



AAOMS

Governing Documents



AAOMS CONSTITUTION

ARTICLE I. NAME

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

ARTICLE II. PURPOSE

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

ARTICLE III. ORGANIZATION

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

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

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

ARTICLE IV. GOVERNMENT

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

Section 20. Administrative Body: The administrative body of the Association shall be a Board of Trustees, which may be referred to as “the board” as provided in the *Bylaws*.

ARTICLE V. OFFICERS

Section 10. Elective Officers: The elective officers of the Association shall be a President, President-Elect, Vice President, Treasurer, Immediate Past President and Speaker of the House of Delegates, each of whom shall be elected as provided in the *Bylaws*.

Section 20. Appointive Officer: The appointive officer of the Association shall be an Executive Director, who shall be appointed by the Board of Trustees as provided in the *Bylaws*.

35 **ARTICLE VI. ANNUAL MEETINGS**

36 Annual Meetings shall be conducted as provided in the *Bylaws*.

37 **ARTICLE VII. CODE OF PROFESSIONAL CONDUCT**

38 The *Code of Professional Conduct* and Pledge of the Association shall govern the professional
39 conduct of all Fellows and members.

40 **ARTICLE VIII. AMENDMENTS**

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

44 **Section 20. Notice:** Unless otherwise provided for in this *Constitution*, notice for amendments
45 must be submitted in writing: (a) to all Fellows and members of the Association at least 30 days
46 prior to the Annual Meeting or special meeting at which the amendments are proposed for
47 adoption, or (b) at any previous session of the House of Delegates at the previous Annual
48 Meeting.

49 **Section 30. Special Notice and Vote:** This *Constitution* may also be amended at any session
50 of the House of Delegates by unanimous vote of the Delegates present and voting, provided
51 that at least 75 Delegates are present and vote, and that notice of such amendments shall have
52 been presented at a previous session of the House of Delegates during the same Annual
53 Meeting or special meeting.

BYLAWS of the

**American Association of Oral and
Maxillofacial Surgeons**

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CHAPTER I – GENERAL

Section 10. Name

The name of the corporation is the American Association of Oral and Maxillofacial Surgeons (“AAOMS” or “Association”); it is a nonprofit corporation incorporated in the state of Illinois.

Section 20. Location

The principal office is in Rosemont, Illinois, or elsewhere as determined by the Board of Trustees (“BOT”).

Section 30. Purposes

The purposes are:

- Advancing, promoting and preserving the specialty of oral and maxillofacial surgery (“OMS”) as well as the skills and professionalism of AAOMS Members to ensure patient access to safe and effective care.
- Preserving the OMS anesthesia team model – Promoting standards, training and research.
- Advancing the specialty of OMS – Positioning OMS to thrive in future environments.
- Increasing member value and engagement – Aligning the benefits and value to membership.
- Protecting the integrity of practice through OMS-led care.

CHAPTER II – MEMBERSHIP

Section 10. Classification

Membership in AAOMS consists of the following member classes:

- Fellow (American Board of Oral and Maxillofacial Surgery [“ABOMS”] Certified at the time of initial Fellowship)
- Member (Non-ABOMS Certified)
- Life Status (Fellow or Member)
- Retired Status (Fellow, Member, or Affiliate)
- Provisional Status (Pathway to Fellow/Member)
- Candidate
- Affiliate
- Inactive

- Resident
- Allied Staff
- Honorary Classes: Honorary and Special Honorary

Section 20. Core Qualifications & Governance

A. Fellow

Must be a graduate of a Commission on Dental Accreditation (“CODA”)-accredited OMS program, maintain valid state licensure, have been a Diplomate of the American Board of Oral and Maxillofacial Surgery (“ABOMS”) at the time Active membership status was granted, and comply with the *Code of Professional Conduct* (“Code”). All practicing U.S. OMSs must fulfill the Office Anesthesia Evaluation (“OAE”) program requirements as defined in the *Membership Procedural Manual* every five (or six, as applicable) years as a condition of membership unless eligible for an exemption and provides an attestation. Fellows hold full voting and office-holding rights.

B. Member

Must fulfill all Fellowship requirements except ABOMS certification. Members enjoy all privileges except serving in the House of Delegates (“HOD”) or holding national office.

C. Component Membership

Active Fellows and Members must maintain membership in their state component OMS society (“Vertical Membership”), except for federal service members or those practicing abroad.

Section 30. Status Changes and Termination

A. Good Standing

Defined as having all dues, assessments, and fees paid by the established deadline and not being under disciplinary suspension.

B. Termination

Membership may be terminated for non-payment of financial obligations, voluntary resignation, or non-compliance with any Membership qualification.

Section 40. Authority

The HOD shall elect all categories of membership upon recommendation by the Committee on Membership and the BOT.

CHAPTER III – CANDIDATES

Section 10. Definition

A Candidate is an individual whose application, documenting fulfillment of all educational and professional requirements has been provisionally approved by the Committee on Membership.

Section 20. Rights and Privileges

Candidates shall be entitled to the following:

- Inclusion in the Candidate section of the Association's membership registry.
- Access to Association publications at the Fellow/Member rate.
- Participation in Association educational programs at Member rates.

Section 30. Obligations and Limitations

A. Dues and Assessments

Candidates are not exempt from Association dues and assessments and may be required to fulfill specific administrative financial obligations as established by the BOT.

B. Completion Timeline

Candidates must successfully complete the full application and election process within a designated period. Failure to do so will result in the expiration of candidate status.

C. Anesthesia Evaluation

All Candidates must fulfill the OAE to elevate to active membership unless eligible for an exemption and provide an attestation. Candidates may be eligible for Provisional membership status prior to completion of the OAE.

CHAPTER IV – COMPONENT SOCIETIES AND COUNTERPARTS

Section 10. Definition and Composition

A. Definition

A component society is a state OMS society officially approved by the AAOMS HOD.

B. Composition

There shall be a component society in each state (including the District of Columbia, Puerto Rico, and U.S. territories) or a counterpart (federal dental services).

C. Membership Requirement

Component societies must be composed of AAOMS Fellows and Members practicing within their geographic area. Officers of state component societies must be AAOMS Fellows or Members in good standing.

Section 20. Mandated Provisions for Component Governance

To maintain official status, a component society's constitution and bylaws must align with AAOMS standards and include the following:

A. AAOMS Membership

Active members must hold membership in AAOMS. See Membership requirements of *Bylaws* and the *Membership Procedural Manual*.

B. Voting Limitations

Component societies may create additional membership categories; however, non-AAOMS members may not vote on matters pertaining to the Association.

C. Appeals Mechanism

A formal mechanism for candidates denied membership must adhere to the AAOMS Uniform Membership Appeals Procedure within the *Membership Procedural Manuals*.

Section 30. Governance and Oversight

A. Compliance and Loss of Status

The BOT shall monitor component compliance. If a component becomes non-compliant, it has two years to remediate. Failure to comply may result in the HOD withdrawing component status.

B. Penalties

Lack of component status bars that state's Delegates from the HOD. Vertical membership requirements are waived for practitioners in non-compliant states.

C. Relocation

Members moving practice locations must apply to the new component and complete requirements (including OAE) within two years or be transferred to Provisional status.

Section 40. Operational Procedures and Duties

Components shall maintain standard operational requirements, including the following:

A. Reporting

- Annual reporting of newly elected members and certification of HOD Delegates by June 1.
- Annual reporting to AAOMS covering its Officers, activities, and meeting dates. (HD-67)

B. Special Eligibility

Criteria for foreign-trained academicians as determined by the Committee on Membership.

C. Uniform Appeals Process

The specific composition of peer-review committees, timelines for national review, and cost-sharing for arbitration.

CHAPTER V – TRUSTEE DISTRICTS

Section 10. Organization and Purpose

The Association shall be organized into six (6) Trustee Districts. The purpose of these Districts is to ensure equitable geographic and professional representation on the BOT for all Fellows and Members, including those in state societies, the District of Columbia, the Commonwealth of Puerto Rico, U.S. territories, and federal dental service counterparts.

Section 20. Composition

The HOD shall define the composition of each Trustee District. The specific assignment of state societies and federal counterparts to each numbered District shall be maintained in the Official District Schedule.

Section 30. Governance Guardrails

Any realignment of states or counterparts between Districts, or the creation of new Districts, requires an amendment to these *Bylaws*. The BOT may recommend adjustments to the Official District Schedule to reflect the naming or status changes of existing counterparts or territories, subject to final approval by the HOD.

Section 40. Official District Schedule

District	Region	Composition
I	Northeastern	CT, MA, ME, NH, NY, RI, VT
II	Middle Atlantic	DE, MD, NJ, PA, DC, U.S. Air Force, U.S. Army, U.S. Navy
III	Southeastern	AL, FL, GA, KY, LA, MS, NC, SC, TN, VA, WV, PR, and U.S. Territories
IV	Great Lakes	IL, IN, MI, OH, WI, U.S. Public Health Service, Dept. of Veterans Affairs
V	Midwestern	AR, CO, IA, KS, MN, MO, MT, NE, NM, ND, OK, SD, TX, WY
VI	Western	AK, AZ, CA, HI, ID, NV, OR, UT, WA

CHAPTER VI – HOUSE OF DELEGATES

Section 10. Composition and Apportionment

A. Voting Membership

The HOD consists of 102 voting members:

- District/Component Delegates (100): Fellows or Life Fellows representing state societies and federal counterparts.
- Resident Delegates (2): At-large Members from the ROAAOMS Executive Committee (with specific voting limitations as defined in the *House of Delegates Procedural Manual*).

B. Apportionment

Each component/counterpart is guaranteed at least one Delegate. Additional Delegates are granted based on the “method of least proportionate error” as detailed in the *House of Delegates Procedural Manual*.

C. Alternates

Each Delegate may have one certified Alternate.

Section 20. Powers and Duties

The HOD is the supreme legislative and governing body of the Association. Its primary powers include:

A. Governance

Enacting and amending the *Constitution*, *Bylaws*, and *Code*.

B. Elections

Electing the Vice President, Treasurer, Speaker and Trustees.

C. ABOMS Director Approval

The Board of Directors of ABOMS shall submit a single nominee for each open Director position to the AAOMS Board of Trustees by May 15 of each year. The nominee must comply with ABOMS Canons of Ethical Conduct and may not concurrently serve as a member of the AAOMS BOT. A standardized curriculum vitae shall be provided to all members of the HOD with the pre-meeting credentials mailing. Approval shall occur at the first session of the HOD.

If a vacancy occurs between HOD sessions, ABOMS may appoint a temporary Director. If a vacancy occurs during the Annual Meeting, a nominee must be approved by the AAOMS BOT and confirmed by the HOD at its third session. Terms shall be staggered as determined by the ABOMS Board.

D. Financial Oversight

Approving the annual budget and any withdrawals from the Association's reserve.

E. Policy and Status

Determining Association policy and granting or revoking official component status.

Section 30. Governance Procedures**A. Officers**

The Speaker of the House (Chair) and the Executive Director (Secretary).

B. Quorum

Fifty-two (52) certified Delegates.

C. Ex-Officio Members

Trustees, the Speaker, the Secretary, and past Presidents serve as ex-officio members without the right to vote.

D. Non-Voting Members

Ex-Officio Members and Officers may not vote.

E. Voting Members

Delegates and Resident Delegates (with some exceptions) may vote.

F. Conflict of Interest

All Members must disclose material interests before participating in related deliberations.

Section 40. Meetings and Committees**A. Meetings**

The HOD shall meet annually. Special or virtual meetings may be called by the President upon a two-thirds (2/3) vote of the BOT in cases of emergency.

B. Committees

The HOD shall maintain standing committees (Constitution and Bylaws, Rules and Procedure, Credentials, Tellers) and Reference Committees to facilitate business.

Composition and specific duties are defined in the *House of Delegates Procedural Manual*.

CHAPTER VII – BOARD OF TRUSTEES**Section 10. Composition and Qualifications****A. Membership**

The BOT shall consist of eleven (11) voting members: the President, President-Elect, Vice President, Treasurer, Immediate Past President, and six (6) District

Trustees. The Executive Director serves as an ex-officio member without a vote.

B. Qualifications

Voting Members must be AAOMS Fellows or Life Fellows in good standing.

Section 20. Term of Office and Vacancies

A. Officers

The President, President-Elect, Vice President, and Immediate Past President serve one-year terms. The Treasurer serves up to two (2) consecutive two-year terms.

B. District Trustees

Trustees serve two-year terms, with a maximum tenure of three (3) full terms.

C. Vacancies

If a vacancy occurs between Annual Meetings, an interim successor shall be appointed as defined in the *Board of Directors Procedural Manual* until the next HOD session.

Section 30. Powers and Duties

The BOT is the administrative body of the Association, vested with the power to:

A. Administrative Oversight

Manage all Association property, offices, and business affairs subject to the mandates of the HOD.

B. Interim Policy

Establish necessary interim policies and changes to the Procedural Manuals when the HOD is not in session, subject to subsequent HOD approval with majority vote.

C. HOD Governance in Emergency or Unforeseen Conditions

Call to conduct HOD business of the past HOD via mail or electronic vote in instances of extraordinary emergencies. Extraordinary emergencies are determined in this instance by a majority vote of the BOT.

Call to conduct current HOD business via virtual sessions in instances of unforeseen conditions as determined by two-thirds (2/3) vote of the BOT.

D. Appointments

Appoint the Executive Director and the Editor/Assistant Editor of the *Journal of Oral and Maxillofacial Surgery (JOMS)*.

E. Financial Management

Oversee the annual audit, bonding of employees, and the preparation of the annual budget for HOD approval.

Section 40. Removal from Office

Trustees may be removed for valid cause by a majority vote of the HOD or through disciplinary action by the Commission on Professional Conduct (CPC), ensuring due process as specified in the *Board of Trustees Procedural Manual*.

CHAPTER VIII – ELECTIVE OFFICERS

Section 10. Titles

The elected officers of the Association are: President, President-Elect, Vice President, Treasurer, Immediate Past President, and Speaker of the House of Delegates. The President-Elect (from Vice President) and Immediate Past President (from President) succeed to their offices by virtue of ascension. The President-Elect shall be installed as President at the next Annual Meeting following their ascension to President-Elect.

Section 20. Qualifications and Tenure

A. Qualifications

All Officers must be AAOMS Fellows or Life Fellows in good standing.

B. Terms of Office

- One-Year Term: President, President-Elect, Vice President, Immediate Past President, and Speaker.
- Two-Year Term: Treasurer (limited to two consecutive terms).

C. Tenure

Officers serve until their successors are elected and installed at the final session of the HOD.

Section 30. Nominations, Elections and Campaigns

A. Nominations

Nominations for the offices of Vice President, Treasurer, and Speaker of the House of Delegates shall be presented at the first session of the HOD. Nominations must be made in writing and signed by ten (10) Fellows or Life Fellows in good standing.

A nominating speech for officer candidates of up to four (4) minutes may be delivered at the first session by a Fellow or Life Fellow in good standing. Seconding speeches are not permitted; however, two (2) members of the HOD may indicate their support from the floor.

B. Elections

Elections for Vice President, Treasurer, and Speaker shall be conducted at the third session of the HOD by eligible Delegates.

- If there is one nominee, election may be by majority ballot, electronic vote, or voice vote.

- If there are two or more nominees, election shall be by ballot or electronic vote. A majority of Delegates present and eligible to vote is required.
- If there are three or more nominees and no candidate receives a majority, the candidate with the fewest votes shall be eliminated and a new vote conducted. This process repeats until a majority is obtained.

Newly elected officers shall be installed at the final session of the HOD.

C. Campaigns

Between Annual Meetings

Candidates may announce their candidacy and conduct campaign activities at any time through direct mail, personal social media, or other media, as approved by the BOT. Campaign activity, including obtaining written nominations, may occur at the Dental Implant Conference. Candidates may address regional, state, or caucus meetings, with a minimum of fifteen (15) minutes of time allotted per candidate, applied equally to all.

During the Annual Meeting

A caucus/open forum for officer candidates shall be held following the second session of the HOD. Delegates and Alternates are required to attend; Fellows and Members are encouraged to attend. AAOMS officers (members of the Executive Committee) shall not participate in campaigning for any candidate other than themselves; AAOMS staff shall not participate in campaigning for any candidate. Trustees may participate in campaigning. Political receptions or parties are permitted; distributed campaign materials are not permitted on the floor of the HOD.

Section 40. Governance Powers and Duties

The primary authorities of the elective Officers are as follows:

A. President

- To serve as an official representative of the Association in its contacts with governmental, civic, business and professional organizations for the purpose of advancing the objectives and policies of the Association.
- To serve as Chair of the Board of Trustees and of the Executive Committee.
- To function as Speaker of the House of Delegates pro tempore.
- To deliver an address to the HOD on such matters deemed important to the profession and specialty. The President's Address shall be referred to a Reference Committee.
- To call special sessions of the Board of Trustees and of the Executive Committee.
- To make all appointments, subject to majority approval of the Board of Trustees, except as otherwise provided in these *Bylaws* or the *Procedural Manuals*, where applicable.

- To serve as an ex-officio member without the right to vote on all committees of the Association.
- To fill any vacancy in the Board of Trustees and to fill all other vacancies not provided for in these *Bylaws*.
- To serve as the Immediate Past President following completion of the Presidential term.
- To serve as President of the ASI Board of Directors.
- To perform such other duties as may be provided in these *Bylaws* and the adopted parliamentary authority.

B. President-Elect

- To assist the President as required.
- To serve as a member of the Board of Trustees and the Executive and Finance and Audit Committees.
- To serve as President in the event of vacancy.
- To succeed to the office of President without election at the next Annual Meeting of the Association following election as President-Elect.
- To report annually the activities of the BOT to the HOD.
- To make appointments to all standing committees and propose designation of Chairs, in accordance with policy, where applicable, subject to majority approval of the Board of Trustees.
- To serve as Vice President of the ASI Board of Directors.
- To perform other duties as may be provided in these *Bylaws* and the adopted parliamentary authority.

C. Vice President

- To assist the President as required.
- To serve as a member of the Board of Trustees and the Executive Committee.
- To function as President-Elect in the event of vacancy.
- To serve as Secretary of the ASI Board of Directors.
- To serve as an ex-officio member of the (CPC).
- To perform other duties as may be provided in these *Bylaws* and the adopted parliamentary authority.

D. Treasurer

- To serve as custodian of all monies, securities and deeds belonging to the Association, and to hold, invest and disburse these subject to the direction of the BOT.
- To oversee the annual audit of the Association.

- To present at each Annual Meeting a report of the finances of the Association.
- To serve as Chair of the Finance and Audit Committee and as a member of the BOT and of its Executive and Building Committees.
- To function as Vice President in the event of vacancy.
- To serve as Treasurer of the ASI Board of Directors and the OMS Foundation as provided in the OMS Foundation *Bylaws*. (HOD-2017)
- To perform other duties as may be provided in these *Bylaws* and the adopted parliamentary authority.

E. Immediate Past President

- To assist the President as required.
- To serve as a member of the BOT, the Executive Committee and as Chair of the Building Committee.
- To function as Treasurer in the event of vacancy.
- To serve as a Director of the ASI Board of Directors.
- To perform such other duties as may be provided in these *Bylaws* and the adopted parliamentary authority. (HOD-2017)

F. Speaker of the House of Delegates

- To preside at all sessions of the HOD.
- To develop the order of business for all sessions of the HOD in consultation with the Standing House Committee on Rules and Procedure and the Executive Director, subject to the approval of the HOD.
- To announce the results of any action taken by vote.
- To appoint, at the Speaker's discretion, a Parliamentarian for Annual Meetings, subject to approval of funds by the BOT.
- To make final decisions on rules and procedure during sessions of the HOD unless an appeal from such decision shall be made by a member of the HOD, in which case the final decision shall be by majority vote.
- To serve as an ex-officio member without the right to vote on all committees of the HOD.
- To serve as Chair of the House Committee on Consent Agendas.
- To perform such other duties as may be provided in these *Bylaws* and the adopted parliamentary authority.
- The Speaker shall not be a member of the BOT.

Section 50. Succession, Vacancies and Removal

A. Succession

The President-Elect (from Vice President) and Immediate Past President (from President) succeed to their offices by virtue of ascension. The President-Elect shall be installed as President at the next Annual Meeting following their ascension to President-Elect.

B. Vacancies

In the event of a vacancy in an Officer position, the following vacancy succession ladder shall apply:

President vacancy: The President-Elect shall assume the role of Acting President for the remainder of the term and shall remain as President for the subsequent full term.

President-Elect vacancy: The Vice President shall assume the role of Acting President-Elect.

Vice President vacancy: The Treasurer shall assume the role of Acting Vice President.

Treasurer vacancy: The Immediate Past President shall assume the role of Acting Treasurer.

Speaker vacancy: The President shall serve as Speaker pro tempore until the next HOD session at which a Speaker is elected.

C. Removal

Officers may be removed for valid cause by a majority vote of the HOD on a motion to rescind, provided written notice is delivered no fewer than 20 days and no more than 60 days before the vote, and consistent with the principles of fairness and due process.

Officers may also be removed for censure or suspension by the CPC or the Appeals Board of the BOT.

CHAPTER IX – APPOINTIVE OFFICER

Section 10. Title and Appointment

A. Title

The appointive Officer of the Association is the Executive Director.

B. Appointment

The Executive Director is appointed by the BOT, which also determines the terms of employment, tenure, and compensation.

Section 20. Governance Role

The Executive Director shall serve the Association in the following capacities:

A. Ex-Officio Status

Serves as an ex-officio member of the BOT without the right to vote.

B. Corporate Secretary

Serves as the Secretary of both the BOT and the HOD.

Section 30. General Authority

The Executive Director is the chief executive of the Association, responsible for the management of Association headquarters and the implementation of policies established by the HOD and the BOT.

CHAPTER X – COMMITTEES AND SECTIONS

Section 10. Universal Committee Standards

A. General Composition

Unless otherwise specified, standing committees shall consist of six (6) members, with a preference for equal representation from the six (6) Trustee Districts.

B. Eligibility

Fellows, Members or Life Members in good standing are eligible for appointment.

C. Appointment Authority

The President-Elect appoints committee members and designates Chairs for the term during which they will serve as President, subject to majority approval by the BOT.

D. Tenure

Standing committee members are limited to two (2) consecutive terms. Specific term lengths and staggering requirements are maintained in the *Committees Procedural Manual*.

E. Vacancies

The President shall fill vacancies for the remainder of a term, subject to BOT approval.

F. Special Committees

Special committees may be created or abolished, subject to approval by the BOT. Special committees may be converted to standing committees in accordance with the *Board of Trustees Procedural Manual*.

Section 20. Standing Committees of the Association

The Association shall maintain the following standing committees to execute its strategic mission:

- Advisory Committee on Awards Nominations (ACAN)
- Commission on Professional Conduct (CPC)
- Committee on Anesthesia (CAN)
- Committee on Cleft, Craniofacial and Pediatric OMS (CCCPOMS)
- Committee on Constitution and Bylaws (CCB)
- Committee on Continuing Education and Professional Development (CCEPD)
- Committee on Education and Training (CET)
- Committee on Facial Cosmetic Surgery (CFCS)
- Committee on Governmental Affairs (CGA)
- Committee on Healthcare Policy, Coding and Reimbursement (CHPCR)
- Committee on Membership (CM)
- Committee on Oral, Head and Neck Oncologic, and Reconstructive Surgery (COHNORS)
- Committee on Practice Management and Professional Staff Development (CPMPSD)
- Committee on Public and Professional Communications (CPPC)
- Oral and Maxillofacial Surgery Faculty Section (OMSFS)
- Resident Organization of the American Association of Oral and Maxillofacial Surgeons (ROAAOMS)

Details on standing committees, including composition, duties, and reimbursement are maintained in Volume IV of the *AAOMS Procedural Manuals*.

CHAPTER XI – INDEMNIFICATION

Section 10. Scope of Indemnification

The Association shall hold harmless and indemnify each Trustee, Officer, committee or commission member, employee, and agent of the Association against all claims, liabilities, costs, and expenses (including reasonable attorney fees) incurred in connection with any action, suit, or proceeding to which they are a party by reason of their service to the Association.

Section 20. Conditions and Eligibility

A. Good Faith

Indemnification is contingent upon the individual having acted in good faith and in a manner they reasonably believed to be in or not opposed to the best interests of the Association.

B. Continuity of Right

This right to indemnification continues even after the individual has ceased to hold their position and, in the event of death, extends to their legal representatives and estate.

Section 30. Insurance

The Association shall maintain appropriate insurance coverage to protect the Association and the individuals identified in this Chapter and the *Board of Trustees Procedural Manual* against potential liabilities to the extent such insurance is reasonably available.

CHAPTER XII – BOARD OF DIRECTORS OF ABOMS**Section 10. Composition and Approval****A. Membership**

The ABOMS Board of Directors consists of eight (8) voting members. This includes one (1) new Director approved annually and the ABOMS Immediate Past President serving for one year.

B. Term of Office

Directors are approved for terms of up to eight (8) years.

C. Approval Authority

The AAOMS HOD holds the final authority to approve Directors by an affirmative vote during the Annual Meeting.

Section 20. Qualifications

Candidates for ABOMS Director must meet the following criteria:

A. Status

Must be an AAOMS Fellow in good standing and a Diplomate of ABOMS.

B. Experience

Must have served at least three (3) years on the Oral Certifying Examination (OCE) Committee within the five (5) years preceding nomination.

Section 30. Nomination and Vacancies**A. Nomination**

ABOMS shall submit one (1) nominee for each open position to the AAOMS BOT.

The AAOMS BOT shall review and transmit the nominee to the HOD unless valid ethical exclusion criteria are met.

B. Vacancies

Vacancies occurring between Annual Meetings may be filled temporarily by the remaining ABOMS Directors until the next AAOMS Annual Meeting, as detailed

in the *Board of Directors Procedural Manual*.

Section 40. Accountability

The ABOMS Board of Directors shall submit an annual report to the HOD and maintain a transparent dialogue with the membership through an annual open forum.

CHAPTER XIII – FINANCES

Section 10. Fiscal Management

A. Fiscal Year

The fiscal year begins January 1 and ends December 31.

B. Budget Approval

The annual budget is developed by the BOT and requires approval by the HOD.

Section 20. Dues and Assessments

A. Establishment

Annual dues and assessments for all member classes are established by the BOT with approval from the HOD.

B. CPI Escalation

To address inflation, the BOT may increase annual dues by up to 3% (based on the five-year CPI-U average) during the budget process without a two-thirds vote.

C. Major Changes

Any assessment or dues increase exceeding the 3% CPI cap requires a two-thirds (2/3) affirmative vote from the HOD, following a 60-day prior notice.

D. Mandatory Subscriptions

All active Fellows, Members, and Candidates are required to maintain a paid subscription to the *JOMS* as part of their financial obligations.

Section 30. Good Standing and Delinquency

A. Deadline

Dues and assessments are due on January 1.

B. Delinquency

Members are “not in good standing” if dues remain unpaid by February 1. Failure to pay results in removal from mailing lists.

C. Termination

Membership is automatically terminated if all financial obligations are not settled prior to the convening of the first Annual Meeting following the delinquency.

CHAPTER XIV – ANNUAL MEETINGS AND CONFERENCES

Section 10. Authority and Purpose

The BOT shall determine the time, place, and format (in-person, virtual or hybrid) for the Association’s Annual Meeting and other educational conferences. These meetings serve to advance the specialty through scientific exchange, professional development, and the conduct of Association business.

Section 20. Attendance Rights

A. Members in Good Standing

Attendance at all meetings and conferences is a right afforded to Fellows, Members, Provisional Fellows/Members, and Affiliate Members in good standing.

B. Candidates and Residents

Candidates with active applications and residents currently enrolled in accredited OMS programs are eligible to attend.

C. Guests

The President may specifically invite guests to attend meetings or conferences.

Section 30. Business Sessions

The business sessions of the Association are restricted to those authorized by these *Bylaws*. The BOT may invite specific consultants to attend business sessions in an advisory capacity.

CHAPTER XV – ETHICS, PLEDGE, AND DISCIPLINE

Section 10. Ethical Standards

A. Governing Code

All categories of membership (except honorary categories) are bound by the *Code* and the *AAOMS Pledge*.

B. Advisory Opinions

The Commission on Professional Conduct (CPC) provides interpretations of the *Code*, subject to BOT approval.

Section 20. The AAOMS Pledge

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

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

Section 30. Disciplinary Actions

The CPC or its Appeals Board may impose the following sanctions for violations of the Code:

- Counsel: Formal advice or guidance
- Censure: Formal expression of disapproval
- Probation: A period of monitoring and restricted status
- Suspension: Temporary loss of membership rights
- Expulsion: Removal from the Association

CHAPTER XVI – DEFINITIONS AND CLINICAL SCOPE

Section 10. Professional Definitions

Dentistry

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

Oral and Maxillofacial Surgery

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

Section 20. Anatomical Parameters

AAOMS Statement on Anatomical Parameters: The Anatomical Parameters for the specialty of oral and maxillofacial surgery arise from and encompass the ADA Definition of Dentistry and the ADA Definition of Oral and Maxillofacial Surgery. Further, the Anatomical Parameters shall be construed or defined to include any procedure contained in the most contemporary version of the *AAOMS Parameters of Care: AAOMS Clinical Practice Guidelines for Oral and Maxillofacial Surgery (AAOMS ParCare)* or any procedure included in the standards of an accredited advanced specialty residency training program in oral and maxillofacial surgery. As defined above, the Anatomical Parameters of the specialty shall include any adjunctive or ancillary procedures included in the education, training, experience, current competence and scope of practice of oral and maxillofacial surgeons

that are necessary to perform, facilitate, or support the primary procedures within the scope of practice of the specialty including, but not limited to, such procedures as the harvesting of bone and tissue grafts from distant sites, as required for facial reconstruction.

CHAPTER XVII – OFFICIAL JOURNAL

Section 10. *Journal of Oral and Maxillofacial Surgery (JOMS)*

The Association shall publish *JOMS* at least monthly to chronicle scientific and professional activities of interest to the specialty.

Section 20. Editorial Leadership

The Editor-in-Chief and editorial staff are appointed by the BOT. The Editor-in-Chief exercises full editorial control over the publication, subject to the *General Provisions Procedural Manual* and these *Bylaws*.

CHAPTER XVIII - GOVERNANCE

Section 10. Parliamentary Authority

The current edition of the *American Institute of Parliamentarians' Standard Code of Parliamentary Procedure* governs the Association in all cases not covered by these *Bylaws* or the *General Provisions Procedural Manual*.

Section 20. Amendments and Interpretation

A. Interpretation

The BOT provides interim interpretations of these *Bylaws*, subject to ratification by the HOD.

B. Amendments

These *Bylaws* may be amended by a two-thirds (2/3) vote of the HOD, provided appropriate notice (typically 30 to 60 days depending on the subject) is given. Amendments to the *Procedural Manuals* will be ratified in accordance with the *General Provisions Procedural Manual*.

C. Notice

Special Notice Proposed amendments to these *Bylaws* affecting assessments or membership qualifications (MQs) require advance notice of sixty (60) days or one (1) year, respectively, prior to the meeting at which they will be considered. Such amendments typically referred to the BOT or appropriate committee for study and recommendation, with adoption requiring a two-thirds (2/3) vote at the subsequent Annual Meeting.

Waiver of Notice HOD may waive the applicable notice requirement by unanimous vote, allowing amendment to be considered and adopted at the same meeting in which it is introduced. Following waiver, adoption requires a two-thirds (2/3) vote; the same threshold applies to reject an assessment or MQ amendment at first reading.

AAOMS PROCEDURAL MANUALS

Consolidated Policy and Procedure Reference

Volume I: Membership

Volume II: House of Delegates

Volume III: Board of Trustees

Volume IV: Committees

Volume V: General Provisions

American Association of Oral and Maxillofacial Surgeons

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VOLUME I

MEMBERSHIP PROCEDURAL MANUAL

This manual governs all aspects of AAOMS membership, including eligibility criteria, application procedures, membership categories, dues, and disciplinary provisions.

ARTICLE 1.

MEMBERSHIP CLASSIFICATIONS AND ELIGIBILITY

Section 1.1 Fellow and Member Eligibility

Fellowship and membership in the Association shall be open to oral and maxillofacial surgeons (OMS) who satisfy all applicable credentialing, training, and ethical standards established by the *Bylaws*, Board of Trustees (BOT) and the Committee on Membership (CM).

1.1.1 ABOMS Certification

Once granted fellowship category, that fellowship shall not be dependent upon nor altered by any type of recertification instituted by the American Board of Oral and Maxillofacial Surgery. (HOD '80)

1.1.2 ADA or Other Professional Affiliation

Membership in the American Dental Association (ADA) or comparable evidence of adherence to the professional and ethical standards of OMS

1.1.3 Licensure Exceptions

OMS practicing under a medical license in states that do not issue dental licensure or specialty recognition by credentials or reciprocity must provide proof of prior dental licensure together with a current medical license.

1.1.4 Foreign-Trained Surgeons

The CM shall determine the eligibility of surgeons trained in non-CODA (Commission on Dental Accreditation)-accredited programs who are teaching or practicing in the United States. Such determinations shall be made on a case-by-case basis and documented in writing.

OMS who completed training in a non-CODA-accredited program but are employed full-time in a teaching capacity at a United States academic institution may apply for membership subject to the following conditions:

- Candidates must submit annual documentation of full-time status, as defined by the employing institution, through the state licensing agency

or academic dean.

- The CM must be notified immediately of any change in faculty status. Failure to maintain full-time academic employment shall result in immediate termination of membership.

Section 1.2 Membership Categories

1.2.1 Active Fellowship and Membership

Active Fellows and Members shall pay full dues and assessments unless eligible for a reduction as provided herein. Active status confers full voting rights and all privileges of membership.

1.2.2 Life Fellowship and Life Membership

A Fellow or Member who has maintained membership for thirty (30) years and has attained the age of sixty-five (65), or who has maintained membership for thirty-five (35) years regardless of age, shall be eligible for election to Life status by the HOD. Years spent as Resident, Candidate or Retired status do not accrue toward Life Fellow or Life Member status.

- Life Fellows and Life Members shall pay fifty percent (50%) of annual dues, Annual Meeting registrations, and assessments.
- Life Fellows and Life Members shall retain the same voting rights held prior to election to Life status.
- Life Fellows and Life Members shall be required to maintain membership in their state component OMS society.
- The *Journal of Oral and Maxillofacial Surgery (JOMS)* shall be available to Life Fellows and Life Members only by personal paid subscription at fifty percent (50%) of the Member price.
- Candidates for Life status must remit full dues and assessments through the calendar year in which eligibility is attained. The CM may recommend, subject to BOT approval, a waiver or reduction of dues and assessments for that final year.

1.2.3 Life Retired Status

Life Fellows or Life Members who meet the criteria for Retired status shall be eligible for Life Retired classification, which confers the same privileges and restrictions as the Retired category.

1.2.4 Affiliate Status

Resides and practices, or holds an administrative or research position, in a country other than the United States and, where applicable, is recognized as an OMS by the appropriate credentialing authority in that country.

Has completed specialty training in OMS equivalent to that required for AAOMS fellowship and membership.

1.2.5 Retired Status

A Fellow or Member who has maintained membership for twenty (20) years and who derives no income from the practice of OMS, or who has become permanently disabled, shall be eligible for Retired status.

- Retired Fellows and Retired Members shall not be required to remit dues, assessments, or maintain membership in their state component society.
- Retired Fellows and Retired Members shall have no voting rights at the national level.
- *JOMS* shall be available by personal paid subscription only.
- Retired Fellows and Retired Members may pay a voluntary maintenance fee established annually by the BOT to receive all Association mailings.
- In the event a Retired Fellow or Retired Member resumes practice, the individual shall notify AAOMS Headquarters promptly.

1.2.6 Honorary Fellowship

Honorary Fellowship may be conferred upon non-members who have made distinguished contributions to the specialty. Honorary Fellows shall pay no dues or assessments. *JOMS* shall be available by personal paid subscription only.

1.2.7 Provisional Membership

Provisional membership is available for a maximum period of two (2) years, renewable for one (1) additional consecutive two-year period upon request, as determined by the CM.

- A Provisional Member must maintain an active application for an on-site Office Anesthesia Evaluation (“OAE”) with the applicable state regulatory agency or component society. Under certain circumstances, a waiver of the OAE is available by attestation of exempted status.
- If the OAE is not completed within the provisional period, Provisional membership shall be concluded and the individual must re-apply for Provisional status unless a hardship exemption is granted by the CM.
- Provisional members enjoy all privileges of active membership except the right to serve in the AAOMS HOD or to hold AAOMS or component society office.
- Upon successful completion of the OAE and full election by the component society, the Provisional Member shall automatically be transferred to the appropriate AAOMS membership classification.

1.2.8 Resident Membership

Resident Members are individuals enrolled in a CODA-accredited OMS residency program.

- Resident Members shall pay no annual dues.

- No application fee shall be required.
- Resident members may attend the AAOMS Annual Meeting with waiver of the general registration fee and may attend clinics on a space-available basis, free of charge.
- Resident members shall have their names published as Candidates for AAOMS membership during their final year of residency.
- Resident Members shall pay no subscription rate for *JOMS*.

The AAOMS Headquarters shall notify the Chiefs of accredited residency programs annually of policies pertaining to Resident attendance at the Annual Meeting.

1.2.9 Inactive Status – Member-Initiated

A Fellow or Member who derives no income from the practice of OMS may apply for Inactive status for a period not to exceed five (5) years.

- Inactive Fellows and Inactive Members shall pay no dues or assessments.
- Inactive Fellows and Inactive Members shall have no voting rights.
- Inactive Fellows and Inactive Members may attend the Annual Meeting and other AAOMS conferences at the non-OMS member registration fee.
- A voluntary maintenance fee established by the BOT may be paid to receive all Association mailings.

After five years, the CM shall evaluate all Inactive members. Members for whom a return to active practice is not foreseen may be removed from membership.

1.2.10 Inactive Status – Staff-Initiated

When AAOMS Headquarters is unable to locate a Fellow or Member and no communication can be established, AAOMS staff may initiate inactive status for a period not to exceed three (3) years. Former Life and Retired Fellows and Members placed in Inactive status by staff may be removed from membership if the Association is unable to locate them over a three-year period.

1.2.11 Allied Staff Membership

Allied Staff Members are staff employed by current AAOMS Fellows or Members.

- Allied Staff membership requires sponsorship by an AAOMS Fellow or Member in good standing.
- A one-time application fee and annual dues apply as established.
- Allied Staff Members may attend the AAOMS Annual Meeting and other educational offerings at the Allied Staff membership rate.

Section 1.3 Candidate Status

1.3.1 General Requirements

Candidates are individuals who have formally applied for fellowship or membership and are awaiting completion of the eligibility and application process.

- Candidates shall be listed in the AAOMS Membership Directory.
- Candidates shall pay an annual fee as established by the BOT and shall receive the *JOMS* at the Fellow/Member subscription rate.

1.3.2 Application Procedure

The procedure for applying for membership requires the following:

- A formal application;
- U.S. Candidates: Verification of having applied for membership in the component OMS society in the state in which the Candidate's primary place of practice is located, unless the Candidate is serving full-time in the federal dental services. International Candidates: Verification of having applied for membership in the component OMS society in the country in which the Candidate's primary place of practice is located;
- Verification of completion of training in a CODA-accredited OMS residency program, or equivalent for Affiliate membership Candidates;
- Announcement of the Candidate's name to the membership.

1.3.3 Three-Year Completion Rule

The application process must be completed within three (3) years from the date Candidate status is officially designated by the CM. Candidates may petition the CM for a one-time extension based on extenuating circumstances (e.g., medical leave, active military duty). If the application is not completed within the three-year window and no extension is granted, Candidate status is terminated. The individual must re-apply under the requirements in effect at the time of re-application.

1.3.4 Annual Meeting Election of Candidates

Candidates must have their applications on file with AAOMS Headquarters by July 1 of the relevant year in order to be considered for full membership at the following Annual Meeting.

1.3.5 Rejection of Candidate for Cause and Appeal

The CM is responsible for reviewing the credentials of each Candidate. If that review indicates that a Candidate does not meet the moral or ethical standards necessary for AAOMS Fellowship or Membership, the CM may reject the Candidate but only after affording the Candidate due process, which includes an interview opportunity to respond to the allegation(s). (June 82; June 86)

If a Candidate's application for full membership raises a moral or ethical concern, the CM shall retain the Candidate in their current status pending further review and consideration.

Section 1.4 Office Anesthesia Evaluation (OAE) Requirements

AAOMS Fellows and Members must have their offices successfully evaluated and re-evaluated by their component society every five (5) years, or in accordance with applicable state law, provided such state law does not require a period exceeding six

(6) years between evaluations, and otherwise conforms to AAOMS Office Anesthesia Guidelines as stated in the AAOMS OAE Manual. Component and state societies shall notify AAOMS Headquarters immediately of any Fellow or Member who fails to fulfill this requirement. (HOD '20)

NOTE: *Individuals excepted from component membership requirements under established grandfathering provisions may be subject to differing OAE obligations. Consult current Bylaws and component section of the Membership Procedural Manual for applicable rules.*

Section 1.5 Component Membership Exemption

Members who were active as of September 27, 1991, and were also not a member of their component society at the time, are exempt from mandatory component membership requirements (vertical membership provision). Such individuals shall not be required to fulfill OAE and re-evaluation requirements through their component society if the component society does not evaluate non-members; the AAOMS BOT shall determine the applicable fee for any evaluation or re-evaluation.

ARTICLE 2. DUES, FEES, AND ASSESSMENTS

Section 2.1 General Dues Schedule

The following schedule establishes the baseline dues obligations by membership category. The BOT shall set specific dollar amounts annually subject to budgetary approval by the HOD at the Annual Meeting.

Active Fellow/Member: Full dues and assessments. Faculty members, new graduates and those employed in the federal dental services may be eligible for reductions as described in Section 2.2.

Life Fellow/Member (Active Practice): Fifty percent (50%) of dues and assessments, plus fifty percent (50%) of applicable subscriptions.

Honorary Fellow/Retired Fellow or Member: No dues or assessments.
JOMS available by subscription only.

Resident Member: No dues and no subscription fees for *JOMS*.

Section 2.2 Dues Reductions and Waivers

2.2.1 Faculty Dues Reduction (Graduated Scale)

A Fellow or Member who accepts a full-time faculty position, defined as the primary occupation or primary salary source, is eligible for a graduated dues reduction on a one-time basis:

- Years 1–3 of faculty appointment: One-third (1/3) of annual dues
- Years 4–6 of faculty appointment: Two-thirds (2/3) of annual dues

- Year 7 and thereafter: Full annual dues

This reduction applies to dues only and does not affect assessments or subscription fees. Should a Fellow or Member discontinue full-time faculty employment during this six-year period, the graduated schedule shall terminate at the next dues cycle.

2.2.2 Federal Service Reductions

Fellows and Members serving full-time in federal dental services are eligible for variable dues reductions based on service branch, rank, grade, and year of service, as approved by the BOT or HOD:

- Department of Veterans Affairs / Public Health Service (full-time): One-half (1/2) of annual dues.
- Army, Navy, Air Force (full-time): One-quarter (1/4) of annual dues.

Should a federal service Fellow or Member discontinue full-time federal employment, the graduated schedule shall terminate at the next dues cycle.

2.2.3 Life Membership Dues and Assessments

- Life Fellows and Life Members shall pay fifty percent (50%) of annual dues, Annual Meeting registrations, and assessments.
- Life Fellows and Life Members who accept a salaried teaching position and derive no income from faculty practice or private practice shall be exempt from payment of dues and assessments.

2.2.4 Requests for Reduction or Waivers of Dues and Assessments

Fellows, Members, and Candidates may be granted a waiver of dues, assessments, and fees by the CM with the concurrence of the BOT, subject to reporting to the HOD. Requests must be submitted annually in writing by April 1. Waivers may be granted for:

- Full-time post-doctoral education of not less than nine (9) months in a related biomedical field, with written verification of enrollment. Programs must be accredited through CODA, ACGME, or other bodies approved by the BOT.
- Personal illness or other extenuating circumstances, with appropriate documentation. Reductions for personal illness or extenuating circumstances must be requested annually and shall not exceed two (2) years. After two (2) years, the individual may apply for Inactive status if circumstances persist.

At the recommendation of the CM with BOT concurrence, Fellows and Members receiving a dues waiver may be required to pay an administrative maintenance fee to receive all Association mailings.

Section 2.3 Fees and Penalties

2.3.1 Annual Dues Deadline

Dues must be paid by February 1 to maintain good standing as defined in the *Bylaws*. A fifteen percent (15%) late penalty fee shall apply to dues, assessments, and Candidate fees not received by February 1. Membership shall be subject to termination if dues remain unpaid at the commencement of the Annual Meeting.

2.3.2 Application and Maintenance Fees

The BOT maintains the following fees:

- Application fees for all membership categories.
- Maintenance fees for Inactive, Retired, or Life Members wishing to receive all Association mailings.
- Late fees for payments received after the February 1 deadline.
- Building fees and assessments for specified membership categories.

2.3.3 Fees for Candidates

Should a Resident apply for membership by the end of the calendar year in which training is completed, the first-year Candidate fee shall be waived. Subsequent fees are as follows:

- Second year of Candidate status: One-third (1/3) of the full dues and assessments amount.
- Third year of Candidate status: Two-thirds (2/3) of the full dues and assessments amount.
- Thereafter: Full dues and assessments.

This graduated fee schedule applies regardless of whether a Candidate transitions to full membership before completing three years of Candidate status. A Candidate who achieves full membership during the discounted fee schedule will continue to pay fees at the applicable graduated rate for the remainder of that term, avoiding any financial penalty for earlier completion of election requirements. This schedule is available only once and is dependent on individuals remaining in good standing for the duration of the schedule.

2.3.4 Dues Statements and Currency

All dues, assessments, and fees shall be paid in United States dollars. Annual dues statements shall be issued from AAOMS Headquarters.

2.3.5 Deceased Member Dues Reimbursement

Dues or Candidate fees paid for the current year by a deceased Fellow, Member, or Candidate shall be returned to the estate or surviving spouse when notification of death is received by AAOMS Headquarters prior to March 1.

ARTICLE 3. REINSTATEMENT AND TERMINATION

Section 3.1 Reinstatement Procedures

3.1.1 Reinstatement Within One Year of Lapse

A former Fellow or Member seeking reinstatement within one (1) year of membership lapse must submit a written request together with payment of current-year dues in full.

3.1.2 Reinstatement After More Than One Year

A former Fellow or Member seeking reinstatement after more than one (1) year of lapse must complete a reinstatement application and pay a reinstatement fee equal to current dues plus all unpaid assessments from the preceding five (5) years.

3.1.3 Notification of Component Societies

Upon termination of a Fellow or Member, whether by voluntary resignation or failure to pay dues, notification shall also be provided to the applicable state OMS society.

Section 3.2 Return of Membership Credentials

Fellows, Members, and Affiliate Members whose membership has been terminated shall return their certificate of membership to AAOMS Headquarters. Failure to return the certificate shall be deemed a violation of the individual's moral and ethical responsibilities to the Association.

Section 3.3 Membership Files and Confidentiality

All information in membership files is to be held in strictest confidence. Under no circumstances shall the identity of a Fellow or Member who has submitted an objection regarding another Fellow, Member, or Candidate be disclosed, except to the BOT, the CM, and the CPC in cases of formal referral.

ARTICLE 4. COMPONENT SOCIETY MEMBERSHIP AND APPEALS

Section 4.1 Component Membership Obligations

Fellows and Members shall apply for and maintain membership in the component OMS society of the state in which their primary practice is located, unless a specific exception applies (e.g., federal service, grandfathering).

4.1.1 Relocation Requirements

A Fellow or Member who relocates their primary practice to a different state must:

- Apply for and be accepted into the new component society within two (2) years of relocation.
- Complete the new component's OAE within two (2) years of relocation.

Failure to comply shall result in a transfer to Provisional status and loss of voting and office-holding privileges at the national level.

4.1.2 Annual Certifications to AAOMS

Component societies must submit the following to AAOMS Headquarters through the Secretary of the HOD:

- A certified list of Delegates and Alternates for the HOD, received by June 1.
- An annual report of all newly elected Fellows and Members.
- Any amendments to component bylaws, submitted within thirty (30) days of adoption for compliance review.

Section 4.2 Membership Appeals Process

When a component society denies membership to a candidate, the following mandatory procedure applies. These steps must be incorporated into the governing documents of each component society.

Step 1 – Component-Level Review

The component society must notify the candidate of the denial and of the right to appeal within thirty (30) days of the denial.

The candidate has ninety (90) days from notification to file a written appeal with the component society.

Within six (6) months of the appeal filing, the component shall form a three-member Peer Review Committee, composed entirely of component members who are not serving on the Membership Committee. In components where membership is insufficient to form a fully independent committee, this requirement may be waived and the component may appoint members at its discretion.

All component members shall be notified and invited to submit written concerns to the Peer Review Committee during the evaluation period. The committee shall conduct a detailed and documented evaluation of all allegations.

If the allegations are found to be unsubstantiated, component membership shall be granted. If membership is denied after this review, the component must issue the candidate the AAOMS Notice of Appeal Form and notify the candidate of the right to appeal to the national level.

Step 2 – National-Level Review (Final and Binding)

The candidate has ninety (90) days from the date of the component's second denial

to file a written appeal to the AAOMS CM using the Candidate Notice of Appeal Form.

Within six (6) months of receipt of the appeal, the AAOMS CM shall establish a National Review Committee (NRC) composed of four members:

- Chair of the AAOMS CM (serving as Moderator, non-voting).
- One voting member from the AAOMS CM.
- One voting member from the component membership committee.
- One neutral arbitrator (e.g., a retired judge or a representative of the American Arbitration Association).

Proceedings shall be non-adversarial and shall not be subject to cross-examination. The candidate may have an advisor present to assist and speak on their behalf. A verbatim transcript shall be made at AAOMS's expense; copies shall be provided to the respondent upon request at the individual's expense.

The NRC's decision shall be final and binding on both AAOMS and the component society.

4.2.1 Financial Provisions for Appeals

Component societies and candidates shall bear their own respective costs of representation during the appeals process. State societies with no dues structure and insufficient membership may petition the AAOMS BOT for financial assistance for legal or representation costs.

VOLUME II HOUSE OF DELEGATES PROCEDURAL MANUAL

The House of Delegates is the legislative and governing body of AAOMS. This manual governs its composition, apportionment, sessions, procedures, elections, and Caucus operations.

ARTICLE 1. COMPOSITION AND AUTHORITY

Section 1.1 Legislative Authority

The HOD is the supreme legislative and governing body of the Association. It speaks for the membership and for OMS in the United States. It shall have the power to:

- Enact legislation and determine Association policy.
- Enact, amend, and repeal the *Constitution, Bylaws, and Code of Professional Conduct (Code)*.
- Elect all categories of membership.
- Elect the Vice President, Treasurer, Speaker of the House of Delegates (Speaker), and members of the BOT.
- Grant, suspend, and revoke official component status of state societies.
- Approve the annual budget and withdrawal of funds from the Reserve Fund.

NOTE: *The BOT serves as the administrative body of the Association and carries out the policies of the HOD. It may establish ad interim policies when the HOD is not in session, but such policies must be presented to the next HOD session for approval.*

Section 1.2 Composition and Apportionment

The membership of the HOD consists of one hundred two (102) voting members. Delegates are chosen by the fifty (50) state components and counterparts (District of Columbia, Commonwealth of Puerto Rico, U.S. territories, and the five federal dental services branches) and the Resident organization, ROAAOMS.

Apportionment of Delegates is based on membership counts as of January 1 of the year in which the HOD convenes, using the Method of Least Proportionate Error. Each component and counterpart shall be represented by at least one (1) Delegate and one (1) Alternate. Additional Delegates and Alternates are allocated on the basis of the number of AAOMS Fellows, Members, Life Fellows and Members, and

provisional Fellows and Members, until the ceiling of one hundred (100) Delegates is reached.

Tie-Breaking: If two or more components are tied when allocating the final 100th seat, the component with the greatest number of candidates for Association membership shall receive the seat and Alternate.

The Resident Organization shall be represented by two (2) Delegates and two (2) Alternates. Resident Delegates have full voting rights except that they may not vote in elections for AAOMS officers, Trustees, District caucus officers or ABOMS directors.

ROAAOMS Delegates shall be granted full participation rights in all District caucuses.

Section 1.3 Ex-Officio Members

The Officers, Trustees, *JOMS* Editor, and Executive Director shall be ex-officio members of the HOD without voting privileges. Past Presidents are ex-officio members without voting privileges unless they are duly elected Delegates from their component or counterpart.

Section 1.4 Officers of the House

The HOD has two officers: the Speaker (Chair) and the Secretary. The Speaker is elected annually by the HOD. The Secretary is the Executive Director of the Association. The Speaker presides at all sessions; the Secretary serves as recording officer and custodian of records.

ARTICLE 2. DELEGATE ELECTIONS AND CREDENTIALS

Section 2.1 Election of Delegates and Alternates

AAOMS Headquarters shall notify component societies and the most recent Delegate of counterparts by February 1 of each year of the number of authorized Delegates and Alternates. Component societies and counterparts shall determine their own method of election. Election results must be transmitted to AAOMS Headquarters by June 1 annually.

If Delegates and Alternates are not certified by June 1, the Caucus Chair shall appoint Delegates from Fellows and Life Fellows in the component or counterpart. If no eligible individuals are available from the component, the Caucus Chair may appoint from Fellows and Life Fellows elsewhere in the District.

Section 2.2 Credentials

Official credentials are mailed in advance by the Executive Director to all Delegates, Officers, Trustees, and past Presidents. These credentials must be presented at registration. Delegate registration shall be conducted for at least two (2) hours prior to the first session and fifteen (15) minutes before each subsequent

session.

Delegates must present their meeting badge during check-in with the Committee on Credentials in advance of each session to gain admission.

Section 2.3 Seating of Alternates

If a Delegate cannot attend a session, the Delegate must instruct the appropriate Alternate to apply to the Committee on Credentials for proper credentials and must surrender any admission cards for those sessions before credentials will be issued to the Alternate.

Section 2.4 Floor Access

Access to the floor of the HOD is limited to Delegates, past Presidents, BOT members, the JOMS Editor, the Executive Director, committee Chairs and AAOMS staff when requested. Two members of the ROAAOMS Executive Committee serve as voting members of the HOD with floor access; they may participate in Caucus-level debate.

Alternates do not have floor access and shall be seated in a designated visitors' section. Visitors may attend sessions by displaying their Annual Meeting badge.

Section 2.5 Physical Seating

Delegations shall be seated by Trustee District. No District shall be separated by an aisle. Seating of Districts shall rotate annually.

Section 2.6 Conflicts of Interest

All persons testifying before the HOD must publicly disclose, when testifying, any personal, professional, or business interest, including interests of a spouse, partner, or immediate family member, that may be materially affected by the matter under consideration. (HOD '24)

ARTICLE 3. SESSIONS AND SCHEDULE

Section 3.1 Session Sequence

The following sequence of business sessions applies to the Annual Meeting:

First Session

Matters relating to the organization of the HOD, President's Address, supplementary reports of the BOT and committees, approval of the ABOMS Director, and nomination of officer candidates.

Reference Committee Hearings

Open hearings scheduled consecutively. All Fellows and Members are encouraged to attend and participate. The location and Reference Committee composition are published in the official meeting program.

Second Session

Action on the reports of the CM and the Reference Committees.

Third Session

Completion of action on Reference Committee reports, election and installation of officers and Trustees, and the Presidential Inaugural Address.

Section 3.2 Notice Periods

Annual Meetings require a minimum of thirty (30) days' notice. Special meetings require a minimum of fifteen (15) days' notice.

Section 3.3 Virtual and Emergency Meetings

In the event that the BOT must declare the HOD will meet virtually due to a pandemic, national emergency, or other extraordinary circumstances, the Speaker and the Committee on Rules and Procedure may modify the General Rules of Procedure.

Modified procedures must be approved by the BOT. Electronic or mail ballots are permissible for extraordinary emergencies as directed by the BOT. To be valid, the vote must include ballots from at least one-half (1/2) of the members of the last HOD, and a majority of votes cast within 30 days of distribution shall decide the matter. This vote shall be announced at the first session of the subsequent HOD as the first order of business. (HOD '20)

ARTICLE 4. RULES OF PROCEDURE

Section 4.1 Introduction of Business

Resolutions may be presented by the President, BOT, committees, Delegates, component societies, counterparts, and District caucuses. Resolutions from component societies or counterparts must be transmitted in writing by June 1. Summer District Caucus resolutions must be transmitted by the applicable deadline.

All resolutions must indicate fiscal impact where possible, be signed by the Secretary of the submitting body, and confirm the presence of a quorum. Any resolution requiring an expenditure (other than those related to the annual budget) shall be referred to the BOT for a report at the same meeting on the availability of funds.

Section 4.2 New Business at Second or Third Session

Measures originating in geographic District caucuses may be introduced as new

business at the second session. No other new business shall be introduced at the second or third session unless approved by a two-thirds (2/3) affirmative vote of Delegates present and voting.

Section 4.3 Voting Methods

The method of voting is generally determined by the Speaker, except as otherwise specified in the Bylaws. The Speaker may call for a voice vote, show of hands, standing vote, roll call, electronic vote, or ballot vote. The method may also be determined by a majority vote of the House. If a vote is uncertain or a division is called, the Speaker shall have Delegates voting affirmatively stand while tellers conduct a count, then repeat for negative votes.

Section 4.4 Amendments to the Bylaws

Resolutions proposing amendments to the *Bylaws* that affect assessments or membership qualifications (MQ amendments) require a sixty (60) -day notice or a one-year previous notice, respectively. Such amendments are typically referred to the BOT or appropriate committee for study and recommendation at the next Annual Meeting. Adoption requires a two-thirds (2/3) vote at the subsequent meeting.

If the HOD wishes to consider and adopt such an amendment during the same meeting at which it is introduced, a unanimous vote is required to waive the notice requirement.

Following waiver, a two-thirds (2/3) vote is required for adoption. A two-thirds (2/3) vote also is required to reject an assessment or MQ amendment at the first reading stage.

Section 4.5 Presentation of Reference Committee Reports

Reference Committee reports are presented by their Chairs at the second session following a priority agenda. Reports are presented from the right-hand side of the rostrum in a clear and measured manner. The HOD shall act on the report section by section. Page numbers and other citations shall not be read aloud. Minor wording changes that do not alter the intent of the report are permitted during reading.

Section 4.6 Actions Recommended by Reference Committees

A Reference Committee may recommend the following actions on a resolution: adopt, reject, amend, substitute, in lieu of, refer, or accept as a first reading.

Section 4.7 Recommendations to Adopt or Reject Resolutions

When a Reference Committee recommends adoption of a resolution, the vote (majority, 2/3, etc.) is taken and disposes of the resolution. When the recommendation is to reject, the Chair calls the affirmative vote first (for adoption), followed by the negative vote (for rejection).

Section 4.8 Motions to Refer and to Postpone Definitely

A resolution may be postponed to a later point within the same Annual Meeting, but not to the following Annual Meeting, as that HOD does not yet exist. If the HOD wishes to defer action until the next Annual Meeting, the appropriate approach is to refer the resolution to the BOT or the relevant committee for study, with recommendations to be presented at the next Annual Meeting.

Section 4.9 Motions to Table

A motion to postpone temporarily (to table) may not be debated and must be voted on immediately. Reference Committees shall not use this motion to defeat a resolution; they shall instead present the resolution and recommend rejection, allowing the HOD to debate and vote.

Section 4.10 Motions to Close Debate

A motion to close debate is not debatable and requires a two-thirds (2/3) vote. It applies only to the immediately pending motion unless the Delegate making the motion expressly states it applies to all pending motions. An informal “call for the question” is not a formal motion and may be ignored or ruled out of order by the Chair if Delegates are waiting to speak at a microphone, or if general consent is clearly not available.

Neither a motion to close debate nor an informal call for the question may be used until the HOD has heard at least one speaker on each side of the pending motion.

If a motion to close debate or an informal call for the question is added to the end of a speech, the Chair may rule it out of order or allow one additional speech in opposition before stating the motion.

Section 4.11 Previous Notice and First Reading

Bylaws amendments affecting assessments or MQ amendments require 60-day or one-year advance notice, respectively, and must be submitted in writing to the HOD. These are sometimes referred to as “first reading” submissions. Assessment and MQ amendments are typically referred to the BOT or the appropriate committee for study, with recommendations presented at the next Annual Meeting. Adoption at that Annual Meeting requires a two-thirds (2/3) vote. In limited circumstances, the HOD may choose to consider and adopt an amendment or MQ amendment at the same Annual Meeting in which it is introduced. Doing so requires a unanimous vote to waive the applicable notice period, followed by a two-thirds (2/3) vote for adoption. The HOD may also choose to oppose an assessment or MQ amendment at the first reading stage during the same Annual Meeting. Because the rights to introduce a motion and provide notice are fundamental Membership rights in a deliberative Assembly, a two-thirds (2/3) vote is required to reject such an amendment at first reading. A sponsor may also request withdrawal of the resolution, which may be granted by general consent or a majority vote. (*Sept. 22*)

Section 4.12 Format of Resolutions

All recommendations to the HOD must be placed in standard resolution form. Preliminary ‘whereas’ clauses are generally not permitted; explanatory material should appear in the committee’s comments. Resolutions must be clearly worded, contain only a single topic, and be intelligible to Delegates unfamiliar with the background of the matter.

ARTICLE 5.

STANDING AND SPECIAL COMMITTEES OF THE HOUSE

Section 5.1 Standing Committees

5.1.1 Committee on Constitution and Bylaws

Composition: Three (3) Fellows or Life Fellows appointed annually for three-year terms, staggered so that no more than one member’s term is completed annually.

Duties: Draft or approve the proposed text of all amendments to the *Constitution* and *Bylaws* prior to their submission to the HOD; consider matters referred to it; hold hearings; and report recommendations to the HOD. This committee also serves as the Association’s standing Committee on Constitution and Bylaws. It is not charged with determining whether any given amendment is desirable; only with ensuring proper wording.

5.1.2 Committee on Credentials

Composition: Three (3) Delegates appointed annually by the President, one of whom serves as Chair. The committee serves throughout the Annual Meeting.

Duties: Certify the eligibility of all Delegates and Alternates; maintain a continuous roll call; determine the presence of a quorum; supervise voting and election procedures.

5.1.3 Committee on Rules and Procedure

Composition: Three (3) Delegates appointed annually by the President, one of whom serves as Chair.

Duties: In consultation with the Speaker and Secretary, investigate and recommend the agenda and rules of procedure for the HOD. The committee’s report is presented at the first session.

5.1.4 Committee of Tellers

Composition: Three (3) Delegates appointed annually by the President, one of whom serves as Chair. The committee serves throughout the Annual Meeting.

Duties: Distribute ballots, tabulate votes, and assist the Speaker and Secretary with the voting process. The committee must complete a report reflecting vote results,

signed by all members, prior to transmittal to the Secretary and Speaker.

5.1.5 Reference Committees

Composition: Each Reference Committee consists of seven (7) Delegates – one from each of the six (6) Trustee Districts plus a Chair designated on a District rotational basis. The President shall appoint the committees at least six (6) weeks prior to the Annual Meeting.

Duties: Consider reports and resolutions referred to them; conduct open hearings for all Fellows and Members; report recommendations to the HOD; and submit any resolutions involving *Bylaws* changes to the Committee on Constitution and Bylaws prior to HOD submission. Reference Committee Chairs are required to attend all sessions of the HOD. The two Resident Delegates may not serve on Reference Committees.

Authority: Reference Committees act within the *House of Delegates Procedural Manual* and the *Constitution* and *Bylaws*. They may act on assigned resolutions and may propose resolutions on their own initiative. They may call upon Officers, BOT members, committee Chairs, and the Executive Director for information.

Administration: Administrative regulations and procedures governing Reference Committees are established by the Committee on Rules and Procedure and the *House of Delegates Procedural Manual*.

Hearing Conduct: Reference Committee hearings are open to all Fellows and Members in good standing. The Chair shall not permit motions or formal votes at an open hearing. The Chair should ensure all are heard and may set reasonable time limits with the committee's consent. Non-members may participate only at the invitation of the majority of the committee. After hearings, committees retire to executive session; only committee members and assigned staff may be present.

AAOMS staff shall provide support to Reference Committees but shall not participate in decision-making or take verbatim minutes. All deliberations shall be held in strictest confidence by the Executive Director.

Section 5.2 Special Committees

5.2.1 Special Committee on Consent Agenda

Composition: The Reference Committee Chairs, the caucus Chairs and Secretaries, and the Speaker (as Chair), together with the Secretary of the HOD.

Duties: Following the second District caucus session and prior to the second HOD session, the committee shall develop a proposed consent agenda of resolutions and a priority agenda for consideration by the HOD at its second session.

5.2.2 Other Special Committees

The Speaker may appoint special HOD committees, with the consent of the HOD, to perform duties not otherwise addressed in the *Bylaws* or *Procedural Manuals*.

Section 5.3 Roles

5.3.1 Recorder and Sergeant-at-Arms

The President shall appoint a Delegate annually to serve as Recorder (reading clerk). The Speaker may appoint a Sergeant-at-Arms to assist in maintaining order during sessions.

5.3.2 Stenographer

The Executive Director shall retain a professional stenographer to produce a verbatim transcript of proceedings, to be preserved in the archives.

ARTICLE 6. TRUSTEE DISTRICT CAUCUSES

Section 6.1 Caucus Officers and Attendance

Each District Caucus shall have two officers: a Chair and a Secretary. Both shall be either a Delegate or an Alternate and may not be AAOMS officers or Trustees. Both Delegates and Alternates shall attend all Caucuses; only eligible Delegates may vote. Source members (committee Chairs, staff, candidates, etc.) may attend at the request of the Chair. Fellows and Members from the District may be invited to observe on a space-available basis.

Section 6.2 Summer Caucus

Trustee Districts shall convene a summer Caucus, preferably between August 1 and September 1, to review issues before the upcoming HOD. Any resolutions from the summer Caucus for submission to the HOD must be provided in writing – with the recorded vote and attendance list – to AAOMS Headquarters within five (5) days of the caucus. Such resolutions are official for HOD consideration. Invitations to Officer candidates are at each District Caucus's sole discretion.

Section 6.3 Annual Meeting Caucuses (Caucuses I, II, and III)

Caucus I (Prior to First HOD Session)

Review the Delegate/Alternate list and assign representation for components or counterparts without certified Delegates. Newly assigned Delegates from unrepresented components/counterparts must be confirmed by the Speaker and the Committee on Credentials.

Caucus II (Following the First HOD Session)

Assign Delegates to Reference Committee hearings; discuss resolutions from the first session; allow Officer candidates to address the Caucus.

Caucus III (Following Publication of Reference Committee Reports and Prior to Second HOD Session)

Review Reference Committee reports; consider amendments or substitute

697 resolutions; determine District Trustee nominee(s) by secret ballot if applicable;
698 elect the Caucus Chair and Secretary to serve through the following year.

699 **Section 6.4 Nomination of Trustees in Caucus**

700 Only eligible Delegates present at the time of Trustee nomination may vote.
701 A Caucus is required to present either one candidate or a majority and minority
702 candidate to the HOD. Should a tie vote occur, additional ballots shall be conducted;
703 a persistent tie (deadlock) may be brought to the floor of the HOD for resolution.

704 **Section 6.5 Trustee Election Procedures**

705 If there is one nominee from a District, the nominee may be elected by majority
706 ballot, electronic vote, or voice vote. If there are two nominees, election shall be
707 by ballot or electronic vote, requiring a majority of Delegates present and eligible
708 to vote.

709 **Section 6.6 Caucus Chair Responsibilities**

710 The Caucus Chair shall: preside and maintain order; invite source members as
711 needed; present the District Trustee nomination to the third HOD session; cause
712 the election of the Chair and Secretary for the following year; and report annually
713 to AAOMS Headquarters by December 1 the city, hotel, and dates of the summer
714 Caucus for the following year, with the District Trustee's approval.

715 **Section 6.7 Caucus Secretary Responsibilities**

716 The Caucus Secretary shall: maintain records; schedule appearances of Officer
717 candidates in coordination with other Caucus Secretaries; maintain liaison with
718 other caucuses; preside in the absence of the Chair; obtain Reference Committee
719 reports for Delegates; and provide the Speaker with the District Trustee nomination
720 report (typed, in duplicate) prior to the third HOD session.

VOLUME III BOARD OF TRUSTEES PROCEDURAL MANUAL

The Board of Trustees is the administrative body of AAOMS. This manual governs its composition, elections, meetings, committees, and administrative procedures.

ARTICLE 1. COMPOSITION AND AUTHORITY

Section 1.1 Role and Authority

The BOT is the administrative agency of the Association and has full power to conduct all business between sessions of the HOD. It shall carry out the policies of the HOD and has the power to establish interim policies and procedures when the HOD is not in session and when such policies and procedures are essential to the management of the Association. All interim policies must be presented to the next HOD session for approval.

The BOT shall: maintain and supervise AAOMS Headquarters and all other property or offices; appoint the Executive Director and JOMS Editor and Assistant Editors; prepare the annual budget; supervise financial affairs; approve committee appointments; select the time and place of meetings; and review all reports with recommendations to the HOD.

Section 1.2 Composition

The BOT is composed of the President (Chair), President-Elect, Vice President, Treasurer, Immediate Past President, and six District Trustees elected by the HOD.

Section 1.3 Annual Report

The BOT shall present an annual report of its activities to the HOD and make recommendations on Association programs.

ARTICLE 2. TRUSTEE NOMINATION AND ELECTION

Section 2.1 Caucus Nomination

District Caucuses shall be convened during the Annual Meeting by the Trustee whose term is about to expire (or by their designee), to nominate one (1) or two (2) candidates for the office of Trustee. The time and place of the caucus shall be reported to the Secretary of the HOD in advance.

A candidate receiving the unanimous vote of the Caucus shall be the sole nominee. If two or more candidates compete, the candidate receiving a majority vote shall be the majority nominee. A minority nominee may also be presented if the individual receives at least one-third (1/3) of District Delegate votes. Both the majority and minority status shall be announced to the HOD.

Nominating speeches of up to four (4) minutes may be delivered by a Fellow or Life Fellow in good standing. Seconding speeches are not permitted; two (2) members of the HOD may indicate support from the floor.

Section 2.2 Election

Trustees are elected and installed at the third session of the HOD. If there is one nominee, election may be by majority ballot, electronic vote, or voice vote. If there are two nominees, election shall be by ballot or electronic vote requiring a majority vote. Trustees serve two-year terms or until their successor is installed, with a maximum tenure of three (3) full terms.

Section 2.3 Interim Vacancies

Vacancies occurring between sessions of the HOD shall be filled by the District Caucus Chair and Secretary in consultation with the President, until the next HOD session at which a formal election may be held.

ARTICLE 3. MEETINGS

Section 3.1 Regular Sessions

Regular sessions of the BOT require a minimum of ten (10) days' written notice and a quorum of six (6) voting members.

Section 3.2 Special Sessions

Special sessions may be called by the President or by six (6) Trustees, with a minimum of five (5) days' written notice.

Section 3.3 Virtual Meetings

Virtual meetings require twenty-four (24) hours' notice to all BOT members.

Section 3.4 Waiver of Notice

Attendance at a meeting constitutes a waiver of notice unless the attending member files an objection before the meeting is called to order.

Section 3.5 Location

BOT meetings shall be convened in the United States, or at locations outside the United States only if negotiated costs are equal to or lower than comparable domestic locations. This requirement does not apply to meetings convened during regularly scheduled national Association meetings.

Section 3.6 Executive Sessions

The President shall convene an executive session at each BOT meeting. The President may also convene a double executive session with the Executive Director present, or a triple executive session without the Executive Director.

Section 3.7 Email and Electronic Ballots

Email or electronic ballots for BOT decisions require the prior approval of the President. Ballots must be received at AAOMS Headquarters by the stated deadline; late ballots will not be counted. Because no opportunity for debate or amendment exists outside a formal meeting, all eleven (11) ballots voted in the affirmative are required for approval by email or electronic ballot.

ARTICLE 4. BOARD PROCEDURES AND RECORDS

Section 4.1 Consent Agenda

On a meeting-by-meeting basis, a consent agenda of informational items and reports shall be prepared and provided to BOT members in advance. Members must review the consent agenda. Any objection received prior to the meeting shall automatically remove that item from the consent agenda. During the meeting, the President shall inquire whether any member objects; if none, a roll call vote shall be taken to approve all consent items.

Section 4.2 Meeting Reports

BOT meeting reports shall record attendance as present or absent; the names of members who move actions shall not be recorded; roll call votes shall be recorded as yes, no, absent, or abstain. Reasons for abstention must be stated. Voting on awards, honors, and appointments shall be by ballot and recorded as 'seconded and carried' or 'approved,' without recording negative votes or abstentions unless specifically requested. Recipient names shall remain confidential until appropriate notification is made.

Items requiring immediate implementation should be annotated 'Immediate Action.' Award recipients, committee appointments, and representation authorizations should

be annotated 'Majority Approval of Report.' All other non-time-sensitive actions are held until final BOT report approval.

Section 4.3 Corrections to Reports

All corrections to BOT meeting reports must be provided to AAOMS Headquarters prior to preparation of the agenda for the next BOT meeting or conference call.

Section 4.4 Distribution of BOT Actions

A report of the BOT's actions – including a roll call vote on all items – shall be made available via AAOMS.org to Fellows, Members, Resident members, and communities of interest within forty-five (45) days of each in-person meeting. Conference call or virtual meeting actions occurring between in-person meetings shall be included. Executive sessions shall be noted.

Upon written request, a duly authorized Delegate may receive excerpts of any approved BOT report item, except those with legal or ethical ramifications.

Section 4.5 New BOT Member Orientation

An orientation session for new BOT members shall be held electronically prior to their first BOT meeting.

Section 4.6 Speaker Attendance at BOT Meetings

The Speaker shall attend the June BOT meeting and all meetings prior to, during, and immediately following the Annual Meeting. At the President's discretion, the Speaker may be invited to other BOT meetings. The Speaker shall receive advance copies of all BOT meeting agendas and, following final approval, copies of all BOT meeting reports.

Section 4.7 Officer and Trustee Stationery and Materials

Official AAOMS stationery shall be provided to current Officers and Trustees only. The President receives personalized letterhead; all other current Officers and Trustees receive non-personalized AAOMS letterhead, with personalized letterhead available electronically upon request. Current Officers and Trustees may request personalized business cards and note pads.

Section 4.8 Honoraria

An annual honorarium shall be paid to elected Officers and Trustees as established by the HOD and reviewed every five years by an advisory committee of Caucus Chairs and the Speaker. The current approved amounts are: President – \$129,000; President-Elect – \$103,200; Vice President – \$64,500; Treasurer – \$64,500; Immediate Past President – \$64,500; Speaker – \$45,150; each District Trustee – \$45,150. Any change in honoraria must be approved by the HOD.

The President's spouse or significant other shall be reimbursed for travel when accompanying the President to meetings.

ARTICLE 5. REPRESENTATION WITH EXTERNAL ORGANIZATIONS AND BODIES

Section 5.1 Regional and Component Society Meetings

Officer and Trustee representation at component and regional society meetings serves to exchange information on national OMS issues and to advance the implementation of national goals at the local level. (Nov. 79; Oct. 85; Dec. 88; Dec. 97)

5.1.1 Meeting Attendance Policy

Each year, the President determines which Officers and Trustees will attend meetings to ensure appropriate representation at each event. Up to three total Officers or Trustees may attend regional and state society meetings as designated by the President. If multiple meetings occur simultaneously, the President assigns which Officers attend which meetings.

BOT representatives should receive fifteen (15) minutes of podium time for an AAOMS update, scheduled during a non-meal session. Leadership may also be asked to meet separately with regional or state leadership, such as during a component society board meeting.

The President may designate additional attendees as needed to strengthen AAOMS representation and engagement.

This policy consolidates prior attendance guidelines while preserving the President's flexibility to adapt representation as circumstances require. (March 25)

The Executive Director or a designated appointee may participate in allied, related, regional, and component society meetings with the President's approval, at AAOMS expense. (HD-67; Dec. 73; July 03)

5.1.2 Reimbursement

Trustees attending regional and state component society meetings outside their District are not eligible for reimbursement unless specifically approved by the BOT. (July 03)

BOT members attending regional and state component society meetings within their own District – including meetings of the state component society of which they are a member – are reimbursed at \$185 per day for days of official business, plus hotel and travel in accordance with the *Board of Trustees Procedural Manual*. (June 88; June 99; Dec. 04; June 08; Sept. 10)

The President or their official designee(s) attending a component or regional society meeting are reimbursed at \$185 per day for days of official business, plus hotel and travel in accordance with the *Board of Trustees Procedural Manual*. (June 99; Aug. 03; June 08; Sept. 10)

Reimbursement for a BOT member other than the President to attend a state component or regional society meeting held outside the continental United States is not provided unless approved in advance by the BOT. If approved, reimbursement follows the *Board of Trustees Procedural Manual*.

BOT members attending summer Caucuses in their Districts are reimbursed for airfare, up to two nights' hotel (room and tax), and up to two days' per diem. (June 99)

A BOT member who is a candidate for Vice President, Treasurer, or Speaker is not eligible for expense reimbursement or per diem for attendance at regional or component society meetings outside their District during the election calendar year, unless designated by the President to attend on official AAOMS business. Any reimbursements or per diem payments made during the election calendar year prior to a declaration of candidacy or the start of campaign activity must be repaid to AAOMS by the candidate. (Dec. 12; Aug. 16)

5.1.3 Post-Meeting Report

Following attendance at regional and state component society meetings, BOT members are asked to submit a report to AAOMS Headquarters covering: meeting dates, number of attendees, issues and concerns discussed, whether the BOT member was allotted speaking time, and the overall value of AAOMS representation. (Aug. 03; Sept. 10)

Section 5.2 International Association of Oral and Maxillofacial Surgeons (IAOMS) Council, Executive Committee, and Conferences

5.2.1 Executive Committee Member

The North American Region holds one seat on the IAOMS Executive Committee. This representative is appointed jointly by the AAOMS BOT and the Canadian Association of Oral and Maxillofacial Surgeons (CAOMS) and may serve a maximum of three two-year terms (measured from international conference to international conference), subject to annual review. Travel reimbursement is provided in accordance with the *Procedural Manuals*. As a condition of appointment, the representative must provide a written report to the AAOMS BOT on all IAOMS actions within forty-five (45) days of the conference, and must seek the BOT's advice and counsel on AAOMS positions regarding international matters considered by IAOMS. (Dec. 98; June 99; Sept. 03; June 05; June 08; Dec. 12; June 20)

5.2.2 IAOMS Council Representatives

The President and President-Elect serve as AAOMS's official representatives to IAOMS conferences and the IAOMS Council. If either is unable to attend, the Vice President may fulfill that role. Official representatives are reimbursed in accordance with the *Procedural Manuals*, for attendance at International Conference on Oral and Maxillofacial Surgery (ICOMS). (March 74; Jan. 78; June 79; Nov. 80; April 84; Dec. 88; March 95; June 95; Dec. 97; June 98; Dec. 98; June 99; Sept. 03; June 05; Sept. 05; Dec. 12; Dec. 24)

5.2.3 International Meetings

AAOMS representation at international annual meetings, excluding ICOMS, which is covered under Section 5.2.2 above, is governed by the guidelines set forth here.

Invitations to international meetings not addressed by existing policy will be considered individually at the discretion of the President, subject to BOT approval. Official representatives are reimbursed in accordance with the *Procedural Manuals*. All representatives must provide a written report to the BOT on actions and deliberations at each meeting within forty-five (45) days of the meeting. (Sept. 08; Sept. 10; Dec. 12; April 2014; June 23) Prior to budget development for their Presidential year, the President-Elect shall recommend which Officer should attend each international meeting, subject to BOT approval, using the guidelines below. (June 23)

AAOMS has designated the following official representatives for each meeting:

Meeting	Designated Representatives
British Association of OMS (BAOMS)	President and Vice President
European Association of Cranio-Maxillofacial Surgery (EACMFS)	President and President-Elect
Canadian Association of OMS (CAOMS)	President and Vice President
Asian Association of OMS	President and President-Elect
Australian/New Zealand Associations of OMS (ANZAOMS)	President
Other International Organizations	President designates, with Board of Trustees approval

If a designated representative is unable to attend, the President may designate an alternate official representative with the consent of the BOT. (June 23)

Section 5.3 ADA

5.3.1 Legislation

The BOT and its designees shall work closely with the ADA Council on Governmental Affairs on all matters involving governmental action. When AAOMS policy conflicts with ADA policy, the BOT is responsible for discussing the matter thoroughly with ADA officials whenever feasible, with the goal of ensuring mutual understanding and reaching an agreeable resolution where possible. (HD-67; Sept. 93; Sept. 10)

5.3.2 Attendance at ADA Annual Session

BOT members shall attend the ADA Annual Session at the discretion of the President. Reimbursement covers travel, hotel, and per diem for days of official business in accordance with the *Procedural Manuals*. If a BOT member receives reimbursement from their state OMS society or dental association, AAOMS will

reimburse only the difference between the AAOMS policy rate and the amount received from the other organization(s). (Sept. 10)

5.3.3 ADA Liaison Committee

When the ADA Liaison Committee is scheduled to meet at the ADA Annual Session, members shall be reimbursed for travel, hotel, and per diem for meeting days and days of official business in accordance with the *Procedural Manuals*. If a committee member receives reimbursement from their state OMS society or dental association, AAOMS will reimburse only the difference between the AAOMS policy rate and the amount received from the other organization(s). (Sept. 10)

5.3.4 Officer Representation at ADA Committee and Commission Meetings

To stay current on ADA deliberations regarding residency and accreditation, at minimum the President-Elect and Vice President shall attend both annual Residency Review Committee meetings, and the Vice President shall attend both annual CODA meetings.

Section 5.4 Other Agencies

5.4.1 Appointment of Representatives to Testify Before Government Agencies

The President and President-Elect are responsible for appointing AAOMS representatives to present testimony before congressional committees or other governmental agencies. (June 73; June 95)

5.4.2 Unauthorized Representation Prohibited

Fellows and Members may not announce, imply, or claim to represent AAOMS before any agency unless they have been officially designated by the President and/or President-Elect.

Section 5.5 ABOMS

The Board of Trustees shall maintain close liaison with the ABOMS Board of Directors.

5.5.1 Nomination Procedure for ABOMS Directors and Vacancies

The ABOMS Board of Directors shall submit to the AAOMS BOT by May 15 of each year a single nominee for each open Director position. The nominee will serve an eight-year term or fill a vacancy on the ABOMS Board. No nominee may simultaneously serve on the AAOMS BOT. (Jan. 86; HD-03; May 24)

Prior to the Annual Meeting, all AAOMS HOD members will receive a standardized curriculum vitae for each nominee which is available from ABOMS administrative offices, along with a cover letter from the AAOMS BOT summarizing the applicable bylaws and policies governing the approval process. (March 68; Dec. 76; June 77; Jan. 84; Jan. 86; May 24)

Approval of ABOMS Directors takes place at the first session of the AAOMS HOD. (May 24)

5.5.2 ABOMS Annual Report and Open Forum

The ABOMS Board of Directors shall include in its annual report to AAOMS a summary of its Open Forum held during the AAOMS Annual Meeting. (Joint policy with ABOMS) (June 72; July 77)

5.5.3 Selection of ABOMS Regional Advisors

ABOMS shall appoint one regional advisor from each of the seven regions on an annual basis. (Jan. 84; Jan. 86) Names of potential Review Committee members will be forwarded to the regional advisors by ABOMS for review of professional and other qualifications. In the event of a vacancy, ABOMS will make an interim appointment.

5.5.4 Joint AAOMS/ABOMS Meeting

The AAOMS BOT and ABOMS Board of Directors shall convene jointly at least twice per year at a mutually agreeable time. (Jan. 86; May 24)

5.5.5 Certifying Body for Oral and Maxillofacial Surgery

At the October 13, 1974, joint meeting of the ABOMS Board of Directors and the AAOMS BOT, it was reaffirmed that the ABOMS is the sole certifying body in oral and maxillofacial surgery. (Jan. '86)

**ARTICLE 6. COMMITTEE APPOINTMENTS
AND OVERSIGHT**

Section 6.1 Nominating Procedure for Standing Committees

The President-Elect shall consult with Trustees, committee Chairs, component and regional society Presidents, and District Caucus leaders prior to making appointment recommendations for standing committees.

Section 6.2 Appointment Notifications

Fellows and Members appointed to committees shall receive written notification of their appointment and meeting dates. They must respond within thirty (30) days; failure to respond shall render the appointment null. Acceptance constitutes a commitment to attend all committee meetings.

Section 6.3 Committee Agendas

Agendas for committee meetings shall be approved by the committee Chair. After meeting dates are published, they may not be changed without substantial reason and approval by the President.

Section 6.4 Annual Review of Appointments

An annual review of all appointments by the BOT shall be mandatory.

Section 6.5 Conversion of Special to Standing Committees

Conversion of special committees to standing committees shall conform to *Bylaws* requirements.

Service on the special committee does not carry over to the standing committee; committees of six or more should have District representation; terms should be staggered; and special consultants may be appointed for expertise.

Section 6.6 Committee Attendance at National Meetings

Members of the BOT and the CCEPD shall receive travel and per diem reimbursement for each day of official business at Annual Meetings and Dental Implant Conferences. Specific committees have additional reimbursement entitlements as set forth in Article 17 of the *Committees Procedural Manual*.

Section 6.7 Representative at Allied Organization Meetings

Requests for Fellows or Members to represent the Association at allied organizations' meetings must be submitted in writing for consideration on a meeting-by-meeting basis, with approval required by the President or BOT. Representatives shall complete the AAOMS reimbursement form and provide a summary report.

ARTICLE 7. STANDING BOARD COMMITTEES

Section 7.1 Executive Committee

Composition: The President (Chair), President-Elect, Vice President, Treasurer, and Immediate Past President.

Duties: Conduct interim meetings as required; recommend action to the full BOT on matters within the BOT's purview; review and approve grant and self-supporting conference honoraria adjustments.

Section 7.2 Finance and Audit Committee

Composition: The Treasurer (Chair), President-Elect, and three District Trustees appointed by the President on a District rotational basis.

Duties: Prepare the annual general operating budget for BOT approval and subsequent HOD approval; oversee the annual audit of the Association's financial statements; manage the investment policy for operating reserves.

Section 7.3 Building Committee

Composition: The Immediate Past President (Chair), President-Elect, Treasurer, and two District Trustees appointed by the President on a District rotational basis.

Duties: Prepare the annual building operating budget for BOT approval; manage the AAOMS Headquarters facility and building budget.

Section 7.4 Exhibitors Relations Committee

Composition: Trustees appointed annually, with the senior Trustee(s) serving as Chair or co-Chair.

Duties: Greet and visit exhibits at the Annual Meeting and conferences; convene a meeting for exhibitors at each Annual Meeting.

Section 7.5 Other Board Committees

The President may appoint additional BOT committees for the conduct of BOT business.

ARTICLE 8. EXECUTIVE OFFICE

Section 8.1 Executive Director Authority

The Executive Director serves as the executive head of AAOMS Headquarters and all branch offices. The Executive Director has authority to engage, supervise, and terminate all employees, except for positions specifically addressed in the *Bylaws* (such as the *JOMS* Editor). The Executive Director or a designated appointee may participate in allied, related, regional, and component society meetings with the approval of the President.

Section 8.2 Administrative Duties of the Executive Director

The Executive Director shall:

- Coordinate the activities of all Association committees and projects, ensuring timely preparation and distribution of reports.
- Prepare and submit an annual report of AAOMS Headquarters activities and organizational performance for BOT review.
- Maintain the official records and archives of the BOT and the HOD.
- Retain a professional stenographer for verbatim transcripts of HOD proceedings.
- Review all contracts in conjunction with General Counsel prior to execution.

Section 8.3 AAOMS Staff Manual

AAOMS staff benefits and administration shall be governed by the AAOMS Staff Manual as approved by the BOT.

Section 8.4 Staff Presentations at Component Meetings

All AAOMS staff presentations at component or regional society meetings must be approved by the Executive Director. Presentations going beyond a report on AAOMS activities shall be conditioned on the receiving society agreeing to pay a pro-rated fee covering staff time, travel, housing, and other costs.

ARTICLE 9. FINANCE AND FISCAL OVERSIGHT

Section 9.1 Financial Philosophy

The BOT shall take all appropriate steps to maintain the financial solvency of AAOMS. Expenditures shall generally be contained within the annual budget as established by the HOD. Significant budget overages must be approved by the BOT, with offsetting savings targeted where possible.

Section 9.2 Fund Structure

The net assets of the Association consist of an Operating Fund that includes: the operating budget (with a contingency fund requiring BOT approval to deploy); designated funds (Headquarters Building Cash Reserve; Technology Reserve Fund); and restricted funds received from outside parties for specified purposes. Operating reserves in excess of day-to-day cash requirements shall be invested per the Finance and Audit Committee investment policy.

Section 9.3 Operating Fund

Any earnings generated by operating fund investments shall be estimated and designated as budgeted operating income and applied toward expenditures in the operating budget. (Dec. '98)

Section 9.4 Remittance and Signing Authority

The Executive Director or their designee, the Associate Executive Director for Business and Operations, and any one officer are authorized to sign checks and transfer funds between accounts. No check shall be made payable to cash. Checks exceeding \$50,000 require two signatures, one of which must be the Executive Director.

Section 9.5 Grants

Requests for grants in the Association's name shall be initiated only after consultation with the President and prior BOT authorization. Grants awarded to AAOMS must name AAOMS as recipient and administrator unless otherwise approved by the BOT.

Section 9.6 Charitable Contributions

Voluntary contributions may be made only as approved by the BOT, limited to \$2,000 per gift and \$5,000 per annum. Contributions exceeding these limits require a two-thirds (2/3) majority vote of the BOT. Where feasible, donations shall be directed to the OMS Foundation.

Section 9.7 Loans

The Association shall not extend any type of loan to any Fellow, Member, Officer, Trustee, or employee.

Section 9.8 Depreciation

Fixed assets shall be depreciated on a systematic and rational basis over their estimated useful lives.

Section 9.9 Publication and Product Pricing

The BOT shall review and approve final pricing for all AAOMS publications and products. Non-member prices for catalog products should be three times the member price; institutional prices should be two times the member price.

Section 9.10 Reimbursement Policy

9.10.1 Basis of Reimbursement

All travel and related expenses are reimbursed based on budgeted funds or BOT approval, upon submission of a signed expense voucher within thirty (30) days, and in compliance with the rules below.

9.10.2 Board of Trustees

BOT members are reimbursed for travel, hotel, and per diem for each day present in fulfillment of their responsibilities, with the general registration fee waived, for attendance at each AAOMS-sponsored conference. (Jan. '90; Dec. '98)

Officers and Trustees are reimbursed for travel, hotel, and per diem for each day present in fulfillment of their responsibilities, with the general registration fee waived, for attendance at each Annual Meeting. (Dec. '75; July '77; Nov. '78; Dec. '81; May '92; Dec. '98)

BOT members are reimbursed for travel, hotel, and per diem, with the general registration fee waived, for attendance at each Dental Implant Conference. (Dec. '97; Sept. '99; Sept. '10)

BOT members may attend coding workshops and seminars with the registration fee waived. (Dec. '97)

Attendance by BOT members at other educational courses and programs (e.g., Anesthesia Review Course, DAANCE, Surgical Clinics, Practice Clinics) is optional, and registration fees for these programs are waived for current BOT members. (Dec. '97)

9.10.3 Travel Reimbursement

All travel and maintenance expenses shall be reimbursed per budgeted funds or BOT approval, upon submission of a completed expense voucher within thirty (30) days.

Members are encouraged to use 21-day advance purchase non-refundable economy tickets; reimbursement for tickets not meeting these criteria is limited to \$400 or actual cost, whichever is less.

9.10.4 Per Diem

Per diem is \$185 per day plus hotel at the average convention rate. Ground transportation and parking are reimbursed per policy. International travel for designated representatives to non-U.S. meetings carries a per diem of \$235 per day with business class reimbursement to transatlantic and transpacific destinations.

9.10.5 Expenses Between Home/Office and Local Airport

Reimbursement of up to \$200 per business meeting is provided for actual round-trip ground transportation costs between a home or office and the local airport, upon submission of receipts. Eligible expenses include tolls, personal vehicle mileage, and taxi, rideshare, limousine, or shuttle costs. (June '08; Dec. '10; Dec. '17)

9.10.6 Ground Transportation from Airport to Meeting Destination

Reimbursement of actual costs is provided for round-trip ground transportation between the destination airport and the hotel or meeting venue. This reimbursement is in addition to the home/office-to-airport reimbursement described above. (Sept. '10)

9.10.7 Airport Parking

Reimbursement of reasonable airport parking costs is provided. Valet parking is not eligible for reimbursement.

9.10.8 Local Meetings Not Requiring Air Travel

Reimbursement of actual expenses is provided, including parking, tolls, personal vehicle mileage, and taxi, rideshare, or limousine costs. (June '08)

Hotel reservations will be made by staff in each individual member's name.

Members are responsible for paying their own room and tax charges directly, unless complimentary rooms are available. (June '08)

9.10.9 Representatives to Non-USA Meetings (Excludes Regional and Component Society Meetings and Meetings held in Canada and Mexico)

All AAOMS representation at meetings in a foreign country not otherwise addressed by policy requires BOT approval prior to attendance. Per diem is \$235 for each day of travel to and from the meeting and for each day of official representation at meetings in South America or at Transatlantic or Transpacific destinations. Reimbursement covers hotel accommodations and up to business class airfare for travel to meetings in South America and Transatlantic and Transpacific destinations. Spouses and significant others of AAOMS Officers who are required to attend international meetings are reimbursed for up to business class airfare when accompanying an Officer. Official representatives are required to provide a written report to the BOT on all actions within forty-five 45 days of the meeting and to seek the BOT's guidance on the U.S. position on relevant matters prior to attending. (Nov. '79; Nov. '80; Dec. '97; June '98; Dec. '98; Feb. '00; Sept. '00; June '01; June '05; Sept. '06; June '08; June '26)

9.10.10 Overlapping Events and Meetings

When an AAOMS event or meeting overlaps with one sponsored by another organization, reimbursable travel expenses shall be shared equally between AAOMS and the other sponsoring organization(s). (April '87)

9.10.11 Staff

AAOMS staff members traveling on AAOMS business are reimbursed on an approved expense basis. (June '69; Dec. '98)

9.10.12 Airfare Reimbursement for Spouses and Significant Others of BOT Members

The spouse or significant other of current Officers, Trustees, and the Speaker is reimbursed for airfare when attending the AAOMS Annual Meeting, Dental Implant Conference, off-site BOT meeting, and either the ADA Annual Meeting or a domestic regional or state meeting, in accordance with the *Procedural Manuals*. (Jan. '17; June '21)

ARTICLE 10. INDEMNIFICATION**Section 10.1 Insurance Review**

The BOT, through the Executive Director, shall conduct an annual review of the Association's Directors and Officers (D&O) and Professional Liability insurance policies to ensure coverage limits are commensurate with the Association's current activities and risk profile.

Section 10.2 Claims Procedure

Any individual seeking indemnification must notify the Executive Director or the BOT in writing within ten (10) business days of being served or notified of a potential claim. The Association reserves the right to appoint or approve legal counsel to represent the indemnified party. Any settlement or compromise of a claim must be approved by the BOT to be eligible for indemnification coverage.

VOLUME IV

COMMITTEES PROCEDURAL MANUAL

This manual governs the composition, duties, and operating procedures of all standing committees and recognized organizations of AAOMS.

ARTICLE 1. ADVISORY COMMITTEE ON AWARDS NOMINATIONS (ACAN)

Composition

Consists of five (5) past Presidents, each of whom must have been out of office for at least three (3) years. The Immediate Past President serves as a non-voting ex-officio member during their final year on the BOT. The President appoints all members, including the Chair, with BOT concurrence. Members serve one (1) five (5)-year term, with appointments staggered so no more than one term expires per year.

Duties

Reviews all award nominations and petitions for special or annual lectures according to established criteria. It meets once annually after the January 31 nomination deadline, with all nominations distributed in advance. A quorum requires three (3) members. An affirmative vote is required to forward any nomination with supporting documentation to the BOT, as follows: 4 of 5 members, 3 of 4 members, or 2 of 3 members present. All votes are by secret ballot. Award nominations are open to the full membership through AAOMS media and nominating forms. The BOT makes final decisions on all award recipients and named lectures. If no nominations – or an insufficient number in categories requiring multiple nominees – are received by the January 31 deadline, the ACAN will be notified. Individual committee members may then present nominees with supporting documentation for review at the ACAN's annual meeting. The BOT may accept or reject any nomination. If a nomination is rejected, the committee is notified and convenes by teleconference at its earliest opportunity to identify an eligible candidate for the BOT's consideration.

Awards

AAOMS awards given during Annual Meeting Awards Presentation voted on by ACAN and forwarded to BOT

- Clinical Research Award
- Daniel M. Laskin Award for an Outstanding Predoctoral Educator in Oral and Maxillofacial Surgery (recommendations from the Faculty Section Executive Committee)
- Dedication of the Annual Meeting
- Donald B. Osbon Award for an Outstanding Educator (recommendations from the Faculty Section Executive Committee)
- Honorary Fellow
- Humanitarian Award for Fellows and Members
- Humanitarian Award for Residents
- Presidential Achievement Award (one nominee by ACAN; one nominee by AAOMS President)
- Robert V. Walker Distinguished Service Award

Other awards given during Annual Meeting Awards Presentation

- Faculty Educator Development Award (recommendations by CET forwarded to BOT and OMS Foundation Board)
- John F. Freihaut Political Activist Award (recommendations from OMSPAC forwarded to BOT)
- Committee Person of the Year Award (recommendations from senior management team forwarded to BOT)
- Board of Trustees Special Citation Award (selected by BOT)
- Special AAOMS Honorary Fellowship (selected by BOT)
- Resident Scientific Presentation Award (recommendations from CCEPD forwarded to BOT)
- OMS Foundation Dr. David Stanton Resident Research Award (selected by *JOMS* editors)
- OMS Foundation Daniel M. Laskin Award (selected by *JOMS* editors)
- Award for Excellence in Reporting of Oral and Maxillofacial Surgery Issues (selected by BOT)
- OMS Foundation Research Recognition Award (selected by OMSF)
- OMS Foundation Torch Award (selected by OMSF)
- OMS Foundation Gerald E. Hanson Outstanding Service Award (selected by OMSF)
- Distinguished Service Award for Non-Oral and Maxillofacial Surgeons (selected by BOT)

- William J. Gies Foundation Award in Oral and Maxillofacial Surgery (selected by the Gies Foundation)

Other Awards or Gifts

- Memorial or Special Lectures: Chalmers J. Lyons Memorial Lecturer and Philip L. Maloney Trauma Lecturer
- Outstanding Legislator of the Year Award (recommendations from Committee on Governmental Affairs forwarded to BOT and presented at appropriate venue)
- Scientific Abstract and Poster Session Award (selected by CCEPD)
- AAOMS Dental Student Awards (selected by each dental school Dean and/or OMS department Chairs)
- Component and Regional Society Anniversaries (presented during HOD at Annual Meeting)
- Endowed Chairs in Oral and Maxillofacial Surgery
- Appreciation Gift for President
- Officer and Trustee Memento
- Speaker's Retirement Gift

ARTICLE 2. COMMISSION ON PROFESSIONAL CONDUCT (CPC)

Composition

Seven (7) members: six (6) voting members appointed on a geographical basis (one per District) for up to two (2) consecutive three-year terms, staggered so that no more than two members' terms expire annually; and the Vice President as a non-voting seventh member (casting a vote only to break a tie). The Chair is appointed annually and must have completed at least three (3) years on the CPC; the Chair may serve no more than two (2) consecutive one-year terms. (Sept. '25)

Duties

The CPC shall implement the *Code*; develop and implement advisory opinions; recommend revisions to the *Code* to the HOD; hold hearings on alleged *Code* violations; make findings and impose appropriate discipline on Fellows or Members found to have acted contrary to the *Code*; and answer professional conduct inquiries from Fellows and Members.

ARTICLE 3. COMMITTEE ON ANESTHESIA (CAN)

Composition

Six (6) District members plus a Chair, all Fellows/Members; members may serve up to two (2) consecutive three-year terms. The Chair is appointed annually by the BOT; the Chair must have served a minimum of three (3) years on the committee within the preceding five years and may serve no more than three (3) consecutive one-year terms (total of up to eight [8] years on the committee).

Duties

Review anesthesia updates, programs, and simulation; review and update the *OAE Manual*; and recommend action by the Association on matters pertaining to pain and anxiety control.

ARTICLE 4. COMMITTEE ON CLEFT, CRANIOFACIAL AND PEDIATRIC OMS (CCCPOMS)

Composition

Eight (8) AAOMS Fellows/Members, one of whom serves as Chair; two (2) members appointed annually for three-year terms, up to two (2) consecutive three-year terms; District representation preferred when possible.

Duties

- Promote the highest level of patient care, quality continuing education, and awareness of national and international matters related to pediatric patients and those with cleft and craniofacial anomalies.
- Promote OMS membership in organizations related to cleft, craniofacial, and pediatric patient care, and encourage active participation in their education programs.
- Review and monitor cleft lip, palate, and craniofacial anomaly activities as they relate to AAOMS and the specialty; maintain liaison with related organizations.
- Liaise with appropriate AAOMS committees on issues, initiatives, and information relating to cleft, craniofacial, and pediatric OMS.

ARTICLE 5.

COMMITTEE ON CONSTITUTION AND BYLAWS (CCB)

Composition

Three (3) members who are Fellows or Life Fellows, appointed annually for three-year terms, staggered so that no more than one member's term is completed annually.

Duties

Review the *Constitution* and *Bylaws* to maintain consistency with Association programs; recommend editorial corrections; and serve as the standing Committee on Constitution and Bylaws of the HOD during the Annual Meeting.

NOTE: During the Annual Meeting, this committee also serves as a standing committee of the HOD, responsible for approving the language of all proposed Bylaws amendments prior to HOD submission, regardless of which Reference Committee is addressing the underlying policy question.

ARTICLE 6. COMMITTEE ON CONTINUING EDUCATION AND PROFESSIONAL DEVELOPMENT (CCEPD)

Composition

Nine (9) members: six (6) District members (up to two consecutive three-year terms, two expiring annually); the Chair (appointed annually, must have completed at least three years as a member, maximum two consecutive one-year terms); the Immediate Past Chair (one one-year term, eligible for reappointment to one additional year as consultant); and the Chair of the OMS Foundation Research Committee. Total service on the committee shall not exceed nine (9) years. Annually, designated consultants from CAN, CCCPOMS, CCEPD Subcommittee on Dental Implant Education, CONHORS, CFCS, CPMPD, and the ROAAOMS Executive Committee shall each serve one term as non-voting consultants.

Stipulation for Appointment

A stipulation of appointment is the ability to attend all conferences and Annual Meetings for all years of appointment as well as a willingness to assume on-site duties as assigned. The committee shall meet twice annually.

Duties

Identify and address professional learning gaps and educational needs of the membership; establish minimum continuing education guidelines; create an open and participatory program planning process; provide a high-quality integrated

educational experience; encourage participation by Fellows and members focused on specific clinical areas; and assess the effect of continuing education on competence, performance, and knowledge. Maintains compliance with ACCME Standards and ADA CERP requirements. (Sept. '23)

Reimbursement

Committee members are reimbursed for travel, hotel, and up to four (4) days' per diem, with the general registration fee waived, for attendance at each AAOMS-sponsored conference. (Jan. '90)

Committee members are reimbursed for travel, hotel, and per diem for each day present in fulfillment of their responsibilities, with the general registration fee waived, for attendance at each Annual Meeting. (Dec. '75; July '77; Nov. '78; Dec. '81; May '92; Dec. '98)

Committee members are reimbursed for travel, hotel, and per diem, with the general registration fee waived, for attendance at each Dental Implant Conference. (Dec. '97; Sept. '99; Sept. '10)

ARTICLE 7. COMMITTEE ON EDUCATION AND TRAINING (CET)

Composition

Sixteen (16) members, all of whom shall be Fellows or Life Fellows, appointed by the following entities:

AAOMS BOT appointments:

- Four (4) members serving up to two consecutive three-year terms
- Three (3) full-time predoctoral faculty at CODA-accredited dental schools
- Two (2) AAOMS Members who are AAOMS representatives to the ADA Residency Review Committee (RRC) on OMS
- One (1) Chair, who must have completed a minimum of three (3) years on the Committee within the preceding five years and who may serve no more than three (3) one-year terms
 - The Chair shall be appointed annually by the AAOMS BOT from the AAOMS-appointed members to the Committee or the RRC, or from the three members elected by the OMS Faculty Section
- Members appointed by the AAOMS BOT may not concurrently serve on the BOT.

ABOMS appointments:

- One (1) Member currently serving as the ABOMS representative to the ADA Residency Review Committee

ADA appointments:

- One (1) Member currently serving as the OMS Commissioner to CODA

OMS Foundation appointments:

- One (1) OMS Foundation Board representative, serving up to four consecutive one-year terms

OMS Faculty Section:

- Three (3) senior members of the OMS Faculty Section Executive Committee

Duties

- Review OMS Accreditation Standards and recommend changes.
- Annually select recipients of the Faculty Educator Development Award (FEDA).
- Review applications for OMS Foundation fellowship funding and recommend funding priorities. (Sept. '26)

Qualifications and Procedure for Appointment of Representatives to ADA Residency Review Committee (RRC) on Oral and Maxillofacial Surgery

The appointment of AAOMS representatives to the RRC shall be made by the President, with the majority approval of the BOT. Any individual considered for such appointment shall be a Diplomate of ABOMS, member of the ADA, and shall have had experience in making site visits to evaluate educational programs.

The committee shall be comprised of four voting members of whom one shall be the OMS Commissioner who shall serve as Chair. Two members shall be appointed by the AAOMS and ABOMS, and the fourth member shall be appointed on a rotational basis by the AAOMS and ABOMS. In 2007, ABOMS began the rotation with the selection of the first joint AAOMS/ABOMS RRC representative. Every four years the organizations will alternate the designation of the joint RRC representative. The term of appointment shall be for four years. (Sept. '72; June '86; June '95; Oct '13)

ARTICLE 8. COMMITTEE ON FACIAL COSMETIC SURGERY (CFCS)

Composition

Six (6) voting Fellows/Members, one of whom serves as Chair; up to two (2) consecutive three-year terms; District representation preferred when possible. The Chair may serve a total of up to eight (8) years on the committee.

Duties

- Promote facial cosmetic surgery within OMS, including the highest level of patient care, quality continuing education, and awareness of contemporary international procedures.
- Advocate for a certificate of added qualifications and uphold the highest standards of practice.
- Expand facial cosmetic surgery fellowship opportunities through appropriate accrediting agencies (e.g., CODA, ACPS, AACCS).
- Foster partnerships and promote collaborations with related cosmetic surgery organizations.
- Review and monitor facial cosmetic surgery activities as they relate to AAOMS; maintain liaison with related organizations.
- Align with appropriate AAOMS committees on issues and informational content relating to facial cosmetic surgery. (Sept. '25)

ARTICLE 9. COMMITTEE ON GOVERNMENTAL AFFAIRS (CGA)

Composition

Ten (10) members: six (6) voting members serving up to two (2) consecutive three-year terms, staggered so that no more than two members' terms are completed annually; the Chair is selected annually from the six voting members (non-voting position; the vacated District seat is refilled by appointment); and three non-voting members appointed annually: one from CHPCR, one from ROAAOMS, and one from the OMSPAC Board of Directors (selected by the OMSPAC Board). (Sept. '25)

Duties

Monitor and investigate national, state, and local legislative matters; maintain liaison with component societies on governmental affairs; and recommend action by the Association. No action shall be undertaken without prior BOT approval or pursuant to existing policy. Liaise with component societies regarding insurance

industry contacts; coordinate state advocacy efforts with appropriate AAOMS support.

ARTICLE 10. COMMITTEE ON HEALTHCARE POLICY, CODING, AND REIMBURSEMENT (CHPCR)

Composition

Up to fourteen (14) members: at least one per District, serving up to three (3) consecutive three-year terms, staggered so that no more than four voting members' terms are completed annually, two of those members are eligible for reappointment, and two have reached their term limit. A Chair is designated from District representatives (must have completed at least three years on the committee); a Vice Chair is appointed by the President-Elect from current members and assessed annually for Chair eligibility (does not automatically ascend to Chair). Non-voting consultants: AAOMS representatives to the ADA Advisory Committee on the Code, the AMA/CPT Advisory Committee, and AMA/RUC Committee; one ROAAOMS Executive Committee resident (designated annually with Board concurrence); up to two allied staff members with coding expertise. (Sept. '25)

Duties

Monitor and effect coding changes; provide technical assistance to Fellows and Members on coding; formulate and recommend policies on oral and maxillofacial surgery administration in healthcare settings including hospitals and ASCs; study, evaluate, and disseminate information on planning and administration of OMS healthcare programs; assist component societies and agencies in developing OMS healthcare programs; and develop and implement peer review and quality assurance programs. (Sept. '25)

Reimbursement

Two (2) Committee members with coding expertise, designated by the Chair, may be reimbursed for travel, hotel, and up to two (2) days' per diem from the coding workshop budget when a coding workshop (Parts 1 and 2) is held at an AAOMS-sponsored conference. One additional new Committee member may be reimbursed to attend as an observer. (Jan. '90; March '90; Sept. '97; Sept. '01; Sept. '10)

Two (2) Committee members with coding expertise, designated by the Chair, may be reimbursed for travel and per diem in accordance with policy when three (3) days of coding workshops (Beyond the Basics and Advanced Coding Practice Clinic) are held. One (1) additional new Committee member may be reimbursed to attend as an observer. (Jan. '90; March '90; Sept. '97; Sept. '01; Sept. '10)

Two Committee members with coding expertise, designated by the Chair, may be reimbursed for travel, hotel, and up to two (2) days' per diem for participation in

coding workshops. One additional new Committee member may be reimbursed to attend as an observer. (Jan. '90; March '90; Sept. '01; July '05; Sept. '10)

ARTICLE 11. COMMITTEE ON MEMBERSHIP (CM)

Composition

Six (6) members, one of whom shall serve as Chair; members may serve up to two (2) consecutive four-year terms, with appointments staggered so that no more than two members' terms are completed annually. One non-voting Resident member shall be appointed annually (with Board concurrence) for a one-year term.

Duties

Strategic priorities include non-member recruitment, resident and allied staff member engagement, and mentorship. The committee shall conduct a review of the professional and ethical qualifications of each Candidate for all membership classifications; conduct a review of all requests for waivers or reductions of dues and fees; and report its findings with recommendations to the BOT and HOD on all membership categories, waivers, and reductions.

If a Candidate's application raises a moral or ethical question, the CM shall retain the candidate in current status pending further consideration.

ARTICLE 12. COMMITTEE ON ORAL, HEAD AND NECK ONCOLOGIC AND RECONSTRUCTIVE SURGERY (COHNORS)

Composition

Six (6) voting Fellows/Members, one of whom serves as Chair; up to two (2) consecutive three-year terms; District representation preferred when possible. The Chair may serve a total of up to eight (8) years on the committee. (Sept. '19)

Duties

- Develop a maxillofacial head and neck oncology database.
- Develop a head and neck national referral network.
- Collaborate with appropriate committees on education and training.
- Oversee oral, head and neck oncologic and reconstructive surgery matters.
- Coordinate collaborative studies. (Sept. '19)

ARTICLE 13. COMMITTEE ON PRACTICE MANAGEMENT AND PROFESSIONAL STAFF DEVELOPMENT (CPMPSD)

Composition

Up to eleven (11) voting members and three (3) non-voting members. Voting members include the Immediate Past Chair and up to ten (10) members appointed on a District rotational basis (three appointed per rotation cycle, up to two consecutive three-year terms, staggered). The Chair is appointed annually (must have completed at least three years on the committee, may serve no more than two consecutive one-year terms); the Immediate Past Chair serves no more than two (2) consecutive terms, with optional reappointment as a one-year consultant. Non-voting members include: two (2) AAOMS Allied Staff members (appointed by the Chair with committee concurrence, three-year terms, eligible for one additional term, not subject to geographic requirements); and one (1) non-voting resident (designated annually with Board concurrence). (Sept. '24; Oct. '18)

Duties

Develop, plan, implement, and evaluate practice management continuing education programs; address non-professional liability and insurance matters; oversee professional allied staff programs and activities. The Chair oversees all activities of the CPMPSD.

Reimbursement

Committee members are reimbursed for travel, hotel, and per diem for each day present in fulfillment of their responsibilities, with the general registration fee waived, for attendance at each Annual Meeting. Member duties at the Annual Meeting are as follows: (Jan. '90; Feb. '00; Sept. '01; Dec. '04)

- Members serve as moderators for professional Allied Staff programs and practice management activities, as assigned.

ARTICLE 14. COMMITTEE ON PUBLIC AND PROFESSIONAL COMMUNICATIONS (CPPC)

Composition

Nine (9) members – Fellows, Members, Life Fellows/Members, or provisional Fellows/Members: six (6) District members (two appointed annually for three-year terms, up to two consecutive terms); one Chair (appointed annually, may serve up to three consecutive one-year terms, casts a vote only to break a tie); one OMS Foundation Board representative (one-year term, up to four consecutive one-year terms); and one non-voting ROAAOMS Executive Committee resident (designated annually with Board concurrence). (HOD '20)

Duties

Develop and implement programs for disseminating information about oral and maxillofacial surgery to the membership, general public, and health professions; coordinate specialty communications through editorial and managerial responsibility over print and electronic products; oversee public relations for marketing the specialty; manage OMS Foundation communications and website. (HOD-'17)

Reimbursement

One committee member with relevant expertise in public and professional communication, designated by the Chair, may be reimbursed for travel, hotel, and up to three (3) days' per diem, with the general registration fee waived, for attendance at each AAOMS-sponsored conference.

The Chair and one (1) Committee member are reimbursed for travel, hotel, and per diem for each day present in fulfillment of their responsibilities, with the general registration fee waived, for attendance at each Annual Meeting. Their duties at the Annual Meeting include monitoring and serving as liaisons for all media relations and communications activities. (Jan. '90; Feb. '00; Sept. '01; June '03)

ARTICLE 15. OMS FACULTY SECTION (OMSFS)

Composition

AAOMS Fellows and Life Fellows who serve as faculty engaged in education and training and/or who serve on the CET. The Faculty Section Executive Committee is composed of seven (7) members; one new member is elected annually and ascends to the Chair position.

Duties

- Serve in an advisory capacity to the CET.
- Convene an annual forum for dialogue with the CET to enhance OMS education.
- Elect three (3) Fellows to serve on the CET.

ARTICLE 16. RESIDENT ORGANIZATION OF AAOMS (ROAAOMS)

Composition

Twelve (12) members, all of whom must be Resident Members of the Association at the time of appointment: Chair, five (5) Committee Liaisons, and six (6) District Representatives.

Chair

The AAOMS President-Elect appoints the Chair after reviewing all applications and recommendations submitted by the current committee. The Chair must have previously served as a member of the ROAAOMS Executive Committee before appointment and will serve a one-year term beginning at the close of the AAOMS Annual Meeting following the appointment and ending at the close of the next AAOMS Annual Meeting.

If the Chair position becomes vacant, the AAOMS Board of Trustees will temporarily assign the Chair's duties to a Committee Liaison and accept new applications to appoint a replacement Chair.

Committee Liaisons

Appointed by the AAOMS President-Elect, after review of all applications and recommendations received from the current committee. The appointments are made during the first week of August and begin at the adjournment of the AAOMS Annual Meeting, for one-year terms. Committee Liaisons must have previously served on the ROAAOMS Executive Committee. A person not selected as Committee Liaison remains eligible for the District Representative position.

District Representatives

Appointed by the AAOMS President-Elect after review of all applications and recommendations received from the current committee. The appointments are for one-year terms beginning at adjournment of the Annual Meeting following appointment; eligible for reappointment to a second term. Must have at least twelve (12) months of OMS training remaining.

Program Liaisons

One Program Liaison per accredited OMS program. Where multiple residents from the same program apply, a selection is made through an application process coordinated by the District Representative. Applications require a curriculum vitae, letter of intent, letter of recommendation from an attending faculty member, and optional supplemental letters. Selection is made within two (2) weeks of application submission.

Duties**OMS Resident Outreach**

- Maintain a network of resident liaisons (one to two per program) to enhance resident communication.
- Disseminate Resident E-News.
- Convene resident programs at the Annual Meeting including the ROAAOMS educational program, business meeting, and joint program with OMSNIC and ABOMS.
- Increase involvement in the political arena through Day on the Hill and OMSPAC participation.

- Increase ROAAOMS involvement in AAOMS by continuing liaison with committees, engaging the Faculty Section, and participating in resident meetings.

Dental Student Outreach and Recruitment

- Attend ASDA national and regional meetings.
- Conduct dental school visits and luncheon presentations.
- Disseminate informational packages and work with ASDA on promotional items.

ARTICLE 17. GENERAL PROVISIONS FOR ALL COMMITTEES

NOTE: *Standard rules applicable to all committees: Committee reports must be submitted in their entirety to the BOT; individual items may not be separately submitted. Committees shall respond in a timely manner to all requests by the BOT and HOD. Reports from committees meeting fifteen (15) or fewer days before a BOT meeting shall be submitted to the next BOT meeting.*

Section 17.1 Committee Vacancies

Vacancies shall be filled by the President, subject to majority approval of the Board of Trustees, for the remainder of the unexpired term.

A member appointed to fill a vacancy with more than one-half of the term remaining is eligible for one additional consecutive term. A member appointed to fill a vacancy with one-half or less of the term remaining is eligible for up to two additional consecutive terms. If multiple unanticipated vacancies occur in the same year, the President, with Board of Trustees approval, may extend affected terms by one year to maintain staggered rotation.

Section 17.2 Attendance at Allied Organization Meetings

One member of the CCEPD may attend two scientific meetings of select U.S. allied organizations annually, with reimbursement up to three days' per diem, economy airfare, hotel, and registration fee.

Section 17.3 Fellow and Member Observer Attendance at Committee Meetings

Fellows and Members may attend appropriate AAOMS committee meetings as observers (excluding the CM and CPC) on a self-sustaining, space-available basis, subject to: submission of a written request to AAOMS Headquarters at least four (4) weeks in advance; agreement of the committee Chair; completion of an AAOMS Conflict of Interest and Disclosure Statement; and final BOT approval. Candidates for office may not attend any committee meeting other than one on which they currently serve.

Section 17.4 Working Dinners

The decision to hold a working dinner shall be made by the committee Chair, senior AAOMS staff liaison, and BOT liaison based on agenda needs. Where a working dinner is held, AAOMS shall pay the cost of food; alcoholic beverages are not reimbursable and shall be deducted from per diem. If no business is conducted, committee members are responsible for their own dinner costs.

Section 17.5 Reimbursement

Committees having BOT-approved AAOMS business at Annual Meetings shall be reimbursed for actual days of official business. (May '92)

Section 17.6 Agency Responsiveness

All Association agencies shall respond in a timely manner to requests from the BOT and HOD. BOT referrals to committees shall include a deadline for implementation and a date by which a report with recommendations must be provided. Committees may convene conference calls or in-person meetings at the discretion of the Chair, BOT liaison, and Executive Director to expedite time-sensitive matters.

VOLUME V

GENERAL PROVISIONS

This manual governs document hierarchy and general governance provisions of AAOMS.

ARTICLE 1. DOCUMENT HIERARCHY

Section 1.1 Governing Document Hierarchy

The Association is governed by the following hierarchy of documents. In all cases of conflict, documents of higher authority supersede those of lower authority:

- *Bylaws* – The fundamental governance rules of the Association. Amendments require a two-thirds (2/3) vote of the HOD with prior notice.
- *Code of Professional Conduct* – Ethical standards and complaint guidelines. Amendments require a two-thirds (2/3) vote of the HOD with prior notice.
- *Procedural Manuals* (except for *House of Delegates Procedural Manual*) – Administrative standing rules governing day-to-day operations. Interim amendments require a majority vote of the BOT and do not require advance notice. All interim policies must be presented to the next HOD session for majority approval.
- *The House of Delegates Procedural Manual* – Amendments to the *House of Delegates Procedural Manual* require a majority vote of the HOD.
- Parliamentary and Caucus procedures – Amendments require a majority vote and do not require advance notice. Parliamentary standing rules of procedure may be suspended by a two-thirds (2/3) vote; ordinary standing rules of procedure may be suspended by a majority vote.

The current edition of *American Institute of Parliamentarians' Standard Code of Parliamentary Procedure* shall govern this Association in all parliamentary situations that are not provided for in the law or in the *Constitution*, *Bylaws* or *Procedural Manuals* of this Association.

ARTICLE 2. GENERAL GOVERNANCE POLICIES

Section 2.1 Conflict of Interest

All Officers, Trustees, committee members, AAOMS staff, and consultants must annually provide a signed statement listing all potential conflicts of interest involving possible financial gain or loss that could result from any action taken in their AAOMS capacity. Failure to comply may result in dismissal from AAOMS activities. Unforeseen conflicts must be disclosed before any participation on the affected matter. Upon disclosure, the agency may proceed with or without the interested member. If the Chair or President determines a direct conflict exists, the member shall abstain from any vote or action related to that conflict. Participation by a disclosing member does not invalidate any transaction.

Section 2.2 Fiduciary Duty and Confidentiality

All Association volunteers – including Officers, Trustees, and committee members – owe a fiduciary duty to the Association requiring the exercise of reasonable care, loyalty, and good faith in all communications. Volunteers must maintain in confidence any information the Association designates as confidential. Actions voted upon at any meeting may not be reported as official until reviewed and ratified by the full BOT, except where an item has been designated for Immediate Action.

Section 2.3 Antitrust and Legal Risk Management

Fellows, Members, and AAOMS staff who represent AAOMS in dealings with third-party payors, government agencies, other professional associations, or vendors must be mindful of applicable antitrust, trade practice, and tort laws. AAOMS representatives must avoid any statements that could imply collective action or a membership boycott. Legal counsel should be consulted prior to meetings, publications, or other activities involving sensitive market information, including pricing, reimbursement, or health plan contracting. AAOMS recommends legal review of all activities involving self-regulation, membership decisions, and communications with third parties.

Section 2.4 Harassment Policy

The Association is committed to maintaining a work environment free of all forms of harassment or intimidation. Any officer or employee who engages in harassment shall be subject to a corrective action process that may result in termination. False accusations made in bad faith also are subject to corrective action.

Sexual harassment includes, but is not limited to, any unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct based upon an individual's gender when submission is a condition of employment, used as the basis for employment decisions, or creates a hostile work environment.

1775 Harassment based on race, creed, religion, color, age, sex, national origin,
1776 sexual orientation, veteran status, disability, or any other protected classification
1777 also is prohibited. Employees should report incidents to their direct Manager,
1778 the Executive Director, or Human Resources. Retaliation against any employee
1779 who makes a good-faith complaint is strictly prohibited.

1780 **Section 2.5 Diversity**

1781 The Association respects and values diversity among its membership as a
1782 resource and asset. Diversity is defined as the respectful acknowledgment of
1783 differences in age, gender, race, ethnic, or religious origins, and physical or work
1784 status within the community of oral and maxillofacial surgeons. The Association
1785 views diversity not as a goal but as a pathway to maximizing opportunities for all
1786 AAOMS Fellows and Members.

1787 **Section 2.6 Official Communications**

1788 All official communications and reports of AAOMS committees or special
1789 committees released on behalf of the Association should have the approval
1790 of the President (or the President's designee) and shall be co-signed by the
1791 President as deemed necessary.

1792 **Section 2.7 Contracts**

1793 All contracts must be reviewed by General Counsel and the Associate
1794 Executive Director, Business and Operations, prior to execution by the AAOMS
1795 Executive Director. A listing of all contracts executed since the previous BOT
1796 meeting shall be provided at each BOT meeting for review.

1797 **Section 2.8 Complaint and Disciplinary Procedures**

1798 Complaints alleging violations of the *Code* must be filed in accordance with the
1799 Guidelines for Filing a Complaint of Violation. The CPC shall review evidence
1800 and conduct hearings. Members have the right to appeal CPC decisions to the
1801 Appeals Board of the BOT.

1802 **ARTICLE 3. PUBLICATIONS**

1803 **Section 3.1 Journal Administration**

1804 The Association shall publish an official journal titled the *Journal of Oral and*
1805 *Maxillofacial Surgery* (the "Journal" or "*JOMS*"). *JOMS* shall report, chronicle,
1806 and evaluate activities of scientific and professional interest to the specialty's
1807 Fellows and Members. *JOMS* shall be published at least 12 times per year. The
1808 BOT shall appoint the Editor, Associate Editor, and Assistant Editors from
1809 among qualified candidates. The Associate Editor and Assistant Editors must
1810 also be acceptable to the Editor. Vacancies shall be announced through
1811 Association media. The Editor-in-Chief shall serve as Chair of the Editorial

Board, exercising full editorial control over the Journal consistent with BOT policy and the *Procedural Manuals*.

Section 3.2 AAOMS Today

AAOMS Today is published six times per year and includes feature articles, news, board actions, and other information of interest to the membership. (Dec. '95)

Section 3.3 Directory Distribution

The Membership Directory is available in electronic format only and is limited in distribution to Fellows, Members, Candidates, and Allied Professional organizations. (HOD '67; Oct. '85; June '95; Sept. '15)

Section 3.4 Mailing Lists

Complete Membership mailing lists and lists of specific meeting registrants may be provided for a fee to Fellows, Members, Candidates, Residents, regional and component societies, educational institutions, exhibitors, peer partners, and non-members, subject to the following conditions. Regional and component societies may request up to two mailing lists per year at no charge. Residents are eligible for a reduced fee. (June '93; June '95; April '96; Sept. '10)

- All orders must be prepaid.
- Mailing lists are protected by copyright and may not be duplicated without written permission of the Executive Director. (April '88)
- Approved uses include continuing education announcements by accredited educational institutions; meeting announcements by regional, component, or local OMS societies affiliated with AAOMS; exhibitor marketing; scientific research surveys of the Membership; and AAOMS-sponsored membership services or programs by commercial partners (e.g., Treloar & Heisel, OMS National Insurance Company [OMSNIC]).
- Requests must be submitted in writing to AAOMS Headquarters stating the intended purpose, and a copy of the proposed mailing must be provided for approval before distribution.
- Exhibitors must have a signed contract to exhibit at an Annual Meeting, conference, or other event with commercial exhibits, and all fees must be paid in full. (Jan. '89; March '93; June '93; April '96)
- Fellows and Members conducting scientific surveys of the membership may purchase mailing lists at a reduced fee.
- OMS institutions, Fellows, and Members who sponsor for-profit courses and wish to promote them to the membership will be charged the exhibitor/commercial rate for mailing lists. (Sept. '92)
- AAOMS reserves the right to deny any request where the intended

1850 purpose or use is not considered to be in the best interest of the
1851 Association or consistent with its mission. (Oct. '85; Jan. '86; April '86)

1852 **ARTICLE 4. MEETINGS**

1853 **Section 4.1 Meeting Guidelines**

1854 **4.1.1 Smoking During Annual Meeting and Conference Sessions**

1855 Smoking is prohibited during all HOD and Scientific Sessions and discouraged
1856 at all other AAOMS meetings. (HOD '75)

1857 **4.1.2 Recording of Conference and Annual Meeting Sessions**

1858 Independent audio or video recording of any meeting is prohibited. Attendees
1859 must be notified of this policy before and during the meeting. All conference
1860 and Annual Scientific Sessions including selected surgical clinics but excluding
1861 scientific abstract sessions shall be recorded for potential reproduction in digital
1862 format. (June '73; June '75; Dec. '75; Jan. '78; Sept. '10) Attendees at Scientific
1863 Sessions are asked to silence their cell phones. (Sept. '10)

1864 **4.1.3 Special Courses, Meetings, and Programs by Others**

1865 AAOMS prohibits Fellows, Members, foundations, universities, hospitals, study
1866 groups, and speakers at any AAOMS-sponsored educational event from
1867 presenting special courses, meetings, or programs related to OMS concurrent
1868 with any AAOMS-sponsored meeting in the same geographic area. Individuals or
1869 groups that intentionally violate this policy will be subject to review and a hearing
1870 before Association Officers. Those found in violation may be prohibited from
1871 presenting at AAOMS meetings for up to five (5) years. Universities or hospitals
1872 found in violation may be prohibited from purchasing AAOMS mailing lists for up
1873 to five (5) years, and the action will be published in AAOMS media. (June '99)
1874 Fellows, Members, exhibitors, foundations, universities, hospitals, study groups,
1875 and speakers may conduct or sponsor an educational event such as a seminar,
1876 lecture, or clinic prior to an AAOMS meeting or conference, provided the event
1877 concludes before the official opening of the AAOMS Scientific program. (Dec.
1878 '98; June '99) Fellows, Members, exhibitors, foundations, universities, hospitals,
1879 study groups, and speakers may also conduct or sponsor an educational event
1880 following an AAOMS meeting or conference, provided the event begins after the
1881 official close of the AAOMS Scientific program. (Dec. '98; June '99) As a
1882 condition of receiving exhibit space at AAOMS meetings, exhibitors must agree
1883 not to conduct or sponsor any seminars, lectures, or clinics in the same
1884 geographic area concurrent with AAOMS programs.

1885 Violation of this condition may result in denial of exhibit space at AAOMS
1886 meetings for up to five (5) years. (Jan. '85; Jan. '86; April '86; June '99)

4.1.4 Officers and Trustees Attendance at Educational Opportunities

Current Officers and Trustees may attend the AAOMS Annual Meeting and Dental Implant Conference with registration and course fees waived during their term on the Board of Trustees and for four (4) years immediately following the expiration of their term. Past Presidents are exempt from registration and course fees for Annual Meetings and Dental Implant Conferences indefinitely. Upon request, clinic passes for course clinics will also be provided, subject to space availability. (Dec. '97; June '03; June '08; Sept. '10)

4.1.5 Cancellation/Refund Policy

Cancellation fees are as published in the advance and final programs for each meeting or conference. (Sept. '10)

4.1.6 Exhibitors

- Fees and Location. Exhibit space fees are established by the BOT. Exhibits may only be set up in the designated exhibit area. (HOD '67)
- Exhibitor Priority Ranking System. Exhibitor companies are ranked through a point system based on participation at the Annual Meeting and Dental Implant Conference, number of years exhibiting, space occupied, and corporate contributions. Points older than seven years are excluded from the calculation. The full priority ranking system is described in the Exhibitor Prospectus. (Sept. '10; Dec. '15)
- Exhibitor Receptions. Exhibitors under contract with AAOMS for space at the Annual Meeting or Dental Implant Conference may host a reception at the headquarters hotel, subject to space availability. (Sept. 10)
- Regulations on Drugs, Products, and Devices. Only drugs classified as accepted or provisionally accepted by the ADA Council on Scientific Affairs or approved by the Food and Drug Administration (FDA), and dental devices or products whose claims are acceptable under the ADA Council on Scientific Affairs, may be exhibited, subject to BOT review. (HOD '67; Jan. '79; Sept. '10)
- Exhibitor Relations Committee. An Exhibitor Relations Committee comprised of BOT members, with the senior Trustee(s) serving as Chair or co-Chairs shall be appointed annually to greet exhibitors and visit the Exhibit Hall at the Annual Meeting and conferences. A meeting with exhibitors shall be convened at each Annual Meeting. (Jan. '88; Oct. '02)
- Prospective Exhibitor Visits. Firms requesting to visit the Exhibition at the Annual Meeting or conferences must submit written notice to the Exhibit Manager confirming their intent to exhibit at a future AAOMS-sponsored Exhibition. A non-refundable fee per firm which includes registration for

- 1926 one representative, plus an additional fee per additional representative is
1927 due prior to the opening of the Exhibition. This fee covers the current
1928 advance program, housing forms, and required badges for the Exhibition.
1929 (Sept. '90)
- 1930 • Representatives of visiting firms may attend scientific, educational, and
1931 social events at the applicable meeting or conference for which no ticket
1932 fee is required. (Sept. '90).
- 1933 • Information from Prospective Exhibitors. Prospective exhibitors applying
1934 for exhibition space may be required to submit supplemental information
1935 in writing, which may include: a brief company history; research papers;
1936 professional and personal references; evidence of prior exhibition of the
1937 products or services at a related dental or medical meeting; and
1938 documentation of applicable ADA Council on Scientific Affairs acceptance
1939 or FDA approval. AAOMS reserves the right to deny Exhibition space to
1940 any prospective exhibitor. (Sept. '90; Sept. '10).
- 1941 • Exhibitor Disclaimer. "The exhibition is made available for informational
1942 purposes only. With the exception of specific products or services
1943 expressly endorsed by the American Association of Oral and Maxillofacial
1944 Surgeons (AAOMS), AAOMS does not endorse exhibit hall products or
1945 services and the presence of any exhibition at an AAOMS meeting or
1946 function does not imply an endorsement. (June '01)
- 1947 By attending the AAOMS Annual Meeting, you acknowledge and accept
1948 that AAOMS has assumed no duty to review, investigate, or otherwise
1949 approve, and has not reviewed, investigated, or otherwise approved, the
1950 quality, type, message, nature, or value of any product or service
1951 marketed by attendees and exhibitors. As such, you should conduct your
1952 own independent research of such products or services, and AAOMS
1953 disclaims any liability for any damages to a person or property arising out
1954 of any product or service."

1955 **4.1.7 Attendance**

1956 **Attendance at the Annual Meeting and Conferences**

1957 Attendance is limited to AAOMS Fellows, Members and Candidates
1958 and the categories described below. (Nov. '79; Jan. '90)

1959 **Fellows, Members and Candidates**

1960 Fellows, Members and Candidates may attend without restriction.

1961 **Presidential Guests**

1962 The President may invite guests to attend at their discretion.

1963 OMS Residents

1964 OMS residents enrolled in accredited residency programs may attend without
1965 payment of a non-member registration fee, upon submission of written
1966 confirmation of training status from the residency program chief. Eligibility
1967 extends through the period of training and for six months following its
1968 completion. (June '77; Nov. '79)

1969 If a resident completing an accredited program elects to enter a fellowship
1970 recognized by CODA, AACMFS, or AACCS, the individual may retain resident
1971 status for attendance purposes. For all other fellowship experiences, a letter
1972 from the program director must be submitted for review by the CET Chair.
1973 (HOD '72; Nov. '79; May '24)

1974 Eligible Non-Member OMS

1975 OMSs residing or practicing in the United States who are eligible for
1976 Association membership but are not current Fellows or Members may attend,
1977 provided that:

- 1978 1. Space is available at the meeting site;
1979 2. The non-member registration fee is paid; and
1980 3. A fee equal to the current year's full member dues, assessments and
1981 applicable additional fees is paid.

1982 Other Health Professionals

1983 Health professionals who are not eligible for fellowship or membership may
1984 attend, provided that:

- 1985 1. Space is available at the meeting site; and
1986 2. The non-OMS member registration fee is paid.

1987 Consultants

1988 Consultants may be invited to business sessions at the discretion of the BOT.

1989 4.1.8 Press Attendance and Conduct

1990 Press attendance and conduct at educational sessions is supervised by the
1991 CPPC. (Oct. '01; April '03)

1992 Reporters may attend symposia and non-ticketed sessions but may not attend
1993 Clinical Interest Group (CIG) meetings or any limited-attendance paid sessions .
1994 Speakers from those sessions may be available for interviews upon request.

1995 Reporters must wear a press badge, sit in assigned seating, and may not
1996 verbally participate in any presentation. Interviews with Fellows, Members, or
1997 speakers must be arranged through the AAOMS communications department.

1998 **4.1.9 Continuing Medical Education Mission** (Dec. '03; Sept. '10; July '22)

1999 The American Association of Oral and Maxillofacial Surgeons (AAOMS)
2000 provides comprehensive continuing education to OMS, OMS residents and
2001 other health professionals to improve oral and maxillofacial surgical care for
2002 patients. AAOMS's activities enhance research, education, and patient care
2003 through the development and implementation of high-quality professional
2004 educational meetings and materials. The results of the AAOMS's educational
2005 activities are determined through the assessment of their impact on learners'
2006 professional activities.

2007 For continuing educational activities targeted at the AAOMS membership, the
2008 CCEPD prioritizes and organizes educational activities based on input from the
2009 Association's Membership through various modalities including, but not limited
2010 to post-meeting evaluations, needs surveys of the Membership, outcomes
2011 studies, research, and the expert opinion of recognized clinical leaders in OMS.
2012 The Association sponsors other educational activities that fit within the Mission
2013 of the AAOMS and its CME goals, for which the expertise of the AAOMS can
2014 serve to bring changes to physician and dentist behavior in the treatment of
2015 conditions for which the application of OMS principles can make a difference
2016 in the quality of life for patients.

2017 For all AAOMS directly and jointly- provided continuing education activities, the
2018 CCEPD is charged to oversee and maintain compliance with the Standards of
2019 the Accreditation Council for Continuing Medical Education (ACCME)
2020 Accreditation Standards and the ADA Continuing Education Recognition
2021 Program (ADA CERP) and sustain AAOMS internal continuing educations
2022 procedures and protocols are in alignment. (CCEPD, May '22; BOT, July '22.)

2023 **Section 4.2 Annual Meetings**

2024 **4.2.1 Sites**

2025 The Annual Meeting site is selected on a rotating basis from eastern, western,
2026 and central locations. AAOMS Staff will research, rank, and present facility and
2027 date options to the BOT for discussion and approval. (June '95; June '99;
2028 Feb. '01)

2029 The BOT may adjust the schedule for future Annual Meetings to accommodate
2030 business and Scientific Sessions within the constraints of available meeting and
2031 convention center facilities, including dates and financial requirements. HOD
2032 business shall be scheduled as follows: Session I – Monday, Session II –
2033 Tuesday, and Session III – Wednesday. The Speaker has latitude to adjust the
2034 daily HOD schedule as needed. (June '99; HOD '99; Sept. '10; Sept. '13)

2035 **4.2.2 Fees**

2036 Non-member registration fees will exceed those for Fellows, Members, and
2037 Residents. Registration fees are waived for Officers and Trustees, past

Presidents, members of the CCEPD, members of the CPMPD, and major scientific and practice management session presenters and clinicians. Abstract and poster session participants are required to pay the applicable registration fee. Life and Retired Fellows and Members pay a reduced fee equal to fifty percent (50%) of the active Fellow and Member rate. Members of organizations that convene or co-sponsor joint Annual Meetings with AAOMS pay the same registration fee as AAOMS Fellows and Members. Exhibit personnel beyond two individuals per contracted booth (or three per booth for two or more contracted booths) pay a \$195 registration fee each. Spouses and significant others of registrants seeking CE credit pay a registration fee equal to the AAOMS Allied Staff Member rate. (July '84; Dec. '86; Feb. '87; Sept. '88; June '89; HOD '91; June '95; Sept. '01; June '03; Sept. '10; Dec. '14; Aug. '15; Sept. '16; Dec. '17)

Waiver of Annual Meeting Registration Fee for New Fellows and Members. Fellows and Members inducted into AAOMS Membership are entitled to one complimentary Annual Meeting registration during their first three years of Membership. (June '97)

Reduction of Annual Meeting Registration Fee for Delegates and Alternates. Delegates and Alternates to the AAOMS HOD receive a fifty percent (50%) reduction in the Annual Meeting registration fee. (Dec. '02; June '24)

Reduction of Annual Meeting Registration Fee for Members of the CCB. Members of the CCB pay fifty percent (50%) of the Annual Meeting registration fee. (Sept. '10)

4.2.3 Cancellation and Refund Policy for DAANCE

The following policy applies to cancellations and refunds for the Dental Anesthesia Assistants Certification Examination (DAANCE): (June 98; Sept. 10) Cancellations are not accepted after ninety (90) days of a Candidate's activation. Cancellations submitted before the 90-day mark will result in a refund of 50% of the registration fee to the sponsoring surgeon.

4.2.4 Past Presidents' Breakfast/Luncheon

AAOMS underwrites the cost of the past Presidents' breakfast or luncheon. The Immediate Past President is responsible for developing the agenda in consultation with past Presidents, presiding over the meeting, and reporting to the BOT. (June '68)

4.2.5 Scientific Events with Ticketed Fees

Past Presidents, current Officers and Trustees, CCEPD members, and those approved by the President may attend ticketed scientific events at the Annual Meeting at no charge. Upon request, clinic passes to attend course clinics also will be provided, subject to space availability. (June '68; Nov. '79; Feb. '87; Sept. '10)

4.2.6 Past/Present Officer and Trustee Dinner

The reception and dinner at the Annual Meeting is complimentary for past Officers and Trustees; however, they are responsible for the cost of their spouse or significant other. Current Officers and Trustees and their spouses or significant others attend at no charge. (Dec. '96; June '00)

4.2.7 Notification to Residents on Attendance Policies

Annual Meeting attendance policies applicable to Residents shall be distributed each year to Chiefs of accredited residency programs and to residents. (HOD '67; Jan. '78)

4.2.8 Scientific Participants – Invitations and Requirements

All invitations to scientific participants are coordinated and issued by AAOMS Headquarters and include approved reimbursements where applicable. Scientific participants must submit all required documentation to AAOMS Headquarters at least 60 days prior to the start of the educational activity. (April '70; June '73; Sept. '10)

- Individuals practicing the specialty in the United States may not participate in AAOMS-sponsored scientific programs unless they are Fellows, Members, Provisional Fellows or Members, Candidates, or Residents. An exception applies to abstract sessions of the Annual Meeting Scientific Program; however, no reimbursement will be provided to non-member clinicians in that context. (Sept. '72; Nov. '79)
- Foreign Clinician Participants. Clinicians from other countries may not be invited to participate in AAOMS Scientific Programs without BOT approval. (Dec. '73; Jan. '78)
- BOT Member Participation in Annual Meeting Scientific Program. Officers and Trustees may present abstracts but may not participate in other clinical aspects of the Annual Meeting Scientific Program during their tenure, except with BOT approval. (March '74; Jan. '90)

4.2.9 Suite Assignments

If AAOMS receives complimentary suites from the host hotel as a result of contracted meeting functions or room blocks, suites will be assigned in the following order: President, President-Elect, Executive Director, Vice President, Treasurer, Immediate Past President, and Speaker. (June '99)

4.2.10 Badges

Differently colored badges, with notations where applicable, shall be used to distinguish categories of attendees, including Fellows, Members, and exhibitors. (HOD '67; Sept. '10)

4.2.11 Attendance at Reference Committee Briefings and Hearings

The Chair of each committee or their designee shall attend the Reference

Committee briefing prior to hearings and the hearing at which their committee's report will be presented.

The President, Executive Director, and Speaker shall also attend the briefing to reinforce the importance of the Reference Committees, the nature of their role, and the expectation that all Reference Committee members be present to participate in developing their respective reports. (March '68; Feb. '77)

4.2.12 Related Group Functions

Related groups such as Special Interest Groups, regional and component societies, and alumni organizations – wishing to hold functions at AAOMS meetings must notify AAOMS staff, who are responsible for scheduling the location, time, and date. The requesting group must identify a point of contact who will be responsible for the event.

All financial obligations, hotel guarantees for meals, and other arrangements, including incidental services and costs, are the sole responsibility of the sponsoring group.

AAOMS assumes no financial accountability for these events. (June '71)

Section 4.3 Dental Implant Conferences

4.3.1 Site

Dental Implant Conferences are held at the national level at sites determined by the BOT and are conducted on a self-sustaining basis.

4.3.2 Fees

Registration fees for AAOMS self-sustaining conferences are determined in advance and approved by the BOT, unless the conference is supported by federal grants or otherwise prohibited by law. Registration fees are equal for Fellows, Members, Life Members, Life Fellows, Candidates, and non-members and include all educational programming and meal functions. Allied Staff Members pay a reduced registration fee. Resident registration fees are set at an amount sufficient to cover the cost of meal functions. Officers, Trustees, CCEPD members, award recipients, and program speakers attend at no charge. Spouses and significant others of registrants seeking CE credit pay a registration fee equal to the AAOMS Allied Staff Member rate. (Sept. '10; Dec. '14)

4.3.3 Required Attendance

The BOT shall attend the Dental Implant Conference.

4.3.4 Length of Conference

Dental Implant Conferences are scheduled for a minimum of two days – Friday and Saturday.

ARTICLE 5. STANDARDS AND POSITIONS

Section 5.1 Official Colors

The official AAOMS colors are black, blue (PMS 653), gold (CMYK C=30, M=30, Y=60, K=10), and white (reverse). (Nov. '80, July '22) Alternate colors may only be approved by unanimous vote of the AAOMS Board of Trustees, and any such change must not negatively impact AAOMS intellectual property or its federal trademark registration. (Dec. '21)

Section 5.2 AAOMS Marks

The BOT may adopt, amend, or withdraw an official Association slogan at any time and may determine how, if at all, any previous slogan may continue to be used. Official slogans must be registered with the U.S. Trademark Office. Use of the Association seal and designated slogan by Fellows, Members, and component societies is governed by Chapter V, Section J (Reproduction of AAOMS Seal) and Section K (Reproduction of AAOMS Slogan) of the *Code*. (Sept. '87; Dec. '88; Sept. '09; June '16)

Section 5.3 Legislation by Component Societies

Component societies seeking legislative remedies to address discriminatory denial of payment for OMS care should do so only after all other available options, including consultation with AAOMS, have been exhausted. (HOD '71)

Section 5.4 Federal Service Parity

Officers, Trustees, Fellows, Members, and AAOMS staff should make every appropriate effort to secure and maintain pay and professional parity for oral and maxillofacial surgeons relative to their medical colleagues in the uniformed services and the Department of Veterans Affairs, and to positively influence any legislation that would improve the pay or professional standing of oral and maxillofacial surgeons in federal service. (HOD '81)

Section 5.5 Use and Disposal of Mercury-Containing Material

Component societies and their counterparts are encouraged to work with AAOMS, state dental associations, and the ADA to review and implement best management practices for the use and disposal of mercury-containing materials in the OMS office. (HOD '03)

Section 5.6 Participation in Trauma Call

AAOMS encourages component societies to reinforce the responsibility of all Fellows and Members to participate in oral and maxillofacial trauma call and to take an active role on their hospital medical staffs. (HOD '03)

Section 5.7 State Licensure by Credentials

AAOMS encourages state dental boards to grant dental licensure by credentials to OMS seeking to practice in their state under a dental or medical license, where those individuals hold appropriate credentials including dental licensure in another state consistent with existing ADA policy on licensure by credentials. (HOD '03)

Section 5.8 OMS Consultants to Third Parties

Consultants reviewing OMS matters on behalf of third parties including Social Security Administration fiscal intermediaries should be OMS who meet the qualifications defined in the ADA Council on Dental Care Programs' Statement on Dental Consultants to Carriers. (HOD '78; HOD '83)

Section 5.9 Statement on Intraoral/Perioral Piercing and Tongue Splitting

Due to the potential for significant adverse outcomes and the absence of scientific evidence supporting any positive health benefit, AAOMS opposes the practice of intraoral/perioral piercing and tongue splitting. (June '03)

Section 5.10 Statement on Restorative Care in Regard to Dental Implants

The extensive scientific and clinical training of OMS prepares them to provide comprehensive, inclusive care in the replacement of missing teeth including all restorative care within their scope of training. (June '07)

Section 5.11 AAOMS Statement on the Health and Well-being of Patients

OMS are committed to the health and well-being of all patients, including those affected by violence and abuse, post-traumatic stress disorder, or traumatic brain injury. (June '08)

AAOMS CODE OF PROFESSIONAL CONDUCT

(Oct. '25; non-substantive stylistic revisions Sept. '26)

I. INTRODUCTION

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

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

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

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

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

To assist AAOMS Fellows and Members in participating in the *Code* decision process, this publication also includes official Guidelines for Filing a Complaint. The guidelines are designed to provide complainants with a reasonable opportunity to seek a resolution

of complaints while protecting the confidentiality and rights of Fellows and Members accused of violating the *Code*.

II. GUIDELINES FOR FILING A COMPLAINT OF A VIOLATION OF THE AAOMS CODE OF PROFESSIONAL CONDUCT

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

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

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

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

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

- In writing. Complaints received by telephone alone will not be considered.

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

74 Chair, Commission on Professional Conduct
75 c/o American Association of Oral and Maxillofacial Surgeons
76 9700 W. Bryn Mawr Ave.
77 Rosemont, IL 60018-5701
 - 78 • Clearly marked as “Confidential” on the complaint letter and the envelope in which
79 it is sent.
- 80 **Who has access to complaints:** Those filing complaints should understand that their
81 identity, as well as the nature of the allegation, would be disclosed to the respondent.
82 Other than such disclosure, all complaints and proceedings are kept confidential by the
83 commission, the AAOMS Appeals Board and their respective agents until a final finding
84 of fact and action are determined, and all appeals are complete.
- 85 **What happens when a complaint is filed:** The commission reviews all complaints
86 within 90 working days of receipt, or at the commission’s next scheduled meeting.
87 Based on the evidence presented in the complaint and the respondent’s answer to
88 the complaint, the commission may take one or more of the following actions:
- 89 • Defer the complaint. The most common reason complaints are deferred is to await
90 the outcome of litigation in a court or action by another governmental or relevant
91 entity over the alleged violations.
 - 92 • Dismiss the complaint. If the commission finds a complaint groundless
93 or unsupported by documentation, it may dismiss the complaint.
 - 94 • Request additional information from the complainant.
 - 95 • Appoint a committee to investigate the complaint.

- Hold a hearing. The commission may, at its discretion, based on the nature and severity of the complaint, determine to hold a hearing and require both the complainant and respondent to attend such at hearing, at their own expense.

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

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

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

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

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

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

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

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

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

III. GUIDELINES FOR SEEKING AN INTERPRETATION OF THE CODE

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

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

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

Requests should include enough information about the matter in question to allow the commission to reach an informed decision. Detailed information on the proposed or existing action, arrangement or practice, and any documentation, such as advertising copy, should be forwarded for the commission to review.

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

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

IV. THE AAOMS COMMISSION ON PROFESSIONAL CONDUCT

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

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

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

- Administering the *Code*. The commission is responsible for disseminating the *Code* to AAOMS Fellows and Members, and for providing a mechanism for filing complaints, comments, and requests for interpretations of the *Code*.
- Making decisions under the *Code*. The commission acts as a tribunal in determining the facts of complaints made against oral and maxillofacial surgeons, and whether those facts constitute a violation of the *Code*. The commission may levy sanctions against violators.
- Issuing Advisory Opinions and interpretations. Advisory Opinions are interpretations, opinions and statements accompanying the *Code* text. They are generally issued in response to specific issues or cases raised before commission, and act as a standard for interpreting the code in disciplinary proceedings. The commission continually reviews the opinions and may modify, expand or withdraw any element at any time to meet changing conditions and considerations in the practice of oral and maxillofacial surgery. Interpretations are opinions on the applicability of the *Code* in a specific circumstance, usually at the request of an oral and maxillofacial surgeon. At the commission's discretion, privately requested interpretations may be published as Advisory Opinions.
- Recommending changes to the *Code*. The commission is responsible for continually reviewing the *Code* and recommending changes to reflect changing circumstances.

These recommendations must be adopted by the AAOMS House of Delegates to become part of the *Code*.

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

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

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

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

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

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

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

V. AAOMS CODE OF PROFESSIONAL CONDUCT AND OFFICIAL ADVISORY OPINIONS

A. General principles of the AAOMS Code of Professional Conduct

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

The *Code of Professional Conduct* of AAOMS is the ethical standard for Fellows and Members of the Association as they seek to achieve the highest level of ethical conduct in the relations with their patients, their peers and the public.

In all dealings with the public and profession, oral and maxillofacial surgeons and Resident Members training in accredited oral and maxillofacial surgery programs should uphold the honor of their profession by acting in accordance with the letter and the spirit of the *Code*, as well as all applicable law and regulation. Oral and maxillofacial surgeons practicing under other professional designations and licenses must follow the ethical standards of the professions that apply.

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

Advisory opinions

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

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

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

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

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

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

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

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

B. Patient autonomy, self-determination and confidentiality

B.1 The oral and maxillofacial surgeon has a duty to respect the patient's rights to self-determination and confidentiality.

B.2 The oral and maxillofacial surgeon should inform the patient of any proposed treatment and any reasonable alternatives, so that the patient is involved in their treatment decisions.

Advisory opinion

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

B.3 Oral and maxillofacial surgeons should protect the confidentiality of patient records. Maintenance of patient records should provide for reasonable safeguards to protect the privacy and welfare of patients. At the request of a patient, another dentist or physician, the oral and maxillofacial surgeon should provide any information beneficial to the treatment of the patient.

Advisory opinion

B.3.00 **Furnishing Copies of Records:** An oral and maxillofacial surgeon has the ethical (and often legal) obligation to provide patient records

(or copies or summaries of them), including x-rays and other imaging techniques (or copies of them) to either the patient or the patient's designated caregiver, at the request of the patient or the patient's subsequent caregiver. Oral and maxillofacial surgeons should provide such documents either at no charge or for a nominal fee that covers the cost of reproduction and time in presenting the records. Transfer of protected records should be done in accordance with the law and confidentiality regulations in place at that time.

C. Ensuring proper professional education, training and competence

C.1 Limitation of Practice: To ensure quality of professional care, Members and Fellows shall first announce a limitation of their practice to oral and maxillofacial surgery and then may announce any other ADA- or ABMS- recognized specialty for which they are educationally qualified, or the AAOMS Board of Trustees may approve a subspecialty listing within the scope of oral and maxillofacial surgery for those who can demonstrate added qualification and/or training in that area.

Advisory opinions

C.1.00 Scope of practice: While an oral and maxillofacial surgeon has the right to practice to the full extent of their license, competence and abilities governed by all applicable laws and regulations, they also maintain the obligation to act in accordance with the letter and spirit of the AAOMS *Code of Professional Conduct* in their scope of practice which is perpetually defined by the current edition of the AAOMS *Parameters of Care (ParCare)*. Therefore, while practicing as an oral and maxillofacial surgeon, surgery outside the oral and maxillofacial region shall be considered outside the scope of the profession unless such procedures are to harvest tissue for utilization in the oral and maxillofacial region.

C.1.01 An oral and maxillofacial surgeon must personally provide preoperative evaluation and diagnosis and postoperative care according to accepted treatment parameters.

C.1.02 Auxiliary Personnel: Oral and maxillofacial surgeons have an obligation to protect the health of their patients by not delegating to a person less qualified any service or operation which requires the professional competence of an oral and maxillofacial surgeon. An oral and maxillofacial surgeon has the further obligation of prescribing and

supervising the work of all auxiliary personnel in the interest of rendering the best service to the patient.

C.2 Continuing Education: Oral and maxillofacial surgeons should continually improve themselves and their abilities through continuing education.

C.3 Professional Judgment and Quality of Care: Oral and maxillofacial surgeons should treat their patients as they would wish to be treated in like circumstances. They should not disclose professional confidences unless compelled to do so by law. Their independent judgment should not be compromised.

Advisory Opinions

C.3.00 An oral and maxillofacial surgeon must not practice oral and maxillofacial surgery on a scheduled basis in locations other than suitably equipped and staffed facilities, such as oral and maxillofacial surgery offices (as defined in C.3.01 and C.3.02), accredited hospitals, surgery centers, academic institutions, state or federal institutions, or in the military service. This provision should not prevent or discourage oral and maxillofacial surgeons from providing unscheduled urgent or emergency care as needed in any type of setting.

C.3.01 An oral and maxillofacial surgery office is defined as a non-mobile facility that has passed the state general anesthesia or conscious sedation evaluation where required by state law, is represented by trained staff persons, displays the attending oral and maxillofacial surgeon's name, and provides 24-hour coverage by an oral and maxillofacial surgeon who is within a reasonable distance and/or response time of the facility for the administration of emergency care.

C.3.02 Facilities meeting these criteria may be a part of an associated medical or dental clinic. Each oral and maxillofacial surgery facility must meet the appropriate statutes as set forth in the state Dental Practice Acts and comply with current AAOMS office anesthesia regulations, including the maintenance of drugs and equipment on the premises, and be subject to on-site evaluation where required.

C.4 Consultation: Consultation should be sought whenever the quality of care may be enhanced by consultation.

Advisory opinions

C.4.00 Advice and Counsel to Colleagues: Oral and maxillofacial surgeons, by virtue of their training and professional expertise, have the obligation to advise and assist their professional colleagues when their advice and counsel is sought. Their aim should be the ultimate in good patient care.

C.4.01 Confidentiality: Oral and maxillofacial surgeons serving as consultants should hold the details of their consultations in confidence between themselves and the attending practitioners.

C.5 Continuity of Care: Providing oral and maxillofacial surgery in surgical facilities other than the facility or facilities owned and/or leased by the oral and maxillofacial surgical practice or employing the oral and maxillofacial surgeon, adds to the responsibilities of ensuring continuity of care. Examples of this type of practice include locum tenens, traveling/remote and itinerant surgery within the context of either private, academic or government settings.

a. Fellows and Members are strongly encouraged to carefully review all areas of the *Code*, but specifically, provisions of the standards of care and the meeting of professional obligations. Fellows and Members are expected to comply with these standards in all settings where they provide patient care.

b. It is unethical for the surgeon to delegate their primary patient responsibility. It is unethical if the patient is unfamiliar with the surgeon who performs their surgery or if the treating surgeon does not evaluate the patient pre-operatively. If an oral and maxillofacial surgeon performs locum tenens, traveling/remote or itinerant surgery, they shall comply with the current published AAOMS Parameters of Care for patient assessment and the Office Anesthesia Evaluation Manual for outpatient anesthesia.

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

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

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

c. It is unethical for the surgeon to perform surgery in an unsafe or unsuitably equipped facility. The AAOMS Office Anesthesia Evaluation program establishes the required vital sign monitors for the safe delivery of office-based anesthesia. If an oral and maxillofacial surgeon performs locum tenens, traveling/remote or itinerant surgery, they shall comply with the current published AAOMS Office Evaluation Manual for facility and anesthesia team requirements for each office utilized for outpatient surgery. In addition, the Oral and Maxillofacial Surgeon is required to comply with state and federal laws pertaining to permitting and licensing of any office facility utilizing and providing intravenous sedation and/or general anesthesia. It is unethical for the surgeon to perform surgery in an unsafe or unsuitably staffed facility. If an oral and maxillofacial surgeon performs locum tenens, traveling/remote or itinerant surgery, they shall comply with the state laws, rules and regulations for dental office-based anesthesia/sedation procedures regarding staffing requirements.

d. If the oral and maxillofacial surgeon is unable to treat the patient post-operatively, the surgeon must provide to the patient an alternative means of care by a qualified provider, including the name, primary address or main office address, office telephone number, and after-hours number of the qualified provider who has agreed to manage that patient on behalf of the surgeon.

A "qualified provider" shall have:

- Equal Competence: They possess the necessary education, training and experience to provide treatment to the accepted standard of care.
- Institutional Authorization: They hold active clinical privileges at a facility where the patient's care can be further managed.
- Immediate Accessibility: They are readily available to respond to complication and emergencies and provide timely care without significant delay.

If an oral and maxillofacial surgeon performs locum tenens, traveling/remote or itinerant surgery, they shall be ultimately responsible for the outcome of the post-surgical care and shall maintain communication to ensure the patient receives proper continuity of care.

e. The provisions of this *Code* section V.C.5 do not apply to the occasional performance of surgery by a Fellow or Member at a facility for the purposes of teaching or charity patient benefit.

D. Avoiding personal impairment

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

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

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

Advisory opinion

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

491 **E. Promote the welfare of patients and the community**

492 **E.1 Professional Obligations:** Oral and maxillofacial surgeons should safeguard
493 their patients, their profession and the public by ensuring that care is rendered
494 only by persons who are professionally competent and of good moral character.
495 Fellows and Members of the Association have a moral and professional
496 obligation to maintain a viable relationship with all appropriate segments
497 of the healthcare community.

498 **E.2 Research and Development:** Oral and maxillofacial surgeons have the
499 obligation to making the results and benefits of their investigative efforts available
500 to all when they are useful in safeguarding or promoting the health of the public.

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

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

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

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

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

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

518 **Advisory opinion**

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

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

Advisory opinion

F.2.00 Termination of Services (Patient Abandonment): Oral and maxillofacial surgeons are free to select whom they will treat. At the outset of the surgeon-patient relationship, the boundaries of the service that the surgeon intends to perform should be set forth clearly. The surgeon is responsible for performing with due care the surgery, postoperative care, treatment for any complications, discharge of the patient that is not premature and delivery of complete and adequate instructions to the patient upon discharge. Once services are commenced, the surgeon may discontinue such service only upon completion of care. The surgeon is not entitled to withdraw from the case as long as the patient still requires their services, unless adequate notice is provided the patient to seek the services of another practitioner or upon discharge by the patient. Adequate notice is understood to be long enough to permit the patient, with reasonable diligence, to obtain the services of another to provide the necessary care. Failure of the patient to pay for services generally does not justify withholding further needed services, nor does lack of cooperation on the part of the patient justify such termination except in extreme cases. In situations of practitioner illness, withdrawal from the case is not justified without adequate notice to the patient.

F.3 Non-Discrimination: While oral and maxillofacial surgeons may exercise reasonable discretion in selecting patients for their practices, oral and maxillofacial surgeons may not refuse to accept patients into their practices or deny service to the patient because of their race, creed, color, gender or religion. Refusal to treat a patient solely because that patient has or may have an infectious disease is unethical.

Advisory opinion

F.3.00 An oral and maxillofacial surgeon has the general obligation to provide care to those in need. A decision not to provide treatment to an individual because the individual has AIDS or is HIV seropositive, based solely on

that fact, is unethical. Decisions with regard to the type of treatment provided or referrals made or suggested, in such instances should be made on the same basis as they are made with other patients, that is, whether the individual oral and maxillofacial surgeon believes they have need of another's skills, knowledge, equipment or experience and whether the oral and maxillofacial surgeon believes, after consultation with the patient's physician, if appropriate, the patient's health status would be significantly compromised by the provision of dental treatment.

G. Fairness in dealing with colleagues

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

Advisory opinions

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

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

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

When a patient seeks a second opinion on their own for a condition or problem not yet treated, the oral and maxillofacial surgeon is not required to report the encounter to the previous practitioner. However, before

initiating treatment, the oral and maxillofacial surgeon should inform any healthcare practitioner who previously rendered an opinion on the same condition or problem, provided the patient does not object to doing so.

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

When a patient seeks a second or additional opinion to fulfill a requirement or request of an outside agency or payer, and the additional examiner is aware that they are rendering a second opinion, that oral and maxillofacial surgeon, with the patient's consent, should inform the agency or payer and the initial practitioner of the findings and any recommendations for treatment.

G.1.03 Peer Review: Peer review is a means of maintaining quality of care and achieving resolution of differences between patients and healthcare practitioners. Oral and maxillofacial surgeons should cooperate and support the principle of peer review when one's professional peers conduct such a review.

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

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

G.1.06 Violations: An oral and maxillofacial surgeon should refer evidence of any violation of the *Code of Professional Conduct* by an oral and maxillofacial surgeon or AAOMS component society to the Chair of the Commission on Professional Conduct. However, if, during the commission's review and/or investigation of the allegations of violation of the *Code of*

Professional Conduct and Advisory Opinions, it becomes evident that the complainant has been malicious or fraudulent, the complainant will be subject to appropriate disciplinary action within the *Governing Rules and Regulations*. If such fraudulent or malicious allegations have been presented by an oral and maxillofacial surgeon as part of a commentary on the suitability of a Candidate for membership, the Committee on Membership and the Commission on Professional Conduct may initiate appropriate action against the oral and maxillofacial surgeon within the *Governing Rules and Regulations*.

G.1.07 Expert Witness Testimony: In professional liability cases, unless the cause of harm is self-evident, an expert witness is called upon to render an opinion that the harm alleged by the plaintiff was caused by an act or omission of the treating practitioner that did or did not fall below the legally recognized standard of care, and that there was a causal connection between the harm sustained and the practitioner's alleged negligence.

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

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

- 1.** An oral and maxillofacial surgeon who acts as an expert witness must have direct clinical experience in the specific area of oral and maxillofacial surgery in question in the proceeding.
- 2.** The oral and maxillofacial surgeon expert witness should be a diplomate of the American Board of Oral and Maxillofacial Surgery.
- 3.** An expert must be a surgeon who is still engaged in the active practice of oral and maxillofacial surgery or can demonstrate

657 enough familiarity with present practices to warrant designation
658 as an expert witness.

659 **4.** The oral and maxillofacial surgeon expert witness must have
660 a current, valid and unrestricted license to practice oral and
661 maxillofacial surgery in the state in which they practice.

662 **5.** The oral and maxillofacial surgeon expert witness should be
663 prepared to document the percentage of time they spend in service
664 as an expert witness as well as the time spent in the practice of oral
665 and maxillofacial surgery.

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

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

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

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

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

686 **4.** Compensation of the oral and maxillofacial surgeon expert witness
687 should be reasonable and commensurate with the time and effort
688 given to preparing for deposition and court appearance. It is

unethical for an oral and maxillofacial surgeon expert witness to accept a contingency fee or otherwise link compensation to the outcome of the case.

G.1.08 Insurance Consultants: Oral and maxillofacial surgeons who serve as insurance consultants are expected to promote the best interests of patients and fair claims practices by third-party payers. In serving as an insurance consultant, a Fellow or Member of this Association shall uphold the standards of this *Code* and render opinions that are consistent with the standards of care and customary practice prevailing at the time and in the community where the treatment at issue is performed.

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

1. “Third-Party Payer” The term “third-party payer” is used generically to include any insurance carrier, benefit plan, government agency or other party responsible for paying designated expenses incurred for the treatment of another.
2. “Insurance Consultant” An “insurance consultant” is an oral and maxillofacial surgeon who reviews, reports or renders an opinion upon a course of treatment, procedure or the cost thereof for a third-party payer, with or without compensation or consideration of any kind. This term includes a person who provides consultation upon the treatment of a specific patient, general practices and community standards of care, or coverage and payment policies.

b. Qualifications:

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

insurance consultant is not required by this advisory opinion to maintain a valid license in every state in which a matter occurs upon which they give an insurance consultation, except as may be required by law.

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

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

1. An insurance consultant has a duty to be fair in dealings with patients and oral and maxillofacial surgeons and to promote the welfare of the patient within the limits imposed by the third-party agreement.
2. The insurance consultant must avoid any conflict of interest that would compromise or influence their dealings with a patient or oral and maxillofacial surgeon under review.
3. The insurance consultant must not prejudice any claim and should consider each claim on its individual facts, merits and clinical circumstances including a full and unbiased review of the case history and records of the patient for whom a claim is at issue.
4. The insurance consultant shall explain the basis of their decision on a claim and the extent to which the decision is based on experience, specific clinical references and generally accepted opinion in the specialty field. If the insurance consultant's opinion differs from what reasonably might be done by other oral and maxillofacial surgeons, the insurance consultant is expected to include in their opinion an honest recitation of reasonable alternative methods of treatment, diagnostic opinions and case views. In instances of uncertainty, the insurance consultant should seek the opinion of a peer.
5. The insurance consultant shall not knowingly coerce a patient or oral and maxillofacial surgeon or limit the information available to them for making an informed decision.

6. Compensation of an oral and maxillofacial surgeon insurance consultant should be reasonable and commensurate with the time and effort given to reviewing each claim. Compensation should not be based on the ratio between claims paid or denied, or bear a relationship of any kind to the outcome of claims upon which they provide services.

G.2 Sexual Harassment: Sexual harassment may be defined as sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when (1) such conduct interferes with an individual's work or academic performance or creates an intimidating, hostile, or offensive work or academic environment or (2) accepting or rejecting such conduct affects or may be perceived to affect employment decisions or academic evaluations concerning the individual. Sexual harassment is unethical.

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

Advisory Opinion

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

H. Honesty and Truthfulness

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

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

Advisory opinions

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

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

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

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

H.2.04 Referral of Patients: It is unethical for an oral and maxillofacial surgeon to make or receive any payment or to divide or split any fee received for professional services for bringing or referring a patient. If an oral and maxillofacial surgeon has any vested financial interest in another practice from which some benefit will be derived for the referral of a patient, and a patient is referred to that other practice, the patient must be informed of the financial interest at the time of the referral.

H.2.05 Vouchers: Transferring something of value that benefits the referring practitioner rather than the patient (e.g., a voucher or coupon for laboratory services or part or all of a dental restoration) is unethical.

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

817 **H.3 Obligations to Avoid Exploiting Relationship With Patient for Financial**

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

832 **I. Advertising:** In accordance with state law, oral and maxillofacial surgeons may

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

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

Advisory Opinions

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

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

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

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

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

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

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

Advisory Opinions

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

professional stationery;
letterheads;
business and referral cards;
interior and exterior doors and windows only in all-AAOMS
Fellow/Member offices;
plaques hung in all-AAOMS Member offices; and

924 personal or all-AAOMS Fellows/Members Office Internet websites; and
925 personal or all-AAOMS Fellows/Members directory advertising in print or
926 electronic media.

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

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

942 The seal shall only be used on websites maintained by AAOMS Fellows or
943 Members for the purposes of advertising, marketing or informing the public
944 of oral and maxillofacial services available through their practice. The seal
945 may only be used once per Fellow or Member or office website, either on
946 the home page or the first page, to establish membership in AAOMS. The
947 AAOMS seal shall not be used for any commercial endorsement, or in any
948 way that implies a commercial endorsement by or partnership with
949 AAOMS, without the express written consent of the AAOMS Board
950 of Trustees or its designates.

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

The seal shall not be imprinted or stamped on any educational literature, including postoperative instructions, even if such is reproduced on the Fellow's or Member's stationery. The seal shall not be imprinted or stamped on Fellows' or Members' patient files, patient forms or X-rays.

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

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

No Fellow or Member shall make any abridgement or alteration of the AAOMS seal or use any elements of the design of the AAOMS seal in the development of their personal or corporate practice insignia or mark.

J.1.01 Use of AAOMS Seal by Official Component Societies: Official component societies may reproduce the AAOMS seal to advise their members and the public that they are an official component of AAOMS. The seal can never be used alone and must always be accompanied by the phrase "Official Component Society of the American Association of Oral and Maxillofacial Surgeons." Official component societies can use the AAOMS seal on (1) professional stationery; (2) letterhead; (3) an official component society website; and (4) plaques honoring outgoing component society presidents.

The AAOMS seal will be available to official component societies via a PDF file. The AAOMS seal can only be used exactly as provided by AAOMS, including the ® symbol in the lower right-hand corner of the seal. Failure to include ® symbol with the AAOMS seal fails to properly give the public notice of the fact AAOMS has trademarked the seal and maintains the exclusive right to govern the use of the seal. Official component

societies that fail to include the ® symbol are in violation of the rules of use for the seal and may be subject to disciplinary action by the commission. The seal can only be printed in black, blue (PMS 653) or white (reverse).

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

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

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

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



1028

1029 Slogan®

1030 Fellow/Member of the American Association
1031 of Oral and Maxillofacial Surgeons



1032

1033 Slogan®

1034 Official Component Society of the
1035 American Association of Oral and Maxillofacial Surgeons

1036 **Advisory Opinions**

1037 **K.1.00** As approved by the Association's Board of Trustees, the seal and slogan
1038 will be available to Fellows and Members via a PDF file from the
1039 Association. Fellows and Members in all AAOMS-Member offices wishing
1040 to display the Association's seal and slogan on interior and exterior doors
1041 and windows shall contact the Association for a copy of the AAOMS seal
1042 and slogan that may be affixed to glass. The AAOMS seal and slogan
1043 shall only be used exactly as provided by the Association, including
1044 the ® symbols in the designated corners of the seal and slogan. Failure
1045 to include the ® symbols with the AAOMS seal and slogan fails to give
1046 the public proper notice of the fact that the Association has trademarked
1047 the seal and service marked the slogan and maintains the exclusive right
1048 to govern the use of the seal and slogan. Fellows or Members who fail to
1049 include the ® symbols are in violation of the rules of use for the seal and
1050 slogan and may be subject to disciplinary sanction. The seal and slogan
1051 shall only be printed in black, blue (PMS 653) or white (reverse).

1052 The seal and slogan shall be used only on websites maintained by
1053 AAOMS Fellows or Members for the purposes of advertising, marketing

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

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

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

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

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

No Fellow or Member shall make any abridgement or alteration of the AAOMS seal or slogan or use any elements of the design of the AAOMS

1089 seal and slogan in the development of their personal or corporate practice
1090 insignia or mark.

1091 **K.1.01** Use of AAOMS Slogan by Official Component Societies: Official
1092 component societies may reproduce the AAOMS seal and slogan
1093 approved by the Association's Board of Trustees to advise their members
1094 and the public that they are an official component of AAOMS. The slogan
1095 can never be used alone and must always be used in conjunction with
1096 the AAOMS seal in accordance with provisions governing use of the seal
1097 and slogan set forth in Chapter V, Sections J and K and accompanied by
1098 the phrase "Official Component Society of the American Association of
1099 Oral and Maxillofacial Surgeons." Official component societies can use
1100 the AAOMS seal and slogan on (1) professional stationery; (2) letterhead;
1101 (3) an official component society website; and (4) plaques honoring
1102 outgoing component society presidents. Any use or reproduction of the
1103 slogan by any official component society in a manner that does not
1104 conform to that shown in Chapter V, Section K of the *Code* is specifically
1105 prohibited.

1106 The AAOMS seal and slogan will be available to official component
1107 societies via a PDF file. The AAOMS seal and slogan can only be used
1108 exactly as provided by the Association, including the ® symbols in the
1109 designated corners of the seal and the slogan. Failure to include ®
1110 symbols with the AAOMS seal and slogan fails to give the public proper
1111 notice of the fact the Association has registered the seal and slogan with
1112 the U.S. Trademark Office and maintains the exclusive right to govern the
1113 use of the seal and slogan. Official component societies that fail to include
1114 the ® symbols are in violation of the rules of use for the seal and slogan
1115 and may be subject to disciplinary action by the commission. The seal and
1116 slogan can be printed only in black, blue (PMS 653) or white (reverse).

1117 The seal and slogan may be used only on websites maintained by official
1118 component societies for the purpose of informing their membership about
1119 issues relating to the practice of oral and maxillofacial surgery and the
1120 activities of the official component societies and AAOMS and/or for the
1121 purpose of informing the public about the practice of oral and maxillofacial
1122 surgery. The seal and slogan may be used only once per official
1123 component society website, either on the home page or the first page,
1124 to establish their relationship to AAOMS.

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

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

VI. PROCEDURES FOR HANDLING COMPLAINTS AND REQUESTS FOR INTERPRETATION

A. Confidentiality

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

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

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

As consideration for receiving notification of the commission's final decision regarding their complaint, the complainant shall execute a confidentiality agreement prepared by the commission. The complainant shall sign this confidentiality

1158 agreement prior to the commission releasing its decision. Failure to maintain
1159 confidentiality of the commission's decision is grounds for sanction under the *Code*.

1160 **B. Interpretations of the *Code of Professional Conduct***

1161 **1. Requests for Interpretation:** Requests for interpretation of the *Code of*
1162 *Professional Conduct* shall be in writing and shall describe the matter to be
1163 interpreted in sufficient detail to enable members of the commission to evaluate
1164 the request in all its aspects.

1165 **2. Interpretations Initiated by the Commission:** The commission on its own
1166 motion may render an opinion concerning interpretation or application of the
1167 *Code of Professional Conduct*.

1168 **3. Discretionary Power:** The commission may, in its own discretion, refuse to
1169 consider requests for interpretation of the *Code of Professional Conduct* which in
1170 the opinion of the commission should be resolved by a component society, state
1171 association, the courts or other governmental entity.

1172 **4. Publication of Interpretation:** The commission may, in its own discretion,
1173 publish its interpretations as Advisory Opinions. The Advisory Opinions would
1174 be published in a manner which will not identify the source of inquiry, or
1175 circumstances under which the inquiry was presented. The Advisory Opinion
1176 will be a statement of the interpretation and clarification of the *Code*.

1177 **C. Complaint Submission and Review Process**

1178 **1. Filing a Complaint:** Any AAOMS Fellow or Member, state or regional oral
1179 and maxillofacial surgery society or State Dental or Medical Board may file
1180 a complaint alleging a violation of the *Code of Professional Conduct*. The
1181 commission may also act on its own motion, by majority vote, should a matter
1182 within its jurisdiction come to its attention from any other source.

1183 **a.** The AAOMS Fellow or Member, state or regional oral and maxillofacial
1184 surgery society or State Dental or Medical Board filing the complaint shall
1185 furnish documentation of that complaint to the extent available at the time
1186 the complaint is filed.

1187 The complaint must be in writing, signed by the complainant(s) and directed
1188 to the commission at the Association's headquarters at the following address:

1189 Chair, Commission of Professional Conduct
1190 c/o American Association of Oral and Maxillofacial Surgeons
1191 9700 W. Bryn Mawr Ave.
1192 Rosemont, IL 60018-5701
1193 Confidential

1194 **b.** Complaints will be forwarded promptly by the headquarters to members
1195 of the commission.

1196 **c.** In cases where the commission accepts a complaint against an American
1197 Association of Oral and Maxillofacial Surgeons component society, the
1198 complaint will also be forwarded to the American Association of Oral and
1199 Maxillofacial Surgeons President. The American Association of Oral and
1200 Maxillofacial Surgeons' President is then bound by the confidentiality
1201 requirements of the *Code*.

1202 **2. Notice to Respondent:** A copy of the complaint shall be sent to the respondent
1203 by UPS or FedEx mail along with a letter informing the respondent of the
1204 complaint review process.

1205 **3. Notice to Complainant:** A letter shall be sent to the respondent by a certified
1206 mailing, acknowledging the commission's receipt of their complaint and informing
1207 the complainant of the complaint review process.

1208 **4. Answer:** The respondent has 30 working days from the date they receive notice
1209 of the complaint to file a written answer. Failure to file a written answer will be
1210 grounds for sanction under the *Code*. (See Section V. 1.04)

1211 **5. Review of Complaint by Commission:** Complaints shall be reviewed within
1212 90 working days of their receipt by the commission or at the commission's next
1213 scheduled meeting.

1214 In its review of the complaint, the commission has the authority to take any one
1215 or combination of the following actions:

1216 **a. Defer Complaint:** The commission may, on its own motion, defer or hold in
1217 abeyance proceedings on any complaint, at any stage of the review process,
1218 in any matter where the commission believes the subject matter of the
1219 complaint is or may be the subject of litigation pending in any court or
1220 administrative hearing body of competent jurisdiction. The commission

1221 shall issue any decision to defer or hold a matter in abeyance in writing.
1222 A decision by the commission to defer or hold a matter in abeyance is not
1223 subject to appeal under the *Code*.

1224 **b. Dismiss Complaint:** Upon reviewing the complaint, supporting
1225 documentation and respondent's answer the commission may decide that
1226 there is insufficient basis for further proceedings, in which case the complaint
1227 shall be dismissed with a finding of an "insufficient basis for a violation"
1228 decision. The respondent will be notified of such in writing via certified mail.
1229 The complainant will be notified in accordance with the confidentiality
1230 requirements of Chapter VI, Section A.

1231 **c. Request Additional Information:** If upon review of the complaint, supporting
1232 documentation and respondent's answer the commission decides it needs
1233 additional materials to reach its decision in this matter they may request
1234 additional materials from either or both of the parties.

1235 **d. Appoint an Investigating Committee:** If upon review of the complaint,
1236 supporting documentation and respondent's answer the commission
1237 determines there is sufficient need for an investigating committee, notice shall
1238 be sent to the respondent by the commission within 30 working days, together
1239 with a description of the procedures that will be followed in the investigation of
1240 the complaint.

1241 **i. Members of Investigating Committee:** Investigating Committees shall
1242 consist of three Fellows or Members of the Association and shall be
1243 appointed by the chair of the commission. The chair shall designate
1244 one of the three (3) Members as chair of the committee.

1245
1246 Efforts shall be made by the Chair of the commission to conduct a random
1247 selection of committee members, except to exclude Fellows or Members
1248 with any interest in the case. A Fellow or Member shall disqualify
1249 themselves from serving on a particular investigation committee
1250 if that individual has any interest in the case.

1251 The Chair of the commission has complete discretion in appointing
1252 members to the investigating committee, including filling any vacancies.

1253 Once the assignment of the committee members has been finalized, the
1254 committee and the respondent will be given notice, via certified mail, of the

date the investigation will begin. In addition, the respondent will be informed of their right to submit additional evidence in writing to the committee.

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

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

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

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

- iii. Report of Findings:** The committee shall submit a written report to the commission within 60 working days of the start of the investigation. The report shall contain all material gathered in the investigation. It may contain a recommendation from the committee, as to whether further investigation is warranted. Each member of the committee must sign a copy of the report.

- iv. Disbanding of Committee:** After submission of its written report, the committee members will remain available to the commission, to answer any questions they may have regarding the investigation. The committee will disband at the discretion of the chair.

- v. Notify Respondent of Their Right to a Hearing:** If upon review of the complaint, supporting documentation and the respondent's answer the

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

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

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

The hearing process is outlined below:

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

- 1322 **ii. Notice of Hearing:** If the respondent submits a timely written request
1323 for a hearing, the commission shall notify the respondent of the date,
1324 place and time of the hearing within 30 working days. The commission
1325 shall schedule the hearing within 90 working days of the respondent's
1326 request and the respondent shall receive not less than 30 days of
1327 notice of the hearing. The commission shall provide the complainant
1328 with no less than 30 days notice of the hearing. The commission shall
1329 provide copies of all the relevant supporting documentation not
1330 otherwise privileged or protected by law by UPS or FedEx mail to all
1331 parties, not less than 30 working days prior to the date of the hearing.

1332 **Advisory opinions**

1333 **E.1.00** In certain circumstances, such as major health issues with the
1334 respondent or respondent's family, a national pandemic, or other similar
1335 circumstance, a virtual hearing on a platform acceptable to the
1336 Commission may be permitted, subject to the approval of the
1337 commission. Virtual hearings will be just as valid with the Association
1338 as an in-person hearing, and the same rules will apply.

- 1339 **iii. Attendance at Hearing:** Attendance at the hearings may be limited to
1340 the members of the commission, appropriate or designated AAOMS
1341 staff and counsel, any witnesses who agree to be called, the parties
1342 and counsel or a representative of the respondent and complainant,
1343 who may speak on their behalf.

1344 The commission may hear from appropriate witnesses presented by
1345 the respondent, but has no power to compel the attendance of
1346 witnesses at a hearing. The respondent shall provide the commission
1347 with written notice of the identification of any witnesses expected to be
1348 called within 10 working days prior to the hearing.

1349 The respondent and complainant's counsel or representatives must file
1350 a written notice of appearance with the commission no later than 10
1351 working days prior to the hearing. Failure to file such notice constitutes
1352 a waiver of the respondent and complainant's right to be represented
1353 during the appeals hearing.

1354 Counsel or a representative shall not appear in lieu of the respondent.
1355 Should the respondent or complainant fail to appear, the commission

may take appropriate action, including, but not limited to, dismissal of hearing, holding the hearing and/or taking any other warranted action based on the documentation or other relevant materials before it.

A member of the commission may, on their own motion, withdraw from the hearing.

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

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

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

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

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

viii. Decision of Commission on the Hearing: The commission shall, within 30 working days of the hearing, reach a decision. If the respondent has waived their right to a hearing, the commission will

issue their decision within 60 working days of that waiver. The date of the waiver will be considered to be the date the commission received written notice from the respondent that they did not wish to submit additional materials or participate in a hearing. If the respondent did not give notice, the date will be considered to be 30 working days after the respondent's receipt of notice of their right to request an appeal.

The commission shall notify the respondent in writing, via certified mail, of its decision within 15 working days of reaching its decision. Where a violation of the *Code* is found the sections of the *Code* and/or the Advisory Opinions violated, any discipline imposed and the procedure for appeal of the decision shall be included in the notification.

6. Issuing of Decision by Commission

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

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

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

D. Actions Taken By Other Parties

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

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

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

1. Types of Discipline: The commission, or, when applicable, the Appeals Board, may impose the following discipline:

1454 **a. Compliance Actions:** The goal of these actions is to encourage oral and
1455 maxillofacial surgeons to bring their activities into compliance with the *Code*.
1456 They are kept confidential unless they are imposed in conjunction with a
1457 publishable sanction.

1458 **i. Letter of Counsel:** A statement to the respondent, informing them
1459 of a need for guidance in professional conduct has been recognized.

1460 **ii. Probation:** A trial period of stated length in which the respondent is under
1461 the supervision of the commission and their fitness for membership in the
1462 American Association of Oral and Maxillofacial Surgeons is tested. During
1463 the period of probation, the respondent's conduct is under periodic
1464 scrutiny and the respondent is expected to demonstrate improved
1465 personal and/or professional deportment or provide evidence that the
1466 actions or circumstances that resulted in their violation of the *Code* have
1467 been corrected. If during the period of probation the commission finds that
1468 any of the conditions for probation have been violated, the commission
1469 shall have the power to extend or increase the sanction subject to the
1470 respondent's right to a hearing as provided in Chapter VI, Section C of the
1471 *Code*. There shall be no right of appeal from a finding that the conditions
1472 of probation have been violated. The commission at its discretion may
1473 reduce the period of probation or a reporting requirement without the
1474 necessity of holding a hearing.

1475 **b. Penalty Actions:** These actions are intended to be punitive in nature. Notice
1476 of these actions shall be published in AAOMS media as detailed in Section
1477 VI.E.4 below.

1478 **i. Censure:** A formal written statement expressing disapproval or criticism
1479 of the respondent's action or conduct sent to the respondent.

1480 **ii. Suspension:** Denial of all rights and privileges of membership in the
1481 American Association of Oral and Maxillofacial Surgeons for a stated
1482 period of time.

1483 **iii. Expulsion:** Loss of membership and denial of all rights and privileges
1484 of membership in the American Association of Oral and Maxillofacial
1485 Surgeons for a stated period of time. An expelled Fellow or Member may
1486 reapply for membership after three (3) years has elapsed from the date of
1487 the final decision.

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

- a. The seriousness of the offense. The commission may adjust the severity of sanctions based on its assessment of how serious the infraction in question is or was.
- b. Previous offenses by the respondent and the disciplinary actions taken in those cases. A history of previous commission findings of ethical violations by the respondent, particularly violations similar in nature to the current case, may result in the commission imposing sanctions more severe than it might otherwise impose. The commission may, at its own discretion, impose progressively increasing discipline for repeat offenses and offenders.
- c. The commission's judgment that a given practice or activity must be deterred. The commission may impose harsher sanctions in cases where it seeks to deter an individual in a given case, or when it determines a more severe punishment may deter a practice among oral and maxillofacial surgeons generally, or both.

3. Record of Discipline

- a. A record of any discipline imposed shall be maintained in the confidential files of the commission.
- b. A record of any suspension or expulsion shall be entered into the membership files. Any requests for membership status by the media, general public and other Fellows or Members shall be answered only as to the current status of the Fellow or Member. The answer will either be that the person is a Fellow or Member in good standing or they are not currently a Fellow or Member if they have had their membership suspended or they have been expelled from AAOMS. Records of disciplinary actions shall be removed from membership files when the time period of the imposed sanction has elapsed.
- c. A record of any discipline imposed may be provided to licensing, regulatory or disciplinary authorities at the discretion of the majority of the commission. A record of any discipline imposed may also be provided to state or regional oral and maxillofacial surgery societies at the discretion of the majority of the

commission. All such requests must be in writing and sent to the Chair of the commission.

- d. The commission will report actions as required by law to the National Practitioners Data Bank.

4. Publication of Discipline

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

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

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

F. Appeal to the Appeals Board of the Board of Trustees (Appeals Board)

1. Right to an Appeal

- a. Except as provided in Chapter VI, Section E.1.a.ii, if the commission imposes discipline, the respondent has the right to appeal the decision and the discipline to the Appeals Board.

b. The complainant has no right to an appeal.

2. Members of the Appeals Board

a. The Appeals Board shall consist of three (3) members of the Board of Trustees appointed annually by the President of the Association. One member of the Appeals Board shall be designated chair. Two alternates also are appointed annually by the President of the Association.

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

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

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

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

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

5. Determination on Status of Hearing: Within 90 working days of receipt of the respondent's request for an appeals hearing, the Appeals Board shall consider

the complete record of the case, the record of the commission's proceedings, the respondent's statement(s) submitted with the notice of appeal and any briefs filed and make a determination as to whether the request for an appeals hearing will be granted.

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

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

7. Attendance at Appeals Hearing: Attendance at the hearings may be limited to the members of the Appeals Board, designated AAOMS staff and counsel, any witnesses who agree to be called, the parties and counsel or a representative of the respondent and complainant, who may speak on their behalf.

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

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

c. Should the Appeals Board, within its sole discretion, choose to conduct an appeals hearing, such hearings shall be conducted in conformance with the

1619 same standards set forth above for commission hearings, subject to any
1620 modifications deemed appropriate by the Appeals Board.

1621 **8. Continuance of Appeal Hearing:** The Appeals Board may continue a hearing
1622 by giving written notice of the continuance to the parties involved not less than
1623 15 working days prior to a scheduled appeals hearing.

1624 A request for a continuance by the respondent or complainant must be submitted
1625 in writing, by certified mail, not less than 15 working days prior to a scheduled
1626 hearing. Continuances are granted at the sole discretion of the Appeals Board.
1627 A decision by the Appeals Board to deny a continuance is not subject to appeal
1628 under this *Code*.

1629 **9. Evidence and Argument:** The Appeals Board shall not be bound by technical
1630 legal rules of evidence. Submission of materials to the Appeals Board, other than
1631 the brief and materials considered by the commission is not favored. The
1632 respondent does not have the right to submit additional materials. The Appeals
1633 Board, at its discretion, may consider additional material submitted to the board
1634 by the respondent.

1635 **10. Record:** A written transcript of the hearing shall be made, the cost to be borne by
1636 the Appeals Board. Copies of the transcript will be provided to the respondent at
1637 their expense.

1638 **11. Hearing Expenses:** The Appeals Board shall bear costs of the setting up and
1639 conducting the hearing, including the cost of a written transcript. Every attempt
1640 possible will be made to hold hearings in conjunction with other AAOMS
1641 meetings to reduce costs and to make the meeting time and place as convenient
1642 as possible for all parties. All expenses associated with the respondent and
1643 complainant's travel to and from the hearing, the respondent's defense and the
1644 respondent and complainant's representation at the hearing shall be borne by
1645 the respondent and complainant.

1646 **12. Decision of Appeals Board:** The Appeals Board may reverse or uphold or
1647 modify the decision of commission. The Appeals Board may also remand part of
1648 or all of the case to the commission with direction, if the board finds that there
1649 may have been substantive errors that deprived the respondent of any right,
1650 including the right to a fair hearing, or that the discipline was inappropriate.

The Appeals Board shall render its decision within 60 working days after the conclusion of the hearing or, if no hearing is held, within 60 working days of its deliberations. The Appeals Board shall notify the respondent in writing, via certified mail, of its decision within 15 working days of reaching their decision. Where a violation of the *Code* is upheld, the notification shall include the sections of the *Code* and/or the Advisory Opinions violated and any discipline imposed.

The decision of the Appeals Board shall be final and not subject to further review or appeal within the Association.

13. Additional Time for Commission or Appeals Board Action: Notwithstanding the various time limits set forth for actions of either the commission or the Appeals Board, the commission or Appeals Board, in their sole discretion, can extend time limits as either body deems appropriate.

VII. DEFINITIONS

Advisory Opinion – Official interpretations, opinions and statements of the AAOMS Commission on Professional Conduct established by the AAOMS Commission on Professional Conduct. Advisory opinions generally apply the *Code* to specific situations. They are intended to provide detailed standards to oral and maxillofacial surgeons on following the *Code* and are published along with the sections of the *Code* they illuminate.

Affiliate Member – An individual who resides and practices or is engaged in an administrative or research position in a country other than the United States and, if applicable, is recognized as an oral and maxillofacial surgeon by the country's appropriate agencies; has specialty training in oral and maxillofacial surgery equivalent to that required of Candidates for AAOMS fellowship or membership; and holds and maintains membership in the country's oral and maxillofacial surgery organization, or, if none exists, other such evidence which verifies that the individual is functioning within the professional, moral and ethical framework of the profession of dentistry/medicine.

American Association of Oral and Maxillofacial Surgeons (AAOMS, the Association) – The primary national professional organization representing oral and maxillofacial surgeons in the United States.

American Board of Oral and Maxillofacial Surgery (ABOMS, the Board) – The certifying board for oral and maxillofacial surgeons, which establishes criteria for competence and the knowledge base that determines a sufficient and acceptable

1684 performance for safe practice of the specialty. The ABOMS examines qualified
1685 candidates to determine if they have demonstrated the requisite training, experience
1686 and knowledge of the specialty to achieve status as a diplomate. The Board's mission
1687 includes examination and certification of candidates and re-certification of diplomates.

1688 **Candidate** – An individual who has completed training in an ADA-accredited training
1689 program in oral and maxillofacial surgery in the United States, whose application has
1690 been provisionally approved by the Committee on Membership, and who has met all
1691 eligibility requirements, including submission of all supporting documentation. A
1692 Candidate must complete the application process within three years from the date
1693 designated to this status

1694 **The Code – AAOMS Code of Professional Conduct.** The *Code* is the ethical standard
1695 of conduct for oral and maxillofacial surgeons.

1696 **The commission** – The AAOMS Commission on Professional Conduct.

1697 **Commission on Professional Conduct (CPC, the commission)** – The body
1698 authorized under the AAOMS *Bylaws* to maintain, administer and adjudicate the
1699 AAOMS *Code of Professional Conduct*.

1700 **Fellow** – An individual who is a graduate of an accredited dental school and has
1701 completed an advanced oral and maxillofacial surgery educational program accredited
1702 by the American Dental Association (ADA) Commission on Dental Accreditation; has a
1703 license or permit in dentistry or medicine in the state and oral and maxillofacial surgery
1704 specialty licensure, where applicable; resides and practices in the United States or its
1705 possessions; maintains membership in the American Dental Association (ADA) or other
1706 such evidence which verifies they are functioning within the professional, moral and
1707 ethical framework of the specialty of oral and maxillofacial surgery; complies with
1708 American Association of Oral and Maxillofacial Surgeons *Code of Professional Conduct*
1709 and Official Advisory Opinions; holds membership in the AAOMS component oral and
1710 maxillofacial surgery state society in the state in which they practice (excludes those
1711 who meet the grandfather provision of the *Bylaws*, and individuals in the federal dental
1712 services) (effective September 27, 1991); presents written evidence of qualifications as
1713 requested; and is certified by the American Board of Oral and Maxillofacial Surgery
1714 (ABOMS).

1715 **Honorary Fellow** – An individual who holds no other class of membership in the
1716 AAOMS or who is a non-USA Member who has made distinguished contributions to
1717 the specialty of oral and maxillofacial surgery.

1718 **Inactive Fellow and Member** – A Fellow, Member or Affiliate Member who derives
1719 no income from the practice of oral and maxillofacial surgery. Active practice is the
1720 performance of any activities requiring licensure or permit in dentistry or medicine in
1721 the state or oral and maxillofacial surgery specialty licensure, where applicable.

1722 **Insurance Company** – An insurance company shall include any party obliged or
1723 contracted to act as a third-party payer for the treatment of another, including but not
1724 limited to an insurer, reinsurer, underwriter, managed care agency, health maintenance
1725 company, or risk retention group.

1726 **Insurance Consultant** – An insurance consultant is a person who reviews, reports,
1727 or renders an opinion upon a course of treatment, procedure or the cost thereof for an
1728 insurance company, with or without compensation or consideration of any kind. This
1729 term shall include a person who provides consultation upon the treatment of a specific
1730 patient, general practices and community standards of care, or coverage and payment
1731 policies.

1732 **Life Fellow and Member** – A Fellow, Member or Affiliate Member shall automatically
1733 be transferred to Life fellowship or Life membership upon completion of 30 dues paying
1734 years and reaching the age of 65 or upon completion of 35 dues paying years.

1735 **Member** – An individual with the same qualifications as a Fellow except certification
1736 by ABOMS.

1737 **National Practitioners Data Bank (NPDB)** – The NPDB, a national register of
1738 physicians, dentists and other healthcare practitioners, was established by the federal
1739 government in response to provisions of the Health Care Quality Improvement Act
1740 (HCQIA) of 1986. It began operations in 1989. It tracks and reports incidents of low-
1741 quality care related to individual practitioners. The NPDB operates under a contract on
1742 behalf of the federal Department of Health and Human Services and is managed by its
1743 Division of Quality Assurance. Federal law requires organizations that evaluate and
1744 monitor the work of healthcare professionals to report adverse actions relating to clinical
1745 competence or professional misconduct involving a physician (Doctor of Medicine or
1746 MD or Doctor of Osteopathic Medicine or DO or dentist (Doctor of Dental Surgery or
1747 DDS or Doctor of Dental Medicine [DMD]) to its individual state licensing agency within
1748 15 days of the action.

1749 **Oral and Maxillofacial Surgeon (OMS)** – A practitioner who has successfully
1750 completed four years of dental school and an additional four years of residency training

1751 in oral and maxillofacial surgery who performs any oral and maxillofacial surgery activity
1752 requiring licensure or permit in dentistry or medicine and the state oral and maxillofacial
1753 surgery specialty licensure, where applicable.

1754 **Oral and Maxillofacial Surgery** – The specialty of dentistry which includes the
1755 diagnosis, surgical and adjunctive treatment of diseases, injuries and defects involving
1756 both the functional and aesthetic aspects of the hard and soft tissues of the oral and
1757 maxillofacial region.

1758 **Peer Review** – A process by which the actions of healthcare professionals are reviewed
1759 by a panel of their peers for the purpose of improving quality or assessing medical or
1760 dental necessity.

1761 **Provisional Fellow or Member** – A Provisional Fellow or Member shall fulfill
1762 all qualifications for membership except one or more of the following: 1) application/
1763 election to the component society; 2) fulfillment of the component society's on-site office
1764 anesthesia evaluation; and 3) attendance at a component society meeting if this is a
1765 membership requirement of the component society.

1766 **Resident Member** – Individuals in training in an American Dental Association's (ADA)
1767 Commission on Dental Accreditation (CODA) accredited training program in oral and
1768 maxillofacial surgery in the United States or in Canada are Resident Members.

1769 **Retired Fellow and Member** – A Fellow, Member or Affiliate Member who has
1770 completely retired from the practice of oral and maxillofacial surgery. To qualify for
1771 Retired status, a Fellow, Member or Affiliate Member must have paid dues for 20 years
1772 or be disabled and unable to engage in active practice. Active practice is the
1773 performance of any activities requiring licensure or permit in dentistry or medicine
1774 in the state or oral and maxillofacial surgery specialty licensure, where applicable.

1775 **Second Opinion** – An evaluation of a patient with a specific problem in oral and
1776 maxillofacial surgery, where that Member or Fellow has knowledge that a peer has
1777 previously evaluated the patient for the problem.

1778 **Third-Party Payer** – Any party to a dental or medical payment contract that may collect
1779 premiums, assume financial risk, pay claims and/or provide administrative services.

1780 **Working Days** – Working days are defined as days during which the AAOMS
1781 headquarters is regularly scheduled for business. Generally, these days are Monday
1782 through Friday of every week, except for designated holidays as determined annually

1783 by the AAOMS Board of Trustees and management. A calendar of these designated
1784 holidays is available from the AAOMS headquarters.

1785 **Note:** The AAOMS House of Delegates has the power to adopt, amend, revise and
1786 repeal the *Code of Professional Conduct* and *Guidelines for Filing a Complaint of*
1787 *Violation*. The Advisory Opinions are subject to change by the Commission on
1788 Professional Conduct and to review and approval by the Board of Trustees. Earlier
1789 editions of the *Code of Professional Conduct* can be obtained by contacting the office
1790 of the Commission on Professional Conduct at AAOMS Headquarters at 800-822-6637.