



2023 ADA Delegate/Alternate Application

The content of this application will be provided to the House of Delegates if you are chosen as a candidate.
This PDF should be saved to your computer BEFORE completing to ensure that the changes are saved.

Please return this application to Michelle Nichols-Cruz at mcruz@michigandental.org by **January 1, 2023**. Please include a copy of your curricula vitae and signed copy of the Conflict of Interest Policy.

- [Click here](#) to view the position description.
- [Click here](#) to view the Conflict of Interest Policy. **Please complete page 15.**
- [Click here](#) to view the MDA Mission, Vision and Strategic Plan.

Per MDA policy, a “360 Review” will be conducted for all applicants. Records for peer review dental care, peer review ethics and board of dentistry actions will be reviewed. If significant actions are noted, a subcommittee of the peer review committee(s) will review and decide whether the applicant has issues which should be taken into consideration by the Nominating Committee. Because of the strict confidentiality of peer review, the Nominating Committee will receive only the information that an applicant passed or did not pass the internal review process.

Date

Name

Residence

Address

Work Phone Cell Phone Email

Business

Address

Work Phone Cell Phone Email

Preferred method of contact Work Residence

Are you familiar with the duties and time commitment in the attached job description?

- Yes
- No

If yes, do you have any concerns about meeting these requirements?

- Yes
- No

If yes, please explain. If no, please continue.

Please list the boards and committees on which you are now providing service, dental or non-dental, or have previously served, at the local, state and national level.

Organization	Role	Dates of Service
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Have you previously served in the MDA House of Delegates?

Yes

No

Have you previously served as an ADA delegate or alternate?

Yes

No

If you answered yes, please list your committee assignments in both the MDA and ADA House of Delegates, and your committee(s) preference(s) if you are selected to serve.

Optional – Are you the recipient of any awards or honors that you would like to share?

Give an example of how you have been a servant leader in your office or other organization.

What inspired you to run for this office and how could you use that position to encourage others to become more involved in leadership?

What value does the MDA bring to its members ...all members? (Including solo dentists, corporate dentists, etc.)

References

Please inform your references that they will be contacted by a member of the Nominating Committee and that information they provide will be shared with the Nominating Committee only on a confidential basis.

Personal (other than a family member)

Name:

Address:

City, State, ZIP

Phone Number:

Email:

Professional

Name:

Address:

City, State, ZIP

Phone Number:

Email:

***Technology Expectations**

Communications with ADA delegates/alternates is conducted electronically. ADA resolution worksheets are made available for download by the ADA on ADA Connect; the ADA does not provide hard copies.

MDA expectations for your participation include:

- High speed Internet capability
- Access to email correspondence and response on a timely basis
- Ownership or willingness to purchase a laptop computer or tablet
- Access to a current version of Adobe Reader
- Ability to open and view Microsoft Word documents

*We want to assess your current level of technological capabilities so that training can be scheduled if necessary. Are you amenable to training?

Yes

No

Please provide us with any additional information that you would like to share.

For information on the nomination process, please contact Michelle Nichols-Cruz at mcruz@michigandental.org or 1.800.589.2632, ext. 414.

Thank you very much for applying!

1 Current to: 7.1.22

2
3 Michigan Dental Association (MDA)

4
5 *POSITION DESCRIPTION*

6
7
8 **TITLE:** Delegate or Alternate Delegate to the American Dental Association House of Delegates
9 (ADA HOD)

10
11 **AFFILIATION:** Michigan Dental Association (MDA)

12
13 **REPORTS TO:** The Michigan Dental Association House of Delegates (MDA HOD)

14
15 **Term and Election:** Elected Officers and Trustees of the MDA will serve as delegates to the ADA
16 House of Delegates annually. Candidates will submit an application to the MDA Nominating
17 Committee, which in turn will select nominees for consideration by the MDA HOD. There is no
18 limit on the number of one-year terms served.

19
20 **Time Commitment:** Five to eight days, not including time for preparation: for a pre caucus, for
21 caucus(es) during the meeting of the ADA HOD, and for providing the leadership that defines
22 the MDA.

23
24 October 7-10, 2023, Orlando, Florida (Saturday-Tuesday)

- 25 ➤ One week meeting in October
26 ➤ Mandatory functions include two House meetings, two caucuses, reference committee
27 hearings and any other functions as assigned by the delegation chair.
28 ➤ Every day is filled with mandatory meetings; no opportunity to take CE
29 ➤ Most evenings are free other than one mandatory group social event on Friday evening
30 from 5:00-6:30pm.

31
32 **Expenses:** The MDA will reimburse delegation members for 6 nights at the headquarters hotel,
33 at the standard rate; for 6 days of per diem totaling up to \$600; for ground transportation
34 totaling up to \$150; for coach airfare; for the current meeting registration fee, and a total of
35 \$60 for baggage fees.

36
37 Reservations for air travel must be confirmed before July 1st, and delegation members must
38 incur the cost for upgrades.

39
40 **Responsibilities and Expectations**

- 41
42 ➤ Study and develop a familiarity with the Ninth District Delegation Manual, which is
43 distributed to the delegation in August of each year.

- 45 1. The manual lists the names and relevant information for the entire delegation, the
46 meetings and caucuses that you will attend, and the pertinent agendas for committee
47 assignments.
48
- 49 2. The manual will be a resource for you throughout the ADA meeting. Please utilize it.
50
- 51 ➤ Register for the ADA Meeting when prompted by the ADA, electronically.
 - 52 ➤ Attend the ADA House of Delegates meetings and serve in the capacity as designated.
 - 53 ➤ Attend the 9th District social event held at each ADA meeting, typically the night before
54 the first House meeting. Delegation members typically fly in Thursday or Friday and fly
55 home late Tuesday following the House meeting or Wednesday. The actual days can
56 change depending on ADA scheduling, but delegation members should allow a minimum
57 of 6 days to complete their assignments.
 - 58 ➤ If assigned to a reference committee, attend the reference committee hearing onsite at
59 the ADA meeting, and report on issues updates in break-out sessions held by the 9th
60 District.
 - 61 ➤ If assigned as a reference committee spokesperson by the delegation chairs, be
62 prepared to lead and engage the reference committee team in educating the entire
63 delegation on the issues of concern. This includes analysis of each resolution, and
64 providing answers to questions the committee members, and/or delegation members,
65 may have.
 - 66 ➤ Delegation members should be familiar with the delegate/alternate pairings on the floor
67 of the ADA House, and coordination of time served on the floor, to assure coverage at
68 all times.
 - 69 ➤ Delegation members should be prepared to reach out to other ADA districts to discuss
70 resolutions and activities of interest to the 9th District.
 - 71 ➤ If elected to the ADA Delegation, you are encouraged to make a financial contribution or
72 be an active participant in MDA/ADA affiliated organizations such as dental PAC's,
73 foundations and Mission of Mercy. Your participation will demonstrate your dedication
74 as a leader in the MDA and many of them will be published for membership and public
75 appreciation.
 - 76 ➤ Delegation members will be required to complete a [self-evaluation](#) following the ADA
77 Annual Session. The results of the evaluations will be shared with the MDA Executive
78 Committee for leadership development purposes and the MDA Nominating Committee
79 for vetting purposes. It will not be available or shared with the MDA House of Delegates.

80

81 **Other considerations**

82

- 83 ➤ Attendance at ADA SmileCon Event is encouraged, but not mandatory.
- 84 ➤ Delegation members are encouraged to form smaller groups for lunches and dinners to
85 get to know each other.

86

ADA Delegate/Alternate Self-Evaluation

ADA Delegate/Alternate Self-Evaluation

This self-evaluation was designed to assist Michigan Delegation members in preparing for the meeting and how to perform to a high standard at the ADA House of Delegates level. It also serves as a way for new or newer delegation members to be aware of what is expected of them.

For experienced delegation members, it is a reminder of activities that lead to a strong and positive Delegation.

This form will be shared with the MDA Executive Committee for leadership development and the MDA Nominating Committee for vetting purposes. It will not be available or shared with the MDA House of Delegates.

The completion of the self-evaluation is required prior to receiving expense reimbursement for the ADA House of Delegates.

ADA Delegate/Alternate Self-Evaluation

Personal Information

1. Name

2. Delegate or Alternate Delegate

- Delegate
- Alternate Delegate

3. Reference Committee assigned to:

- A - Budget, Business, Membership & Administrative Matters
- B - Dental Benefits, Practice & Related Matters
- C - Dental Education, Science & Related Matters
- D - Legislative, Health, Governance & Related Matters

ADA Delegate/Alternate Self-Evaluation

Study and familiarize with the Ninth District Delegation Manual

4. The Ninth District Delegation Manual provides information to assist in preparing for the meeting. Did you review the Ninth District Delegation Manual prior to the pre-caucus meeting?

Yes

No

5. Do you have any recommendations to update or improve the manual?

Yes (please provide comments below)

No

Comments:

ADA Delegate/Alternate Self-Evaluation

Attendance at Mandatory Delegation Meetings/Events

6. Which of the following mandatory meetings did you attend?

Pre-ADA Caucus Reference Committee Meetings via Zoom

Pre-ADA Ninth District Caucus

On-Site Ninth District Caucuses

Reference Committee Hearing

Both meetings of the ADA House of Delegates.

If there were mandatory meetings not attended, please explain the reason(s) below:

Preparedness/Effectiveness

7. For all meetings, were you adequately prepared for what was expected of you to fulfill your role as a delegate or alternate?

- Yes
- Somewhat
- No

Please explain:

8. What areas, training or mentoring helped you succeed?

9. Which of your strengths as a delegate or alternate were best utilized to assist the success of the Ninth District Delegation this past HOD?

10. What is one or more areas with regard to preparing or attending the ADA meeting where you feel you could improve?

11. What could your delegation chair provide to aid you in your personal effectiveness?

12. What recommendations or modifications to the delegation process do you have to improve the effectiveness of the Ninth District ADA Delegation?

Reference Committee Assignment

13. I was clear about views expressed about issues in my Reference Committee, and felt that Reference Committee members had a voice in identifying pros and cons of individual resolutions.

- Yes
- Somewhat
- No

If you answer was somewhat or no, please provide feedback below on what the spokesperson could do differently in the future:

14. I was clear about the issues in other Reference Committee's, including what perspectives were raised and what changed perspectives. I understood who to go to with questions.

- Yes
- Somewhat
- No
- If your answer was somewhat or no, please provide feedback below on what the spokesperson could do differently in the future:

15. Based on your experience, which reference committee would you like to be assigned to in the future?

- A - Budget, Business, Membership & Administrative Matters
- B - Dental Benefits, Practice & Related Matters
- C - Dental Education, Science & Related Matters
- D - Legislative, Health, Governance & Related Matters

16. Indicate your second choice for a reference committee assignment.

- A - Budget, Business, Membership & Administrative Matters
- B - Dental Benefits, Practice & Related Matters
- C - Dental Education, Science & Related Matters
- D - Legislative, Health, Governance & Related Matters

MDA CONFLICT OF INTEREST POLICY
Adopted by the Board: December 6, 2019
Effective: May 17, 2020

The following is the MDA Board of Trustees policy on conflict of interest for officers, trustees, committee members, and committee chairs:

It is the policy of the Board of Trustees of the Michigan Dental Association ("MDA") that individuals who serve in elected or appointed positions do so in a representative and fiduciary capacity. Elected and appointed officials are required to act in accordance with the fiduciary duties imposed upon them by their office and/or as further determined by the MDA Board from time to time.

At all times, elected and appointed officials shall work to further the interests of the MDA as a whole. In addition, elected and appointed officials shall avoid:

- A. Placing him/herself or a member of their immediate family (spouse, parent, child, sibling) in a position where personal or professional interests may conflict with their fiduciary duty to the MDA;
- B. Using information obtained as a result of serving in an elected or appointed position for personal gain or advantage or to the detriment of MDA;
- C. Using an elective or appointed position for personal gain or advantage or otherwise obtaining from a third party a gain or advantage at the expense of MDA; and
- D. Using or disclosing any nonpublic, confidential or proprietary information of the MDA.

No member of the Board of Trustees or member of the Committee on Governmental and Insurance Affairs shall serve simultaneously as an officer, director, employee, agent or consultant of any insurance company offering dental coverage or any third-party payer of dental benefits.

The obligation of elected and appointed officials to act in accordance with their fiduciary duties survives (i.e. elected and appointed officials remain subject these fiduciary duties) following the expiration or termination of their term of office. Retiring Board and Committee on Governmental and Insurance Affairs members shall not accept employment or board service with any dental benefits company for two years following completion of MDA Board or committee service.

As a condition for selection, each nominee, candidate and applicant for an elected or appointed position shall disclose any situation, which might be construed as placing the candidate in a position of having an interest that may conflict with his or her fiduciary duties to the MDA.

Elected and appointed officials shall comply with the conflict of interest policy applicable to his or her office or position, shall complete and file a conflict of interest statement for each year of service, and shall promptly report to the MDA President any situation in which a potential conflict of interest may arise. The MDA Board of Trustees shall render a judgment on what constitutes a conflict of interest. If it is determined that a conflict exists, the Board will decide on an individual basis whether an elected and/or appointed official will participate in discussions but not vote, participate in discussions and votes or leave the room during discussions and voting.

46 Should a conflict of interest exist and a trustee fail to declare a conflict of interest, the Board of Trustees
47 shall hold a hearing and determine the sanction up to and including removal for cause as set forth in the
48 MDA Bylaws, Chapter IV, Board of Trustees, Section 6 "Removal".

49

50 Should a conflict of interest arise and an elected or appointed official other than a trustee (e.g. a
51 committee member) fail to declare a conflict of interest, the MDA president shall determine the
52 sanction up to and including removal.

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Michigan Dental Association
Annual Conflict of Interest Disclosure
Form Fiscal Year 2022-2023

5 You are receiving this form because you are a Michigan Dental Association representative. You are
6 being asked to disclose, in good faith, any interest (as defined in the Conflict of Interest Policy, dated
7 December 6, 2019) you may have that creates an actual, potential or perceived conflict of interest in
8 connection with your MDA leadership role.

9
10 Conflicts or potential or perceived conflicts may not disqualify an individual. Individuals who have
11 attained high levels of expertise through affiliation with other organizations, academia, or business are
12 important to MDA, provided their activity does not involve a conflict. To avoid even the appearance of
13 impropriety, any individual should always disclose any possible relationship or interest that might affect
14 a vote, decision or action on behalf of the MDA.

15
16 Please provide full details below or on a separate sheet identifying any outside interests which you
17 believe requires or may require disclosure. Attached are examples of potential or perceived conflicts of
18 interest.

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29 If you have no known or perceived conflicts, check none below, sign and return.

30
31 None

32
33 By my signature below I acknowledge that I have read and understand the association's conflict of
34 interest policy; that I agree to comply with it on an on-going basis; and that I understand the association
35 is a tax-exempt organization that must engage primarily in activities which accomplish one or more of its
36 tax-exempt purposes and that it must also avoid transactions with leadership that result in inurement,
37 impermissible private benefit or an excess-benefit transaction.

38
39 If I become aware of a potential conflict of interest, family relationship or business relationship in the
40 future, I will disclose it immediately to the MDA Board of Trustees along with all material facts so the
41 Board can determine whether a conflict exists.

42
43 Signature:

44
45 Date:

47 Conflicts Involving Competing Business Activities

48

49 **EXAMPLE:** A Board member of an MDA subsidiary is a member of the Board of Trustees of an
50 organization that competes with one or more of MDA's business activities (dental supplies, health
51 insurance, etc.).

52

53 **RECOMMENDATION:** The Board may conclude that the Board member should not participate in the
54 vote on any issue relating to the subsidiary's activities on matters that are in direct competition between
55 the MDA and the competing corporation. The Board may conclude that the Board member may vote on
56 other issues so long as the Board member makes full disclosure of his/her involvement in the competing
57 business.

58

59 Individual Financial Interest

60 A Board member has a financial interest that should be disclosed on this form if directly or indirectly,
61 through business, investment, or immediate family (spouse, parent, child, sibling):

62

- 63 a. An ownership or investment interest in an entity with which the association has a business
64 transaction or arrangement,
65 b. A compensation arrangement with an entity with which the association has a business
66 transaction or arrangement, or
67 c. A potential ownership or investment interest in, or compensation arrangement with, an entity
68 with which the association is negotiating a business transaction or arrangement.
69 d. A compensation relationship or ownership interest in a business with another MDA volunteer
70 leader.

71

72 **EXAMPLE:** A doctor's participating provider agreement with a managed care organization is not a
73 potential conflict of interest because the MDA itself does no business with the managed care
74 organization. Also, travel reimbursement, honoraria and stipends paid according to the association's
75 annual budget are not potential conflicts of interest. However, if a Board member or immediate family
76 member (spouse, parent, child, sibling) owns an interest in or has a financial relationship with a business
77 that, in turn, does business with the association, then a potential or perceived conflict of interest should
78 be disclosed. Also, if a Board member practices dentistry with a spouse or significant other who is also
79 an MDA volunteer, this should be disclosed on the form.

80

81 **RECOMMENDATION:** The Board may conclude that the Board member should not participate in the
82 discussion and vote on any issue relating to matters regarding a business that the trustee has a financial
83 interest in. The Board may conclude that the Board member may vote on other issues so long as the
84 Board member makes full disclosure of his/her involvement (or his/her family/colleagues) in the
85 business the MDA has a business relationship with.

86

Mission Statement: Helping member dentists succeed.

Vision Statement: Michigan's oral health authority dedicated to the public and the profession.

**Michigan Dental Association
2021-2025 Strategic Plan
Updated March 4, 2022**

Goal	Objective
Goal 1: Define and deliver exceptional member value	Objective 1: Improve Net Promoter Score (NPS) among new dentists
Goal 2: Engage and develop relationships with members	Objective 2: Increase member engagement with the MDA
	Objective 3: Increase leadership engagement with the MDA
Goal 3: Ensure organizational sustainability	Objective 4: Enhance financial outcomes
	Objective 5: Increase organizational capacity
Goal 4: Understand and improve diversity, equity, and inclusion at all levels	Objective 6: Build relationships and increase collaboration with diverse dental populations
	Objective 7: Increase leadership participation among under-represented segments
Goal 5: Advocate effectively for the dental profession and the public's oral health	Objective 8: Engage effectively with legislators, public officials, and stakeholders
	Objective 9: Increase member awareness of advocacy efforts