheduled to: 1) take a critical look at the various areas of the Board's examination; 2) discuss testing procedures that could be employed which would improve the various areas of the examination; and 3) if improvements were indicated to decide on methods for implementing the procedures. A consultant from the School of Education, Indiana University, met with the Board members and presented his evaluation of the various areas of the examination and offered suggestions concerning testing methods.

At the 1971 meeting of the Board held October 25-28 at Northwestern University School of Dentistry, Chicago, Illinois, additional changes were approved for conducting the examination. Beginning in 1972 when board members visit the candidates' offices for the clinical examination, the case histories also will be examined. Beginning in 1972 the oral examination will be given in conjunction with the annual meeting of the American Academy of Pedodontics. The written examination will continue to be

given each year on the last Tuesday in June.

The Board members also voted to make a change in the dates of the Business Meetings. The annual Business Meetings have always been held on the day preceding and the day following the examination. Beginning in 1972, the Board's Business Meeting will not be held in conjunction with the examination but will be scheduled at another time of the year.

The changes in the examination requirements which will be in effect, beginning in 1972, follow:

CASE HISTORIES

The case histories should demonstrate a pedodontist's expertise in the total care of the cases submitted.

The following case histories must be submitted by each candidate:

1. History of the treatment of one primary tooth with a cariously involved pulp. History shall consist of:
 - A. Preoperative full mouth radiographs.
 - B. A description (in outline form) of
 - (1) justification of treatment,
 - (2) technic of treatment rendered,
 - (3) results of treatment after at least one year, including full mouth radiographs.
 2. History of one fractured permanent incisor which required emergency care and subsequent esthetic restoration.
 - A. Preoperative radiographs which clearly show the periapical area (full mouth radiographs are not required).
 - B. A description (in outline form) of
 - (1) type and cause of fracture,
 - (2) condition of the tooth when first examined,
 - (3) justification of treatment,
 - (4) technic used in the treatment of the pulp if needed, and the restoration of the tooth.
 3. History of two patients demonstrating comprehensive operative procedures for a child with a primary dentition and a child with a mixed or young permanent dentition preferably a young teenager with extensive carious lesions of the posterior and anterior teeth which require multiple surface restoration.
 - A. History should include enough description to make procedure used clear to the examiner.
 - B. Pre and postoperative full mouth radiographs, including bite wing films must be presented. A panoramic film may be used (postoperative films must be at least one year after completion of the indicated work).
 - C. The case history shall include a comprehensive description of the caries control procedures used.
 - D. Postoperative photographs showing asthetic and gingival conditions are indicated as are postoperative diagnostic models. (Include patient education materials.)
 4. Histories of two patients for whom appliances were employed to prevent, intercept, or correct a developing malocclusion. The history of the two patients must show that a different treatment was utilized for each patient. Each history shall consist of:
 - A. Adequate preoperative records to demonstrate the justification for treatment.
 - B. Adequate post operative records to demonstrate the results of treatment, including all appliances used or their duplicates. Adequate records include complete radiographic evaluation (possibly including cephalometrics). Adequate records includes the submission of complete radiographs, diagnostic models, photographs, and their evaluation.
 - (5) the result of treatment for at least one year following the initial treatment, including radiographs.
- C. Photographs should be included of the completed case, showing periodontal and esthetic results.

CLINICAL EXAMINATION

The clinical examination will consist of a site visit to the candidate's office by two members of the Examining Board. Each candidate will be duly notified of the date of his visitation and of the procedures to be followed.

WRITTEN EXAMINATION

The written examination will cover the following subjects:

1. Pulpal Therapy for the primary and immature permanent teeth.
2. Behavioral Management (for the child and the parent).
3. Operative Procedures for the primary and immature permanent teeth.

Prosthodontic Procedures for the child.

Dental Anatomy (primary teeth).

Dental Materials (properties and manipulation).
4. Anesthesia, Extraction and Minor Surgery.
5. Growth, Developmental and Health Problems of Childhood.
6. Dental Health Guidance and Preventive Dentistry (for the child and the parents).
7. Essay (a short dissertation on a general topic concerning some aspect of pedodontics. No references assigned).

The questions for the written examination will be objective in type.

ORAL EXAMINATION

The Oral Examination is conducted by one member of the Examining Board in the presence of other members. Colored slides, drawings and diagrams are projected on the screen and questions are asked of the candidate to test his ability to recognize, diagnose and plan treatment for the bizarre as well as common oral disorders due to development or disease. The average length of the examination is 30 minutes. After the formal interrogation, the other members of

the Board present are invited to ask additional questions of the candidate.

OTHER INTERESTING FACTS ABOUT THE BOARD

1. From 1949 to July 1, 1970, the Board has conducted 19 examinations. Examinations were not scheduled in 1952, 1955 and 1961 due to an insufficient number of candidates.

2. Two hundred twelve dentists have been certified by the Board from founding date through October 28, 1971. Sixteen diplomats have either died or have been placed on the inactive list as of December 1, 1971. There are one hundred ninety-six active diplomats as of December 1, 1971.

3. The following have served as members of the Board: John C. Brauer, Kenneth A. Easlick, Charles A. Sweet, Walter J. Pelton, Frank F. Lamons, Ralph L. Ireland, Paul K. Losch, Sidney I. Kohn, David B. Law, Ralph E. McDonald, Gordon H. Rovelstad, George W. Teuscher, William E. Brown, John E. Gilster, Roy L. Lindahl, Roland R. Hawes, William S. Kramer, Richard E. Haskins, Bernard A. Smith, Richard E. Jennings, Thompson A. Lewis, Norman H. Olsen, Walter A. Doyle, Paul E. Starkey, Spencer N. Frankl and Carroll G. Bennett.

4. The following have served the Board as Chairman: John C. Brauer, Charles A. Sweet, Kenneth A. Easlick, Sidney I. Kohn, Ralph E. McDonald, Gordon H. Rovelstad, George W. Teuscher, John E. Gilster, William E. Brown, Roy L. Lindahl, Roland R. Hawes, William S. Kramer, Richard D. Haskins, Bernard A. Smith and Richard E. Jennings.

5. Ralph L. Ireland served as Secretary-Treasurer of the Board from its formation in 1940 until 1956 at which time he was appointed Executive Secretary-Treasurer.

By diligently adhering to the objectives for which the Board was founded, and by refusing under pressure to deviate from the standard of performance required of candidates for specialty practice, the Board during its first thirty years of existence has played a significant role in elevating the standards of pedodontic teaching and practice.

BIBLIOGRAPHY

1. The American Society of Dentistry for Children. Executive Council Meeting, *J. Dent. Child.*, VII:120, 4th Quar., 1940.
2. American Dental Association, Council on Dental Education. The specialties in dentistry: present status and recommendations for the future. *J. Amer. Dent. Assoc.*, 34:527-547, April 15, 1947.
3. American Dental Association, *Transactions*, p. 254, Aug. 1947.
4. ———, *Transactions*, p. 244, Oct. 1949.
5. ———, *Transactions*, p. 199, Nov. 1950.
6. ———, *Transactions*, p. 216, Sept. 1953.
7. ———, *Transactions*, p. 185, Oct. 1956.
8. ———, *Transactions*, p. 204, Sept. 1959.
9. ———, *Transactions*, p. 251, Oct. 1968.
10. The American Society of Dentistry for Children. Minutes Executive Council and State Delegates. *J. Dent. Child.*, XVII:50-52, 4th Quar., 1950.
11. ———. Minutes General Business Meeting. *J. Dent. Child.*, XVII:55, 4th Quar., 1950.
12. ———. Minutes 1951 General Business Meeting. *J. Dent. Child.*, XIX:43-53, 1st Quar., 1952.
13. Dr. G. A. C. Jennings, personal communication, February 24, 1971.
14. Dr. Edward S. Mack, personal communication, March 23, 1971.
15. The American Society of Dentistry for Children. *Newsletter*, 3, May, 1962.

APPENDIX I

Articles of Incorporation*

These Articles of Incorporation are signed and acknowledged by the incorporators for the purpose of forming a non-profit corporation under the provisions of Act No. 327 of the Public Acts of 1931, known as the Michigan General Corporation Act, as follows:

Article I.

The name of this corporation is "The American Board of Pedodontics, Inc."

Article II.

The purpose or purposes of this corporation are as follows:

To encourage the study, improve the practice, elevate the standards and advance the science of Pedodontics, and thereby to serve the cause of public health.

To grant and issue to Dentists duly licensed by law, Certificates or other recognition of Special Knowledge in Pedodontics or Dentistry for Children (hereinafter called "Certificates") and to suspend and revoke the same.

Certificates granted or issued by the Corporation shall not confer or purport to confer upon any person any legal qualification, privilege, or license to practice Dentistry nor purport to be issued under or in pursuance to or by virtue of any statutory or governmental sanction or authority. Recipients of Certificates shall not be virtue thereof become members of the Corporation, nor shall they be entitled to vote on any matter whatsoever.

To receive and act upon applications from Dentists duly licensed by law, for Certificates and to require the payment of and to receive from each applicant therefor, application, examination and other fees in such amounts as from time to time may be fixed by the American Academy of Pedodontics.

To establish, maintain, alter and amend rules and regulations, standards and qualifications for the granting and issuing and for the suspension, surrender and revocation of Certificates.

*Articles II, IV and VIII were amended on November 11, 1963 by inserting the name of the Board's new sponsor, The American Academy of Pedodontics, in place of The American Society of Dentistry for Children. The amended Articles were filed with the State of Michigan, Corporation and Securities Commission on February 25, 1964

To determine by examination, investigation or otherwise, the fitness and competence of dentists in the practice of Dentistry for Children who shall apply for Certificates, and to prepare, provide, control and conduct examinations, written, oral and otherwise for such purpose, and to determine the results of such examination.

To do all such other lawful acts and things as may be pertinent, incidental or conducive to, or necessary, suitable and proper for the accomplishment of any of the purposes or the attainment of any of the objects, or the furtherance of any of the powers herein set forth or growing out of, or connected therewith, or with any part thereof, and generally and in pursuance thereto, to have and to exercise all the powers now or hereafter conferred by the laws of the State of Michigan, upon corporations organized under the laws under which this Corporation is organized, and any and all acts amendatory thereto and supplemental thereto.

To conduct its business so far as permitted by law in the State of Michigan and other states of the United States, and in the territories and District of Columbia, and all dependencies and colonies or possessions of the United States, and in foreign countries, and to maintain offices or agencies either within or anywhere without the State of Michigan.

Article III.

The location of the corporation is Ann Arbor in the County of Washtenaw, State of Michigan. Post Office address of registered office in Michigan is School of Dentistry, University of Michigan, Ann Arbor, Michigan.

Article IV,

Said corporation is organized upon a non-stock basis.

(a)

(Article V (a) of Michigan Corporation Form, inapplicable.)

(b)

The amount of assets which said corporation possesses is:

Real Property: \$1,000.00

Personal Property: None

Said Corporation is to be financed under the following general plan: Sums of money shall from time to time be appropriated by the American

Academy of Pedodontics for the purpose of carrying out the functions of this corporation; Any fees paid for examinations or certificates shall belong to the American Academy of Pedodontics.

Upon the dissolution of the corporation, after satisfaction of its obligation, any surplus funds shall be transferred by the Board of Directors to the American Academy of Pedodontics.

Article V.

The names and places of residence, or business, of each of the incorporators, are as follows:

Names	Residence or Business Address
Walter C. McBride	660 Fisher Building, Detroit, Mich.
Kenneth R. Gibson	660 Frederic St., Detroit, Mich.
Kenneth A. Easlick	School of Dentistry, University of Michigan, Ann Arbor, Mich.

Article VI.

The names and addresses of the first Board of Directors are as follows:

Names	Address
Walter C. McBride	660 Fisher Building, Detroit, Mich.
Kenneth R. Gibson	660 Frederic St., Detroit, Mich.
Kenneth A. Easlick	School of Dentistry, University of Michigan, Ann Arbor, Mich.

Article VII.

The term of this corporation is fixed at thirty years.

Article VIII.

The American Board of Pedodontics shall consist of such persons elected thereto by the American Academy of Pedodontics, and the term of membership upon said Board shall be determined by the By-Laws of said Academy. The Chairman, Vice-

Chairman and Secretary of said American Board of Pedodontics shall, by virtue of their office, be the Directors of this Corporation, and shall exercise and enjoy all of the powers vested in the Board of Directors of this Corporation by the By-Laws from time to time in force.

The names and addresses of the original members of the American Board of Pedodontics are as follows:

Name	Address
John C. Brauer	University of Iowa, College of Dentistry, Iowa City, Iowa
Charles A. Sweet	2940 Summit St., Oakland, Calif.
John Oppie McCall	422 East 72nd St., New York, N. Y.
Frank F. Lamons	503 Doctors Building, Atlanta, Ga.
Walter J. Pelton	U. S. Public Health Service, Washington, D. C.
Kenneth A. Easlick	University of Michigan, School of Dentistry, Ann Arbor, Mich.
Ralph L. Ireland	University of Nebraska, College of Dentistry, Lincoln, Nebr.

The foregoing members of the original Board shall continue in office until their successors shall be elected at the next ensuing meeting of the American Society of Dentistry for Children.

The members of the first Board of Directors specified in Article VI hereof shall continue in office until after the organization meeting of the American Board of Pedodontics herein constituted, and thereafter, the Chairman, Vice-Chairman and Secretary elected at said organization meeting of said Board shall constitute the Board of Directors of this Corporation.

IN WITNESS WHEREOF, the incorporators have signed these Articles of Incorporation, this 18th day of December, A.D. 1942.

Walter C. McBride (Signed)
Kenneth R. Gibson (Signed)
Kenneth A. Easlick (Signed)

APPENDIX II

The By-Laws of the American Board of Pedodontics and the Sections Which Have Been Amended

SECTION I. Composition of the Board

- A. The board shall be composed of seven (7) members elected by the Executive Council of the American Society of Dentistry for Children.
- B. The board shall have: (1) a chairman, (2) a vice-chairman, (3) a secretary, and (4) a treasurer.

Section I was amended October 16, 1969 to read:

The Board shall be composed of seven (7) members. A Chairman and a Vice-Chairman shall be elected annually by the Board from its own membership. At each annual meeting the Board shall elect an Executive Secretary-Treasurer.

SECTION II. Election of Board Members

- A. The seven (7) members of the board initially shall be elected (Articles of Incorporation, Article VIII) in accordance with the By-Laws of the American Society of Dentistry for Children, as follows: (1) one for one year, (2) one for two years, (3) one for three years, (4) one for four years, (5) one for five years, (6) one for six years, and (7) one for seven years. Each new member elected after the first year shall serve for a period of seven (7) years, and at the end of the period said member cannot succeed himself on the board, except that member who was elected to the original board and such a member will be limited to one additional seven (7) year term.
- B. Members of the board shall continue to hold office until their successors are elected.
- C. In case of a vacancy on the board, the chairman shall have the power to appoint a temporary member who shall serve until the Executive Council of the American Society of Dentistry for Children elects a regular member to fill the unexpired term of the member who has vacated his membership on the board. A member so elected to fill an

unexpired term may be elected for one additional seven (7) year term.

Section II was amended October 16, 1969:

Article A: No Change.

Article B. was added:

- B. The new member shall be elected by the membership of the American Academy of Pedodontics at each annual meeting of the Academy. The Secretary of the Board shall send the names of the diplomates eligible for membership to the Secretary of the American Academy of Pedodontics for action by the appropriate committee of the American Academy of Pedodontics.

Article C (formerly Article B): No change.

Article D (formerly Article C) now reads:

- D. When a vacancy occurs in the membership of the Board, the Chairman shall have the power to appoint a temporary member who shall serve until the membership of the American Academy of Pedodontics elects a member to fill the unexpired term of the member who has vacated. A member so elected to fill an unexpired term may be elected for one additional seven-year term.

SECTION III. Duties of Officers of the Board

- A. Chairman: The Chairman shall preside at all meetings of the board and perform such other duties as pertain to the office. The chairman shall make an annual report to the Executive Council of the American Society of Dentistry for Children.
- B. Vice-Chairman: The vice-chairman shall assume the duties of the chairman when the chairman is absent.
- C. Secretary: The secretary shall perform the usual duties of his office and keep a record of all meetings of the board.
- D. Treasurer:
 - (1) The treasurer shall be the custodian of funds for the corporation. He shall keep an accurate account of all funds, make deposits in a bank acceptable to the Directors of the Corporation, and issue

checks against such an account when vouchers are signed duly by the chairman and the secretary.

- (2) The treasurer shall give bond in such a sum as the board shall direct, the cost of said bond to be carried by the corporation.
- (3) He shall be paid a salary of one dollar per year.

Section III was amended October 16, 1969:

Article A (Chairman) now reads:

A. Chairman: The Chairman shall preside at all meetings of the Board and perform such other administrative duties as pertain to the office. The Chairman shall make an annual report to the Board of Directors of the American Academy of Pedodontics.

Article B: No change.

Article C and D combined under Article C:

C. Executive Secretary-Treasurer:

- (1) The Executive Secretary-Treasurer shall perform the usual duties of his office and keep a record of all meetings of the Board; He shall not, however, be a voting member of the Board.
- (2) The Executive Secretary-Treasurer shall be the custodian of funds for the corporation. He shall keep an accurate account of all funds, make deposits in a bank acceptable to the Directors of the Corporation, and issue checks against such an account when vouchers are signed duly by the Chairman and the Secretary.
- (3) The executive Secretary-Treasurer shall furnish bond in such a sum as the Board shall direct, the cost of said bond to be carried by the Corporation.
- (4) As Treasurer, he shall be paid a salary of one dollar per year.
- (5) As Executive Secretary, he shall be paid an annual honorarium and an additional allowance for secretarial assistance and other services. The amount of the honorarium and the amount for additional services shall be determined each year.

SECTION IV. Duties and Functions of the Board

A. The board shall determine the levels of

education and experience of candidates for certification within the requirements fixed by the Council on Dental Education, American Dental Association.

- B. The board shall announce, through the office of the secretary, the time and place of examinations.
- C. The board, subject to the approval of the Council on Dental Education, shall formulate and put into effect the policies, the criteria and the rules for the examination which shall govern the certification of candidates.
- D. The board shall be empowered to recall or to revoke the certificate of any of its recipients when:
 - (1) The recipient ceases to conduct an ethical practice.
 - (2) It is demonstrated clearly to the board that the recipient no longer gives his child patients adequate or proper dental treatment commensurate with the best accepted technics and knowledge in the field.
 - (3) It is demonstrated through announcement or through practice that the holder of the certificate no longer considers pedodontics his major interest.
 - (4) The renewal fee is not paid on or before the 31st day of March of each year.

SECTION V. Meetings

- A. Annual Meetings of the Corporation: The annual meeting of the Corporation shall be held on such a day each year as the board selects.
- B. Special Meetings of Corporation: Special meetings of the Corporation, for the conduct of business other than the holding of examinations, shall be called by the chairman upon a written request to the chairman signed by any four members of the board.
- C. Meetings to Conduct Examinations: Examinations, to determine the qualifications of acceptable candidates for certification, may be scheduled at such times, at such places, and under such conditions as may be designated by the majority of the board members.

- D. Quorum: A quorum at any meeting of the board shall consist of four members.
- E. Conduct of Meetings: All meetings shall be conducted in accordance with Roberts Rules of Order - Revised.

those present, provided that notice of such proposed amendment(s) was sent to each member of the board not less than thirty (30) days in advance of such a meeting; or,

- B. By unanimous vote of the board.

Section V was amended November 14, 1963:

Article A: No change.

Article B: No change.

Article C: No change.

Article D: No change.

Article E: now reads:

- E. Conduct of Meetings: All meetings shall be conducted in accordance with Standard Code of Parliamentary Procedure by Alice F. Sturgis.

SECTION VI. Certification of Original Board Members

A member of the original board shall be declared eligible for certification provided said member meets the approved standards as set forth by the Council on Dental Education, American Dental Association, and provided said member meets the requirements designated by the board in the appended "Requirements for Certification."

SECTION VII. Annual Renewal Fee of Certificates

A renewal fee of three (\$3.00) dollars shall be paid annually on or before the 31st day of March by all holders of certificates.

Section VII was amended July 31, 1958 to read:

A renewal fee of five (\$5.00) dollars shall be paid annually on or before the 31st day of March by all holders of certificates.

SECTION VIII. Amendments to the By-Laws

The By-Laws may be amended:

- A. At any meeting of the board by a majority of

APPENDIX III

REQUIREMENTS FOR THE APPROVAL OF EXAMINING BOARDS IN DENTAL SPECIALTIES (Approved by the House of Delegates in August, 1947)

1. *Definition:* A specialty in dentistry is a field of practice which calls for intensive study and extended clinical and laboratory experience by a dentist beyond the training offered as a preparation for general practice in the undergraduate curriculum. The following branches of dentistry are recognized at this time as suitable fields for the certification of specialists: oral surgery, orthodontics, pedodontia, periodontia and prosthodontia.

2. *Organization and Function:* An examining board in a dental specialty should be representative of a national organization of the specialty. It should be incorporated and its principal functions should be

1. To determine the levels of education and experience of candidates for certification within the requirements fixed by the Council on Dental Education.
2. To provide and to administer comprehensive tests of the qualifications of candidates for certification as specialists.
3. To fix the limitations of general and special practice which holders of certificates as specialists will be required to observe.
4. To issue certificates of competence to dentists who satisfy the requirements of the board.

3. *Qualifications of Candidates:*

1. Satisfactory moral and ethical standing in the dental profession.
2. Citizenship in the United States.
3. Graduation from a dental school accredited or otherwise recognized by the Council on Dental Education.
4. A license to practice dentistry issued by a legally constituted examining board, or by other legally constituted authority, in the United States.

5. Membership in the American Dental Association or the National Dental Association.

6. A period of study after graduation from a dental school of not less than two years in graduate or postgraduate courses, hospitals, clinics, dispensaries, or fundamental science laboratories recognized by the Council and by the specialty examining boards as competent to provide adequate training in the special field. This period of study may be pursued wholly in a school giving graduate or postgraduate courses and may or may not lead to an advanced degree; it may also be pursued wholly in hospitals, clinics, dispensaries or fundamental science laboratories; and it may be pursued partially in schools and partially in the other types of institutions. One full academic year of graduate or postgraduate study will be considered as equivalent to a calendar year. Teaching in the field of the specialty may be considered in partial fulfillment of this requirement. The character of this period of study will be determined by the specialty examining board, subject to approval by the Council.

7. An additional period of not less than three years of practice devoted primarily and principally to the specialty, which may be combined with further study under conditions determined by the board, subject to approval by the Council.

8. A satisfactory standing in the examination prescribed by the specialty examining board.

4. *Waivers:* Specialty certificates issued upon an equivalent basis prior to the adoption of these requirements by boards already in operation will be honored by the Council upon the approval of such boards; and other boards, which secure approval before issuing certificates, may grant certificates under waiver to specialists with recognized standing and ten years of experience upon requirements mutually satisfactory to the Council and the boards.

5. *Withdrawal:* Upon the recommendation of an examining board, the recognition extended by the American Dental Association through the Council to a holder of a certificate may be withdrawn.

APPENDIX IV

REQUIREMENTS FOR NATIONAL CERTIFYING BOARDS FOR SPECIAL AREAS OF DENTAL PRACTICE

(Approved by the House of Delegates
in October, 1968)

In order to become, and remain, eligible for recognition by the American Dental Association as a national certifying board for a special area of practice, the following requirements must be fulfilled.

Designation of Special Area: Prior to the establishment of a national certifying board, the special area of dental practice for which it wishes to certify diplomates must be approved by the House of Delegates on the basis of the following requirements.

The special areas of the practice of dentistry depend more upon a logical separation of services into those which have distinct biological, psychological and physiological approaches to diagnosis or treatment than on a fragmentation of services based upon techniques or procedures.

Specifically, the following requirements are established for the approval of a special area of dental practice prior to the approval of a national certifying board for that special area.

1. The area shall be one for which specially trained dentists are needed to fulfill the profession's responsibility for promoting and improving the health and welfare of the public.
2. The area shall represent a substantial field of practice which calls for special knowledge and skills requiring study and extended clinical and laboratory experience beyond the accepted undergraduate training in order to perform services of an unusual or difficult nature.
3. The area shall be one in which recognized educational institutions or teaching hospitals have developed a sufficient number of courses so that opportunities for advanced education and experience are available to those seeking programs of education in this special area. The area of practice need not be homologous to that of an undergraduate department in a dental school since such

departments are organized to present teaching material and not to define a division of practice.

4. The area shall be one in which public and professional need for such special services shall have called into existence a sizable number of practitioners whose knowledge and skills are readily available.
5. The area shall be one in which the dentist refers patients or seeks consultation in order to provide a special health service.
6. The area shall be one in which there is evidence that a significant number of dentists are devoting the full time of their dental practices to the special area.
7. The area shall be one in which a significant number of scientific papers and clinics has been presented or in which an increasing number of high quality scientific papers or clinics is being presented.

Organization of Boards: (1) Each board shall have no less than five nor more than nine, voting directors designated on a rotation basis in accordance with a method which has the approval of the Council on Dental Education. Although the Council does not prescribe the specific method for selection of the directors of boards, membership on the board should not be self-perpetuating. Consequently, it is recommended that appointment to the board be through nomination and election by the constituency of the parent organization of the board. All board directors shall be diplomates of that board but the parent organizations of boards may establish additional qualifications if they so desire.

(2) Each board shall submit in writing to the Council on Dental Education a program sufficiently comprehensive in scope to meet the requirements established by the American Dental Association for the operation of a certifying board. This statement should include evidence of sponsorship of the board by a national organization representing dental practitioners interested in that special area of practice.

(3) Each board shall submit to the Council on Dental Education evidence of adequate financial support to conduct its program of certification

(4) Each board may select suitable consultants or

agencies to assist in its operations, such as the preparation and administration of examinations and the evaluation of records and examinations of candidates. Consultants who participate in clinical examinations should be diplomates.

Operation of Boards: (1) Each board shall certify qualified dentists as diplomates only in the special area of dental practice approved by the American Dental Association for such certification. Not more than one board shall be recognized by the Association for the certification of diplomates in a single area of special practice.

(2) Each board, except by waiver permit of the Council on Dental Education, shall give at least one examination in each calendar year and shall announce such examination at least six months in advance.

(3) Each board shall maintain a current list of its diplomates.

(4) Each board shall submit annually to the Council on Dental Education data relative to its financial operations, applicant admission and examination procedures and results thereof. A diplomate may, upon request, obtain a copy of the annual financial report of the board.

(5) Each board shall encourage its diplomates to continue in advanced education.

(6) Each board shall provide periodically to the Council on Dental Education evidence of its examination and certification on a significant number of additional dentists in order to warrant its continuing approval by the American Dental Association.

(7) Each board shall bear full responsibility for the conduct of its program, the evaluation of the qualifications and competence of those it certifies as diplomates and the issuance of certificates.

(8) Each board shall require an annual registration fee from each of its diplomates intended to assist in supporting financially the continued program of the board.

Certification Requirements: (1) Each board shall use, in the evaluation of its candidates, standards of education and experience approved by the Council on Dental Education.

(2) Each board shall require for eligibility for certif-

ication as a diplomate a minimum of two academic years of advanced education in recognized institutions, or two calendar years of advanced study if the programs involve hospital internships and residencies. Although desirable, the period of advanced study need not be continuous, nor completed within successive calendar years. An advanced education program equivalent to two academic years in length, successfully completed on a part-time basis over an extended period of time and as a graduated sequence of educational experience, may be considered acceptable in satisfying this requirement. Short continuation and refresher courses and teaching experience in specialty departments in dental schools will not be accepted in meeting any portion of this requirement.

(3) Each board shall require a minimum of five years of practice primarily in the area for which its grants certificates. The years of advanced education in this area may be accepted toward fulfillment of this requirement.

(4) Each board, in cooperation with its parent organization, shall prepare and publicize its recommendations on the educational program and experience requirements which candidates will be expected to meet.

Founding Boards and Waivers: Members of a founder board in an area of practice not recognized previously by the American Dental Association shall be exempt from the certifying examination. Newly recognized boards may petition the Council on Dental Education for permission to waive the formal education requirements for candidates who apply for examination. If granted, the provisions of the waiver shall be reported to the House of Delegates in the annual report of the Council on Dental Education.

APPENDIX V

RECOMMENDATIONS FOR DEVELOPING A SPECIALIST IN PEDODONTICS*

To state somewhat precisely the skills and knowledges which a dentist should secure, in order to practice pedodontics as a specialty, would seem to require a clear-cut statement of the objectives which should maintain in a complete program of oral health during the developmental period of a patient's dentition. Tentatively, such a list of objectives for the children's course is submitted:

- (1) Ability to manage or direct the child patient's behavior in a dental chair and the child-parent relationship during the appointment;
- (2) Mastery of the operative and prosthodontic procedures which may be instituted scientifically for the primary and immature permanent dentition;
- (3) Better than usual knowledge of the prop-

erties of the materials employed and outstanding skill in the manipulation of these materials;

- (4) Skillful removal of teeth for the age groups being treated and the management of the minor oral surgery problems that arise in a children's practice;
- (5) Practice of modern root surgery and therapy for pulp-involved teeth and management of any condition involving teeth traumatized during accidents;
- (6) Ability to diagnose and treat any growth, developmental and health problem of childhood which is legitimately within the province of the children's dentist;
- (7) Ample knowledge with which to direct the child's and parent's instruction in an adequate dental health program and to institute all proven preventive measures.

*Approved by American Board of Pedodontics 1949.

APPENDIX VI

RECOMMENDATIONS FOR DEVELOPING A SPECIALIST IN PEDODONTICS*

The pedodontic education of the undergraduate student can be completed to the point of qualification for a general family practice along with the other qualifications required for a general practitioner. With this background of limited undergraduate education, the graduate program in pedodontics produces a specialist who serves as consultant and practitioner to provide treatment for the unusual problems that may arise during the physical and emotional development of the young dental patient.

A child's dental specialist, in a like manner to the children's medical specialist, should be equipped to treat any health condition that arises within the age group he serves in the area of his responsibility. For the pedodontist this responsibility includes any oral health condition which may arise with the exception of major orthodontic treatment and major oral surgery, which should be referred to specialists in these areas of practice. Any hospital internship, endowed clinic internship, dental school graduate or postgraduate curriculum, or combination of such resources which attempts to train the pedodontist may be expected to provide the technical experience and formal study necessary to meet the objectives set down in the recommendations which follow.

A list of qualifications expected of the pedodontist and suggested courses and experiences for gaining these qualifications follow:

(1) GUIDANCE OF BEHAVIOR. Ability to train the child to accept dental treatment, as well as to provide guidance for the child-parent relationship during the appointment.

(2) SPECIALIZED OPERATIVE AND PROSTHODONTIC PROCEDURES. Mastery of the scientific operative and prosthodontic procedures required during the periods of the primary, mixed and immature permanent dentitions.

(3) MATERIALS. Thorough knowledge of the physical and chemical properties of the materials employed in the practice of pedodontics and exceptional skill in the proper use of these materials.

(4) ORAL SURGERY. Thorough knowledge of the management of the problems of oral surgery that arise in the practice of pedodontics.

(5) ENDODONTIC TREATMENT. Practice of scientific root surgery and therapy for young teeth and the skillful management of traumatized teeth.

(6) SUPERVISION OF HEALTH, GROWTH AND DEVELOPMENT. Ability to diagnose and treat any health, growth or developmental problem which is recognized to be within the capability of the pedodontist.

(7) EDUCATION AND PREVENTION. Ability to instruct the child and parents in methods for maintaining good oral health.

(8) SCIENTIFIC METHOD. Experience with the scientific method and the critical appraisal of information.

*Revised by the American Board of Pedodontics, 1961