



Michigan Dental Hygienists' Association

Policy and Procedure Manual

Updated November, 2024 JL

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Section I - General Information

PURPOSE OF THIS MANUAL

The policies and procedures within this document are provided to:

1. Inform members of the structure, systems, processes, as well as policies and procedures established by the Board of Trustees (BOT) and House of Delegates (HOD) for directing the operation and activities of this association.
2. Assist its leaders to be more effective and efficient in the association's operation.

USE OF THIS MANUAL

This Policy and Procedure manual are a reference that will help direct your actions so they do not overlap any other person's actions, council actions, or task force actions, etc. It is designed to be supportive in accomplishing the mission and goals of the MDHA. If you find information that is in conflict, not clear, or incomplete, please make a note and send it to the CO and the president.

MISSION STATEMENT

The mission of this MDHA is to advocate for the profession of dental hygiene.

GOALS

- The dental hygiene community will understand the value of MDHA membership and choose to belong.
- Advance the profession of Dental Hygiene through collaborative partnerships.
- The RDH scope of practice will be considered the standard of care to achieve optimal health.
- Promote the highest standards of dental hygiene education, licensure, research, and practice.
- Promote expanding the public's access to care through the utilization of dental hygienists.
- Be a data-driven, fiscally sound, and effectively governed organization.

BOT: 2016

VISION STATEMENT

MDHA will be the voice for all registered dental hygienists in Michigan.

CORE VALUES

As an association, we value:

- Unity
- Diversity
- Mutual Respect
- Accountability
- Excellence in Practice
- Professional Ethics

DEFINITIONS

Advisory member	A non-voting advisor, appointed to a council or task force; traditionally an officer.
Board of Trustees	Administrative/managing body charged with conducting all the business of the Association. Comprised of the president, president-elect, vice president, treasurer, and trustees.
Consultant	A non-voting individual appointed by the board of trustees to a council or task force based on the individual's area of expertise and/or the needs of the council or task force.
Councils	Review, recommend, and develop ways and methods of accomplishing the mission, goals, and MDHA policy.
Dental Hygiene	The science and practice of the oral health maintenance and disease prevention; the profession of the dental hygienist.
Goal	Specific series of statements developed to set the direction of association activities.
House of Delegates	Legislative body of the Association that sets all policies for its governance and activities.
Liaison	A person who mediates a mutually beneficial relationship between organizations or entities.
Member-at-Large	A voting member whose duties are subject to the association council in which they serve.

Mission	A statement of purpose that expresses the association's professional duty and reason for existence.
Officer(s)	Representatives and spokespersons who conduct association business, in a concerted effort to uphold and attain the association's mission, goals, and policy.
Opinion	A professional judgment on a particular matter.
Policy	A plan or course of action intended to influence and determine decisions, actions, and other matters.
Political Action Committee	A group formed to raise and contribute money to the campaigns of State candidates likely to advance the group's interests.
Position	Statement of opinion on a particular matter.
Procedure	Implies a formal or set order of doing things, a method of conducting affairs; the manner of proceeding in any action or process.
Recommend	Propose or suggest something suitable or possible.
Request	Ask, solicit, or petition something.
Required	A requisite standard by virtue of position.
Resolution	A formal determination, expression of opinion, set in purpose or opinion.
Scope	Extent or range of view and/or outlook.
Task Force	A workgroup that plans strategies or actions for accomplishing an assignment.

ABBREVIATIONS

AA	Association Administrator
ADHA	American Dental Hygienists' Association
BOT	Board of Trustees
CAP	Committee on Association Policy
CO	Central Office
DEI	Diversity, Equity, and Inclusion
DHY	Dental Hygiene
EC	Executive Council
HOD	House of Delegates
IOH	Institute for Oral Health
IPP	Immediate Past President
MBD	Michigan Board of Dentistry
MDHA	Michigan Dental Hygienists' Association
MDH-PAC	Michigan Dental Hygiene – Political Action Committee
P	President
P & P	Policy and Procedure Manual
PBY	Proposed Bylaw
PE	President-Elect
PHC	Public Health Council
PR	Proposed Resolution
RDH	Registered Dental Hygienist
SOH	Speaker of the House
TF	Task Force
VP	Vice President

MDHA PLEDGE

I pledge to uphold the core values of dental hygienists as I continue with today's proceedings:

To treat all others with respect, do no harm, and avoid any violation of confidence.

To act with truthfulness in both my words and actions while maintaining professionalism.

To educate and advocate for the well-being of all individuals and for this profession as a whole.

May I bring honor to the profession, and may harmony prevail during our gathering.

Written by: Sandy Sutton and Michelle Spencer
January 26th, 2019

COLLECT (Retired January 2019)

Most Gracious God and Father, The Fount of All Knowledge,
The Lover of Concord.

We Beseech Thee to Guide and Bless the Deliberations of
This Convention, That Harmony May Prevail.

Strengthen Our Resolve, to Keep High the Ideals
and Principles of Our Association.

Deliver Us From All Pettiness and Uncharitableness
of Thought or Action.

Help Us to be Exemplary in the Practice of Our Profession
and Ethical in Our Conduct,

That We May Bring Credit to Our Association
and Do Honor to Thy Name.

Written by: Omar and Marjorie Cook, RDH

History of the MDHA Collect

The Michigan Dental Hygienists' Association Collect was born at a point in MDHA history when individual commitment needed a boost. The early pioneers of dental hygiene maintained a viable organization despite little support from others, including many of their colleagues. For many years, the Collect was used to open every Board of Trustees Meeting, House of Delegates, and Scientific Session.

The Collect was co-written by Marjorie Bretz Cook, RDH and J. Omar Cook in 1955. Marjorie had been an active member of MDHA since her graduation from U of M in the 1920's. She worked for the Kalamazoo Public Schools as their dental hygienist for many years. She married Omar, a journalist, from Kalamazoo. Omar became a consultant for the development of the Bulletin, also developing the MDHA seal, plaques, stationary, and later becoming an honorary member of MDHA.

Marjorie and Omar were faithful attendees of the Board Meetings and Annual Business Sessions. They felt that the opening of the meetings with the *Collect* would give participants at these meetings an opportunity to renew their commitment to their profession, as well as an incentive to attend and to vote on important issues.

Before the House of Delegates format for annual meetings was established, association business was conducted by the general meeting format, held annually during the Scientific Session (now called the MDHA/MDA Joint Session). It was difficult to keep members at the Business Meetings with shopping and social activities as distractions. One year, it was

impossible to achieve a quorum and conduct business. Even a special meeting held later in the year lacked a quorum, so current officers had to continue in their positions for an additional year.

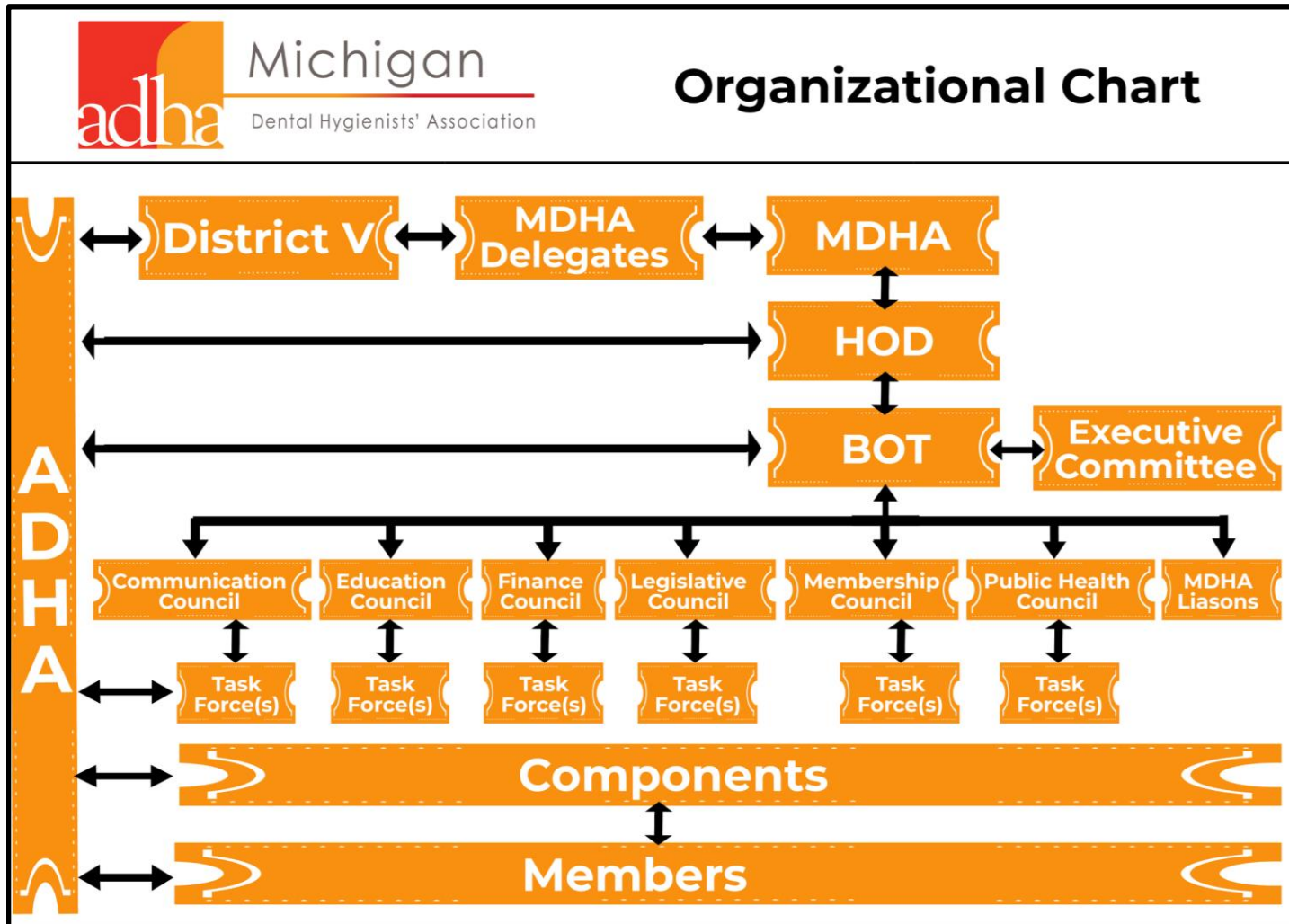
This was the event that led to an attempt to bring a sense of commitment to the membership of MDHA. The Collect, written by the Cooks, was an effort to bring the membership back to their shared goals and responsibilities.

Karen Essell, RDH, BSDH
MDHA Historian
July 2009

With special acknowledgment to Melva Baxter, RDH
MDHA Historian
1985-2004

Section II - Organizational Structure

ORGANIZATIONAL CHART



ORGANIZATIONAL STRUCTURE DEFINED

The following information attempts to define, in general terms, each element of this organizational structure - member, component, constituent, district V, and ADHA.

MEMBER

The following list describes several key responsibilities and commitments one must accept when taking membership in an association. Member participation is essential and valuable for both the individual member and the association.

- Pay dues and/or assessments.
- Attend meetings; participate in discussions and share ideas and ideals.
- Vote with knowledge of issues according to your perspective and belief.

- Create methods to support oral health care and the dental hygiene profession through policy-making procedures.
- Abide by the decisions of the majority.
- Share professional knowledge, opinions, and methods, along with your experiences and techniques for improving dental health and dental hygiene practices with other members and colleagues.
- Actively support this Association's Policy and Procedure Manual.
- Adhere to the standard of care set forth by this association.
- Share your time and work to enrich association programs, involve the community in oral health programs, help meet oral health needs of the public through association programs, promote awareness of the dental hygienist and the association, and aid staff and officers in association operations.
- Serve as a member of councils, committees, and task forces, or as a delegate, trustee, or officer.
- Recruit new members.

COMPONENT

This is the first tier of the association with which members have contact in the organizational structure. Components are comprised of individuals residing in a specific geographic area of the state, organized according to the MDHA bylaws and this manual. This organization of individuals is called a component and determines its specific name by the geographic area it encompasses.

Component activities and programs are usually structured more for the individual's needs and interests. It is important that the needs and interests of these members are identified and communicated to the state and national associations. To do this, most components' organizational structure includes officers, an executive board, and committees.

CONSTITUENT

This is the second tier of the association with which members have contact in the organizational structure. Members of all components combine to form a state organization, called a constituent. The name of the constituent corresponds to the state, i.e. Michigan Dental Hygienists' Association. The primary functions of the constituent include being the liaison between the component and the national organization and determining policy and direction for statewide issues and needs of the association. The constituent is operated or directed by those members that are willing to accept additional responsibility to serve: within councils, committees, task forces, or as trustee, delegate, or officer of the constituent.

DISTRICT V

This is the third tier of the association with which members may have contact in the organizational structure. District V is one of twelve aggregates of constituent associations.

District V includes the following constituents: Indiana, Kentucky, Michigan, and Ohio. District trustees are elected by the ADHA delegates within their district, and they serve as the liaison between the national organization and the constituent organizations.

NATIONAL

This is the final tier of the association with which members have contact in the organizational structure. Members of all the components and constituents combine to form this national organization, called the American Dental Hygienists' Association. This national association is operated or directed by employed staff and those members that are willing to accept additional responsibility and serve: within councils, committees, task forces, or as district trustees, delegates, or officers of the ADHA.

The primary functions of the ADHA include acting as liaison with the constituents and addressing nationwide policy and programs affecting dental hygiene and oral health care. The ADHA's organizational structure includes officers, councils, committees, task forces, a board of trustees, a house of delegates, districts, constituents, components, foundations, and commissions.

Section III - Components

COMPONENTS DEFINED

Localized groups of dental hygienists that have organized to form a comradeship and promote the mission and goals of the MDHA. The numbers represent the ADHA membership billing code and the order that each component was formed in Michigan.

Charters granted include:

01	Southwest DHA	06	Grand Shores DHA
02	South Central DHA	07	Great Lakes Bay DHA
03	Greater Detroit DHA	08	Northland DHA
04	Capital Region DHA	09	Superior Sunrise DHA
05	East Shore DHA		

Component History

In 2015 the components' boundaries were redefined and the components were combined. This reduced the previous eighteen components into the current nine components seen today.

Current Name	Previous Components
Southwest	Southwest and Lakeland Valley
South Central	South Central and Washtenaw
Greater Detroit	Oakland and Detroit
Capital Region	Central and Genesee
East Shore	Macomb and St. Clair
Grand Shores	Grand Rapids and Lakeshore
Great Lakes Bay	Saginaw Valley, Mideast, and Mid-Michigan
Northland	Northland
Superior Sunrise	Upper Peninsula and Sunrise Side

COMPONENTS

- A. Components. Voting members of the Association who are licensed, practicing or residing within a particular state, commonwealth, federal district, territory or possession of the United States may be organized as an Incorporated or Unincorporated Component of the Association. The Board of Trustees may authorize the establishment of Incorporated or Unincorporated Components which shall (i) be organized and operated in accordance with these Bylaws, and such additional rules and policies as may be adopted by the Board of Trustees from time to time; (ii) fulfill criteria for affiliation as may be established by the Board of Trustees from time to time; (iii) enter into Incorporated or Unincorporated Component agreements with the Association; and (iv) be issued a charter. The name, geographic boundaries and other requirements for Incorporated or Unincorporated Components shall be subject to approval of the ADHA and such rules and policies as may be adopted by the ADHA and the Constituent Board from time to time.

- B. Application for Recognition as a Component. The Board of Trustees, or its designee(s), shall adopt an application form and procedures to facilitate the consideration of applicants seeking to be organized as an Incorporated or Unincorporated Component of the Association. All applicants must complete the application form and submit the application, along with the designated fee, if any, to the administrative office or the Board of Trustees of the Association. The Board of Trustees, or its designee(s), shall review the application of all applicants and determine, based on the criteria set forth in these Bylaws and such other guidelines as the Board of Trustees may prescribe, if applicants meet the qualifications necessary for recognition as an Incorporated or Unincorporated Component.

- C. Revocation. Charters for the operation of Incorporated or Unincorporated Components may be revoked by the Board of Trustees at any time and in such manner and after such investigation as the Board of Trustees may deem necessary. Upon revocation of an Incorporated or Unincorporated Component's charter, the Incorporated Component immediately shall remit all of its funds and records to the Association's President. Due notice shall be given by the Board of Trustees to the Incorporated or Unincorporated Component in question, and reasonable opportunity shall be allowed for the Incorporated or Unincorporated Component to meet the requirements or correct infractions before final action is taken to revoke the charter.

- D. Name. No Incorporated or Unincorporated Component or other entity shall use the name of the ADHA or the Association in any manner whatsoever unless duly authorized to do so by the ADHA or the Association (as applicable) pursuant to the terms of a written agreement.

- E. Organization. Each Incorporated Component shall have a Board of Directors, officers and bylaws in such form as shall be approved by the Association's Board of Trustees. Incorporated Components must maintain voting membership categories and criteria that

are identical to the Association's (with the exception of Life membership). Changes to an Incorporated Component's bylaws must receive the written approval of the Association's Board of Trustees.

- F. Meetings. Each Incorporated or Unincorporated Component may hold such meetings as it deems appropriate.
- G. Choice of Incorporated or Unincorporated Component. Members may belong to only one Incorporated or Unincorporated Component, and may join the Incorporated or Unincorporated Component of their choice based on where they reside, practice, or hold a license.
- H. Transfers. A member of an Incorporated or Unincorporated Component may transfer to another Incorporated or Unincorporated Component by written request addressed to the central office of ADHA. The central office of ADHA shall affect the transfer and promptly shall notify the affected Incorporated or Unincorporated Components. Full membership privileges shall be granted to the transferring member in the new Incorporated or Unincorporated Component, and a credit for the full amount of any dues paid to the previous Incorporated or Unincorporated Component shall be applied to the dues in the new Incorporated or Unincorporated Component.

ESTABLISHED COMPONENTS

- Elect component trustees and inform the AA of newly elected officers and chairs promptly after elections and in accordance with established reporting dates.
- Report all names and address changes promptly to the AA.
- All requests for MDHA officer visitations to the component must be made early with a specific date and an alternate date, including time and place.
- Provide time on meeting agendas for the trustee to report the MDHA and ADHA activities.
- Establish yearly goals and appoint councils, committees, etc. to accomplish goals.
- Encourage members to be familiar with the MDHA's mission, goals, bylaws, and this manual.
- Encourage members to attend the MDHA and ADHA meetings each year.

Section IV - Officers

PRESIDENT

The official spokesperson, representative, executor/administrator of activities, and presiding officer of the association, for the purpose of implementing its mission, goals, and policy and procedures.

Qualifications Required

- Voting member of MDHA.
- Member in good standing.
- Served on the BOT or as a Delegate to MDHA HOD.

Qualifications Highly Recommended

- Familiar with MDHA structure and this manual.
- Familiar with ADHA structure.
- Experience within the association as trustee or council chair.
- Able to commit the time needed to perform the duties and responsibilities.
- Dedicated to the association's mission and goals.
- Served as PE the term before President.

Qualifications Recommended

- A person who is respected by the membership.
- Organized with skills in planning and public speaking.
- Promoter of teamwork.
- Conducts meetings effectively.
- Demonstrate commitment to:
 - Individual member and nonmember desires and needs.
 - Motivating and increasing membership.
 - Promoting association activities to the membership.

Election

- The presidency is automatic upon completion of the PE term.

Term of Office

- One (1) year or until a successor is elected and installed.
- Succeed to the office of IPP without election at the next HOD.

Vacancy Position

- The PE becomes President automatically for the unexpired term. In the event of unforeseen circumstances that cause a vacancy for the President of PE position, the Board of Trustees can appoint a President until the House of Delegates reconvene and fill the vacancy.

Duties and Responsibilities

Executive Committee (EC)

- Attend and participate in quarterly conference calls.

Councils

- Advisory member of all councils and task forces.
- Appoint council chairs in case of a vacancy.

Board of Trustees (BOT)

- The presiding officer votes only to break a tie.
- Prepare the agendas.
- Submit recommendations for appointed officers for approval at the first BOT meeting following HOD.
- Prepare and report on District V meetings in consultation with the ADHA delegation.
- Appoint a trustee pro-tem if a vacancy occurs.
- Advise the BOT of RDH recommendations for the MBD in collaboration with the Legislative Council.
- Follow MDHA procedures, policies, and *MDHA Bylaws* at all times.
- Notify BOT of costs covered and reimbursement procedure as per the travel/expense voucher.

House of Delegates (HOD)

- Serve as a member of the CAP.
- Advisory member with no vote; attend and participate in all events.
- Select keynote speaker.
- Appoint a parliamentarian in consultation with the SOH.
- Appoint reference committee personnel and assign resolutions to committees.
- Appoint Sergeant-at-Arms.
- Deliver the president's address after installation.
- Deliver the president's message at HOD when completing a term.
- Succeed to the office of IPP without an election, upon installation of the new president.

District V

- Prepare and communicate the constituent report for the District V meeting at the ADHA annual meeting.
- Communicate with the district V trustee as needed to keep the constituent informed of district V actions and activities.

American Dental Hygienists' Association (ADHA)

- Serve as Delegate Chair to the ADHA HOD; attend and participate.
- Communicate with the district V trustee as needed to keep the MDHA informed of the ADHA actions and activities.

Administrative

- Lead by example.
- Facilitate activities between the AA, officers, BOT, councils, etc.
- Provide guidance to the BOT, councils, TF's, etc. in accomplishing duties.
- Conduct or direct correspondence for this office and the MDHA.
- Sign official documents on behalf of the MDHA.
- Prepare "Greetings" for related organizations as requested.
- Review and approve any communication related to the MDHA.
- Coordinate MDHA officer visitations to components.
- Coordinate MDHA officer visitations to dental hygiene programs.

Association Administrator (AA)

- Provide direction and supervision to the AA.
- Conduct Annual Review of the AA prior to the annual budget meeting.
- Update program worksheets for AA and submit to the treasurer by the deadline.
- Sign the contract of the AA and retain a current copy.
- Appoint an AA selection committee in the event of an AA vacancy.

Lobbyist/Lobbying Firm

- Provide direction and monitor performance with consultation from the Legislative Council.
- Conduct Annual Review of the Lobbyist/Lobbying Firm prior to the deadline for program worksheets prior to the deadline for the annual budget meeting.
- Update program worksheets for Lobbyist/Lobbying Firm and submit to the treasurer by the deadline.
- Sign the contract of the Lobbyist/Lobbying Firm and retain a current copy.
- Appoint a Lobbyist/Lobbying Firm selection committee in the event of an Lobbyist/Lobbying Firm vacancy.

Reports

- President's message for The Newswire.
- Quarterly message for the website.
- President's quarterly report for BOT.
- President's annual report to HOD.
- BOT Annual Report to the HOD.
- Prepare and Submit appropriate program worksheets for the MDHA budget meeting. i.e. BOT expenses, associated task forces, AA salary, and Lobbyist/Lobbying Firm.
- District V Constituent Report.
- ADHA Annual Constituent Report.
- ADHA Delegate's Report to BOT and component presidents.
- AA and Lobbyist/Lobbying Firm performance review report, in consultation with PE.

Attend

- Council, EC, BOT, and HOD meetings.
- MDHA/MDA/MDAA officer liaison meeting (dinner).
- Represent MDHA as requested or needed at functions or meetings.
- Component and dental hygiene program visitation.
- Notify the trustee and component president when attending meetings in their jurisdiction.
- ADHA leadership development workshop.
- Represent MDHA as requested or needed.
- ADHA delegates meetings.
- District V meetings.
- Annual AA and Lobbyist/Lobbying Firm performance review meeting.

Other

- Implement the president's theme.
- Know and use parliamentary procedure.
- Build morale by recognizing members and potential members.
- Possess knowledge of and serve in accordance with this Policy Procedure Manual. The bylaws and policies are already in this manual.
- Represent MDHA as directed by the BOT and act on the BOT request.
- Maintain current membership status and dental hygiene license.

PRESIDENT-ELECT (PE)

A person who has been elected president-elect in order to be mentored for the role of the President. This officer is given the opportunity to familiarize themselves with the operations of the association, learning duties, and responsibilities of the office of president. During the absence of the president, the PE serves as the representative of the association.

Qualifications Required

- Voting member of MDHA.
- Member in good standing.
- Served on the BOT or as a Delegate to MDHA HOD.

Qualifications Highly Recommended

- Familiar with MDHA structure and this manual.
- Familiar with ADHA structure.
- Experience within the association as trustee or council chair.
- Able to commit the time needed to perform the duties and responsibilities.
- Dedicated to the association's mission and goals.

Qualifications Recommended

- A person who is respected by the membership.
- Organized with skills in planning and public speaking.
- Promoter of teamwork.
- Conducts meetings effectively.

- Demonstrate commitment to:
 - Individual member and nonmember desires and needs.
 - Motivating and increasing membership.
 - Promoting association activities to the membership.

Election

- The PE shall be elected by ballot during the HOD.

Term of Office

- One (1) year or until their successors are elected.
- Succeeds to the office of president without election at the next HOD.

Vacancy Position

- Appointed by the President with the approval of the Board of Trustees to serve the next Annual Session, when the House of Delegates shall fill the vacancy.

Duties and Responsibilities

Executive Committee (EC)

- Serve as chair.
- Prepare agendas and preside over meetings.
- Submit meeting minutes to AA for BOT meetings.
- See section on EC for details.

Councils

- Advisory member of all councils and task forces.

Board of Trustees (BOT)

- Voting member; attend and participate.
- Serve as chair in the absence of the president.

Nominating Committee

- Serve as chair.
- Organize a committee of four members to recruit for open MDHA positions.

House of Delegates (HOD)

- Advisory member with no vote; attend and participate.
- Identify an installing officer.
- Succeed to the office of president without election at the outgoing HOD meeting.
- Deliver the president's address after the installation as president.

American Dental Hygienists' Association (ADHA)

- Serve as a delegate chair to ADHA HOD; attend and participate.
- Serve as the IOH liaison; attend meetings.

- promote and participate in fundraising activities organized by ADHA.

Administrative

- Plan organizational calendar, for the term as president, by consulting with appropriate individuals dates to include but not limited to:
 - Meeting dates for BOT, HOD, Councils, ADHA meetings, District V meetings, ADHA HOD, Michigan Association of Dental Hygiene Educators Conference, Legislative Luncheon, Legislative Blitz, and MBD meetings.
 - In conjunction with the AA: reporting dates for quarterly reports, annual reports, program worksheets.
 - Speaker and AA Duties
- Prepare AA and Lobbyist/Lobbying Firm performance review report.
 - The AA review is sent to the BOT (including MDHA elected and appointed officers) and council chairs.
 - The Lobbyist/Lobbying Firm review is sent to the BOT (including MDHA elected and appointed officers), legislative council chairs (s) and members.
- Participate in the annual performance review meeting of AA and Lobbyist.
- Plan recommendations for appointments to ensure continuity in the upcoming presidency.
- Prepare and submit appropriate program worksheets for the MDHA budget meeting. i.e. ADHA Annual Session, ADHA House of Delegates.
- Such duties may be assigned by the president or the BOT.

Reports

- PE Quarterly Report for BOT.
- EC Quarterly Report for BOT.
- PE Annual Report to HOD.
- AA and Lobbyist/Lobbying Firm performance review report in consultation with the president.
- Submit program worksheets as required by established protocol.

Attend

- Council, EC, BOT, and HOD meetings.
- MDHA/MDA/MDAA officer liaison meeting (dinner).
- Represent MDHA as requested or needed at functions or meetings.
- Component and dental hygiene program visitation.
- Notify the trustee and component president when attending meetings in their jurisdiction.
- ADHA leadership development workshop.
- Represent MDHA as requested or needed.
- ADHA delegates meetings.
- District V meetings.
- Annual AA and Lobbyist/Lobbying Firm performance review meeting.

Other

- Develop the president's theme and prepare for the presidential year.
- Serve in the absence of the president.
- Serve as president if a vacancy occurs, for the unexpired term.
- Know and use parliamentary procedure.
- Possess knowledge of and serve in accordance with this Policy and Procedure Manual.
- Coordinate all activities with the president and AA.
- Represent MDHA as directed by the BOT and act on the BOT request.
- Maintain current membership status and dental hygiene license.

VICE PRESIDENT (VP)

The initial officer position for gaining knowledge and experience in leadership and management of the Association.

Qualifications Required

- Voting member of MDHA.
- Member in good standing.
- Served on the BOT or as a delegate to MDHA HOD.

Qualifications Highly Recommended

- Familiar with MDHA structure and this manual.
- Familiar with ADHA structure.
- Experience within the association as trustee or council chair.
- Able to commit the time needed to perform the duties and responsibilities.
- Dedicated to the association's mission and goals.

Qualifications Recommended

- A person who is respected by the membership.
- Organized with skills in planning and public speaking.
- Promoter of teamwork.
- Conducts meetings effectively.
- Demonstrate commitment to:
 - Individual member and nonmember desires and needs.
 - Motivating and increasing membership.
 - Promoting association activities to the membership.

Election

- VP shall be elected by ballot at the HOD.

Term of Office

- One (1) year or until a successor is elected and installed.

Vacancy

- Appointed by the President with the approval of the Board of Trustees to serve until the next Annual Session, when the House of Delegates shall fill the vacancy..

Duties and Responsibilities

Executive Committee (EC)

- Attend and participate in a quarterly conference call.
- Serve as chair in the absence of the PE.

Councils

- Advisory member of all councils and task forces.

Board of Trustees (BOT)

- Voting member of the BOT; attend and participate.
- Provide recommendations for P & P manual updates.
- Collect recommendations from members and provide an updated manual for approval at the 2nd BOT meeting.

House of Delegates (HOD)

- Advisory member with no vote; attend and participate.
- Serve as student delegate liaison.
- Facilitate a pre-HOD meeting for students delegates.
- Collaborate with Membership Council regarding guidelines for student delegates.
- Communicate with DHY program directors regarding the selection of students.
 - Send an invitation and student delegate application by August/September.
 - Coordinate student attendance, lodging, and meals with the AA.
- Collaborate with the components to ensure student connection.
- Assign page duties in consultation with the president.
- Oversee student reception.

American Dental Hygienists' Association (ADHA)

- Serve as a delegate to ADHA HOD; attend and participate.

Administrative

- Prepare appropriate program worksheets for MDHA budget.
- Such duties as may be assigned by the president or BOT.

Reports

- VP quarterly report for BOT.
- VP annual report to HOD.

Attend

- Council, EC, BOT, and HOD meetings.
- MDHA/MDA/MDAA officer liaison meeting (dinner).

- Represent MDHA as requested or needed at functions or meetings.
- Component and dental hygiene program visitation.
- Notify the trustee and component president when attending meetings in their jurisdiction.
- Represent MDHA as requested or needed.
- ADHA leadership development workshop.
- ADHA delegates meetings.
- District V meetings.

Other

- Perform duties for the president upon request and/or delegation.
- Know and use parliamentary procedure.
- Possess knowledge of and serve in accordance with this Policy and Procedure Manual.
- Coordinate all activities with the president and the AA.
- Represent MDHA as directed by the BOT and act on the BOT request.
- Maintain current membership status and dental hygiene license.

IMMEDIATE PAST PRESIDENT (IPP)

This officer serves as a consultant and offers experience and guidance to the officers, BOT, councils, and HOD. Assists with ensuring continuity of association programs, from the past year to the present year.

Qualifications Required

- Voting member of MDHA.
- Member in good standing.
- Completed term as president immediately prior to taking this office.

Election

- Automatic after completion of presidential term.

Term of Office

- One (1) year or until a successor is installed.

Vacancy Position

- Should the office Immediate Past President become vacant, it shall remain vacant.

Duties and Responsibilities

Executive Committee (EC)

- Attend and participate in a quarterly conference call.

Councils

- Advisory member of all councils and task forces.

Board of Trustees (BOT)

- Voting member; attend and participate.
- Coordinate and purchase a gift for presentation to the president at HOD.

Duties and Responsibilities for HOD

- Advisory member with no vote; attend and participate.
- The presiding officer of candidates forum.

Administrative

- Prepare appropriate program worksheets for the MDHA budget.
- Such duties as may be assigned by the President or BOT.

Reports

- IPP quarterly report for BOT.
- IPP annual report to HOD.

Attend

- Council, EC, BOT, and HOD meetings.
- MDHA/MDA/MDAA officer liaison meeting (dinner).
- Component and dental hygiene program visitation.
- Notify the trustee and component president when attending meetings in their jurisdiction.
- Represent MDHA as requested or needed.

Other

- Perform duties for the president upon request and/or delegation.
- Assist all officers in understanding and accomplishing their duties and responsibilities.
- Know and use parliamentary procedure.
- Possess knowledge of and serve in accordance with MDHA's mission, goals, and this Policy and Procedure Manual.
- Coordinate all activities with the president and AA.
- Represent MDHA as directed by the BOT.
- Act on the BOT request.
- Maintain current membership status and dental hygiene license.

TREASURER

The officer entrusted with the custody of the Association's funds and responsible for handling its financial business and records.

Qualifications Required

- Voting member of MDHA.
- Member in good standing.
- Served on the BOT or as a delegate to MDHA HOD.

Qualifications Highly Recommended

- Knowledge of financial processes, accounting and bookkeeping systems.
- Must be able to be bonded.
- Computer literacy.
- Fiscally responsible in matters of money saving techniques.
- Familiar with MDHA structure and this manual.
- Familiar with ADHA structure.
- Experience within the association as trustee or council chair.
- Able to commit the time needed to perform the duties and responsibilities.
- Dedicated to the association's mission and goals.

Qualifications Recommended

- A person who is respected by the membership.

- Organized with skills in planning and public speaking.
- Promoter of teamwork.
- Conducts meetings effectively.
- Demonstrate commitment to:
 - Individual member and nonmember desires and needs.
 - Motivating and increasing membership.
 - Promoting association activities to the membership.

Election

- Elected by ballot by the HOD.

Term of Office

- Two (2) years or until a successor is elected.
- Elected in odd-numbered years.

Vacancy Position

- Filled by appointment by the President with the approval of the Board Trustees to serve until the next Annual Session.

Duties and Responsibilities

Executive Committee (EC)

- Attend and participate in quarterly conference calls.

Councils

- Advisory member of all councils and task forces.

Board of Trustees (BOT)

- Voting Member of the BOT; attend and participate.

House of Delegates (HOD)

- Advisory member with no vote; attend and participate.
- Obtain lottery licenses as needed for fundraising at HOD: i.e Silent Auction, Stay and Play, 50/50/ raffles.

Administrative

- Verify invoices, process payments, and maintain a checking register.
- Prepare and process staff payroll.
- Complete all Federal, State, and City payroll and tax reports.
- Supervise the collection and banking of all association monies.
- Receive and disburse Association money as directed by BOT and HOD.
- Maintain the financial records of this Association, using approved accounting practices.
- Reconcile all bank accounts with the bank statement on a monthly basis.

- Disburse funds as directed by approved budget or as directed by BOT; all disbursements of funds shall be by check.
- Obtain approval of the BOT for payment of any non-budgeted expense.
- Invest the current cash on hand in minimum risk, maximum interest bearing accounts..
- Maintain Officer files according to tax law statute of limitations: Seven (7) years of supporting documentation for all disbursements and income.
- Maintain Treasurer File for those that follow, in order to provide for continuity in the business of the office between administrative years. File should include an updated timetable for position activities with thorough directions for implementation.
- Transfer Treasurer file to successor or CO after term completion.
- Prepare and submit appropriate program worksheets for the MDHA budget meeting.
- Update voucher forms as needed and copy to CO.
- Speaker of House and AA duty.
- Coordinate budgeting and financial activities with the president and AA.
- Such duties as may be assigned by the president or BOT.

Reports

- MDHA Annual Budget.
- Treasurer's quarterly reports to BOT.
- Treasurer's annual report to HOD.
- Comparison and year-to-day reports of finances for BOT.
- Annual financial review.

Attend

- Council, EC, BOT, and HOD meetings.
- MDHA/MDA/MDAA officer liaison meeting (dinner).
- Component and dental hygiene program visitation.
- Notify the trustee and component president when attending meetings in their jurisdiction.
- Represent MDHA as requested or needed.
- Facilitate finance council budget planning meeting with AA.

Other

- Possess knowledge of and serve in accordance with MDHA's mission, goals, and this Policy and Procedure Manual.
- Perform duties for the president upon request/delegation.
- Act on the BOT's request.
- Maintain current membership status and dental hygiene license.

SPEAKER OF THE HOUSE (SOH)

The SOH shall preside over the meetings of the House of Delegates and shall consult with the president and AA as necessary for the orderly operation of the HOD.

Qualifications Required

- Voting member of MDHA.
- Member in good standing.

Qualifications Highly Recommended

- Knowledge of MDHA bylaws, policies, HOD procedures, and parliamentary procedure.
- Familiar with MDHA structure and this manual.
- Familiar with ADHA structure.
- Possesses leadership qualities, good communication, and promotes teamwork.
- Ability to effectively conduct meetings.
- Dedicated to the association's mission and goals.
- Organized with skills in planning and public speaking.

Qualifications Recommended

- Knowledge of MDHA history.
- A person who is respected by the membership.
- Demonstrate commitment to:
 - Individual member and nonmember desires and needs.
 - Motivating and increasing membership.
 - Promoting association activities to the membership.

Election

- Elected by ballot by the HOD.

Term of Office

- Two (2) years or until a successor is elected.
- Elected in even-numbered years.

Vacancy Position

- Filled by appointment of the president with BOT approval to serve until the next HOD.

Duties and Responsibilities

Before House of Delegates (HOD)

- Establish HOD agenda with AA, parliamentarian, and president.
- Serve on CAP.
- Assist the AA with determining the number of delegates allocated for the MDHA HOD
- In conjunction with the AA: HOD administration dates for PRs and PBYs, distribution of Delegates' Manual
- Review and update the HOD Standing Rules.
- Establish HOD agenda with AA, parliamentarian, and president.
- Attend the pre-HOD BOT meeting.
- Review and approve with the president all material before printing the HOD manual.
- Appoint tellers, minutes review committee, and time keeper.

During House of Delegates (HOD)

- Conduct orientation sessions for delegates, student delegates, and HOD personnel.
- Be available for reference committee personnel during hearings and executive sessions.
- Review reference committee reports prior to printing and distributing.
- Review teller's report before posting.
- Chair all meetings of the HOD.

After House of Delegates (HOD)

- Serve as advisory member of the minutes review committee.
- Ensure placement of new policy statements and bylaws into appropriate documents.
- Meet with the parliamentarian and AA to review procedures of the HOD and the standing rules for the next HOD.
- Review the Minutes Review Committee completed report and submit to AA inclusion in the 2nd BOT meeting packet.
- Confirm with AA that all updated documents from HOD are incorporated into P & P Manual.

Other

- Possess knowledge of and serve in accordance with MDHA's mission, goals, and the Policy and Procedure Manual.
- Maintain current membership status and dental hygiene license.

Section V - Support Staff

ASSOCIATION ADMINISTRATOR (AA)

The general manager and business administrator for all association activities. The AA is accountable for the successful execution of association programs, policies, procedures, and works under the direction of the president, within guidelines specified by the elected officers and BOT.

Qualifications Required

- 3-5 years management experience.
- Leadership, supervisory, communication, and computer skills.
- Organizational skills and a thorough knowledge of organizational procedures.
- Basic financial/budgetary knowledge.
- Knowledge and experience in meeting and program planning.
- Must be able to be bonded.

Qualifications Recommended

- Bachelor's Degree.
- Previous association/non-profit experience.

- Experience in public relations and public speaking.
- Familiarity with legislative procedures.
- Membership recruitment and retention experience.
- Knowledge of parliamentary procedure.

Appointed

- A contractual position approved by the BOT with an annual contract that is signed by the president.
- Annual performance review is conducted by the president and the PE.

Term of Employment

- One (1) year minimum.

Vacancy Position

- An AA search committee appointed by the president.
- Vacancy should remain no more than six months.

Duties and Responsibilities

MDHA President

On a monthly basis provide written/email status report on the following:

- Correspondence to be written or signed by the president.
- Synopsis of correspondence received and delegated to officers.
- Bills that need to be paid and were sent to the treasurer.
- Synopsis of member phone calls received.
- Issues of concern.
- Other areas of need as determined by the president.
- Assist the officers in organizational operations and decision making by advising and providing leadership and support information.

Councils

- Provide support as needed.

Board of Trustees (BOT)

- Prepare the material for trustees and associated task forces, including:
 - Administrative calendar, annual report, budget, and minutes.
 - Appropriate program worksheets.
 - BOT and trustee sections of the P & P manual.
 - Timetables, strategic plan, and any other documents of importance.
- Advisory member with no vote; attend and participate.
- Recording officer and custodian of its records.
- Implement association policy, procedures, and activities as directed by the BOT.
- Prepare and distribute the BOT packet prior to meetings and preparation of minutes.

- For compilation of the minutes, compare BOT meeting notes with those of the minutes review committee within seven (7) business days of the BOT meeting.

House of Delegates (HOD)

- Serve as a member of the CAP.
- Recording and credentialing officer.
- Determine and advise components of their number of delegates allocated for the MDHA HOD in cooperation with the SOH.
 - Notify each component president and trustee of the number of delegates allocated in their component.
- Assist in decision making by advising and providing support information.
- Solicit greetings from allied associations.
- Assist in preparation of HOD according to the BOT and president.
 - Site plans, speaker contracts, documents necessary for distribution, etc.
- Prepare minutes of the HOD.
- Ensure documents are updated with new information immediately following HOD.

Membership

- Maintain a member database with the information obtained from the ADHA and the State of Michigan.
- Respond to member email and telephone requests within two (2) days of receipt.
- Respond to written requests from members within five (5) business days, following agreed-upon protocols.
- Other areas of membership needs as determined by the president.

Office Management/Administration

- Manage all CO operations.
- Knowledge of and serve in accordance with MDHA's mission, goals, bylaws, this manual, and strategic plan.
- Hire, train, and supervise office/clerical employees under approval of BOT.
- Provide initial contact for members, public, and agencies.
- Respond to inquiries and generate correspondence as required.
- Sign official documents as required.
- Maintain and preserve all records and official documents of the association
- Maintain inventories, association documents, and membership records.
- Verify membership status for all appointed or elected association officers.
- Notify the PE when a component trustee needs to be elected or reaffirmed.
- Record component member address changes and assist members in contacting ADHA to change address and change components if necessary.
- Maintain regular communication with the treasurer.

Association Representation

- Encourage and support liaison with health related agencies approved by BOT.

- Represent the association at meetings and official functions as required.
- Represent the association in appropriate dress and demeanor, in relation to each function.

Association Functions

- Responsible for coordination of association activities, meetings, and functions.
- Work closely with councils and assist as requested.
- Pre-registration and on-site registration services.
- The annual letter to potential advertisers/vendors.
- Collection of fees and/or payment of vendor services.
- Receive, log, and deposit monies for meetings.
- Negotiation of facility contracts.
- Services will include CE certificates, registration lists, and attendee name badges.
- Provide a meeting report at the following BOT meeting that includes number of members attending, evaluation of all activities related to the event, recommendations for improvement, and overall summary.
- Order Supplies as needed – including President's Pin for HOD.
- Record all proceedings of BOT and HOD.
- Maintain all association files.

Association Publications

- Provide announcements, dates, news releases, and other pertinent information for association publications.
- Solicit vendors.
- Forward advertising copy to webmaster.
- Arrange for or publish meeting programs and packets for HOD and education council seminars.

Financial Management/Budgeting

- Operate the CO within budgetary guidelines.
- Deposit receipts and copy to the treasurer.
- Assist in the preparation of the annual budget.
- Work with the treasurer in all areas of financial responsibility, giving timely notification of all activities.
- Prepare budget program worksheets as appropriate.

Reports

- Quarterly report to the BOT including the following:
 - Membership updates specific to MDHA components.
 - Synopsis of overall member questions and requests received by CO.
 - The president may identify other areas of interest to be included in this report.
- Annual report to the HOD.

Attend

- BOT, HOD, and EC meetings.
- Other meetings as requested by the president.

LOBBYIST AGENT/LOBBYIST

Lobbying

Lobbying is defined as “communicating directly with an official in the executive branch of state government or an official in the legislative branch of state government for the purpose of influencing legislative or administrative action.”

Lobbyist Agent

An individual, firm, or other type of organization that is compensated or reimbursed to lobby public officials on behalf of an employer or client. A person compensated or reimbursed more than \$575.00 during any 12-month period for lobbying must register within three (3) calendar days as a Lobbyist Agent under the Act. Any person entering into a contract to receive more than this threshold during any 12-month period immediately becomes a Lobbyist Agent.

Lobbyist

Typically a corporation, association or any other type of organization that compensates or reimburses a lobbyist agent, or other employee, to lobby public officials. A person whose expenditures are more than \$2,325.00 during any 12-month period for lobbying, or who expends more than \$575.00 during any 12-month period to lobby a single public official, must register within fifteen (15) calendar days as a lobbyist under the Act. The state, or a political subdivision of the state, becomes a lobbyist immediately upon contracting for a lobbyist agent regardless of the amount spent for lobbying. Any person entering into a contract to exceed these thresholds during any 12-month period immediately becomes a Lobbyist.

Financial Reports

A financial report summary must be filed twice each year by all lobbyists and lobbyist agents even if a registrant has no activities or expenditures to disclose for the reporting period. A required registration or report that is sent by certified or registered mail at least two calendar days before a filing deadline will be considered timely regardless of the date of receipt.

Additional information, registration and reporting forms are available at:

www.michigan.gov/elections.

Report	Filing Deadline	Coverage Dates
Summer Report	August 31	January 1 - July 31
Winter Report	January 31	August 1 - December 31

Questions? Contact us at:
 Michigan Department of State
 Bureau of Elections
 Post Office Box 20126

Lansing, Michigan 48901-0726
Email: Disclosure@Michigan.gov
Phone: 517-373-2540

Section VI - Board of Trustees

BOARD OF TRUSTEES (BOT)

Task Forces

- As needed.

Chair

- The President serves as the presiding officer. In the absence of the president, the PE assumes the role of presiding officer.

Voting Members:

- Elected officers.
- One trustee from each component.
- The President votes only to break a tie.

Advisory/Non-Voting Members:

- Appointed officers, AA, and ADHA delegate representatives.

The Board as a Whole

- Review the financial reports and approve the MDHA budget.
- Review the reports of the MDHA officers, councils, and task forces and make recommendations.
- Review resolutions and proposed bylaws amendments brought to the HOD and make recommendations.
- Submit an Annual Report to the HOD.
- Review the findings of the AA and lobbyist performance review.
- Establish special councils as needed and approved by the BOT.
- Annually review the MDHA policies and submit revisions to the HOD.

Meetings

- Quorum: a majority of the voting members of the Board.
- Four (4) meetings annually.
- A special meeting may be called by the president or at the request of the BOT. The notice and agenda shall be issued at least two days prior to the meeting date set.

Alternative Voting

- Mail ballot, conference call, or electronic.

Suggested Agendas

First Meeting (immediately following HOD)

- Adopt the organizational calendar.
- Approve the president's appointments of the parliamentarian.
- Approve the president's appointments to councils and liaisons.
- Review the BOT and trustee sections of the P & P manual.

- Appoint one trustee to the EC.
- Establish any special councils or task forces as directed by the HOD.

Second Meeting

- Review the association goals.
- Review and/or update the strategic plan.
- Review and/or update the P & P manual.
- Review the quarterly reports.
- Review the budget.
- Review and approve the legislative strategic plan.
- Review the list of endorsed RDH individuals whose names may be submitted to the Governor for appointment to the MBD.
- Establish the AA and lobbyist performance review committee.
- Distribute the official MDHA directory.
- Review and vote on the AA report of future HOD sites.
- Review the MDHA HOD policies.
- Utilize the annual council reports, annual BOT report, MDHA strategic plan, and the HOD results to update association goals.

Third Meeting

- Review the quarterly reports.
- Review and approve an annual budget.
- Review AA and lobbyist performance review reports.
- Approve the RDH endorsed by the MDHA for MBD.
- Begin the development of PR(s) and PBY(s) for the upcoming HOD.
- Plan programs/activities and develop program worksheets.
- Submit program worksheets for year-end budget requests.

Fourth Meeting

- Review the quarterly reports.
- Review and approve the budget.
- Make recommendations to the HOD regarding annual reports of officers and councils.
- Review PRs and PBYs and make recommendations to the HOD.
- Approve the HOD special awards.

TRUSTEE

Qualifications Required

- Voting member of MDHA.
- Member in good standing.

Qualifications Highly Recommended

- Served as a delegate to the MDHA HOD.
- Familiar with MDHA structure and this manual.
- Familiar with ADHA structure.
- Able to commit the time needed to perform the duties and responsibilities.
- Dedicated to the association's mission and goals.

Qualifications Recommended

- A person who is respected by the membership.
- Organized with skills in planning and public speaking.
- Promoter of teamwork.
- Demonstrate commitment to:
 - Individual member and nonmember desires and needs.
 - Motivating and increasing membership.
 - Promoting association activities to the membership.

Election

- Each component shall elect a trustee.
- The component must inform CO of election results 60 days prior to the HOD.
- Failure to elect a trustee by the HOD will cause that position to be placed on the ballot for election from the general membership.
- If the position is not filled from the general membership by this method, the newly elected president will appoint a trustee pro-tem.

Term of Office

- Two (2) years; consecutive tenure is limited to two terms.

Vacancy of a Trustee

- The component shall elect a trustee within thirty days.
- If the component does not elect a trustee the president, with the BOT approval, will appoint a trustee to complete the term.

Duties and Responsibilities

- Attend all meetings, or send alternate component representatives.
- Possess knowledge of and serve in accordance with the MDHA's mission, goals, bylaws, and this manual.

- Prepare for each BOT meeting by reviewing and evaluating the following information prior to the meeting:
 - The previous BOT meeting minutes.
 - Officer, council, liaisons, AA, and lobbyists quarterly reports.
 - All materials provided by the CO for each meeting.
- Report back to the component all business and discussion from the BOT meeting, excluding the executive session.
- Actively recruit component participation and input on the BOT agenda items and MDHA activities.
- Represent any component concerns and recommendations to the MDHA officers, councils, BOT, and HOD.
- Serve as an advisory member of the HOD, conduct component caucuses, and attend resolution committee hearings.
- Review resolutions and annual reports with the component prior to the HOD.
- Assist component delegates in preparing for their duties and responsibilities prior to and during the HOD.
- Encourage updating of the component's mission, goals, bylaws, policy, and procedure documents.
- Report your component's elected delegates to MDHA in accordance with established deadlines.
- Serve as liaison to the ADHA student member organizations within the state's dental hygiene programs as assigned.
- Failure to perform these duties and responsibilities may result in removal.

TRUSTEE PRO-TEM

- Same as for trustee, and;
- Encourage a member from the component to accompany you to the MDHA BOT meetings and the component meetings. This should be a person that could be mentored to serve as the component's trustee.
- Correspond with the component president prior to and following each MDHA BOT meeting, to inform and receive feedback from the component as to how the trustee should represent the component's vote at the BOT. If the component does not respond, the trustee is free to vote their conscience.

EXECUTIVE COMMITTEE (EC)

Scope

- To oversee the infrastructure of the MDHA and address evolving organizational issues.
- The EC is empowered to make decisions with respect to any matter that should not be postponed until the next BOT meeting.
- Recommending rules, procedures, and conduct for governing the MDHA.

Members

- PE (Chair), P, VP, IPP, treasurer, AA, and one executive trustee.

Duties and Responsibilities

- Quarterly meeting to include all council chairs.
- Decision-making on behalf of the MDHA regarding truly urgent situations.
- Facilitating the strategic planning process.

Specific Duties Under Scope

- Authority to set interim policy.
- Authority to commit for items/issues where time is of the essence.
- Referring items of business that pertain to the specific assignments of the BOT, Councils, and TFs.
- Authorize the expenditure of funds for emergency purposes.
- Expenses in excess of \$200 require a special meeting of the BOT.
- The EC does not have the power or the authority to:
 - Fill BOT or committee vacancies.
 - Elect, appoint, or remove officers or committee members.
 - Adopt, amend, or repeal the articles or bylaws.
 - Enter into agreements that extend beyond the next BOT meeting.
 - Take action inconsistent with any resolution or action of the BOT.

Reports

- Minutes will be taken, documenting any action of the EC, and will be distributed via the quarterly BOT packet.
- The BOT shall review the EC minutes and may modify, reject, or ratify any EC action.

Section VII - House of Delegates

MDHA HOUSE OF DELEGATES (HOD)

This policy making authoritative body is responsible for establishing the Association's Policy, *MDHA Bylaws*, *Code of Ethics*, and dues increases for MDHA. It provides leadership for this Association by selecting its elected officers and honors individuals as Honorary and Life members. It is comprised of delegates elected by the components.

DELEGATE ALLOCATION

1. Using the June membership roster from ADHA, the MDHA Treasurer determines the total number of MDHA voting members ("A") and the number of voting members in each component ("B"). There are 9 components.
2. Determine the number of available seats to be allocated ("C"), 51 total delegates less two delegates automatically allowed per component. ($9 \times 4 = 36$); $51 - 36 = 15(C)$.
3. Divide the number of voting members in the component ("B") by the total number of voting members in MDHA ("A") to arrive at the proportion of component membership to total MDHA membership ("P").
4. Multiply "P" by "C" and carry to the fourth decimal to arrive at "D."
5. Take the whole number portion of "D" and assign that number of delegates to the component.
6. Repeat this process for each of the MDHA components.
7. After all whole numbers have been dealt with, rank the four digit decimal portion for each of the components from highest to lowest. Allocate the remaining delegates to components with the highest decimal ranking until all delegates have been allocated.

MDHA DELEGATE/ALTERNATE

Qualifications Required

- Voting member of Component and MDHA.
- Member in good standing.

Qualifications Recommended

- Communicates well.
- Committed to serving the Association in accordance with its Mission and Goals, and Policy and Procedure.
- Knowledge of the MDHA structure, Mission and Goals, and this Manual.
- Organized with skills in planning and public speaking.
- Promoter of team work.
- Knowledge of Robert's Rules of Order.

Election

- President of Component (Automatic Delegate).
- Member-at-large elected by Component.

- Additional delegates/alternates shall be elected by Component.
- Each Component is allowed a certain number of delegates per year and may change from one year to the next – see Policy and Procedure for MDHA Delegate Allocation.

Term

- One (1) administrative year for the Constituent.

Vacancy

- To be filled by Alternate Delegate if provided for by Component or same election procedure as used for original Delegate may be used.
- Alternate Delegates must be a voting member in good standing.

Duties & Responsibilities for Delegate to MDHA HOD

- Knowledge of MDHA, ADHA, and Component policies and activities.
- Communicate year-round with Component members, MDHA Officers, Councils, Trustees, and other MDHA Delegates.
- Advise inexperienced Delegates and Alternates if you have previously served.
- Serve as advisor and consultant to the Component upon request.
- Coordinate your component activities and review BOT meeting agendas with the Component Trustee.
- Read all Delegate materials in the HOD packet prior to attending HOD and any material necessary from previous Delegates.
- Review reference materials prior to attending the HOD:
 - MDHA Bylaws.
 - P&P Manual.
 - MDHA Strategic Plan.
 - Parliamentary Procedure.
 - Robert's Rules of Order.
- Arrange all resource material from previous Delegates, including information from the previous year's Delegates Manual.
- Discuss Resolutions with those submitting them.
- Conduct Component Caucus prior to the HOD to review material, inform the membership and receive their comments, concerns, and direction for your discussion and vote on the issues at HOD. Assign different sections of the Delegates Manual for study to component delegates and share information with each other and Component members.
- Inform membership on how to submit written testimony to Reference Committees.
- Attend all caucus meetings of your Component at HOD.
- Submit written testimony to Reference Committees that will help provide constructive solutions.
- Attend all Reference Committee Hearings at HOD.
- Attend the Candidate's Forum at HOD.
- Be punctual for all meetings and appointments at HOD.

- Be cooperative, objective, and constructive when discussing the issues at HOD. Determine concerns requiring action and participate with suggestions.
- Respond to questions or topics relevant to business at hand and then support the majority decision when the matter is decided by parliamentary procedure.
- Consult the Speaker of the House or the Parliamentarian when procedure problems arise.
- Vote in the election process.

Duties & Responsibilities for Alternate Delegate to MDHA HOD

- Serve in the absence of your component's delegate upon request.
- Assist component delegates to accomplish duties and responsibilities.

STUDENT DELEGATES

This group of individuals shall serve as the Liaison between the MDHA and our educational institutions. They shall be initiated into leadership capacities, be role models, and shall be groomed to be future MDHA leaders. They shall serve as non-voting members of HOD.

Qualifications Required

- ADHA Student member in good standing.
- Completed application for Student Delegate.
- Recommended by the program director.

Qualifications Recommended

- Desire to acquire knowledge of MDHA structure, Mission and Goals, and policy and procedure.
- Committed to the profession of dental hygiene.
- Skills in leadership, communication, professionalism.

Selection

- To be conducted by the guidelines established by the Student Delegate Task Force of the Membership Council, in collaboration with the Vice-President.
- There shall be two representatives from each dental hygiene program that are funded by MDHA.

Term

- One (1) year.

Vacancy Position

- Filled by the Alternate Student Delegate.

Duties & Responsibilities for Student Delegate to MDHA HOD

- Serve as a Liaison between MDHA and students in the corresponding dental hygiene program.

- Shall be a non-voting member of the HOD.
- Representatives from each dental hygiene program may be seated on the floor with an assigned Component.
- Students are expected to conduct themselves in a professional manner.
- Student Delegates on the floor may participate by reading constructive testimony in favor of or against HOD issues up for action. May not make motions or amendments.

COMMITTEE ON ASSOCIATION POLICY (CAP)

The members of this committee are charged to review all submitted proposed resolutions and proposed bylaws for consideration by the House of Delegates. The review includes an evaluation of content, spelling, and grammar. Any questions, comments, or concerns of the Committee are directed to the maker of the PR(s) or PB(Y)(s). Only the proposer can order a change to the original before consideration by the BOT.

Members

- Speaker of the House (Chair)
- President
- Parliamentarian
- AA

Committee Report

The decision of the Committee will appear on the PR or PB(Y) form. The Committee may make the following recommendations:

- Finds acceptable for consideration by the HOD.
- Considers inappropriate as it is an administrative or procedural matter.
- Considers this an ongoing procedure.
- Included in the proposed budget.
- Considers in conflict with ADHA or MDHA Bylaws.
- Considers in conflict with existing policy.
- Considers this a duplication of current policy.
- Makers were asked to withdraw.
- Comments/no comment.

RECOMMENDATIONS/RESOLUTIONS/BYLAWS

Recommendations

Recommendations deal with courses of action to be taken in the day-to-day administration of the Association.

The BOT is charged with being the administrative body of the Association. Recommendations are considered and acted upon by the Board. Throughout the year, Councils, Task Forces, and other Association workgroups which report to the BOT have the opportunity to make recommendations to the BOT at any of their meetings. These recommendations are included in

the Council/Task Force reports to the BOT. The BOT may act on the recommendations at any meeting.

All actions of the BOT are provided in their Annual Report to the HOD. All Annual Reports (Officers, Councils, BOT, etc.) are provided to the HOD and may include additional recommendations. These reports are assigned to the Reference Committees for review and comment. After HOD, the President may refer the recommendations to Officers, Council Chairs, BOT, etc., for implementation.

Resolutions

Resolutions are voted on by the HOD and, if adopted, become MDHA Policy. A new policy or a change in an old policy originates with a resolution.

Resolutions may be submitted by a Component, Committee, Council, Task Force, Officer, or Member of the Association. To be considered, a resolution must be received by Central Office not less than ten (10) days prior to the HOD.

The BOT reviews resolutions before they are presented to the HOD and makes a recommendation on the action to be taken. The BOT does not act on resolutions in any other way.

The President assigns all resolutions to Reference Committees for the HOD. Reference Committees conduct open hearings during HOD to receive testimony on each resolution from all interested members. After the hearings, the Reference Committees review all testimony and make a recommendation on each action to be taken. This is done in a report by the Reference Committee to the HOD.

The HOD then acts upon the recommendations of the Reference Committee. Actions might include adoption, rejection, amending, or referring the resolution for further study. Only after a resolution is adopted by the HOD does it become an official policy of MDHA.

Bylaws

Bylaws are voted on by the HOD and, if adopted, become part of the *MDHA Bylaws*. A new Bylaw or a change to an old Bylaw originates with a resolution.

Bylaws may be submitted by a Component, Committee, Council, Task Force, Officer, or Member of the Association. To be considered, a Bylaw must be received by Central Office not less than twenty (20) days prior to the HOD.

The BOT reviews Bylaws before they are presented to the HOD and makes a recommendation on the action to be taken. The BOT does not act on Bylaws in any other way.

The President assigns all Bylaws to Reference Committees for the HOD. Reference Committees conduct open hearings during HOD to receive testimony on each Bylaw from all

interested members. After the hearings, the Reference Committees review all testimony and make a recommendation on each action to be taken. This is done in a report by the Reference Committee to the HOD.

The HOD then acts upon the recommendations of the Reference Committee. Actions might include adoption, rejection, amending, or referring the resolution for further study. Only after a Bylaw is adopted by two-thirds (2/3) vote of the HOD does it become an official Bylaw of MDHA.

Resolution & Bylaw Preparation

- Determine the appropriateness of the resolution and bylaw. Resolutions and bylaws presented to the HOD should address policy issues rather than administrative issues. If you are in doubt about whether the action you want is policy or administrative, a Trustee, or the CAP can assist in making that determination.
- Clearly state the name of the group or individual submitting the resolution and/or bylaw. Resolutions and bylaws may be submitted by Components, Trustees, Officers, Councils, and members.
- Only the proposer can order a change to the original before consideration by the BOT. The name and contact information of the proposer must be provided to the CAP.
- Verify the resolution and bylaw is not in conflict with the current Association Policy. If it is, it may also be necessary to submit a separate resolution to rescind or amend an existing policy.
- Word the resolution and bylaw in such a way that the intent of the policy you wish to have established is clear. Construct the resolution and bylaw in the positive.
- Check to be sure that each resolution and bylaw involves only one concept. It is more efficient for the HOD to consider several separate resolutions rather than attempting to divide the resolution into separate issues on the HOD floor.
- Provide adequate justification for the resolution and bylaw. This allows the Delegates to spend time assessing the merit of the resolution and bylaw without spending time trying to determine the purpose of the resolution.
- Utilize proper forms (found in this manual) and ensure proper grammar, punctuation, and sentence structure to eliminate the necessity for making editorial changes on the HOD floor.
- Submit to the MDHA CO according to the organizational calendar.

PERSONNEL

Parliamentarian: an expert in parliamentary procedure rules and debate; assists the Speaker of the House during HOD; appointed by the President.

Sergeant-at-Arms: ensures the proper procedure is followed on the House floor by making sure a quorum is met, monitoring Delegates entering or leaving, and assists with implementing the rules of the House; appointed by the President.

Secretary: AA serves as House Secretary.

Timekeeper: assists with monitoring discussions at microphones (keeping each Delegate to 2 minutes) and advising when the break is necessary; appointed by Speaker of the House.

Minutes Review Committee: Chair and two (2) other members; take notes during HOD, then review with Secretary to make corrections until final Minutes document compiled; appointed by Speaker of the House.

Reference Committees: Chair and two (2) other members; conduct Hearing proceedings for assigned PBYS/PRs, review all testimony submitted by members, and report recommendations to the House; appointed by President (in consultation with the Speaker of the House).

Page: usually Student Delegates; assist Speaker of the House and Sergeant-at-Arms in delivering messages during House sessions and to assist counting person by person when necessary to determine a close traditional vote; appointed by the President in collaboration with the Vice-President.

Teller: Chair and four (4) other members; assist with election process; appointed by Speaker of the House.

ADHA HOD DELEGATE/ALTERNATES

Elected Delegates from this Association serve as representatives of MDHA when voting and discussing issues within the ADHA HOD at the ADHA Annual Session. The ADHA HOD is the policy making authoritative body responsible for establishing the Association's Policy, Bylaws, *Code of Ethics*, and election of Officers.

Qualifications Required

- Voting member of MDHA for at least two years.
- Member in good standing.

Qualifications Highly Recommended

- Served within the last three years as an MDHA Trustee, Officer, Council Chair or Delegate/Alternate Delegate, or for ADHA in one of these same capacities.

Qualifications Recommended

- Communicates well.
- Committed to serving the Association in accordance with its Mission and Goals, and Policy & Procedure.
- Knowledge of MDHA structure, Mission and Goals, this Manual, and Strategic Plan
- Organized with skills in planning and public speaking.
- Promoter of team work.

Election

- The first three (3) Delegates shall be President, President Elect, and Vice President.

- Additional Delegates allowed are elected by MDHA HOD.
- The Alternate Delegate position is filled from candidates not elected as Delegates, by order of most votes received. The candidates who are not elected to a delegate position will be the alternate delegates with priority of service determined by the order of most votes received. If alternate delegate positions cannot be filled in this manner, the President of this Association shall appoint such with Board of Trustees approval.

Chair

- President of MDHA will be Chair for the Michigan delegation, unless voted differently by Delegates
- Assign Delegates to Components; see Duties and Responsibilities of ADHA Delegates to Component.

Term of Office

- One administrative year for the Constituent.

Vacancy

To be filled by First Alternate Delegate and remaining alternate delegates with priority of service determined by the order of most votes received according to *MDHA Bylaws*. Additional vacancies will be appointed by the President in consultation with the Delegates. Consideration shall be given in this order: candidates who were on the slate presented by the President-Elect (Nominating Task Force) at the First Session of the HOD, Treasurer, Speaker of the House, Editor, Historian or Parliamentarian.

Funding

- The first five (5) delegates will be partially funded by MDHA to attend ADHA HOD, pending annual budget. This may include the ADHA registration fee, airline ticket, hotel accommodations
- Alternate Delegates may or may not be funded based on the MDHA Budget.

Duties and Responsibilities for ADHA Delegates to ADHA

- Attend and participate in Opening Session and meetings of the HOD, Reference Committees, District V Discussions, Candidates Forum, and MDHA Delegate meetings.
- Be familiar with the HOD Standing Rules, ADHA and MDHA policies, and the Delegate's Manual.
- Vote on issues as directed by MDHA policy and BOT.
- Vote in the election process.
- Perform the following as assigned by the Delegate Chair:
 - Attend Reference Committees.
 - Lobby.
 - Campaign.
 - Speak on Resolutions or issues.

Duties and Responsibilities of ADHA Delegates to MDHA

- Meet with District V Trustee at MDHA HOD, if Trustee present.
- Mentor new delegates.
- ADHA Delegate Representatives will serve as consultant(s) to MDHA BOT and Councils.
- Request, review, and respond to District V Trustee's Reports.
- Attend District V meeting.
- Prepare articles of activities and a Delegates Report of ADHA HOD for the BOT and publication to members.
- Utilize this Manual and add to your support documents.
 - Delegate Manuals for preceding two years.
 - Reference Committee Reports for last ADHA HOD.
 - MDHA Delegate Annual Reports.
 - MDHA Constituent Annual Reports to ADHA.

Duties and Responsibilities of ADHA Delegates to Components

- Serve as consultant to component(s) assigned by the Delegate Chair. Assignment will be made by geographic location.
- Send a letter of introduction to the Component President and Trustee.
- Visit Component(s) assigned if requested (not required, strongly encouraged).
- Provide assigned components with proposed resolutions and bylaws amendments for review and comment prior to attending ADHA HOD.
- Report ADHA actions to the Component President and Trustee after ADHA HOD.

Duties and Responsibilities of ADHA Delegates to ADHA Institute for Oral Health (IOH)

- MDHA President-Elect serves as representative to IOH.
- Responsible for IOH fundraising campaigns; distributing to Components/Trustees, collecting and delivering and funds raised to ADHA prior to deadline.
- Attend and participate at the Annual Session IOH meeting.

Section VIII - MDHA Councils

SPECIFIC PROCEDURE FOR COUNCILS

Councils are the initial reviewers of proposed activities and programs. The following will be considered and used as a guide to expedite the deliberations of a council. A council may recommend with rationale to: Adopt, Amend, Reject, or Refer.

1. Is there enough information to describe and justify the activity or program. ?
2. Does it address the Association's Mission and Goals and Policy?
3. Have rationale and justification been provided, and does that relate to accomplishing the Association's Mission and Goals and Policy? Specifically, does the proposal state which goals or policies are addressed?
4. Is the proposed program within the council's scope?
5. Is the money available? (Budgeted already? Project self-supporting?)
6. Is the proposed program a priority for the year?

STANDING COUNCILS

The following councils have been established by the HOD and continue to exist until the HOD acts to terminate. The standing councils are: Communications, Education, Finance, Legislative, Membership, Public Health and Diversity Equity & Inclusion (DEI).

Scope

- The council must support the MDHA Mission, Goals, and Policies.
- The council's purpose, limitations, range of operation, activity, and concern must not duplicate the scope of another council.

Task Force

- A small work group within the Council designed to develop and implement Action Plans to accomplish a specific task or assignment. See section on Task Force.
- Council may establish multiple task forces to accomplish its strategic plan; duties and responsibilities are individualized for each task force with no overlap of scope.
- Task Force Chairs are appointed by the Council Chair, report to the council on all activities via Action Report format, and work under the delegation and supervision of the council.
- Task Force members are voting members of MDHA and unlimited in number; they work under the delegation and supervision of the Task Force Chair.
- Hold meetings as necessary.
- New task force creation must follow the "Creation of Special Task Forces."

Members and Qualifications

- Chair; elected by the council
 - Experience as a past MDHA Council/Task Force Member, Officer, or Trustee is desirable.
 - Voting member of MDHA

- One current Trustee - recruited by Chair
 - Voting member of MDHA
- Members-At-Large
 - Voting members of MDHA
- Consultants
 - Need for special assistance must be demonstrated and justified by the council requesting the consultant by notification to the President and the BOT
 - Non-members of MDHA may be appointed to any council only with specific approval of the BOT, if cooperative effort has been justified by the Council requesting such a member.
 - No voting rights on Council
 - Request for consultant that requires funding must go before the BOT for approval prior to appointment
 - Request for consultant not requiring funding may be appointed by council with notification to the President and BOT

Term of Appointment—all members

- Minimum one year
- Tenure: Maximum four years
- Extensions are available through approval of the BOT.

Vacancy Positions – Chair

- Chair – appointed by the President
- Members – recruited by Council Chair with recommendations from the components

Meetings

- Quorum: Chair and two (2) council members must be present to conduct a meeting and take a vote
- Number: at least four (4) within administrative year
- Meeting Agendas will include but not be limited to:

First Meeting (4th quarter of calendar year) (Nov-Dec—after the BOT)

- Election of the council Secretary to take minutes
- Review council portions of the P & P Manual
- Review approved Program Worksheets for the year
- Utilize the Annual Council Reports, Annual BOT Report, MDHA Strategic Plan, and HOD results to update the goals of your council's Strategic Plan.
- Develop programs and projects to delegate to Task Force Chairs.

Second Meeting (1st quarter of calendar year) (Jan-Feb)

- Review budget
- Evaluate status of projects, programs, and assignments for the year; review Task Force actions and activities for necessary adjustments.
- Utilize determinations from BOT to stay on task

Third and Fourth Meeting (2nd or 3rd quarter of calendar year) (Mar-April)

- Review budget
- Evaluate status of projects, programs, and assignments for the year; review Task Force actions and activities for necessary adjustments.
- Begin development of PR(s) and PBY(s) for upcoming HOD
- Utilize determinations from BOT to stay on task.
- Plan programs/activities and develop program worksheets
- Prepare Program Worksheet for the year end budget requests
- Additional Meeting(s)
- No approval needed.

Duties and Responsibilities

Council

- Review Annual Council Reports, Annual BOT Report, President's Dispositions, MDHA Strategic Plan, and HOD results for information to coordinate Association activities.
- Develop work schedule for the year
 - Set priorities based on review of sources listed above
 - Plan activities of the Council
 - Develop Council Strategic Plan. This plan includes the strategies and action plans for implementation of association goals, policies and position statements
 - Establish and/or maintain list/outline and timetable of past, current and projected Council activities
- Report Task Force chairs and members to the BOT
- Supervise Task Forces
- Elect a Secretary
 - The Secretary shall maintain minutes of every meeting.
 - Council meeting minutes will be distributed to all council and task force members in a timely manner by the Chair
- Approve and submit the Council/Task Force(s) program worksheets to the Treasurer according to the association calendar
- Submit quarterly reports to the BOT
- Submit annual report to the BOT and HOD
- Develop and maintain mechanism for continuity (file sharing and management)
- Follow the approved format for all reports and program worksheets
- Submit all reports and program worksheets in compliance with deadlines
- Maintain Council file
- Adhere to Council strategic plan; and update as necessary throughout the year

Chair

- Prepare and distribute for council members and associated Task Forces, including Annual Report, Budget, Council and Task Force Program Worksheets, past meeting minutes, council portions of P & P Manual, basic parliamentary procedure, timetable, strategic plan, and any other documents of importance, and instructions for downloading

association reference materials including but not limited to this Manual. See the “Support Documents” section of this manual.

- Prepare the agendas and preside over all council meetings.
- Prepare and distribute Quarterly and Annual reports to council members.
- Distribute council minutes to council members and task forces
- Follow MDHA policies, procedures, and bylaws at all times.
- Maintain a file for those that follow, in order to provide for continuity in the business of the council between administrative years. This includes reviewing files and removing any duplicate or extraneous. The file should include an updated timetable for Council activities with thorough directions for implementation.
- Direct the Task Force Chairs to maintain a file for those that follow. This includes reviewing files and removing any duplicate or extraneous material.
- Notify council members of costs covered and reimbursement procedure as per the council’s Program Worksheet.

Trustee

- Serve as liaison between council and BOT; reports to the BOT on council activities
- Serve as a resource person on Association policy and procedure.
- Assist council in understanding and following through with referrals from the BOT and the President.
- Assist council in identifying common areas of interests and concerns with other councils to eliminate duplication.
- Perform duties and responsibilities listed for Members-at-Large

Members-at-Large

- Attend meetings, plan, discuss, interact, and share in completing council assignments and goals.
- Remain committed to attending all meetings of the council and phone conference(s).

Documents and Reports

All Quarterly and Annual Reports are to be sent to the AA in compliance with deadlines.

Council Chair is responsible for developing, distributing and/or submitting the following:

- Report of the names of Task Forces, TF chairs and members—to be included in Quarterly Council Report to BOT and Annual Report to the HOD
- Council minutes
- Council Strategic Plan that has been updated according to President’s Dispositions, HOD results, and annual BOT Report.
- Quarterly Reports
- Annual Report
- Program Worksheets

Program Worksheets

- Council must work within the budgetary constraints approved in the annual budget by HOD.

- The need for special monetary assistance not budgeted must be demonstrated and justified in a proposal submitted to the for BOT approval

Alternative Voting

- Mail Ballot
- Conference Call
- Electronic Mail

COMMUNICATIONS COUNCIL

Scope: Publications and Marketing for Hygienists and the Public

- MDHA Policy Review and Development
- Editing, Publishing, and Distribution of MDHA publications
- Advertising and subscriptions
- Public awareness of MDHA
- Promotion of the RDH

Task Forces

- Advertising TF
- Newswire TF
- Website TF
- RDH Branding TF
 - PR material development
 - Social Media TF
- October Dental Hygiene Month TF
 - PR material development and distribution
- PR Booth TF
 - PR material development for use at career days, expos, community service activities

Members and Qualifications

- Chair; elected by the council
- Minimum of three (3) voting members; recruited by the Chair with recommendations from the components
- Elected Officers shall be advisory with no vote
- See Policy and Procedure for Standing Councils

Term of Appointment

- See Policy and Procedure for Standing Councils

Vacancy Positions

- Filled by appointment of the president with BOT approval.

Duties and Responsibilities

- See Policy and Procedure for Standing Councils.

Specific Duties under Scope

- Solicit articles
- Social media posting
- Publish two Newswires

Documents and Reports

- See Policy and Procedure for Standing Councils.

Program Worksheets

- See Policy and Procedure for Standing Councils.

Alternative Voting

- See Policy and Procedure for Standing Councils.

EDUCATION COUNCIL

Scope: RDH Education and Competence

- MDHA Policy Review and Development
- Continuing Education Credits
- Course Evaluations
- Speaker Resource Bureau

Task Forces See Policy and Procedure for Task Forces/Special Task Forces.

- Speaker Bureau TF
- Pre-HOD Seminar TF
- Summer Seminar TF
- Winter Seminar TF

Members and Qualifications

- Chair; elected by the council.
- Minimum of three voting members; recruited by the Chair with recommendations from the components.
- Elected Officers shall be advisory with no vote.
- See Policy and Procedure for Standing Councils.

Term of Appointment

- See Policy and Procedure for Standing Councils.

Vacancy Positions

- Filled by appointment of the president with BOT approval.

Duties and Responsibilities

- Provide speaker contracts as needed.

- See Policy and Procedure for Standing Councils.

Documents and Reports

- See Policy and Procedure for Standing Councils.

Program Worksheets

- See also Policy and Procedure for Standing Councils.

Alternative Voting

- See Policy and Procedure for Standing Councils.

FINANCE COUNCIL

Scope: Financial Planning and Non-dues Revenue for this Association

- MDHA Policy Review and Development
- Fundraising
- Program Worksheets
- Budget

Task Forces

- See Policy and Procedure for Task Forces/Special Task Forces.
- Annual Financial Review.
- MDHA/MDA Joint Session Sponsorship Money.
- Others as needed to accomplish raising of operating funds for MDHA.

Members and Qualifications

- Chair; elected by the council
- Minimum of three voting members; recruited by Chair with recommendations from the components.
- Elected Officers shall be advisory with no vote.
- See Policy and Procedure for Standing Councils.

Term of Appointment

- See Policy and Procedure for Standing Councils.

Vacancy Positions

- Filled by appointment of the president with BOT approval.

Duties and Responsibilities

- See Policy and Procedure for Standing Councils.

Specific Duties under Scope

- Development of MDHA annual budget.
- Establish TF(s) as needed to accomplish raising of operating funds for MDHA.

Documents and Reports

- See Policy and Procedure for Standing Councils.

Program Worksheets

- See Policy and Procedure for Standing Councils.

Alternative Voting

- See Policy and Procedure for Standing Councils.

LEGISLATIVE COUNCIL

Scope: MDHA Legislative Activity

- MDHA Policy Review and Development
- Legislative Alerts
- Testimony Development
- Advocacy Activities
- Lobbying

Task Forces

- Legislative Luncheon TF
- Legislative Blitz TF
- Support TF
 - research of public policy issues that would positively affect our profession or the public's health
 - research of legislative activities around the state and nationally

Members and Qualifications

- Chair; elected by the council
- Minimum of three voting members; recruited by the Chair with recommendations from the components.
- The lobbyist and elected officers shall be advisory with no vote.
- See Policy and Procedure for Standing Councils.

Term of Appointment

- See Policy and Procedure for Standing Councils.

Vacancy Positions

- Filled by appointment of the president with BOT approval.

Duties and Responsibilities

- See Policy and Procedure for Standing Councils

Specific Duties under Scope

- See Policy and Procedure for Standing Councils, plus:
- Develop the MDHA Legislative Plan and submit to the BOT for approval.
- Develop and submit associated program worksheets.
- Educate and assist members in contacting and communicating with legislators
- Assist the DGA with updating “Chronology of Regulation of Dental Hygiene Practice in Michigan” and “Chronology of Rules of Dentistry in the State of Michigan pertaining to the Practice of Dental Hygiene.”
- Ensure that Program Worksheet for the Lobbying Agent includes any recommendations for lobbying services and salary.

Documents and Reports

- See Policy and Procedure for Standing Councils

Program Worksheets

- See Policy and Procedure for Standing Councils

Alternative Voting

- See Policy and Procedure for Standing Councils

MEMBERSHIP COUNCIL

Scope: Membership recruitment and retention

- MDHA Policy Review and Development
- Member Participation, recruitment, retention, and recognition

Task Forces

- MDHA Branding TF
 - the association for you by you, empowering you, developing you, supporting you
- Welcome/Exit TF
 - send Entrance/Exit letters
 - phone calls, exit interview, polls
- Faculty Liaison TF
- ADHA Student Member TF
 - attend Student Member Day
 - mentoring
- Student Delegate TF
 - Guidelines established regarding student delegates at HOD
- Membership Booth Development TF
 - For use at CE seminars, Sci Session, and other venues
- Recognition TF
 - Conduct memorial
 - Collaborate with SOH and AA for HOD Recognition Luncheon
 - Service awards
 - Association Professionalism Awards

- Frances Shook,
- Roger Hill Friend of the Profession
- Springboard Award

Members and Qualifications

- Chair; elected by the council
- Minimum of three voting members; recruited by the Chair with recommendations from the components
- Elected Officers shall be advisory with no vote
- See Policy and Procedure for Standing Councils

Term of Appointment

- See Policy and Procedure for Standing Councils

Vacancy Positions

- Filled by appointment of the president with BOT approval

Duties and Responsibilities

- See Policy and Procedure for Standing Councils

Specific Duties under Scope

- Attend Women in Dentistry Expo

Documents and Reports

- See Policy and Procedure for Standing Councils

Program Worksheets

- See Policy and Procedure for Standing Councils

Alternative Voting

- See Policy and Procedure for Standing Councils

PUBLIC HEALTH COUNCIL

Scope: Current issues in Public Health

- Resources for Members
- MDHA Policy Review and Development

Task Forces See Policy and Procedure for Task Forces/Special Task Forces.

- Fluoride TF
 - Fluoride information including systemic water fluoridation, fluoride varnish, and fluoride research
- Tobacco TF
 - Tobacco cessation information

- Early Childhood Caries TF
 - material development and distribution
- Maternal Health TF
 - Information online
- Resource Library TF
 - develop Resource Library and information which will be posted on the MDHA website
- Workforce Models/Collaborative Practice TF
 - Collaborate with the Michigan Department of Community Health to update information on PA 161 program data.

Members and Qualifications

- Chair; elected by the Council
- Minimum of three voting members; recruited by Chair with recommendations from the components
- Elected Officers shall be advisory with no vote
- See Policy and Procedure for Standing Councils

Term of Appointment

- See Policy and Procedure for Standing Councils

Vacancy Positions

- Filled by appointment of the president with BOT approval

Duties and Responsibilities

- See Policy and Procedure for Standing Councils

Specific Duties under Scope

- ADHA web link
- Write articles for Newswire and other professional journals
- Sustain Council through fundraising

Documents and Reports

- See Policy and Procedure for Standing Councils

Program Worksheets

- See Policy and Procedure for Standing Councils

Alternative Voting

- See Policy and Procedure for Standing Councils

TASK FORCE

These small groups plan and strategize action plans for accomplishing a specific assignment or task. This is where the work of implementing plans and programs begins. It is a temporary

grouping of individuals formed for the purpose of carrying out a specific operation or assignment. Task forces accomplish many of the necessary tasks of the association, such as planning and implementation of HOD, fundraising or other activities.

Standing Task Forces are listed in the manual under each specific council section. Standing task forces are those task forces that serve the same function from year to year.

Special Task Forces are created to complete a specific task or assignment as needed by a Council or Special Council and exist for a specified period of time. An example of a special task force is the Infrastructure Task Force. It was created for the specific purpose of evaluating and redesigning the infrastructure of MDHA, including any associated revisions to the Policy and Procedure Manual and Bylaws.

Scope

- The task force must support MDHA Mission, Goals, and Policies.
- The task force's purpose, limitations, range of operation, activity, and concern must not duplicate the scope of another task force.

Members and Qualifications (minimum of 3)

Chair - appointed by the President

- Council/BOT oversees the TF in making the selection (see Term, Standing)
 - Experience as a component officer or task force member
 - Voting member of MDHA

Members – recruited by the Task Force Chair with recommendations from the components

- Council/BOT oversees the TF in making the selection or may delegate to the TF Chair (see Term, Standing)
- Voting member of MDHA

Term of Appointment

- Standing Task Force
 - Annually, with reappointment of chair and members by Council/BOT
 - Tenure limited to four (4) years
- Special Task Force
 - Administrative year or until task is completed

Vacancy Positions

- Appointed by Council Chair or TF Chair and reported to the BOT by Council Chair

Meetings

- Hold meetings as necessary

Duties and Responsibilities

- Hold meetings as necessary.
- Complete Task/Assignment as expeditiously as possible.

- Implement Task/Assignment as approved for TF formation.
- Comply with and support MDHA Mission and Goals, Policy & Procedure, and *MDHA Bylaws* in all actions.
- Review flow chart and timeline annually and include in Task Force Annual Report
- Chair: Submit TF Quarterly Reports to the supervising Council.
- Chair: Submit Annual Report to Council Chair.

Documents and Reports

Task Force Chair is responsible for developing, distributing and/or submitting the following to the Council chair in compliance with deadlines:

- Minutes
- Quarterly Reports
- Program Worksheets
- Annual Report

SPECIAL COUNCILS

These Councils are established by the BOT or the HOD and dissolve when the task is completed. The following must be provided in writing when recommending, proposing, or establishing a Special Council:

Scope

- A statement of the council's purpose, limitations (must not duplicate scope of current Council), range of operation, activity, and concern.
- The scope must support MDHA's Mission and Goals.

Chair

- Actual person or qualifications must be indicated in proposal and approved by BOT or HOD (will be appointed by President with BOT approval if actual person not indicated).

Members and Qualifications:

- At least three members, including the chair
- Actual persons or qualification descriptions must be indicated in proposal and approved by BOT or HOD.

Term of Appointment

- The length and tenure as indicated in proposal and approved by BOT or HOD.

Consultants to Special Council

- The need for special monetary assistance must be demonstrated and justified by referring council to the BOT for approval

Special Council's Internal Task Force(s)

- May be established by the Special Council Chair, with approval of the Special Council members, if necessary to accomplish the scope(s) of the Special Council. A written report of this appointment must be made stating:
 - Name
 - Task(s)/Assignment(s)
 - Action Plan of steps to be taken and time table for accomplishing them
 - Funding needed including amount and description of use (Program worksheets must receive BOT approval before programs can be activated)
 - Members and Chair

Meetings

- The procedure should be included in the proposal following the Policy & Procedure Manual format for Standing Councils.

Responsibilities

- The procedure should be included in the proposal following the Policy & Procedure Manual format for Standing Councils.

Duties

- The procedure should be included in the proposal following the Policy & Procedure Manual format for Standing Councils.

SPECIAL TASK FORCES

A Special Task Force proposal must be presented to the BOT or HOD for approval. The Special Task Force is then established to work under the guidelines of the approved proposal until such time as the task is completed or term of appointment is met. At that time, the Special Task Force must be dissolved. The following must be provided in writing when recommending, proposing, or establishing a Special Task Force:

Scope

- A statement of the task force's purpose, limitations (must not duplicate scope of current task force), range of operation, activity, and concern. The scope must support MDHA's Mission and Goals.

Chair

- The actual person or qualifications must be indicated in the proposal and approved by BOT or HOD (will be appointed by the President with BOT approval if the actual person is not indicated).

Members and Qualifications

- At least three members, including chair.
- Actual persons or qualification descriptions must be indicated in proposal and approved by BOT or HOD.

Term of Appointment

- The length and tenure as indicated in proposal and approved by the BOT and HOD following Policy & Procedure Manual format for Standing Task Forces.

Vacancy Positions on Special Task

- The procedure should be included in proposal following Policy & Procedure Manual format for Standing Task Forces.

Consultants to Special Task Force

- The need for special monetary assistance must be demonstrated and justified by the referring council to the BOT for approval.

Meetings

- The procedure should be included in the proposal following the Policy & Procedure Manual format for Standing Task Forces.

Responsibilities

- The procedure should be included in the proposal following the Policy & Procedure Manual format for Standing Task Forces.

Duties and Responsibilities

- The procedure should be included in the proposal following the Policy & Procedure Manual format for Standing Task Forces.

Documents and Reports

- The procedure should be included in the proposal following the Policy & Procedure Manual format for Standing Task Forces.

DIVERSITY, EQUITY, AND INCLUSION (DEI) COUNCIL

Scope:

- Create a safe, welcoming, and inclusive community within MDHA that celebrates and draws strength from its diversity
- · Promote programs, workshops, continuing education and initiatives to support efforts regarding diversity, equity, and inclusion, including programs for MDHA leadership, members, and students
- · Identify and disseminate educational resources to advance diversity, equity and inclusion within the dental and dental hygiene profession to ensure an inclusive work environment and equitable patient care.

Task Forces See Policy and Procedure for Task Forces/Special Task Forces.

- · Professional Development & Training TF
- · Recruitment TF
- · Grant-Funded Initiatives & Partnerships TF

Members and Qualifications

- · Chair; elected by the council.
- · Minimum of three voting members; recruited by the Chair with recommendations from the components.
- · Elected Officers shall be advisory with no vote.
- · See Policy and Procedure for Standing Councils.

Term of Appointment

- · See Policy and Procedure for Standing Councils.

Vacancy Positions

- · Filled by appointment of the president with BOT approval.

Duties and Responsibilities

- · See Policy and Procedure for Standing Councils.

Specific Duties under Scope

- · Provide DEI training opportunities specific to the dental profession.

Documents and Reports

- · See Policy and Procedure for Standing Coun

Section IX - Association Liaisons

GUIDELINES FOR LIAISONS

Coalitions, Workgroups, or Committees

MDHA may choose to be a member of another professional organization, coalition, workgroup, or committee and may appoint a member, known as a Liaison, to serve as its representative. Membership will be approved by the HOD or BOT. If annual dues or fees are required, program worksheets will be prepared by the liaison and submitted to the Finance Council. All liaisons will submit a liaison report to the BOT. Liaisons will not be reimbursed mileage, hotel stay, or other expenses by MDHA unless such expenses are approved by the BOT.

Examples of Organizations

Michigan Oral Health Coalition (MOHC)

Michigan Board of Dentistry (MBD)

Michigan Dental Association (MDA)

Michigan Dental Association Foundation (MDAF)

ADHA Institute for Oral Health (ADHA IOH)

Qualifications Required

- Voting member of MDHA.
- Member in good standing.
- Served on the BOT or as a Delegate to MDHA HOD.

Qualifications Highly Recommended

- Familiar with MDHA structure and this manual.
- Familiar with ADHA structure.
- Able to commit the time needed to perform the duties and responsibilities.
- Dedicated to the association's mission and goals.

Qualifications Recommended

- A person who is respected by the membership.
- Organized with skills in planning and public speaking.
- Promoter of teamwork.
- Conducts meetings effectively.

Appointment

- By the President with notification to the BOT.

Term of Appointment

- Minimum one (1) year and maximum four (4) years.
- Extensions are available through approval of the BOT.

Vacancy Positions

- Appointed by the president.

Duties and Responsibilities

- Attend meetings.
- Represent the policies and positions of the MDHA.
- Submit meeting reports to the BOT in accordance with established deadlines.

Documents and Reports

- Meeting report to the BOT.

Program Worksheets

- Liaison must work within the budgetary constraints approved in the annual budget by HOD.
- The need for special monetary assistance not budgeted must be demonstrated and justified in a proposal submitted to the BOT for approval.
- All funding needs must be included in detail in this request.

Section X - Communication

COMMUNICATION

To the Entire Membership

Written in the name of the Association

1. All letters, notices, mailings, etc, to the entire membership must be signed or co-signed by the President of the Association.
2. Communications must be copied to all involved members of the BOT, councils, task force, etc...
3. All letters, notices, mailings, etc, generated in the name of the MDHA, must be reviewed by or copied to the president.
4. Material may be sent to the CO for processing and distribution or you may do it yourself.

Send to Central Office

1. Do not date. Appropriate dates will be added by the CO at time of distribution.
2. Provide all directions for copying and distribution.
3. Contact the AA to determine a reasonable time frame for response.

Do-It-Yourself

1. Type all materials.
2. Use CO for return address, not your personal address, for all outside MDHA communications.
3. All letters, reports, and correspondence have the following distribution:
 - a. Original
 - b. File copy
 - c. AA/CO copy: The AA is charged with the responsibility of copying and disseminating all communications to the appropriate officers, chairs, trustees, consultants, etc. This is done to eliminate having to make several copies, to decrease postage cost, to improve communications and to provide continuity of purpose and unity of activities.
4. Retain your copy of communication in your files.

Spoken or electronic to the entire membership

1. Make a permanent record of any important communications you might make related to your position for the Association.
2. Retain file copy.
3. Copy to CO if pertinent to keep them informed.

Not Intended for the Entire Membership

This can include legislators, councils, trustees, non-members, e-membership list, etc.

1. Must be reviewed by or copied to the president..
2. Make a permanent record of any important communications you might make related to your position for the MDHA
3. Retain file copy.

4. Copy to the CO or the appropriate person.

SOCIAL MEDIA

Posting Protocol

1. Be professional: It is important that posts convey a positive, engaging attitude. How you conduct yourself in the online social media space not only reflects upon you but also directly upon the MDHA and its members.
2. Be respectful: Avoid using unprofessional, disagreeable or offensive online personas. Don't use ethnic slurs, personal insults, or obscenity, or engage in any conduct that would not be acceptable in the Association or other professional workplace. Be sensitive to topics that may be considered objectionable or inflammatory—such as racial socio-economic or gender-based remarks. Always demonstrate respect for others' points of view, even when they're not offering the same in return.
3. Maintain confidentiality and privacy: Do not share confidential or proprietary information about the MDHA or its members, employees, vendors, and other health organizations, including private information about individuals, such as contact information or that is covered under HIPAA privacy and security laws.
4. Respect third party content: Be careful of copyrights, trademarks, rights of publicity, and rights of privacy in your posting, including with regard to user-generated content. Do not claim authorship of something that is not yours. If you are knowingly using other parties' content, make certain that they are credited for it in your post and that they approve of you utilizing their content.
5. Always let the subject matter experts respond and add value: If you come across negative or disparaging posts about the MDHA or its members, or see third parties trying to spark negative conversations, avoid the temptation to react personally, especially if the subject does not relate to your area of expertise.
6. When in doubt, do not post. Individuals are personally responsible for their words and actions: As an individual who is authorized to post on behalf of the MDHA, it is imperative that you make every effort possible to confirm that your posts are accurate and not misleading. If there is a question, hold the post until you can confirm its accuracy. Do not publish slanderous, libelous or otherwise illegal or questionable content. Exercise sound judgment and common sense, and if there is any doubt, do not post it.
7. Know that the Internet is permanent: Once information is published online, it is essentially part of a permanent record, even if you "remove/delete" it later or attempt to make it anonymous. When space does not allow all content, provide a link so the message can be expressed completely and accurately.
8. Keep your personal views separate: Always remember you are posting on behalf of the MDHA when posting on MDHA social media, so it is important to uphold and reflect the MDHA's mission and values, as well as the values of the profession. Do not include personal comments. Also always consider the professional ramifications of your personal comments on your personal feeds to your personal contacts. No matter how

tightly you secure the audience to these personal feeds, there is always the chance that unprofessional posts may make their way to the larger online public audience.

9. Transparency and affiliation with the MDHA.

MDHA Social Media Platforms:

Only individuals who have been appointed by the president and/or the Communications Council chair may post on social media accounts on behalf of MDHA. Individuals appointed must be a member in good standing who is also on the communications council. Individuals authorized to post on behalf of the MDHA on MDHA Social Media Platforms should disclose their relationship with the MDHA when not posting under the MDHA name.

If you publish content online relevant to the MDHA on a personal social media account (and not through a process authorized by the MDHA), you must make it clear that you are speaking for yourself and not on behalf of MDHA. Your profile bio or about page should include a disclaimer that reads something like: "The opinions and views expressed here are my own and don't necessarily reflect those of the American Dental Hygienists' Association." You should also include disclaimers on the appropriate individual posts whenever possible. For example, when sharing an ADHA post, you might add something like "proud I worked on this project" and you should make sure it links to the official project website.

Personal Social Media Platforms: Employees must abide by the MDHA's Social Media Policy when posting MDHA-related content on personal social media platforms. Clearly identify your relationship with the MDHA such as a volunteer or staff member.

Use two separate social media accounts, one for personal and one for business. This applies to applications accessed from either a desktop or mobile device and helps to ensure that the right message is posted to the right account.

Violations of Protocol

Any employee who violates this social media protocol may be subject to disciplinary action up to and including termination. Assigned volunteers and third parties who violate this policy may be subject to denial of access to MDHA's social media platforms and termination of certain privileges.

MDHA Rights: MDHA reserves the right to remove any posted comment or withdraw administrative rights for any individual who is authorized to post on behalf of the MDHA at its sole discretion. In addition, MDHA reserves the right to suspend, modify, or withdraw this social media posting protocol at any time.

ELECTRONIC COMMUNICATION

This policy provides guidance for members posting on behalf of MDHA during the use of social media, which should be broadly understood for purposes of this policy to include blogs, wikis, microblogs, message boards, chat rooms, electronic newsletters, online forums, social networking sites, and other sites and services that permit users to share information with others in a contemporaneous manner.

All content must be approved by the MDHA President, Communication Council Chair, or individual administrators appointed by the council for individual communication sites.

Social media may not be used to discuss professional fees, pricing procedures, or other terms of service with members of the profession. Information posted will not be treated as confidential. MDHA makes no warranty, guarantee, or representation as to the accuracy or sufficiency of the information posted through social media and assumes no responsibility in connection with the use or misuse of such information. MDHA retains the right to refuse to publish content that it believes is not in the best interests of MDHA.

Social Media Content Policy

Although not an exclusive list, some specific examples of prohibited social media conduct include posting commentary, content, or images that are defamatory, proprietary, harassing, libelous, or that can create a hostile environment.

1. Administrators are not to publish, post or release any information that is considered confidential or not public.
2. Appropriate permission to use a third party's copyrights, copyrighted material, trademarks, service marks or other intellectual property shall be obtained prior to publishing any social media post.
3. All messages must be reviewed by the author for spelling and grammatical error prior to submission.
4. Spelling of names, places, or events must be correct and relevant to the subject of the posting.
5. Correct active hyperlinks or website addresses must be provided.
6. Advertisements, employment solicitations, commercial or business-related content will not be published on social media.
7. Social media is intended to be used by and targeted for dental hygienists.

ELECTRONIC MAIL CONNECTION (EMC)

The EMC is an internet informational tool provided by MDHA to more efficiently communicate with members and nonmembers of MDHA. MDHA may elect to discontinue this service at any time and has the right to decline subscription to an individual.

The EMC may not be used to discuss professional fees, pricing procedures, or other terms of service with members of the profession. Information posted on the EMC will not be treated as confidential. MDHA makes no warranty, guarantee, or representation as to the accuracy or sufficiency of the information posted on the EMC and assumes no responsibility in connection with the use or misuse of such information. MDHA retains the right to refuse to publish content that it believes is not in the best interests of MDHA.

Duties and Responsibilities of the Association

- MDHA officers, council chairs, and the lobbyist may utilize the EMC to send information approved by the president.
- Hyperlinks will be utilized for forms, registrations, pictures, and sites with material pertinent to the subject of the message. Attachments are not allowed but hyperlinks can direct subscribers to www.mdhatoday.org for access to such information.
- Advertisements, employment solicitations, commercial or business-related content will not be published on the EMC.
- A disclaimer will be included with each mailing stating: *MDHA makes no warranty, guarantee, or representation as to the accuracy or sufficiency of the information posted on the EMC and assumes no responsibility or liability in connection with the interpretations, use or misuse of such information.*
- A disclaimer will be included with each mailing stating: *The EMC list is not for reproduction; email addresses will not be sold or shared with anyone. You have received this message as the result of subscribing to the MDHA E-Mail Connection. If you received this message in error, please reply to the sender: mdha@mdhatoday.org that you wish to be removed from the list and you will no longer be included in these mailings. Be sure to include who you are – your name, address, if you are a member or not and what component you are in. Thanks!*
- The EMC is intended to be used by and targeted for dental hygienists.
- Members and Non-Members can sign up for the e-Membership to receive information that is sent out via the EMC. Members should designate their component number when signing up. Non-Members should designate Non-member status.

Duties and Responsibilities of the President

- Approve all message content.
- All EMC messages will be reviewed for spelling and grammatical errors by the president and the AA.
- Draft messages may be returned for editing or denied by the president.

Section XI - General Administration

MDHA CENTRAL OFFICE DEFINED

The association maintains a staffed business office to provide support services for its members, Officers, Councils, TF, BOT, and HOD. The AA is responsible for the day to day functions of this office and directly supervises all office support staff. The AA works under the direction of the president and within guidelines specified by the elected officers. The AA will be responsible for the delegation of office duties. Any procedures established will be provided in writing to those affected.

ACTIVITY APPROVAL

Officers, councils, trustees, and delegates shall address the following questions when planning and/or approving projects and activities for this Association. These questions serve as a reference guide when reviewing activity/program requests:

1. Does the activity adhere to the mission and goals of this association?
2. Does carrying out this activity follow the MDHA's P and P?
3. Can the activity be self-supporting or generate income for the MDHA?
4. Can the activity be performed better or at less expense by another entity within the MDHA?
5. What is the effect of this activity on the MDHA's not-for-profit status?
6. Do we currently have adequate staff and physical facilities to support this activity?
7. What is the previous and projected long term investment in this area of activity? Does the investment justify the results?
8. In relation to other priorities within the proposed budget, what is the degree of impact of this activity likely to be on the goals of the MDHA?
9. Was the budget planned to support this activity or will it be an additional expense requiring prior approval for funding?
10. Is it important enough, according to the above criteria, to warrant special budget approval, if that is required?

COLLABORATIVE EFFORTS

When working in collaboration with corporations, associations, agencies, or individuals, and when the MDHA's name will appear in conjunction with any of these groups listed, a committee consisting of the president, AA, and one additional officer will approve the content. The following text is recommended to be included on any printed material:

"The Michigan Dental Hygienists' Association does not endorse any specific product or service, including those provided by exhibitors, or used to promote an association activity or event."

REIMBURSEMENT

Only approved expenditures will be reimbursed. Approved expenditures are those included on program worksheets and stated in the association budget approved by the BOT. Over

expenditures must be pre-approved by the BOT if the spender wants to be assured of reimbursement. Reimbursement is made only when a completed voucher form with approval and/or receipts are received and money has been appropriated as stated in policy.

After Approval

- Complete expense voucher reimbursement form.
- Include any receipts and mail to the treasurer for approval.
- Send vouchers to the treasurer forty five (45) days from the date the expense was incurred.

EMPLOYEE PERFORMANCE REVIEW

The BOT will conduct annual performance reviews of the AA and lobbyist with a committee consisting of the PE as chair, two (2) trustees, and one (1) member-at-large. The committee will develop the performance review instruments, oversee the process and report any recommendations to the BOT.

Scope

- Annual performance review of AA.
- Annual performance review of the lobbyist.
- Others as appropriate.

Procedure Timeline

- Establishment of the performance review committee in November.
- The PE, in consultation with the committee, will develop the evaluation instruments and present at the 2nd BOT for approval if there are changes.
- Evaluations distributed after the 2nd BOT.
 - The AA review is sent to the BOT and component presidents.
 - The lobbyist review is sent to the BOT, component presidents, and legislative council chairs.
- The evaluation responses are compiled and reported with recommendations drafted by the committee in March.
- Contracts reviewed by the officers in March.
- Report with recommendations presented to the BOT in April.
 - The BOT makes recommendations and authorizes the president and PE to conduct the annual performance review meeting.
- Officers meet with the AA and lobbyists in May - June.
- Contracts are drafted and reviewed by the association attorney in June, if amended.
- Contracts presented to AA and lobbyists and signed by the president.
- Program worksheets for the AA and lobbyist salary and benefits are developed and submitted in accordance with established deadlines in July.

REMOVAL THROUGH EVIDENCE OF CAUSE

Officer

1. Failure to attend two consecutive, or three cumulative, BOT or required functions.
2. Failure to perform the duties and responsibilities as listed in this manual.
3. Misrepresentation of the MDHA's position and/or policy.
4. Failure to represent the MDHA as directed by the BOT.
5. Failure to act on the BOT's request.
6. Fraudulent expenditure of association's funds.
7. Conviction of illegal or unethical conduct.
8. Lack of interest or active participation in the MDHA.
9. Consistent lack of reports to the BOT.
10. Failure to maintain current membership status.

Delegate to ADHA

1. Failure to attend the ADHA's annual session, or other required meetings.
2. Failure to perform the duties and responsibilities as listed in this manual.
3. Misrepresentation of the MDHA's position and/or policy.
4. Failure to act on the BOT's request.
5. Fraudulent expenditure of association funds.
6. Conviction of illegal or unethical conduct.
7. Failure to represent the MDHA as directed by the BOT.
8. Failure to report to the MDHA's BOT or to the membership-at-large.
9. Failure to be informed on the ADHA or MDHA issues.
10. Lack of interest or active participation in the MDHA.
11. Failure to maintain current membership status.

Trustee

1. Failure to attend two consecutive, or three cumulative, BOT or required functions.
2. Failure to perform the duties and responsibilities as listed in this manual.
3. Misrepresentation of the MDHA's position and/or policy.
4. Fraudulent expenditure of association's funds.
5. Conviction of illegal or unethical conduct.
6. Lack of interest or active participation in the MDHA.
7. Failure to serve as a liaison between MDHA and the component, as demonstrated by:
 - a. not reporting information to the component accurately.
 - b. not representing the component's views to the BOT.
8. Failure to maintain current membership status.

Chair

1. Failure to perform the duties and responsibilities as listed in this manual.
2. Misrepresentation of the MDHA's position and/or policy.
3. Fraudulent expenditure of association's funds.

4. Conviction of illegal or unethical conduct.
5. Failure to represent the MDHA as directed by the BOT.
6. Lack of interest or active participation in the MDHA.
7. Consistent lack of council reports to the BOT.
8. Failure to maintain current membership.

REMOVAL BY EVIDENCE OF CAUSE

Officer, Delegate, and Chair

Evidence of cause may be submitted by any MDHA member and verified by a second member. This is a petition for removal, and is to be submitted to the AA and the CAP.

1. A hearing board will review the evidence and submit a summary report to the BOT.
2. The hearing board shall be composed of:
 - a. The SOH, IPP, one trustee appointed by the BOT, and one trustee appointed by the person named in the petition for removal.
3. Order of business before the hearing board:
 - a. Presentation of evidence of cause.
 - b. Defense of the person accused.
 - c. The accused provides defense including additional representatives on their behalf.
 - d. Questioning is completed by the hearing board members.
 - e. The hearing board composes a summary report and recommendation for the BOT in closed session.
4. BOT reviews the hearing board recommendation and votes.
5. A two-thirds (2/3) majority of the BOT is required for removal.

Trustee - Initiated by the MDHA BOT

1. The MDHA's president sends a letter to the trustee and component president explaining the request for removal.
2. A review committee meets with the component trustee to discuss the problem and resolution, and submits a summary report to the MDHA BOT and the component. The review committee shall be composed of:
 - a. The component's executive board/officers.
 - b. The MDHA's IPP.
 - c. One MDHA trustee appointed by the MDHA president.
3. A warning is given to the trustee and placed on probation with conditions of improvement stated that relate to the request for removal.
4. If the problem persists, the president will send a letter to the component requesting that another trustee be appointed to complete the term. A majority vote of the members attending a component meeting is necessary to remove the trustee and appoint a replacement. A quorum of members, as stated in the component's bylaws, must be present.
5. If the component fails to replace the trustee, the president will initiate a hearing board.
6. The hearing board shall be composed of:

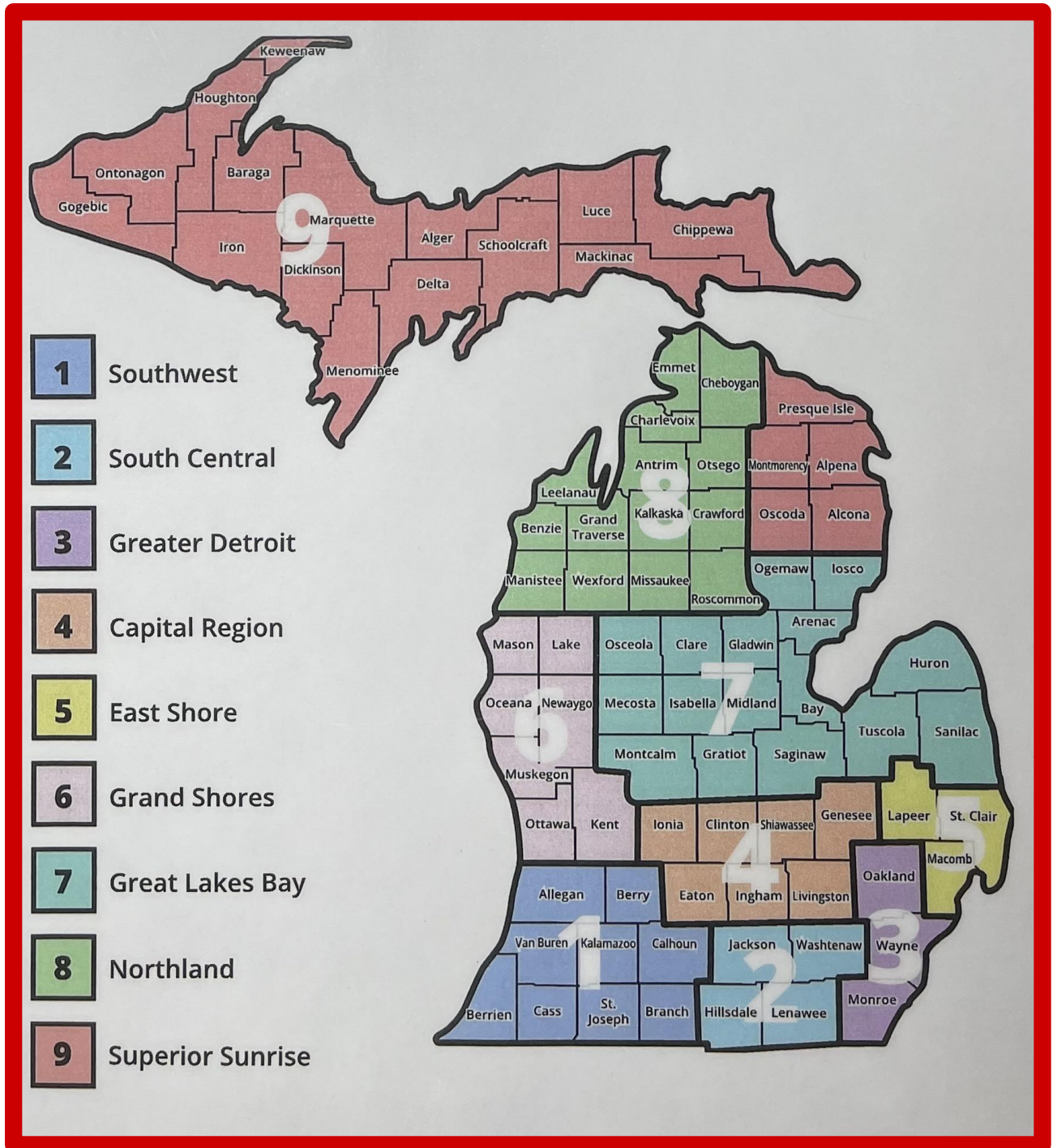
- a. The SOH, IPP, one trustee appointed by the BOT, and one trustee appointed by the person named in the petition for removal.
7. Order of business before the hearing board:
 - a. Presentation of evidence of cause.
 - b. Defense of the person accused.
 - c. The accused provides defense including additional representatives on their behalf.
 - d. Questioning is completed by the hearing board members.
 - e. The hearing board composes a summary report and recommendation for the BOT in closed session.
8. The component president and trustee are notified in writing of the BOT action, by the MDHA's president. If the BOT's action supported removal, the component is instructed to provide another trustee. If they do not comply, the MDHA president will appoint a trustee pro-tem by a specified date.

Trustee - Initiated by Component

1. A letter is sent to the MDHA president requesting representation at the component's executive board/officer meeting to discuss the situation. Notification will also be given to the component's trustee.
2. The MDHA representative meets with the trustee to discuss the problem, resolution, and submits a summary report to the BOT and the component.
3. If the problem persists, a letter is sent to the trustee by the component president asking for resignation. If the trustee does not comply by the next regularly scheduled component meeting, component members may, by majority vote, remove the trustee from office and appoint a replacement.

Section XII - Support Documents

MICHIGAN COMPONENT MAP



MICHIGAN DENTAL HYGIENE SCHOOLS

Program Directors and Student Chapter Advisors

Delta College

Department of Dental Hygiene

1961 Delta Rd. Office F-42

University Center, MI 48710

989.686.9383

Director

Pam Livingston

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Component

Great Lakes Bay

Student Advisor

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Ericha Diegel

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Nichole Webb

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Ferris University

Department of Dental Hygiene

200 Ferris Dr.

Big Rapids, MI 49307-2740

231.591.2224

Director

Kim Beistle, RDH, PhD

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Component

Great Lakes Bay

Student Advisor

Catherine Archer

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Jerelyn Smith

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Grand Rapids Community College

Department of Dental Hygiene

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616.234.4240

Component

Grand Shores

Director

Jamie Klapp, RDH

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Student Advisor

Jackson College

Department of Dental Hygiene

2111 Emmons Road

Whiting Hall - Room 104C

Jackson, MI 49201

517.990.1463

Component

South Central

Director

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Student Advisor

Kalamazoo Valley Community College

Department of Dental Hygiene

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269.488.4267

Component

Grand Shores

Director

Kim Grubka, RDH

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Student Advisor

Samantha Reidenbach

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Kellogg Community College

Department of Dental Hygiene

450 North Ave.

Battle Creek, MI 49017

269.965.3931

Component

South Central

Director

Dr. David Smith, DDS

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Student Advisor

Stacey Schramm

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Lansing Community College

Department of Dental Hygiene

PO Box 40010

Lansing, MI 48901

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Director

Heather Bunce, RDH, BA

Bunceh@lcc.edu

Component

Capital Region

Student Advisor

Nancy Kyser

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Macomb Community College

27958 College Park Dr

Warren, MI 48088

586.445.7161

Director

Dr. Barbara Ellis, Ed.D, RDH, CDA

Associate Dean of Dental Science

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Component

East Shore

Student Advisor

Brenda Marriott

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Lorene Kline

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C.S. Mott Community College

Department of Dental Hygiene

1401 E. Court St.

Flint, MI 48503

810.762.0328

Component

Capital Region

Director

Keyana Morris

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Student Advisor

Cheryl Doyle

cheryl.doyle@mcc.edu

Program Directors and Student Chapter Advisors

Oakland Community College

Department of Dental Hygiene

7350 Cooley Lake Rd.

Waterford, MI 48327

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MDHA STRATEGIC PLAN 2021-2025

GOAL	OBJECTIVES	
	STRATEGIES (TASKS)	
1. COMMUNICATE THE VALUE OF MEMBERSHIP Benefits	STUDENTS MEMBERS POTENTIAL MEMBERS	Member Benefits Sheet Thank You Note Tri Fold Member
2. COLLABORATIVE SCHOOL PARTNERSHIPS	13 DH SCHOOLS	Grad Packet
3. INCREASE SCOPE OF PRACTICE (Sarah) IN MICHIGAN needed	DEBRIDEMENT PA 161 DENTAL THERAPIST PRE K ORAL ASSESSMENT	Legislative Write Legislators when Lobby Day
4. PROMOTE (SUPPORT) THE HIGHEST STANDARDS Communications FOR MICHIGAN RDH	EDUCATION LICENSURE RESEARCH PRACTICE	Quality Seminars Mission Statement on Continue Partnerships Legislative (Sarah) BOD
5. EXPAND RDH ROLES in a Hospital Setting IN ACCESS TO CARE Ford	HOSPITALS SCHOOLS MEDICAL PRACTICES	Utilize Hygienist Mobile Units - Outreach Collaboration with Henry
6. IMPROVED TECHNOLOGY w/Communication Council CONTENT Meetings (CE)	COLLABORATIVE EFFORTS WITH ESSENTIAL IT	Collaboration Social Media Investigate Online
7. FISCAL REFORM/ Seminars INCREASE REVENUE Council	SEMINARS Membership	MDHA/Component joint Finance/Education Corporate Partnerships

The Mission of this Association is to advocate for the profession of Dental Hygiene

MICHIGAN DENTAL HYGIENISTS' ASSOCIATION BYLAWS

ARTICLE I – NAME PURPOSES

Section 1. Name

The name of this corporation shall be Michigan Dental Hygienists' Association (hereinafter referred to as the "Association"), a Michigan not-for-profit corporation. The Association is a Constituent of the American Dental Hygienists' Association.

Section 2. Purpose

In addition to the purposes set forth in the Association's Articles of Incorporation, as may be amended, the purposes of the Association are to improve the oral health of the public; to advance the art and science of dental hygiene; to maintain the highest standards of dental hygiene education and practice; to represent and protect the interests of the dental hygiene profession; to improve the professional competence of dental hygienists; to provide professional communication; and to conduct other activities as may be permitted by the State of Michigan to carry out the purposes of this association.

Section 3. Mission

The Mission of this Association is to advocate for the profession of dental hygiene

Section 4. Offices

The Association shall have and continuously maintain in the State of Michigan a registered office and a registered agent whose office is identical with that registered office and may have such other offices, within or without the State of Michigan, as the Board of Trustees may determine.

Section 5. Code of Ethics

The Code of Ethics of the American Dental Hygienists' Association shall govern the professional conduct of all members.

ARTICLE II – MEMBERSHIP

Section 1. Membership Qualifications

Membership may be granted to any individual who: (i) meets the criteria set forth for each category of membership in the Association; (ii) shares interest in and supports the purposes of the Association; (iii) abides by these Bylaws, the Association's Code of Ethics for Dental Hygienists, and such other policies, rules, and regulations as the Association may adopt; and (iv) meets such additional criteria for each category of membership in the Association as the House of Delegates may establish.

Section 2. Membership Categories

The membership of the Association shall be composed of the following categories:

A. Voting Members

1. Professional Members. Professional membership may be granted to any individual who (i) has either earned a certificate or professional degree in dental hygiene granted pursuant to a dental hygiene program offered by an accredited college or institution of higher education, or is licensed to practice dental hygiene in the United States under the provision of a “grandfather clause”; and (ii) is licensed to practice in any state, territory or possession of the United States if such license is required for the practice of dental hygiene; and (iii) agrees to maintain membership in a Constituent as well as a Component (if such exist where the member is licensed, practices or resides).
2. New Professional Membership may be granted to any individual who has (i) graduated from an accredited dental hygiene program within the past two years; and (ii) is licensed to practice in any state, territory or possession of the United State if such license is required for the practice of dental hygiene.
3. Senior Status. Professional members who have reached the full retirement age as set by the Social Security Administration and have either been a Professional member of the Association for an aggregate total of thirty (30) years, or twenty-five (25) consecutive years may apply for senior status.
4. Members with Disabilities. Professional members who are unable to work due to a verified disability may apply for Disabled status. All such applications must be verified by such member’s Constituent and/or Component, and must be accompanied by proof of eligibility each year.
5. Life. Life membership may be granted by the Board of Trustees to any Professional member who (i) has either paid dues for a total of thirty (30) consecutive or thirty-five (35) cumulative years; (ii) served as President of the American Dental Hygienists' Association or served as President of this Association and paid dues for a total of twenty-five (25) cumulative years; (iii) received recommendation for Life membership by unanimous vote of the Board of Trustees and majority vote of the delegates, present and voting, at the House of Delegates, in recognition for outstanding contributions to both dental hygiene and this Association, and who meets such other criteria as determined by the Board of Trustees from time to time. A Life member pays 50% Constituent dues, 100% National and Component dues, and maintains full voting rights.

B. Non-voting members

1. International Members. International membership may be granted to any individual who (i) resides outside of the United States; and (ii) holds a valid license to practice as a dental hygienist.

2. Student Members. Student membership may be granted to any student (i) currently enrolled in an accredited dental hygiene program; or (ii) who has graduated from an accredited dental hygiene program and is currently pursuing a baccalaureate or graduate degree complementary to a career in dental hygiene in an accredited college or institution of higher education.
3. Supporting Members. Supporting membership may be granted to any licensed dental hygienist who (i) is not employed in a dental hygiene-related career; and (ii) agrees to maintain membership in a Constituent as well as a Component (if such exist where the member is licensed or resides).
4. Honorary Members. Honorary membership may be granted by the House of Delegates to any individual who (i) is not a dental hygienist; (ii) has made outstanding contributions to dental hygiene or dental health; and (iii) has been nominated by the Board of Trustees.
5. Allied Members. Allied Membership may be granted to any individual who supports the purposes and mission of the Association and who is not otherwise qualified for any other class of membership.
6. Corporate Members. Corporate membership may be granted to any corporation, partnership, institution or organization that supports the Association's mission.

Section 3. Rights and Duties

- A. Voting and supporting members must be members of both a Constituent and Component (if such exist where the member is licensed, practices or resides).
- B. All members shall be entitled to attend the member meetings and social functions of the Association.
- C. Only Voting Members may vote for the election of delegates to the House of Delegates, hold office in the Association, its Constituents and Components and serve on the Board of Trustees and House of Delegates. Notwithstanding anything set forth to the contrary herein, the voting members' right to vote is specifically limited to elections of Delegates, and no other matter. Each eligible voting member shall have one (1) vote in the election of delegates.
- D. No individual member of the Association shall have the right to vote, without limitation, on the amendment of the Association's Articles of Incorporation, the merger or dissolution of the Association, or the amendment of its Bylaws.

Section 4. Disciplinary Action/Termination of Membership

- A. Grounds for Discipline. The Association may discipline a member for any of the following reasons:
 1. Failure to comply with these Bylaws, the Association's Code of Ethics for Dental Hygienists, or any other rules or regulations of the Association;

2. Conviction of a felony or a crime related to, or arising out of, the practice of dental hygiene or involving moral turpitude;
 3. Suspension, revocation, or forfeiture by any state, province, or country of the member's right to practice as a dental hygienist; or
 4. Unprofessional conduct considered prejudicial to the best interest of, or inconsistent with, the purposes of the Association.
- B. Procedures. Discipline may include, but not be limited to, censure, suspension, probation, and expulsion. Disciplinary action may be taken provided that a statement of the charges shall have been sent by certified mail to the last recorded address of the member at least fifteen (15) days before the final action is to be taken. This statement shall be accompanied by a notice of the time and place of the meeting at which the charges shall be considered, and the member shall have the opportunity to appear in person and/or to be represented by counsel and to present any defense to such charges before action is taken by the Association. Such disciplinary actions shall be conducted in accordance with procedures established by a two-thirds (2/3) vote of the Board of Trustees.
- C. Non-Payment of Dues. The membership of any member who is in default of payment of dues or assessments for more than three (3) months, ceases to be a member of the Constituent, Component, or other organization required for membership in the Association, or otherwise becomes ineligible for membership, shall be terminated automatically, according to such rules or procedures as the Board of Trustees or their designee(s) shall establish, unless such termination is delayed by the Board of Trustees.

Section 5. Reinstatement

Members who have resigned or whose membership has been terminated for non-payment of dues or assessments may be reinstated upon (i) payment of dues and any assessments; (ii) application to the appropriate Constituent or to the Board of Trustees; and (iii) meeting such additional terms and conditions as may be established by the Board of Trustees.

ARTICLE III – DUES

The amount of annual dues, fees and assessments for any classification of membership in this Association shall be established by the House of Delegates. A two-thirds (2/3) vote of the delegates present and voting shall be required for any dues increase. Payment of liens and/or assessments as determined by this Association, the ADHA and/or the component shall be required of all members in addition to this Association's dues.

ARTICLE IV – ELECTED OFFICERS

Section 1. Officers

The elected officers of the Association shall be the President, President-Elect, Vice President, Immediate Past President, Treasurer, Speaker of the House, and the Component Trustees.

Section 2. Qualifications

Only a Voting Member of this Association shall be eligible to serve as an elected officer. Candidates for Vice President, Treasurer or President-Elect must have served on the Board of Trustees or have been a delegate to the MDHA Annual House of Delegates. Vacancies in either office will remain as stipulated in Section 6.

Section 3. Elections/Term of Office

The President-Elect and the Vice President shall be elected by electronic ballot by the House of Delegates to serve for one year or until their successors are elected. The President-Elect, upon completion of the term, shall automatically become President. The President, upon completion of the term, shall automatically become the Immediate Past President. The Treasurer and Speaker of the House shall be elected by electronic ballot by the House of Delegates to serve for two years or until a successor is elected. The Treasurer shall be elected in odd-numbered years and the Speaker of the House in even numbered years. In the event that no nominee receives a majority of votes cast shall be dropped and a new electronic ballot taken. The same procedure shall continue until one of the nominees receives a majority of the voices cast. Component trustees shall be elected by their component. In the event a component fails to elect a Trustee from its membership, The House of Delegates shall elect a Trustee Pro-Ten to serve for that component.

Section 4. Nominations

Presented in writing by the Nominating Task Force at a time designated by the House of Delegates' order of business at a meeting prior to the last meeting of the Annual Session. Additional nominations may be made from the floor following this presentation.

Section 5. Limitations on Service

No member shall hold more than one office at a time, and no member shall be eligible to serve more than two consecutive terms in the same office. A member having served more than a half term in an office shall be deemed to have served a term, with the exception of component trustee. The term of office shall begin at the close of the last meeting of the House of Delegates of the Annual session at which they were elected.

Section 6. Vacancies

Should the office of the President become vacant, the President-Elect shall become President automatically, to serve as President for the unexpired term. In the event of unforeseen circumstances that cause a vacancy for the President or President-Elect positions, the Board of Trustees can appoint a President until the House of Delegates reconvene and fill the vacancy. Should the offices of President-Elect, Vice President, Treasurer, or Speaker of the House become vacant, they shall be filled by appointment by the President with the approval of the Board of Trustees to serve until the next Annual Session, when the House of Delegates shall fill the vacancy if the term is un-expired. Should the office of Immediate Past President become vacant, it shall remain vacant. Should the office of any component trustee become vacant, the component shall appoint, within 30 days, a trustee to fill the unexpired term or if they fail to

elect, a trustee will be appointed for them by the President with the approval by the Board of Trustees.

Section 7. Resignation

Any elected officer may resign by submitting that resignation in writing to the Board of Trustees.

ARTICLE V – DUTIES OF ELECTED OFFICERS

Section 1. General Duties

Officers shall perform the duties, which are regular and customary for each office and those prescribed by these Bylaws and by the Parliamentary Authority adopted by the Association and/or directed by the House of Delegates or the Board of Trustees.

Section 2. President

The President shall have general supervision and direction of all officers of the Association, shall be the Chairman of the Board of Trustees, shall address the opening meeting of the Annual Session, shall submit a written annual report to the Board of Trustees, and shall serve as Speaker of the House in the temporary absence of the Speaker. Components will provide a voting member to each existing Council. If a component fails to provide members for council positions, the President shall appoint, with the approval of the Board of Trustees, members of councils and standing committees, special committees and shall be an ex-officio member of all councils and committees. The President shall not be a member of the nominating task force.

Section 3. President-Elect

The President-Elect shall have the powers and perform the duties of the President during any absence or disability of the President, and shall have such other powers and duties as may be determined by the Board of Trustees or the President.

Section 4. Vice President

The Vice President shall have such powers and duties as may be determined by the Board of Trustees or the President.

Section 5. Immediate Past President

The Immediate Past President shall have such powers and duties as may be determined by the Board of Trustees or the President.

Section 6. Treasurer

The Treasurer shall be the custodian of the funds as directed by the House of Delegates or the Board of Trustees.

Section 7. Speaker of the House

The Speaker of the House shall preside over the meetings of the House of Delegates and shall consult with the President and Association Administrator as necessary for the orderly operation of the House of Delegates. The Speaker of the House shall not be a member of the Board of Trustees.

Section 8. Component Trustees

Component Trustees shall discharge their powers and duties on the Board of Trustees so as to be in the best interest of the entire Association and shall report regularly to their components the actions taken by the Board of Trustees.

ARTICLE VI – APPOINTED OFFICERS

Section 1. Appointed Officers

The Historian, Parliamentarian, and others as determined by the Board of Trustees shall be the appointed officers of the Association.

Section 2. Qualifications

Only a voting member of this Association shall be eligible to serve as an appointed officer.

Section 3. Term of Office

Term of office for appointed officers shall be two (2) years or as determined by the Board of Trustees.

Section 4. Appointment

Appointed Officers shall be recommended by the President and approved by the Board of Trustees. The approval shall occur at the first meeting of the Board of Trustees immediately following the House of Delegates.

Section 5. Vacancies

Vacancies shall be recommended by the President and approved by the Board of Trustees. The approval shall occur at the first meeting following the vacancy.

Section 6. Duties

The appointed officers shall perform duties prescribed by the Board of Trustees, except as otherwise provided in these Bylaws.

ARTICLE VII – MEETINGS

The Annual Meeting of the Association shall be known as the Annual Session and shall be held at a time and place determined by the Board of Trustees, at which time the House of Delegates shall meet.

Section 1. House of Delegates

The House of Delegates shall be the legislative body of the Association, with the authority to determine the policies to govern the Association in all its activities subject to these bylaws and the laws of the State of Michigan.

- A. Voting Members. The voting members of the House of Delegates shall consist of thirty-one (31) certified delegates from the components. Each component shall be entitled to at least three (3) delegates regardless to the number of Voting Members in said component. These three (3) delegates shall be the President and two (2) Voting Members-at-Large from each component. The remaining delegates necessary to comprise a total of thirty-one (31), shall be allocated to the components in the ratio of Voting Members of said component to the total number of Voting Members of the Association determined according to the membership figures of the ADHA. Elected delegates shall be elected by the Voting Members of the Component, which they represent. 'For each delegate allocated to a component, that component may have one alternate delegate.
- B.
- C. Non-voting members. The Elected and Appointed officers of this Association, certified Student American Dental Hygienists' Association member delegates, the Speaker of the House and the Secretary of the House shall be non-voting members.
- D. Certification. Each component shall file with the Association Administrator the names of duly elected delegates and alternate delegates no later than forty-five (45) days prior to the Annual Session. The Association Administrator shall thereafter provide to each delegate and alternate delegate those credentials necessary for admission to meetings of the House.
- E. Officers. The Secretary shall serve as recording officer of the House and custodian of its records, and shall provide minutes of the proceedings of each meeting within sixty (60) days of adjournment to all delegates, alternate delegates, and officers of this association. In the absence of the Secretary, the Speaker of the House will appoint a Secretary of the House pro-tem.
- F. Parliamentarian. The Parliamentarian shall be appointed by the President of this Association
- G. Official Call. The Association Administrate (AA) shall serve as recording officer of the House and custodian of its records and shall provide minutes of the proceedings of each meeting within forty-five (45) days of adjournment to all trustees and officers of this association. It will be the responsibility of the trustee to send the minutes to the delegates and alternate delegates, within 10 (ten) days of receiving the minutes from the AA. In the absence of the AA, the Speaker of the House will appoint a Secretary of the House pro-tem.
- H. Quorum. A quorum shall consist of two-thirds (2/3) of the total number of delegates registered as attending.

- I. Voting. All action considered by the House shall receive a majority vote of those members present and voting for the resolution of action unless stipulated otherwise in these Bylaws or the Standing Rules of the House.

Section 2. Special Sessions

Shall be called by the President upon written request of three-fourths (3/4) of the Board or two-thirds (2/3) of the certified delegates in attendance at the previous House of Delegates. The time and place shall be determined by the President, provided the time selected shall not be more than forty-five (45) days after the request was received and notice shall be sent to the address of record of each delegate. Only the business specified in the call shall be transacted.

ARTICLE VIII – COMPONENTS

Section 1. Tripartite

The American Dental Hygienists' Association (ADHA) is a tripartite organization. Voting and supporting members must maintain an active membership in ADHA, a Constituent and an Incorporated or Unincorporated Component (if such exist where the member is licensed, practices, or resides).

- I. Components. Voting members of the Association who are licensed, practicing or residing within a particular state, commonwealth, federal district, territory or possession of the United States may be organized as an Incorporated or Unincorporated Component of the Association. The Board of Trustees may authorize the establishment of Incorporated or Unincorporated Components which shall (i) be organized and operated in accordance with these Bylaws, and such additional rules and policies as may be adopted by the Board of Trustees from time to time; (ii) fulfill criteria for affiliation as may be established by the Board of Trustees from time to time; (iii) enter into Incorporated or Unincorporated Component agreements with the Association; and (iv) be issued a charter. The name, geographic boundaries and other requirements for Incorporated or Unincorporated Components shall be subject to approval of the ADHA and such rules and policies as may be adopted by the ADHA and the Constituent Board from time to time.
- J. Application for Recognition as a Component. The Board of Trustees, or its designee(s), shall adopt an application form and procedures to facilitate the consideration of applicants seeking to be organized as an Incorporated or Unincorporated Component of the Association. All applicants must complete the application form and submit the application, along with the designated fee, if any, to the administrative office or the Board of Trustees of the Association. The Board of Trustees, or its designee(s), shall review the application of all applicants and determine, based on the criteria set forth in these Bylaws and such other guidelines as the Board of Trustees may prescribe, if applicants meet the qualifications necessary for recognition as an Incorporated or Unincorporated Component.

- K. Revocation. Charters for the operation of Incorporated or Unincorporated Components may be revoked by the Board of Trustees at any time and in such manner and after such investigation as the Board of Trustees may deem necessary. Upon revocation of an Incorporated or Unincorporated Component's charter, the Incorporated Component immediately shall remit all of its funds and records to the Association's President. Due notice shall be given by the Board of Trustees to the Incorporated or Unincorporated Component in question, and reasonable opportunity shall be allowed for the Incorporated or Unincorporated Component to meet the requirements or correct infractions before final action is taken to revoke the charter.
- L. Name. No Incorporated or Unincorporated Component or other entity shall use the name of the ADHA or the Association in any manner whatsoever unless duly authorized to do so by the ADHA or the Association (as applicable) pursuant to the terms of a written agreement.
- M. Organization. Each Incorporated Component shall have a Board of Directors, officers and bylaws in such form as shall be approved by the Association's Board of Trustees. Incorporated Components must maintain voting membership categories and criteria that are identical to the Association's (with the exception of Life membership). Changes to an Incorporated Component's bylaws must receive the written approval of the Association's Board of Trustees.
- N. Meetings. Each Incorporated or Unincorporated Component may hold such meetings as it deems appropriate.
- O. Choice of Incorporated or Unincorporated Component. Members may belong to only one Incorporated or Unincorporated Component, and may join the Incorporated or Unincorporated Component of their choice based on where they reside, practice, or hold a license.
- P. Transfers. A member of an Incorporated or Unincorporated Component may transfer to another Incorporated or Unincorporated Component by written request addressed to the central office of ADHA. The central office of ADHA shall affect the transfer and promptly shall notify the affected Incorporated or Unincorporated Components. Full membership privileges shall be granted to the transferring member in the new Incorporated or Unincorporated Component, and a credit for the full amount of any dues paid to the previous Incorporated or Unincorporated Component shall be applied to the dues in the new Incorporated or Unincorporated Component.

ARTICLE IX – BOARD OF TRUSTEES

Section I. Composition

The Board of Trustees shall consist of:

- A. Voting members:

1. One Trustee from each component.
2. Elected officers of this Association with the exception of the President. The President may vote only to break a tie.

B. Non-Voting members:

1. Appointed Officers of this Association
2. An ADHA delegate representative

Section 2. Qualifications

A Trustee must be a Voting Member of the component represented. Upon resignation or change of status with regard to the preceding qualifications, that trustee position shall be declared vacant and the vacancy shall be filled as provided in these Bylaws.

Section 3. Term of Office

A term of office for Trustee shall be two (2) years with consecutive tenure limited to two (2) terms. Half of the Trustees shall be elected annually. Even-numbered components shall elect in even years, and odd-numbered components shall elect in odd years.

Section 4. Election

In the year that Trustee's term expires, the members of the component shall elect a new Trustee. Elections shall take place prior to the Annual Session of this Association's House of Delegates. The Association Administrator shall be notified of the results of the election. In the event a component fails to elect a Trustee from its membership, the Nominating Task Force will place the position on the ballot for House election.

Section 5. Vacancies

The component involved shall appoint within thirty (30) days a Voting Member of the component to fill such office for the unexpired term and shall notify the Association Administrator of this Association of its action. A Trustee appointed by the component shall be eligible for election to two (2) full consecutive terms upon completion of the appointed term. In the event that a component fails to fill a vacancy in this manner, the President of this Association shall appoint, with Board of Trustees approval, a Voting Member from the general membership for the unexpired term.

Section 6. Powers

The Board of Trustees shall be the administrative body of the Association, vested with full power to conduct all business of the Association, and shall have the power to enact interim policies when the House of Delegates is not in session when such policies are necessary to the proper conduct of Association affairs. All such policies shall be reported to the House of Delegates at the next Annual Session for ratification.

Section 7. Duties

The duties of the Board of Trustees shall include: to provide for and maintain office facilities for the Association; to be responsible for all property, real and personal, owned or held by the

Association and cause to be bonded all officers and employees entrusted with such property; to establish the fiscal year of the Association; to cause the accounts of the Association to be reviewed annually by the MDHA Annual Financial Review Task Force and or an accountant; to provide leadership/organizational guidance to the components; to review the reports of the officers, councils and task forces of the Association and any recommendations and resolutions to come before the House of Delegates, and to make recommendations thereto; to adopt rules and regulations for the conduct of the affairs of the Association; to appoint such agents, attorneys and others it deems necessary; to perform such other duties as are prescribed or permitted by the laws of the State of Michigan for the Board of Trustees or by these Bylaws and the policies adopted by the House of Delegates.

Section 8. Meetings

There shall be at least four (4) regular meetings of the Board of Trustees each year. One regular meeting shall be held before the Annual Session and one regular meeting shall be held immediately after the Annual Session. The remaining meetings shall be scheduled by the President with Board of Trustees approval, providing that ten (10) days notification be given to each member of the Board.

Section 9. Special Meetings

Special meetings of the Board of Trustees may be called by the President or upon direction to the President by a majority of the Board. The call shall be issued at least ten (10) days prior to the date set for the meeting and shall state the business to be considered. No other business shall be transacted at the meeting.

Section 10. Quorum

A majority of the voting members of the Board of Trustees shall constitute a quorum.

Section 11. Proxy

In the event a Trustee is unable to represent a component at any meeting of the Board, the component President shall appoint a Voting Member of the component to represent the component at a Board meeting, and shall notify the Association Administrator of this Association of this action.

ARTICLE X – DELEGATES AND ALTERNATE DELEGATES TO ADHA

Section 1. Delegates

The first three delegates shall be the President, President-Elect, and Vice President, with a priority of service in that order. Additional delegates allowed by the American Dental Hygienists' Association shall be elected by the House of Delegates from the general membership.

Section 2. Alternate Delegates

The candidates who are not elected to a delegate position will be the alternate delegates with a priority of service determined by the order of most votes received. If alternate delegate positions

cannot be filled in this manner, the President of this Association shall appoint such with the Board of Trustees approval.

Section 3. Eligibility

Any voting Member, who has been a member of this Association for two (2) years, may serve as a delegate or alternate delegate to the ADHA.

Section 4. Nominations and Elections

Nominations and elections shall be held in the same manner as for Elected Officers.

Section 5. Duties

The delegates and alternate delegates shall represent this Association at the ADHA House of Delegates performing any such duties as may be necessary for such representation and any other duties as may be required by the President, House of Delegates or the Board of Trustees.

ARTICLE XI – COUNCILS

Section 1. Establishment

Councils shall be established by the House of Delegates and continue to exist until dissolved by the House. Special Councils may be established by the House of Delegates or by the Board of Trustees and shall automatically cease to exist upon completion of the task for which they were established.

Section 2. Appointments

Members of the councils shall be provided by components. Each council will elect a chair, vice-chair, and secretary of that council. Each council will elect a member to serve as liaison to the Board of Trustees, and who will submit a written report for each meeting of the board of trustees. If components fail to provide voting members for council positions the members of the councils shall be appointed by the President with the approval of the Board of Trustees.

Section 3. Composition

Councils shall have no fewer than three (3) members, who shall be voting members of the Association. The Board of Trustees may establish the composition of any council. Council member terms shall be limited to one year, with tenure limited to four (4) consecutive years or at the discretion of the Board of Trustees.

Section 4. Vacancies

The President shall fill all vacancies.

Section 5. Duties

The councils shall have such duties as designated by the House of Delegates or the Board of Trustees, and shall include the preparation and filing of reports.

ARTICLE XII – ALTERNATIVE VOTING

Section 1. Mail Ballot

Any question may be submitted in writing, within the Board of Trustees, or any council for determination in lieu of a meeting of that body. If one (1) of the members of any such body, except the Board of Trustees, which will require three (3), challenge the mail ballot on the grounds that insufficient information is available for proper consideration of the questions, the question will be postponed to the next meeting of that body.

Section 2. Conference Call

Councils or committees may participate in a meeting via conference communication equipment provided all members participating in the meeting are in simultaneous communication. Participation shall constitute presence at the meeting.

Section 3. Electronic Mail (Email)

The Board of Trustees, councils, committees, and task forces may utilize the Internet to conduct the business of MDHA. The Board of Trustees, councils, committees, and task forces may participate in discussion and vote using the Internet.

ARTICLE XIII – PUBLICATIONS

Section 1. Official Publications

- A. The Association shall produce or cause to be available www.mdhatoday.org - the official internet web site of the Michigan Dental Hygienists' Association hereinafter referred to as "mdhatoday.org". The purpose of mdhatoday.org is to provide communication via the internet for dental hygiene professionals and the public. Mdhatoday.org will inform and update members regarding MDHA component proceedings, MDHA activities, and other significant developments and opportunities affecting the Michigan dental hygiene professional. Mdhatoday.org will also link to other pertinent sites for the dental hygiene professional and for the promotion and education of better oral health. Management of mdhatoday.org shall be determined by the Board of Trustees.
- B. This Association shall publish or cause to be published an online publication. The purpose of this publication is to inform and update dental hygienists in Michigan on current items of interest to the profession. Frequency of the issue shall be determined by the Board of Trustees.
- C. This Association shall publish or cause to be published The Advisor of the Michigan Dental Hygienists' Association hereinafter referred to as "The Advisor." The purpose of The Advisor is to inform and update dental hygienists regarding legislative and legal issues in Michigan, which influence the profession of dental hygiene. Frequency of issue and subscription rates shall be determined by the Board of Trustees.

Section 2.

Additional Publications may be authorized by the Board of Trustees.

Section 3.

Editorial supervision is determined by the Board of Trustees for all publications.

ARTICLE XIV – INDEMNIFICATION

Officers, trustees, employees, and agents of the MDHA shall be indemnified for any costs, expenses or liabilities necessarily incurred in connection with the defense of any action, suit or proceeding in which they are made a part by reason of being or having been a member serving in an elected or an appointed capacity. No member or employee shall be indemnified when adjudged in the action or suit to be liable for negligence or misconduct in the performance of duty.

ARTICLE XV – AMENDMENTS

Section 1. Proposed Amendments

The Board of Trustees, the House of Delegates, Components or any voting member of the Association may propose amendments, in whole or in part, to these Bylaws.

Section 2. Approval of Amendments.

- A. With Board of Trustee Approval. Proposed amendments of these Bylaws receiving the approval of the Board of Trustees shall be forwarded to the House of Delegates for consideration. Approval of such proposals shall require the act of a majority of the Delegates present at a duly called session of the House of Delegates at which a quorum is present.

- B. Without Board of Trustees Approval. Proposed amendments of these Bylaws not receiving the approval of the Board of Trustees shall be forwarded to the House of Delegates for consideration. Approval of such proposals shall require the act of two-thirds (2/3) of the entire House of Delegates at a duly called session of the House of Delegates.

Section 3. Notice.

Notice of intent to amend these Bylaws must be (i) sent to all Delegates by mail or electronic communication or (ii) published in print or online and circulated to the entire membership; or (iii) published on the Association's website at least thirty (30) days prior to the session of the House of Delegates at which such amendments are to be considered. Such notice must include a general description of the proposed amendments.

ARTICLE XVI – DISSOLUTION

In the event of the dissolution of the Association, the Board of Trustees shall, after paying or

making provision for the payment of all of the liabilities of the Association, distribute all of the remaining assets of the Association (except any assets held by the Association upon condition requiring return, transfer, or other conveyance in the event of dissolution, which assets shall be returned, transferred or conveyed in accordance with such requirements) to the ADHA, or, if the ADHA is no longer in existence, exclusively for the purposes of the Association in such manner, or to such organization or organizations as shall at the time qualify as a tax-exempt organization or organizations recognized under Sections 501(c)(3) or 501(c)(6) of the Internal Revenue Code of 1986, as amended (the "Code") or the corresponding provisions of any future United States Internal Revenue statute, as the Board of Trustees shall determine. Any such assets not so disposed of shall be disposed of by the court of general jurisdiction of the county in which the principal office of the Association is then located, exclusively for such purposes in such manner, or to such organization or organizations that are organized and operated exclusively for such purposes, as said court shall determine.

ARTICLE XVII – PARLIAMENTARY AUTHORITY

The rules contained in the current edition of Robert's Rules of Order, Newly Revised, shall govern the Association in all cases to which they are applicable and in which they are not inconsistent with these Bylaws and any special rules of order the Association may adopt.

ARTICLE XVIII – SUPREMACY CLAUSE

The Bylaws of this Association shall not be in conflict with the Bylaws of ADHA, which shall be the supreme law of the Association. A current copy of these Bylaws shall be on file with the Chief Executive Officer of ADHA.

10/22/2024 JL

BASIC OPTIONS IN THE DISPOSITION OF A RESOLUTION

1. **Postpone Indefinitely** (“I move to postpone indefinitely resolution.....”)
 - a. DEBATE can be on the merits of the resolution.
 - b. ADOPTION of the motion has the effect of suppressing the question throughout the current session. IT IS an indirect rejection of a motion when the House does not want an outright rejection of the idea.
2. **Amend** (“I speak in favor but I move to amend by”)
 - a. INSERTION of a word or phrase, or if at the end of the motion it is by ADDITION.
 - b. STRIKING a word or phrase
 - c. STRIKING a word or phrase and INSERTING a different word or phrase in its place
 - d. SUBSTITUTION for the entire resolution if the changes are numerous and complex.

Amendments must be seconded and must be GERMANE (closely related or having bearing on the motion). Discussion focuses ONLY on the amendment to the motion and not the entire question. It is also possible to “amend the amendment.” Then one has a primary and secondary amendment. The secondary amendment must be germane or related to the primary amendment.

3. **Adopt** as is (“I speak in favor of the resolution because.....”)
4. **Reject** as is (“I speak against the resolution because.....”)
5. **Refer or Commit** (“I move to refer..... to.....”)
If the House believes that more work is needed or further investigation is necessary before taking action on an issue the correct procedure is to refer the resolution.

STANDING RULES OF THE HOUSE OF DELEGATES

Adopted October 17, 2020

The following rules of procedure are established to facilitate the House of Delegates in carrying out its rights and duties. These rules will stand from one Annual Meeting of the House to the next – at which time they may be amended by the House as placed on the agenda. All rules are not to be in conflict with the Bylaws governing this body. It is intended that these rules will also help to inform all MDHA members how the House functions during its Annual Meeting and assist members in preparing during the year for each Annual Meeting of the House.

Protocol

- A. Speaker of the House
 1. Presides and directs all proceedings of the House.

2. Recognizes individuals who wish to address the House. All comments are to be addressed to the Speaker as the representative of the House.
 3. Appoints a timekeeper to notify if recess time is required.
 4. In absence of the secretary, the Speaker of House will appoint a Secretary of the House Pro-tem.
- B. Secretary of the House of Delegates
1. Association Administrator serves as Secretary.
 2. Supervises credentialing system.
 3. Serves as recording officer and provides minutes of the meeting.
- C. House Members – Each component must file with the Secretary of the House-the names and addresses of elected Delegates and Alternate Delegates and Trustees that will be seated on the House Floor 45 days prior to the Annual Meeting of the House.
1. Delegates may speak to all issues and vote on all issues when on the floor of the House.
 2. MDHA Officers may speak to all issues, but may not vote on any issue.
 3. MDHA Trustees may speak to all issues, but may not vote on any issue.
 4. Student Delegates may speak to all issues, but may not vote on any issue.
- D. Parliamentarian
Assists Speaker to keep proceedings within parliamentary rule.
- E. Council Chairmen and Consultants may be called to the House floor by the House to provide information either by no objection or majority vote of the House.
- F. Addressing the Assembly
1. Approach the microphone
 2. Recognized by the Speaker
 3. Address Speaker
 - a. Name and Component name
 - b. Comment or statement you wish to make
 4. Procedure
 - a. Limit 3 minutes each speaker
 - b. A person can only speak once until all others have had an opportunity to speak.
 - c. House may vote to limit debate at any time
- G. Voting
1. Voting cards will be used to better identify the number of votes cast when vote is in question.
 2. “Division” may be called out by a delegate if an exact count is desired to clarify a vote.
- H. Challenge of procedure – if you are in question of the order of business at hand or that correct parliamentary procedure is being applied:
1. Go to a microphone and state “point of information”, your name and your component name.
 2. State your point/concern in question form to the Speaker after being recognized.
- I. Seating – House is separated from the general membership while in session by standard roping between the areas.
- J. Recess
1. 15 minutes every two (2) hours.
 2. Lunch and dinner if the meeting extends beyond time planned.
- K. Motions

1. Presented by “Addressing the Assembly” procedure.
 2. Follow-up immediately by handing a written Motion Form to Page to deliver to the Speaker.
 3. Only Delegates can make motions.
- L. Absence from House Session
1. Alternate Delegates may be seated in the House upon compliance with Registration and Credential Procedure
 2. If all available Alternates are being utilized, a Delegate who has been replaced by an Alternate may replace another Alternate within a given component according to procedure.
 3. Delegates serving as Tellers shall be seated in the House upon the completion of their duty.
- M. Leaving the House Floor
1. Attendance cards will be handed to each Delegate leaving for recesses or when Delegates leave a meeting that is not recessed.
 2. Attendance card must be returned to Sergeant-at-Arms for re-entry on the Floor.
- N. Gifts to officers and members are to be presented after the House adjourns.
- O. Cell phones – must be turned off or set to vibrate only. Anyone receiving or making a call must leave the meeting room.
- P. Audio or video recording during this meeting may only occur with prior approval of the House of Delegates.

Support Personnel

- A. Sergeant-at-Arms
1. Appointed by the President.
 2. Not a Delegate or Alternate Delegate.
 3. May have assistants who are not Delegates or Alternate Delegates.
 4. Duties:
 - a. Assist in implementing the Rules of the House (i.e., seating, no cell phones, campaign materials, etc.)
 - b. Meet with the Secretary of the House and Pages prior to Opening Session to review duties and procedures.
 - c. Arrive 15 minutes before each meeting to check Pages and allow Delegates to be seated in time.
 - d. Distribute and collect attendance cards during each session.
 - e. Enforce the rules of seating.
 - f. Prepare voter eligibility list to be used by the teller committee with assistance of the Secretary of the House (Note: Delegates eligible to vote in the election are those delegates seated at the first session of the House.)
- B. Pages
1. Appointed by the Speaker in Consultation with Sergeant-at-Arms
 2. Wear special distinctive badges for identification.
 3. Duties:
 - a. Deliver written motions to the Speaker and Secretary.

- b. Certain Pages designated by the Sergeant-at-Arms ready at all times to count a vote of the House. (Procedures for tallying and reporting determined by Sergeant-at-Arms).
 - c. Distribute printed material that has been provided for the clarification of a subject brought before the House.
 - d. Relay written messages from one delegate/officer to another.
 - e. Keep water pitchers filled.
 - f. Assist the Sergeant-at-Arms in any other way needed.
- C. Minutes Review Committee
- 1. Appointed by the Speaker of the House.
 - 2. Composition: chairman and two members. The Speaker of the HOD and Parliamentarian serve as advisory members.
 - 3. Qualification: Trustee, Alternate Delegate or member in good standing who has previously served as an MDHA or ADHA delegate.
 - 4. Duties:
 - a. Take precise notes during the house session.
 - b. Meet immediately after the second session with all subcommittee members, the Parliamentarian and Secretary of the House to review notes on House actions and compile draft actions.
 - c. Review initial draft minutes prepared by the Secretary of the House and submit corrections to the Secretary by the deadlines established by the Secretary of the House.
 - d. Review corrected minutes until the final draft is compiled (within 60 days of adjournment of the House).
- D. Time Keeper
- 1. Appointed by Speaker of House
 - 2. Qualification: Trustee, Student Delegate
 - 3. Duties:
 - a. Inform Speaker of House of recess
 - b. Inform Speaker of House of 3 minute time limit per speaker

Agenda

- A. Finalized by Speaker and Secretary of the House.
- B. Published in Delegates' Manual with supportive materials.
 - 1. Secretary of the House distributes to delegates within seven (7) business days following the final BOT meeting prior to the Annual Meeting date.
 - 2. All materials not submitted in time will be distributed at Delegates' registration at the meeting.
 - 3. Supportive materials arranged in manual according to agenda.

Roll Call

- A. Quorum
 - 1. 2/3 of the total number of eligible delegates required to conduct business.

2. Sergeant-at-Arms maintains the count of voting members on House Floor and informs Speaker.
 3. Speaker will announce number present and quorum at the beginning of each session.
 4. Speaker will announce any significant changes in quorum resulting during a session.
- B. Vote – Resolution of Action
1. Requires majority of those members present and voting.
 2. New Business, not listed, requires unanimous consent to be introduced at the first or last session.

Parliamentary Order

- A. The current edition of Robert’s Rules of Order will be the parliamentary authority for the House deliberations.
- B. Parliamentary Guide will be provided at or before the House of Delegates meeting to assist assembly with basic motion procedures.
- C. Motion Procedure
 1. One motion will be considered at a time.
 2. Must be presented in writing to the Speaker.
 3. A primary and secondary amendment will be accepted.
 4. Amendments and motion will be considered and voted on separately and in reverse order to their proposal:
 - a. Secondary amendment
 - b. Primary amendment
 - c. Original/amended main motion
- D. Resolution Procedure
 1. The Reference Committee will present each Resolution/Bylaw.
 2. The Reference Committee may present a substitute or amended resolution which then becomes the main motion and is handled as above.
- E. Voting – division in question – See I. Protocol G.
- F. Challenge of Procedure – See I. Protocol H.

Reports

Reading these reports assists in understanding submitted resolutions.

- A. General
 1. Submitted by Officers, Councils, Board of Trustees, and Consultants.
 2. Content – member names, trustee representative names, chair names, projections for the year, completed activities, recommendations, and resolutions.
 3. Published under the direction of the President.
- B. Sent to all members of the House within seven (7) business days following the final BOT meeting prior to the opening of the Annual Meeting.
- C. Supplemental Reports – Those reports not available to distribute by central office 20 days prior to the annual meeting shall become the responsibility of the author to distribute to the delegates at least 3 days prior to the opening of the House of Delegates. This may be done in any of these forms: 1) printed and mailed; or 2) sent electronically

to the delegates via e-mail; or 3) mailed to the delegates on a computer disk. Copy presented to the Secretary of the House for recording.

- D. The Board of Trustees Report includes the Board's recommended action for each resolution being considered by the House.

Resolutions

- A. Source
 - 1. Council Chair, officers etc, usually in their Annual Reports.
 - 2. Component members, officers, committee chair, etc., in writing to the President and Secretary of the House not less than 20 days prior to the Annual Meeting of the House with delegates being notified not less than ten (10) days prior to the House of Delegates.
- B. Format – the following is recommended to assist House in understanding content.
 - 1. Provide background information regarding the subject.
 - 2. Do not use abbreviations.
 - 3. State justification for any action.
 - 4. Include contact persons names.

Election Procedures

- A. Nominations
 - 1. The Chair of the Nomination Task Force will read the official slate of candidates at the first session of the House.
 - 2. Additional nominations from the House Floor are accepted.
 - 3. Nominations closed.
 - 4. One nominating speech is called for by the Speaker for each candidate, not to exceed two minutes in length.
 - 5. Positions may include
 - a. MDHA Delegates to ADHA
 - b. MDHA Officers
 - c. Speaker of the House of Delegates
 - d. Treasurer
 - e. Component Trustee Pro-Tem
- B. Campaign Material
 - 1. Literature and/or brochures are not to exceed standard 8" x 11" printed material.
 - 2. The official MDHA emblem or letterhead may not be used.
 - 3. Materials may be placed with the Sergeant-at-Arms, to be distributed by the Pages at the first session only of the House.
 - 4. Campaign mailings prior to HOD are permissible at the expense of the candidate. Campaign material may be sent via email or other electronic means to members of the HOD who have provided their email addresses to MDHA for such use.
- C. Candidates' Forum – held after the first session of House
 - 1. Immediate Past President presides.

2. Candidates will have time allotted for speeches on issues pertinent to MDHA. They may express their philosophies at this time.
3. All candidates speak before questions are asked from the floor.
4. All MDHA members may attend the Forum and question the candidates.
5. Candidates for office are questioned one at a time.
6. Candidates may speak to any question, whether or not it is directed to them.
7. Each member may ask only one question at a time, and may not ask again during the time for the office under consideration until all others who wish to speak have had a turn.
8. The presiding officer may curtail the question time for each office in order to allow time for all.
9. Any time remaining after all offices have been considered may then be used for general questioning.
10. All delegates, alternate delegates, and student delegates are strongly urged to attend the candidates' forum.

D. Voting

1. Delegates must present themselves at the election polls with a name badge and photo ID.
2. One ballot per name will be allowed. Delegates will be asked to sign for the ballot.
3. Mark the ballot and place it in the ballot box.

E. Tellers

1. The Speaker (in consultation with the President) appoints five delegates/alternate delegates to serve as tellers, one to be designated chair, at the first session of the House.
2. Procedures for Tellers:
 - a. One to open ballots for reading.
 - b. One to read the ballots (Chair suggested).
 - c. Two to tally ballots.
 - d. One to receive ballots after reading and count them.
 - e. Do not adjourn until the tally is verified by the Speaker.
3. Tally forms for the use by the Tellers will be prepared beforehand by the Secretary of the House.

F. Election Results

1. Upon verification by the Speaker, the chair of the tellers committee shall post election results in the registration area immediately after the tally.
2. During the Second Session of the House meeting the Chair of the Tellers reads the results: candidate name and number of votes.
3. Speaker reads names of candidates who have received the majority vote and declares them elected.
4. All ballots, tally sheets and records are delivered to the Secretary of the House for recording in the minutes. The Secretary of the House will destroy these records one week after the Annual Meeting.

Reference Committees

Conduct Hearing Proceedings to allow all members an opportunity to address the resolutions, recommendations of issues and concerns of the Association.

A. Composition

1. There shall be at least two (2) members and one (1) chair who shall be appointed by the MDHA President in consultation with the Speaker of the House.
 - a. The Reference Committee shall not have more than one member from the same component.
 - b. No candidate for office may serve.
 - c. Certified delegate or alternate delegate for MDHA
 - d. Majority of personnel shall have served as a delegate or alternate delegate for MDHA/ADHA.
 - e. Recommended to have these positions filled 20 days prior to Annual Meeting.
2. Chair appointed by MDHA President (in consultation with the Speaker).
 - a. Certified delegate or alternate delegate for MDHA.
 - b. Shall have served on a Reference Committee or as an MDHA/ADHA Delegate

B. Assignments

1. Reports, Resolutions, and Recommendations will be assigned by the Speaker of House.
2. Hearings may be held serially.
3. Officers, Council Chair, and Staff are to be available for consultation upon request.
4. Delegates, Alternate Delegates and Trustees are to attend Hearing proceedings to become informed on the issues that concern the membership.

C. Duties

1. Consider all Reports, Resolutions and Recommendations referred to them.
2. Conduct open hearing proceeding – Chair presides.
3. Report recommendations to the House.
4. All members of the Reference Committee must be available until the entire report is prepared for reproduction.
5. The final report must be typed.

D. Hearing Proceedings – Parliamentary procedure shall rule. Conducted to provide general membership opportunity to discuss Resolutions (including budget) as a whole body and with delegates before considered by House.

1. Open to all MDHA members.
2. Chair of Reference Committee presides.
3. Chair announces schedule of business open for consideration.
4. Testimony presented – any MDHA member may submit testimony.
 - a. Must be written—form provided in delegates' manual, at Central Office, on website and at registration.
 - b. Submit to designated area at Headquarters' Office or to Committee Chair one (1) hour before the first Reference Committee convenes.
 - c. Testimony may include facts, opinions, concerns and questions.
 - d. Testimony turned in at the time of the Reference Committee meeting will be received by the Chair and, if time permits, heard during the proceedings or considered during Executive Session.
5. Chair calls speakers by testimony received.
 - a. Pro and Con testimony received alternately.
 - b. Speakers give name and component then read testimony from form.

- c. Speakers testify once on any given issue until all persons who wish to speak to that subject have spoken or unless Reference Committee decides that further comment is necessary.
 - 6. Committee may allow a question and answer period, if time permits, and if in the judgment of the Committee, additional information gathering is necessary for its final determination.
 - 7. Testimony on recommendations may be received, and, if time permits, heard during the proceedings.
- E. Executive Session – Parliamentary procedure shall rule
 - 1. Immediately after Hearing proceedings, the Committee goes into Executive Session.
 - a. Chair conducts.
 - b. Prepares report using forms provided by Central Office
 - c. The Speaker of the House shall report to the Reference Committee at the start of Executive Session if any resolutions may be considered out of order.
 - d. The Speaker of the House and the Parliamentarian will be available to answer any question the Committee may have.
 - e. The Committee may call on any person they desire (with discretion) to answer a question they may have.
 - f. If voting for elections is in progress during the Executive Session, those members of the Committee who are eligible to vote may be excused to do so and then return with no business being transacted in their absence.
 - g. In the event that the Executive Session conflicts with a scheduled meal that the members have paid for, the Committee may attend and shall be seated at a separate table or have the meal delivered to executive session. The Committee shall proceed with their business immediately following the meal.
 - h. No Alcohol will be allowed during the session.
 - 2. Report will recommend adoption, rejection, postpone indefinitely or refer for each resolution reviewed by the Committee. Supporting statements will accompany the report. Incorporation laws, Bylaws and Policy and Procedure Manual of the Association will be supporting documents.
 - 3. Report should reflect the majority opinion of the Hearing and/or the needs of the Association. Incorporation laws, Bylaws and Policy and Procedure Manual of the Association are supporting documents.
 - 4. Majority of the committee must be in agreement.
 - 5. Committee members sign the report.
 - 6. Minority opinion signatures are permitted if a minority report, with justification, is filed with the Committee's report, when the Committee is unable to reach full consensus.
 - 7. Several similar resolutions may be considered together and one resolution formed embodying the intent of several resolutions.
 - a. Consent of the maker of each resolution should be secured.
 - b. Maker of the original resolution has the right to place the original resolution on the floor for adoption by amendment or substitution if there are objections to the form as presented by the Reference Committee.
 - 8. No changes can be made without the permission of the Chair, who should be available for consultation.

9. The Speaker of the House and the Parliamentarian will review the Reference Committee report upon completion, and before the end of Executive Session, to ensure the report is prepared in the proper form.
 10. Report submitted to the Secretary for preparation and made available to House members as soon as possible. One member from each delegation shall be provided with copies of reports for their delegation.
- F. Report to House
1. Chair or designated committee member will present a report upon the Speaker's request.
 2. Chair will state the committee's recommendation as adoption, rejection, postponement, or referral, for one resolution at a time.
 3. House acts on each item as it is presented.
 4. Chair may vote from the podium when presenting a report, if a seated delegate.
 5. The committee may present a substitute reference that then becomes the main motion. The maker of the original resolution has the right to place the original resolution on the floor as an amendment by substitution.

Budget/Funding

- A. Annual budget
1. Assigned to the Finance Council for review of income vs. expenses
 2. Proposed budget submitted by Finance Council to the Board of Trustees recommending approval at Pre-HOD meeting
 3. Final budget adopted by Board of Trustees at Pre-HOD meeting
 - a. Testimony accepted for Reference Committee hearings at House
 - b. Testimony received will be referred to the Finance Council for consideration
- B. Appropriation of Funds
1. Any recommendation or resolution considered by the House proposing an appropriation of funds other than Annual Budget, shall be referred (without debate) to the Treasurer for report on availability of funds.

New Business

Must be placed on the Agenda during the first session of House when the Agenda is discussed. Updated JL 10.22.2024

POLICIES OF THE MICHIGAN DENTAL HYGIENISTS' ASSOCIATION

LICENSURE

HOD 25-91: The Michigan Dental Hygienists' Association does NOT recommend routine or mandatory HIV or HBV testing of dental hygienists or other health care workers, NOR should testing be a requirement for employment, credentialing, licensure, or insurance.

HOD 15-00: The Michigan Dental Hygienists' Association believes that only graduates and graduate eligible students of accredited dental hygiene programs be eligible to take the National Board Dental Hygiene Examination, administered by the Joint Commission on National Dental Examinations.

HOD 16-00: The Michigan Dental Hygienists' Association supports the continued administration of a national board examination for the profession of dental hygiene, which assesses the ability to recall important information from the basic biomedical, dental, and dental hygiene sciences and to apply such information in a problem-solving context. This knowledge is acquired through the completion of an accredited dental hygiene program.

HOD 04-01: The Michigan Dental Hygienists' Association supports diversity in the content of continuing education courses.

HOD 11-01: (amending HOD 08-00) The Michigan Dental Hygienists' Association supports the appointment of the proportionate representation of dental hygienists, who are graduates of an accredited dental hygiene program, as full voting and policy members of boards/committees/agencies that administer dental hygiene examinations or regulate the practice of dental hygiene and as professional consultants to other agencies.

HOD 07-02: The Michigan Dental Hygienists' Association advocates that regional and/or state testing agencies adopt policies that ensure the highest ethical standards to protect the safety and welfare of patients who participate in clinical dental hygiene examinations.

HOD 04-05: (rescinding HOD 06-02) The Michigan Dental Hygienists' Association supports a national dental hygiene examination for licensure that is a valid, reliable, and cost-effective assessment of clinical skills.

HOD 01-12: (rescinding HOD 13-00 - amend HOD 25-89) The Michigan Dental Hygienists' Association advocates for current or increased educational standards and/or requirements for licensure of dental hygienists.

HOD 09-16: (amending HOD 05-06) The Michigan Dental Hygienists' Association supports continuing education and "basic life support for professional providers" that meets the standards of the American Heart Association, as requirements for licensure, renewal, and reinstatement as stated in the Administrative Rules.

HOD 05-18: The Michigan Dental Hygienists' Association supports the elimination of the patient procedure-based, single encounter clinical examination for candidates who are graduates of Commission on Dental Accreditation (CODA) accredited dental hygiene programs and who are eligible to take the National Board Dental Hygiene Examination.

HOD 03-22: (amending HOD 08-04) The Michigan Dental Hygienists' Association advocates that the dental hygienists who have met the requirements for the administration of local anesthesia and/or nitrous oxide analgesia be certified by the Michigan Department of Licensing and Regulatory Affairs.

HOD 06-22: (amending HOD 09-21) The Michigan Dental Hygienists' Association supports efforts to establish dental hygiene licensure portability and reciprocity.

HOD 02-23 (amend HOD 11-05) (rescinding HOD 03-01) The Michigan Dental Hygienists' Association advocates that licensing agencies grant continuing education credits for dental hygienists who are pursuing additional education pertaining to any of the professional roles of the dental hygienist

HOD 05-23 The Michigan Dental Hygienists' Association advocates that the eligible students and graduates of schools accredited by the Commission on Dental Accreditation (CODA) be allowed to take the ADEX Dental Hygiene Examination.

HOD 08-23 (rescind HOD 11-16) The Michigan Dental Hygienists' Association advocates for training to identify signs of human trafficking as a requirement for all classifications of licensure.

HOD 05-24 The Michigan Dental Hygienists' Association supports the MBOD in offering one hour of continuing education credit for two hours of volunteer dental hygiene scope of practice services for licensure.

EDUCATION

HOD 11-83: The Michigan Dental Hygienists' Association supports continuing education as a requirement for licensure renewal and licensure reinstatement.

HOD 07-85: The Michigan Dental Hygienists' Association supports the study of dental hygiene specialties.

HOD 22-88: The Michigan Dental Hygienists' Association supports the development of articulation agreements between certificate/associate degree programs and colleges/universities to allow for the development of an integrated baccalaureate degree in dental hygiene.

HOD 23-91: The Michigan Dental Hygienists' Association advocates that dental hygienists be the primary professionals to develop, coordinate and evaluate dental hygiene career recruitment programs that include entry, retention, and re-entry into the dental hygiene profession.

HOD 24-91: The Michigan Dental Hygienists' Association supports greater utilization of dental hygienists as examiners during clinical testing for dental and dental hygiene candidates involving preventive oral hygiene care.

HOD 15-92: (amending HOD 14-88) The Michigan Dental Hygienists' Association advocates that all accredited dental hygiene programs prepare students for licensure in any state or Canadian jurisdiction.

HOD 06-97: The Michigan Dental Hygienists' Association supports guidance and education for dental hygienists seeking alternative dental hygiene careers.

HOD 09-97: The Michigan Dental Hygienists' Association supports externships and internships within accredited dental hygiene programs enabling students to gain practical experience in alternative practice settings.

HOD 17-99: (amending HOD18-93) The Michigan Dental Hygienists' Association advocates that dental hygiene educational programs be administered or directed by an actively licensed educationally qualified dental hygienist.

HOD 14-00: (amending HOD 09-90**, HOD 15-90, and HOD 10-98) The Michigan Dental Hygienists' Association supports the development and implementation of flexibly scheduled and/or technologically advanced

educational delivery systems only when clinical, didactic, and laboratory education is provided through an accredited dental hygiene program.

HOD 02-04: The Michigan Dental Hygienists' Association advocates and supports a standardized educational curriculum developed by the American Dental Hygienists' Association, for the advanced dental hygiene practitioner.

HOD 07-05: (amending HOD 12-83) The Michigan Dental Hygienists' Association promotes cooperative continuing education efforts with other health disciplines to facilitate the exchange of information and foster a multidisciplinary approach to optimal total health.

HOD 02-07: The Michigan Dental Hygienists' Association supports the American Dental Hygienists' Association in declaring its intent to be the credentialing authority for the dental hygiene profession beyond initial licensure.

HOD 16-07: The Michigan Dental Hygienists' Association advocates cultural and linguistic competence for health professionals.

HOD 19-07: The Michigan Dental Hygienists' Association advocates that all dental hygienists become members of their professional organization, the American Dental Hygienists' Association.

HOD 11-10: (amending HOD 14-94) The Michigan Dental Hygienists' Association supports dental hygiene curricula and continuing education courses that lead to competency in the dental hygiene process of care.

HOD 01-11: (rescinding HOD 10-88) The Michigan Dental Hygienists' Association supports the initiation of new dental hygiene educational programs when:

- any proposed program has conducted a comprehensive evidence-based needs assessment to support the development and sustainability of the program. It is further documented that an existing institution of higher education cannot meet these needs.
- there is a documented evidence-based, ongoing manpower need that cannot be met by currently licensed dental hygienists in the region
- the program offers an integrated curriculum that culminates in baccalaureate degree in dental hygiene
- the program has financial resources to initiate and maintain dental hygiene educational standards
- the program is endorsed by the component and constituent dental hygienist associations, community partners, and potential employers
- the program meets or exceeds accreditation requirements

HOD 06-15:

The Michigan Dental Hygienists' Association advocates that the Advanced Dental Hygiene Practitioner has completed a graduate level curriculum.

HOD 01-16: The Michigan Dental Hygienists' Association advocates for the expansion of dental hygiene diagnostic and treatment codes appropriate for services provided.

HOD 10-16: The Michigan Dental Hygienists' Association advocates for the integration of interprofessional education in the dental hygiene curriculum.

HOD 03-18: (amending HOD 12-09) The Michigan Dental Hygienists' Association advocates dental hygiene accreditation standards that prepare entry level dental hygienists to assume all professional roles of a registered dental hygienist in a variety of settings to address the preventive, restorative and therapeutic oral and overall health care needs of the public upon licensure.

HOD 04-19: Amend HOD 06-01 (amending HOD 11-90): The Michigan Dental Hygienists' Association supports accreditation of all entry-level, degree completion, graduate and doctoral dental hygiene education programs.

HOD 05-19: Amend HOD 21-88: The Michigan Dental Hygienists' Association supports all graduates of associate, certificate, baccalaureate, graduate and doctoral degree programs. Furthermore, we support the American Dental Hygienists' Association in its efforts to promote baccalaureate degree as minimum entry-level for dental hygiene practice.

HOD 08-19: (Amending HOD 15-95, 11-85, 54-92) The Michigan Dental Hygienists' Association advocates for the utilization of dental hygienists who have completed both clinical and didactic education offered by an accredited program in the administration of appropriate pain and anxiety control modalities.

HOD 03-20: (rescinding 18-90 and 6-12) The Michigan Dental Hygienists' Association is committed to a policy of non-discrimination, equity, and inclusion

HOD 06-21: The Michigan Dental Hygienists' Association supports diversity, equity, and inclusion in dental hygiene educational programs.

HOD 04-23 Michigan Dental Hygienists' Association advocates cultural humility for health professionals.

HOD 01-24 The Michigan Dental Hygienists' Association opposes scaling with any tissue-cutting instruments performed by all dental assistants and unregistered dental auxiliaries.

HOD 04-24

The Michigan Dental Hygienists' Association advocates for educational loan forgiveness and/or repayment programs for dental hygienists providing services in underserved populations.

DENTAL HYGIENE PRACTICE

HOD 14-83: The Michigan Dental Hygienists' Association supports efforts to develop mechanisms for quality assurance of dental hygiene care.

HOD 05-85: The Michigan Dental Hygienists' Association supports research on the effect of preventive oral health services provided by the dental hygienist in alternate practice settings.

HOD 09-88: (amending HOD 08-83) The Michigan Dental Hygienists' Association supports the development of alternative practice settings for dental hygienists that will meet the dental health needs of the public.

HOD 11-88: (rescinding HOD 07-86) The Michigan Dental Hygienists' Association considers demonstration of continued competence essential to assure the highest quality of service.

HOD 20-88: The Michigan Dental Hygienists' Association supports self-regulation for the profession of dental hygiene.

HOD 26-88: (rescinding HOD 23-83 and HOD 1-87) The Michigan Dental Hygienists' Association supports evaluation of the patient's radiographic needs prior to exposure of dental radiographs, based on past radiographic exposure, dental history, and present health status. Additionally, all measures should be taken to insure the safety of the patient and clinician during dental radiographic exposure.

HOD 14-91: The Michigan Dental Hygienists' Association recommends that all registered dental hygienists carry personal professional liability insurance.

HOD 16-92: The Michigan Dental Hygienists' Association supports broadening the scope of dental hygiene practice through state dental hygiene and/or dental practice acts, to meet the health care needs of the public.

HOD 40-92: The Michigan Dental Hygienists' Association acknowledges that the scope of dental hygiene practice includes the assessment and evaluation of orofacial myofunctional dysfunction and further advocates that dental hygienists complete advanced clinical and didactic continuing education in an accredited program prior to providing treatment.

HOD 43-92: (amending HOD 8-90) The Michigan Dental Hygienists' Association advocates Hepatitis B vaccination of all dental hygiene students and dental hygienists.

HOD 19-93: (rescinding HOD 08-85) The Michigan Dental Hygienists' Association advocates that pit and fissure sealants be included as payable benefits by both private and government funded insurance programs.

HOD 20-93: (rescinding HOD 24-83) The Michigan Dental Hygienists' Association advocates that dental hygienists report suspected abuse and neglect to the proper authorities.

HOD 23-95: (amending HOD 27-88) The Michigan Dental Hygienists' Association supports scientific research in health promotion/disease prevention, especially in areas of dental and dental hygiene care.

HOD 12-96: The Michigan Dental Hygienists' Association advocates positive relations and image promotion of the dental hygienist.

HOD 13-96: (amending HOD 13-91) The Michigan Dental Hygienists' Association advocates research to assess the potential for transmission of communicable disease during the delivery of professional and health services.

HOD 10-99: (amending HOD 22-92) The Michigan Dental Hygienists' Association recognizes the Occupational Safety and Health Administration standards.

HOD 13-99: The Michigan Dental Hygienists' Association supports the education of dental personnel regarding latex allergy guidelines pertaining to the safety of patients and staff.

HOD 18-99: The Michigan Dental Hygienists' Association supports collaborative efforts with corporations, associations, and individuals that enhance the dental hygiene professional and assist the public in obtaining optimal total health.

HOD 20-99: (amending HOD 65-92) The Michigan Dental Hygienists' Association supports all efforts to identify and position dental hygienists

as primary care providers by the legislature, the public and the third party payers.

HOD 07-01: The Michigan Dental Hygienists' Association advocates a work environment free of discrimination and harassment.

HOD 05-02: The Michigan Dental Hygienists' Association advocates dental hygienists, who are graduates of accredited dental hygiene programs, to utilize evidence based treatment modalities that are within the scope of dental hygiene practice and are considered the standard of care.

HOD 01-05: (rescinding HOD 8-97 and HOD 13-97) The Michigan Dental Hygienists' Association advocates evidence-based oral health management strategies for the prevention of oral and systemic diseases.

HOD 03-05: The Michigan Dental Hygienists' Association advocates the systematic collection of data by dental hygienists to aid in identification purposes.

HOD 06-05: The Michigan Dental Hygienists' Association supports dental hygienists performing dental triage.

HOD 08-05: (rescinding HOD 27-89) The Michigan Dental Hygienists' Association supports that radiation-producing imaging devices be operated only by qualified individuals who have successfully completed approved courses that meet all state and/or federal regulations for radiation safety.

HOD 09-05: The Michigan Dental Hygienists' Association recognizes the professional roles of the dental hygienist to include, but not be limited to, those of clinician, educator, advocate, administrator/manager, and researcher, with public health being an integral component of all these roles.

HOD 06-06: The Michigan Dental Hygienists' Association advocates the adherence to the Centers for Disease Control and Prevention (CDC) guidelines for preventing the transmission of infectious diseases.

HOD 20-07: (amending HOD 14-96) The Michigan Dental Hygienists' Association supports the Family Medical Leave Act.

HOD 02-08: (rescinding HOD 16-88) The Michigan Dental Hygienists' Association actively encourages all licensed and student dental hygienists to serve as recruitment agents for the profession of dental hygiene.

HOD 04-09: (rescinding HOD 12-96) The Michigan Dental Hygienists'

Association supports dental hygienists as advocates for the profession of dental hygiene and oral health related issues.

HOD 15-09: The Michigan Dental Hygienists' Association supports the administration/delivery of preventative and therapeutic procedures as outlined in the dental hygiene scope of practice by licensed personnel only; specifically those who have graduated from a CODA accredited dental hygiene program and who have successfully completed and maintained all state licensing requirements.

HOD 16-09: The Michigan Dental Hygienists' Association supports scientifically proven agents that provide preventive and therapeutic benefits, including but not limited to xylitol.

HOD 13-10: The Michigan Dental Hygienists' Association advocates that dental hygienists perform screenings and risk assessments for the prevention and interdisciplinary management of diseases as a component of patient assessment.

HOD 07-11: (amending HOD 21-94) The Michigan Dental Hygienists' Association advocates that dental hygienists, as primary care providers, be recognized by third party payers for direct payment and/or reimbursement of services legally provided within the scope of dental hygiene practice.

HOD 03-12: (rescinding HOD 13-88) The Michigan Dental Hygienists' Association advocates for non-discrimination against any individual or company, resulting from professional differences of opinion, with respect to legislative and regulatory issues concerning the availability and accessibility of quality, cost-effective, oral health care.

HOD 04-12: (rescinding HOD 23-88) The Michigan Dental Hygienists' Association advocates for equal opportunity practice in credit and purchasing.

HOD 05-12: The Michigan Dental Hygienists' Association advocates the role of the dental hygienists in research including interdisciplinary studies and practices.

HOD 07-13: The Michigan Dental Hygienists' Association supports the inclusion of perinatal oral health care as part of optimal health care and recognizes the dental hygienist as the primary provider of dental educational and preventive services.

HOD 10-14: The Michigan Dental Hygienists' Association advocates that direct and third party reimbursement payors, and the laws that govern them, shall have non-discriminatory policies toward any dental hygiene provider acting within the scope of that provider's license.

HOD 01-15: (amending HOD 02-04, rescinding HOD 03-04) The Michigan Dental Hygienists' Association supports the ADHA's conceptualization of an Advanced Dental Hygiene Practitioner (ADHP) and continues to promote the ADHP model.

HOD 02-15: (amending HOD 07-00) The Michigan Dental Hygienists' Association maintains that dental hygienists are ethically, legally and directly accountable for their professional services and actions.

HOD 03-15: (amending HOD 02-06 and amending HOD 15-91) The Michigan Dental Hygienists' Association supports diversity and recognizes the value it adds to our organization, our mission and the quality of our programs and services.

HOD 11-15: (rescinding HOD 02-13, rescinding HOD 26-95) The Michigan Dental Hygienists' Association advocates for dental hygienists, acting within their scope of practice, to own and operate dental hygiene practices, to enter into provider agreements and receive direct third party reimbursements for services rendered.

HOD 02-16: The Michigan Dental Hygienists' Association advocates for appropriate dental hygiene representation on committees and work groups for the development of dental hygiene treatment and diagnostic codes.

HOD 03-16: The Michigan Dental Hygienists' Association advocates the utilization of only a dental hygienist in the dental hygiene process of care. Furthermore, dental hygienists should provide dental hygiene process of care when practicing in both public and private settings.

HOD 04-16: The Michigan Dental Hygienists' Association advocates for dental hygienists to provide services according to the Michigan Public Health Code and the Administrative Rules of the Michigan Board of Dentistry without supervision.

HOD 03-17: The Michigan Dental Hygienists' Association supports interprofessional collaboration practice.

HOD 04-17: The Michigan Dental Hygienists' Association supports the utilization of technologies including, but not limited to, telehealth as a means to reduce oral health disparities and increase access to care.

HOD 01-18: (rescinding 17-90 and 12-98 and 01-08 and 9-13) The Michigan Dental Hygienists' Association advocates that all dental hygiene faculty be members of the American Dental Hygienists' Association.

Furthermore, all student chapter advisors be current, voting members of the American Dental Hygienists' Association.

HOD 06-18: Michigan Dental Hygienists' Association advocates dental hygienists' ability to prescribe, administer and dispense all evidence-based preventive and therapeutic agents.

HOD 08-19: (Amending HOD 15-95,11-85, 54-92) The Michigan Dental Hygienists' Association advocates for the utilization of dental hygienists who have completed both clinical and didactic education offered by an accredited program in the administration of appropriate pain and anxiety control modalities.

HOD 01-20: The Michigan Dental Hygienists' Association advocates for a work environment that promotes safety and wellness for all.

HOD 04-20: The Michigan Dental Hygienists' Association recognizes the professional roles of the dental hygienist to include, but not be limited to clinical, educational, administrative, research, entrepreneurial, public health, and corporate positions, with advocacy being an integral component in all aspects of these roles.

HOD 06-20: The Michigan Dental Hygienists' Association supports the federal government's Fair Labor Standards Act in which dental hygienists must, as employees, be issued a W2 by their permanent or temporary employers with appropriate government withholdings made from their wages, as appropriate to this statute.

HOD 08-20: The Michigan Dental Hygienists' Association supports credentialed dental hygiene specialists to provide care for patients of all ages without direct supervision, where applicable.

HOD 01-23 (amend HOD 22-83) The Michigan Dental Hygienists' Association advocates that dental hygienists measure and record patients' vital signs, as part of conducting a thorough medical history.

HOD 06-23 The Michigan Dental Hygienist's Association advocates for dental to utilize screening tools for the identification, prevention, and management of hypoglycemic and hyperglycemic.

HOD 12-23 The Michigan Dental Hygienists' Association advocates for the education, training, and utilization of dental hygienists for vaccine administration to advance the effort of protecting and preserving public health.

HOD 02-24 The Michigan Dental Hygienists' Association advocates for the pursuit of professional autonomy.

HOD 05-24: (amend 16-09) The Michigan Dental Hygienists' Association supports the MBOD in offering one hour of continuing education credit for two hours of volunteer dental hygiene scope of practice services for licensure.

PUBLIC HEALTH

HOD 03-85: The Michigan Dental Hygienists' Association shall seek recognition as a health profession, for dental hygiene, under Article 15 of the Michigan Public Health Code.

HOD 12-88: (amending HOD 23-83) The Michigan Dental Hygienists' Association supports the Mission and Goals of the American Dental Hygienists' Association.

HOD 17-91: The Michigan Dental Hygienists' Association supports the utilization of dental hygienists as members of State Regulatory Boards with full voting privileges and as professional consultants to other state agencies.

HOD 67-92: (amending HOD 25-83) The Michigan Dental Hygienists' Association advocates the dental hygienists' involvement in the legislative process as an effective means of promoting the oral health of the public and assuring quality care.

HOD 70-92: The Michigan Dental Hygienists' Association supports conscientious selection of dental products, keeping in mind environmental concerns.

HOD 11-94: The Michigan Dental Hygienists' Association supports nutritional guidelines and food programs that promote total health. Further, the MDHA encourages media advertising and public education to promote healthy eating habits and wellness.

HOD 20-94: (rescinding HOD 20-83 and HOD 50-92) The Michigan Dental Hygienists' Association advocates a multiple approach to the prevention of dental caries including, but not limited to, all fluoride modalities and pit and fissure sealants, in all oral health care programs and settings.

HOD 23-95: (amending HOD 18-83) The Michigan Dental Hygienists' Association supports scientific research in health promotion/disease prevention, especially in areas of dental and dental hygiene care.

HOD 15-96: The Michigan Dental Hygienists' Association believes that any type of reimbursement be considered valid and not be directed solely to managed care.

HOD 16-99: The Michigan Dental Hygienists' Association advocates school-based delivery of dental hygiene services by dental hygienists who are actively licensed and are graduates of an accredited dental hygiene program.

HOD 04-02: (amending HOD 6-99) The Michigan Dental Hygienists' Association endorses early health assessment, education, and preventive intervention for infants and children beginning at age one or within six months of initial tooth eruption.

HOD 03-03: The Michigan Dental Hygienists' Association supports legislation granting immunity to dental hygienists when responding to any disaster or emergency situation, so declared by an appropriate authority.

HOD 05-04: The Michigan Dental Hygienists' Association supports mandating the use of mouth and head protection for participants during sports activities where there is risk of dental and/or craniofacial injuries.

HOD 01-06: The Michigan Dental Hygienists' Association advocates optimal total health through education and promotion of preventive measures.

HOD 07-06: The Michigan Dental Hygienists' Association supports education of the public, community leaders and other health professionals regarding the preventive and therapeutic benefits of fluoride.

HOD 09-06: The Michigan Dental Hygienists' Association supports public education regarding the negative health consequences related to intra/perioral piercing and tongue splitting.

HOD 13-06: The Michigan Dental Hygienists' Association encourages all health professionals implementing water fluoride content testing and fluoride supplementation beginning with infants who are six months of age, utilizing the CDC recommendations for fluoride intake levels.

HOD 09-08: (rescinding HOD 07-07) The Michigan Dental Hygienists' Association supports expanding access to oral health care initiatives through utilization of licensed dental health care professionals.

HOD 10-08: (rescinding HOD 18-89) The Michigan Dental Hygienists' Association supports public education regarding substance abuse. The Michigan Dental Hygienists' Association further supports the identification, non-punitive intervention and treatment of chemically dependent individuals while collaborating with organizations to identify, promote and utilize available substance abuse and addiction resources and programs

HOD 05-09: The Michigan Dental Hygienists' Association advocates that state dental hygiene and/or dental practice acts be amended so that the services of dental hygienists' can be fully utilized in all public and private settings.

HOD 08-09: (rescinding HOD 04-07 and amending HOD 17-92) The Michigan Dental Hygienists' Association advocates the design and implementation of health care programs which include comprehensive oral health services for at-risk populations.

HOD 10-09: (amending HOD 66-92) The Michigan Dental Hygienists' Association advocates the inclusion of preventive, restorative and therapeutic oral health care benefits in any national health care program.

HOD 11-09: (amending HOD 16-92) The Michigan Dental Hygienists' Association supports expanding the dental hygiene scope of practice in order to increase access to preventive, restorative, and therapeutic oral health care, through state dental practice acts.

HOD 01-10: The Michigan Dental Hygienists' Association advocates for the development and expansion of evidence based comprehensive community oral health programs.

HOD 03-10: The Michigan Dental Hygienists' Association advocates delivery of evidence-based dental hygiene services by dental hygienists in all settings.

HOD 04-10: (amending HOD 11-97) The Michigan Dental Hygienists' Association advocates total health education in schools through oral health programs.

HOD 08-10: (rescinding HOD 18-99) The Michigan Dental Hygienists' Association supports programs that inform stakeholders of the scope of dental hygiene practice and its contribution to total health in collaboration with health care providers.

HOD 09-10: (amending HOD 17-89) The Michigan Dental Hygienists' Association advocates comprehensive, evidence-based treatment plan options be offered to all patients regardless of economic status, third-party coverage or other remuneration methods.

HOD 14-10: The Michigan Dental Hygienists' Association supports raising consumer awareness by advocating labeling all products for potential adverse effects on oral health.

HOD 07-12: (rescinding HOD 12-95) The Michigan Dental Hygienists' Association advocates for truth in advertising supported by evidence-based research and supports recognized professional and consumer groups who promote those efforts.

HOD 09-12: (rescinding HOD 09-01) The Michigan Dental Hygienists' Association advocates for contractual arrangements between school districts and vendors that promote healthy food and beverage choices.

HOD 04-13: (amending HOD 02-05) The Michigan Dental Hygienists' Association advocates for a tobacco-free environment.

HOD 05-13: The Michigan Dental Hygienists' Association advocates that dental patients have access to all available information regarding the manufacturers of and materials used in their dental care.

HOD 10-13: The Michigan Dental Hygienists' Association advocates dental hygienists promote health literacy.

HOD 09-14: (Amending HOD 12-12) The Michigan Dental Hygienists' Association advocates utilizing dental hygienists to increase public access to dental hygiene care and to regulate the number of dental hygienists within any practice setting in order to protect the public.

HOD 12B-14: The Michigan Dental Hygienists' Association advocates the inclusion of a dental assessment performed by a dental hygienist as a requirement for kindergarten entry.

HOD 07-15: The Michigan Dental Hygienists' Association advocates the systematic collection of data by a dental hygienist to aid in the forensic identification of individuals.

HOD 05-16: The Michigan Dental Hygienists' Association advocates for patient-centered outcomes research in all practice settings that focus on preventive and oral health interventions, which lead to improved health outcomes, higher quality care and increased patient satisfaction.

HOD 07-16: The Michigan Dental Hygienists' Association advocates for dental hygienists, operating in full scope of practice, to be included in the development of federal, state and local policies which include oral health care programs to support optimal health.

HOD 08-16: (amending HOD 08-96 and rescinding 11-84) The Michigan Dental Hygienists' Association advocates that public health

programs addressing oral health or oral conditions be administered by licensed dental health care professionals.

HOD 01-17: (rescinding HOD 3-11) The Michigan Dental Hygienists' Association advocates for diagnostic and procedure codes, nomenclature and descriptors that are consistent with scientific evidence regarding best-practices in dentistry and dental hygiene.

HOD 03-19: The Michigan Dental Hygienists' Association encourages health professionals to advocate for legislation, policies, programs, research and education to foster reduced consumption of SSBs

HOD 02-20: (amending HOD 08-13) The Michigan Dental Hygienists' Association advocates for comprehensive oral examinations and treatment during all phases of pregnancy.

HOD 05-20: (amending HOD 10-15) The Michigan Dental Hygienists' Association supports the inclusion and utilization of dental hygienists in policy development and in response efforts to local, state, national, and global crises.

HOD 07-20: The Michigan Dental Hygienists' Association advocates for every dental hygienist to obtain a National Provider Identification (NPI) number.

HOD 02-21: The Michigan Dental Hygienists' Association supports the dental hygienists' role in community outreach, care coordination, and the addressing of social determinants of health.

HOD 10-21: (amending HOD 02-09) (rescinding HOD 12-91 and HOD 18-99 and HOD 06-07) The Michigan Dental Hygienists' Association affirms its support for optimal health for all populations and is committed to collaborative partnerships and coalitions that utilize an Oral Health Equity Framework to improve access to care.

HOD 04-22: (amending HOD 08-12) (rescinding HOD 11-98) The Michigan Dental Hygienists' Association supports the role of the dental hygienist in the prevention and cessation of tobacco usage education and advocates for laws which prohibit the marketing and distribution of tobacco products, promotional look-alike products, and electronic nicotine delivery systems (ENDS).

HOD 09-23 The Michigan Dental Hygienists' Association advocates for comprehensive Medicaid dental benefits for children and adults as a required component of health coverage.

HOD 10-23 (rescind HOD 19-10) (amending HOD 16-95 and HOD 03-07) The Michigan Dental Hygienists' Association advocates the utilization of dental

hygienists in the dental hygiene process of care in both public and private practice settings.

HOD 11-23 (amend 13-09) The Michigan Dental Hygienists' Association advocates for employers to screen all healthcare personnel for tuberculosis upon hire and as needed, as well as provide annual tuberculosis education.

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POLICY DEFINITIONS

Accreditation: a formal process establishing a minimum set of national standards which promote and assure quality in educational institutions and programs, serving as a mechanism to protect the public. (HOD 10-00)

Accredited Dental Hygiene Program: a dental hygiene program that achieves or exceeds the established minimum standards set by a United States Department of Education (USDOE) recognized regional accrediting agency and the Commission on Dental Accreditation. The curriculum, a minimum of two years, shall be at the appropriate level to enable matriculation to a baccalaureate, masters, or doctorate degree program.

The program shall also:

- award a minimum of an associate's level degree, the credits of which are transferable to a four year institution and applicable to a baccalaureate degree.
- retain control of curricular and clinical components include at least two academic years of full time instruction or its equivalent in academic credits earned at a post secondary college level.
- encompass both liberal arts and dental hygiene science course work sufficient to prepare the practitioner to assume licensure in any jurisdiction. (HOD 09-00)

Advanced Practice Dental Hygiene: Provision of clinical and diagnostic services in addition to those services permitted by an entry level dental hygienist, including services that require advanced clinical decision making, judgment and problem solving. Completion of a clinical and academic educational program beyond the first professional degree required for entry level licensure which qualifies the dental hygienist to provide advanced practice services and includes preparation to practice in direct access settings and collaborative relationships. Documentation of proficiency such as a professional certification. (HOD 11-13)

Advanced Dental Hygiene Practitioner: (amending HOD 01-04) A dental hygienist who has completed an advanced, graduate level curriculum that allows for the acquisition of competencies that 1.) build upon the fundamental knowledge and skills achieved at the entry level 2.) prepares individuals for a level of evidenced-based clinical decision-making and scope of practice and responsibility required of the advanced practitioner. (HOD 04-15)

Assessment: A clinical evaluation performed by a dental hygienist to identify signs of oral or systemic disease, malformation or injury and the need for referral for examination, diagnosis and treatment. (HOD 12A-14)

At-Risk Population: a community or group of people whose social or physical determinants, environmental factors, or personal behaviors increase their probability of developing disease. (HOD 04-11)

Care coordination: Person- centered actions designed to connect the person, caregivers, care team, providers, and specialists to share information and create strategies to meet the needs of the person. (HOD 03-21)

Collaborative Practice: a cooperative working relationship with other health care providers in the provision of patient care. (HOD 05-11)

Community outreach: Efforts to connect populations to resources, information, treatment, and referrals. (HOD 04-21)

Credentialing: the process by which an authorized and qualified entity evaluates competence and grants the formal recognition to, or records the recognition status of, an individual that meets predetermined and standardized criteria. (HOD 13-07)

Cultural Competence: awareness of cultural difference among all populations, respect of those differences and application of that knowledge to professional practice. (HOD 14-07)

Cultural Humility: A process of reflection and lifelong exploring that involves self-awareness of personal biases and sensitivity to cultural differences. (HOD 03-23)

Dental Home: a relationship between a person and a specific team of health professionals, led by a dental hygienist or a dentist. The dental home is an ongoing partnership that coordinates comprehensive, accessible and culturally sensitive care through delivery of oral health services as part of integrated health care. (HOD 03-09)

Dental Hygiene: (Amending HOD 06-10 and HOD 15-94) The science and practice of the recognition, prevention, and treatment of diseases and conditions as an integral component of optimal health. This includes the Dental Hygiene Process of care; the profession of the dental hygienist. (HOD 03-14)

Dental Hygienist: (rescinding HOD 03-08 and HOD 16-94) A primary care oral health professional licensed in dental hygiene who has graduated from an accredited dental hygiene program. (HOD 04-14)

Dental Hygiene Process of Care: Assessment, Diagnosis, Planning, Implementation, Evaluation, Documentation (HOD 10-10)

Dental Public Health Setting: any setting where population-based, community-focused oral health interventions are assessed, implemented, and evaluated as a means to prevent or control disease. (HOD 11-11)

Dental Triage: the screening of patients/clients to determine the priority of treatment needs. (HOD 05-05)

Diagnosis: The identification of an individual's health behaviors, attitudes, and oral health care needs for which a dental hygienist is educationally qualified and licensed to provide. The dental hygiene diagnosis requires evidence-based critical analysis and interpretation of assessments in order to reach conclusions about the patient's dental hygiene treatment needs. The dental hygiene diagnosis provides the basis for the dental hygiene care plan. (HOD 01-14)

Direct Access: The ability of a dental hygienist to initiate treatment based on their assessment of a patient's needs without the specific authorization of a dentist, treat the patient without the presence of a dentist, and maintain a provider-patient relationship. (HOD 09-15)

Direct Payment: payment made directly to the provider without sending it through an intermediary or a third party. (HOD 06-11)

Diversity: (Amending HOD 08-11) The characteristics and background that make people unique. (HOD 07-21)

Documentation: The complete and accurate recording of all collected data and other information relevant to patient care and treatment. (ADHA Standards of Clinical Dental Hygiene Practice – SCDHP) (HOD 14-16)

Evaluation: The measurement of the extent to which the patient has achieved the goals specified in the dental hygiene care plan; used to make evidenced-based decisions regarding patient care. (HOD 05-14)

Evidence-based: derived from peer-reviewed scientific literature. (HOD 15-16)

Evidence-based practice: the “conscientious, explicit, and judicious use of the current best evidence in making decisions about the care of individual clients. The practice of evidence-based dental hygiene requires the integration of individual clinical expertise and client preferences with the best available external clinical evidence from systematic research.” (HOD 08-07)

Health Equity: (amend HOD 12-16) Health Equity: All people having access to education, opportunities, and resources that empower them to obtain the best health possible. (07-23)

Health Literacy: The capacity for an individual to obtain, process and communicate his or her understanding of basic health information and services needed to make appropriate health decisions. (HOD 13-12)

Inclusion: The act of ensuring all people feel welcome, safe, and empowered to contribute, influence, and participate. (HOD 08-21)

Implementation: The delivery of dental hygiene services based on the dental hygiene care plan in manner of minimizing risk and optimizing oral health. (HOD 14-16)

Independent Practitioner: (rescinding HOD 04-03) A dental hygienist who provides dental hygiene services to the public through direct agreement with each client. (HOD 01-13)

Interdisciplinary Care: Two or more healthcare providers working within their respective disciplines who collaborate with the patient and/or caregiver to develop and implement a care plan. (HOD 20-10)

Interprofessional Education: collaboration of two or more professionals learning about, from and with each other to improve health outcomes (HOD 13-16)

Interprofessional Collaboration: Healthcare professionals from various disciplines who use evidence-based practices to work together to achieve a common goal. (HOD 15-21)

Intraprofessional Collaboration: Healthcare professionals within the same discipline who use evidence-based practices to work together to achieve a common goal. (HOD 14-21)

Linguistic Competence: the capacity to communicate effectively and respond appropriately to the health literacy needs of all populations. (HOD 15-07)

Mid-Level Oral Health Practitioner: A dental hygienist who has graduated from an accredited dental hygiene program and who provides primary oral health care directly to patients to promote and restore oral health through the dental hygiene process of care and referral services. The Mid-level Oral Health Practitioner has met the educational requirements to provide services within an expanded scope of care and practices under regulations set forth by the appropriate licensing agency. (HOD 21-10)

Needs Assessment: (Amending HOD 10-11) A systematic process used to establish priorities for future action using the dental hygiene process of care. (HOD 02-14)

Optimal health: as a standard of health of the oral cavity and related tissues which enables an individual to eat, speak, and socialize without active disease, discomfort, or embarrassment, and which contributes to general well being and overall total health. (HOD 15-99)

Oral Health Equity Framework: A tool that provides resources and assistance to achieve successful health outcomes for all populations. (HOD 11-21)

Oral Prophylaxis: The sub and supragingival removal of biofilm, calculus, and extrinsic stains from the anatomical crowns of teeth and prosthetic structures, to preserve health and prevent disease. (HOD 01-19)

Perinatal: The period of time before conception and continuing until the infant is 36 months of age. (HOD 06-13)

Planning: The establishment of realistic goals and the selection of dental hygiene interventions aimed at the patient achieving optimal health. (HOD 14-16)

Preventive: adjective

Preventative: noun

Example “Airbags act as a preventive measure (adjective describing the noun) for automobile accident fatalities. Indeed, they are a common preventative (noun). (HOD 01-09)

Primary Dental Hygiene Care Provider: The dental hygienist is a primary care oral health professional who administers a range of services which are defined by a scope, characteristics and integration of care. (HOD 06-14)

- **Scope of Primary Care:** Consists of the assessment, diagnosis, planning, implementation, evaluation and documentation of procedures for promoting the highest level of health possible to the patient.
- **Characteristics of Primary Care:** First contact for care is initiated by the patient or other person who assumes responsibility for the patient and takes place in a variety of practice settings.
- **Integration of Primary Care:** Providers serve as the entry and control point linking the patient to total health care systems by providing coordination with other specialized health or social services to ensure that the patient receives comprehensive and continuous care at a single point in time, as well as over a period of time.

Self-Regulation: (Amending HOD 10-01 and HOD 12-00) Governance of the practice of dental hygiene by licensed dental hygienists, who are authorized by state government to define the

dental hygiene scope of practice, set educational and licensure standards, and to govern and discipline dental hygienists. (HOD 13-14)

Social determinants of health: Conditions in a person's environment that affect a wide range of health, function, and quality-of-life outcomes. (HOD 05-21)

Sugar Sweetened Beverages (SSB's): Any liquids that are sweetened with various forms of added sugars. (HOD 02-19)

Professional Autonomy: A profession's authority and responsibility for its own standards of education, regulation, practice, licensure, and discipline. (HOD 12-10)

Profession of the dental hygienist: the science and practice of the recognition, treatment, and education directed toward prevention of oral diseases and the advancement of oral health. (HOD 10-06)

Reimbursement payment: of monies by an intermediary or a third party made to the beneficiary for services rendered. (HOD 13-11)

Social Media: Interactive web based platforms where users in virtual communities create and share user generated communications. (HOD 03-13)

Third Party Payment: payment by someone other than the beneficiary for services rendered. (HOD 12-11)

White paper: an authoritative report or guide that provides information about emerging knowledge and issues on a specific topic.

Position paper: a written document that summarizes the organization's viewpoint on a specific topic which includes supporting research. The purpose is to communicate to members and external audiences. (HOD 07-09)

**These three policies (13-90, 14-90, 9-90) were all amended by deletion of all reference to CODA. Original action numbers appear rather than listing three separate policies with the same number. REVISED 10.24.23

<p>This is a complete and accurate listing of the Policies of the Michigan Dental Hygienists' Association as established by its members through representation at the Annual House of Delegates. For further information on the administration of the association, please refer to the association's Constitution and Bylaws and Policies and Procedures Manual.</p>
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MICHIGAN BOARD OF DENTISTRY (MBD)

Qualification

- Member must be in good standing with their profession, with no disciplinary action against them, and must be current with their continuing education and CPR.

Application

- All new members are interviewed and selected by the Governor's office. They are approved by the Senate. The MBD has nothing to do with the selection process or the approval process for any members of the Board of Dentistry
- Governor's Office #517-373-3400; www.michigan.gov/whitmer
 - go to website and click on Learn More tab for more information on MBD
 - go to Apply Now
 - Application has a section to attach resume
 - Letters of endorsement not required, sometimes matters, but most often not
 - Committee accepts applications all year long; no deadline, just as soon as possible, as not sure when will meet w/Governor, no set schedule
 - If considered, will get phone interview w/few questions; if not considered, no follow-up
- New Members will receive phone call near end of July
- Once Appointments are announced, the individual is APPOINTED to MBD, regardless of filling out paperwork

Term of Office

- Four (4) years; can reappointed to serve two (2) terms

Members

- Nine (9) DDS, two (2) dental specialists, four (4) RDHs, two (2) RDAs, and three (3) Public Members, for a total of 20 members
 - When a RDH sits on the MBD, they do not represent MDHA. They represent the 10,000+ RDHs in Michigan.
- All members are appointed to 3 committees (which meet before the actual MBD meeting at 10:00 AM)
 - Committee assignments are handled by Chair of MBD, members are asked to state their areas of interest
 - There is an RDH Committee and an RDA Committee. All Committees are Ad Hoc Committees.

Meetings

- Every other month on the second Thursday of that month: February, April, June, August (Chair and Vice Chair are elected in August), October and December
- Members are reimbursed for mileage and parking
- Orientation for new members prior to 1st meeting in August, get their ID badges and parking instructions

Duties and Responsibilities

- Sign an Oath of Office
- Serve on Board but do not advocate on behalf of Board; it is an ADVISORY Board, not policy-making
- Members are specifically asked NOT to be legislatively involved
 - Can still be chair of organizations they are serving, just nothing legislative

Section XIII - Templates and Standardized Forms

CONFLICT OF INTEREST AND DISCLOSURE STATEMENT

This form is to be completed annually by all Michigan Dental Hygienists' Association (MDHA) Board of Trustees(BOT)and Council Members involved in decision-making for MDHA recipients. The situations which an MDHA BOT or Council Member must disclose fall into three (3) categories:

- 1) The Member has previously been employed by or holds another membership by a potential recipient.
- 2) The Member has immediate family or members of the household currently employed by a potential recipient.
- 3) The Member has personal or financial interest in a potential recipient.

For any situation disclosed, the MDHA BOT or Council Member must indicate how the situation will be resolved.

Situation:

Resolution:

1. CHECK ALL THAT APPLY
I certify that I have:

- Not been previously employed by or member of any potential recipient
- Been previously employed by the following potential recipient:

- No immediate family nor members of the household currently employed by a potential recipient.
- Immediate family and/or members of the household currently employed by the following potential recipient:

- No personal or financial interest in any potential recipient.
- Personal or financial interest in the following potential recipient:

2. Resolution(s):

- None Needed.
- The disclosure(s) noted above will be resolved in the following manner:

I attest that the above information is factual

MDHA BOT/Council Member Name

MDHA BOT/Council Member Signature

Date

MDHA President's Approval:

- I have reviewed the certifications and approve any noted resolution(s)

President Name

President Signature

Date

TRAVEL/EXPENSE VOUCHER FOR AUTHORIZED MDHA BUSINESS

Name of Council/Task Force/Group:

_____ Legislative Council	_____ Board of Trustees
_____ Education Council	_____ ADHA House of Delegates (June)
_____ Finance Council	_____ MDHA House of Delegates
_____ Yearly Session (April/May)	_____ Other—Specify _____

Meeting Date (if for a meeting) _____

Description of Expenses:

Account #	Amount
<u>Transportation:</u>	
Automobile mileage: _____ miles at \$.38 per mile	\$ _____
Air fare (if authorized, attach receipt)	\$ _____
Hotel or motel (if authorized, attach receipt)	\$ _____
<u>Other:</u>	
Phone (attach receipt and reason for calls)	\$ _____
Supplies (attach receipt and reason for purchase)	\$ _____
Other-Specify (attach receipt and reason for purchase)	\$ _____
Total Expense	\$ _____

***Please note a 45day limit that request must be received from time of expense.**

Please Print:

Name _____ Date _____

Address _____ City _____ Zip _____

Telephone _____ e-mail _____

Submitted by _____
(Signature)

COMPONENT OFFICER UPDATE

Please add credentials and email the updated form to the AA

Component: _____

Report Completed By: _____ **Phone:** _____

Title: _____ **Date:** _____

TRUSTEE (as of October after HOD)

Name: _____

Address: _____

City/State/Zip: _____

E-mail: _____

Cell _____

President

Name: _____

Address: _____

City/State/Zip: _____

E-mail: _____

Cell _____

Treasurer

Name: _____

Address: _____

City/State/Zip: _____

E-mail: _____

Cell _____

PRESS RELEASE

Retype the proper information in parenthesis below and print this press release on your state or local association's letterhead. The release can be sent to your local newspapers and TV and radio stations.

RELEASE STARTS BELOW

For Immediate Release

Media Contact: *(Your PR Representative, Your Organization)*

(Your Contact Phone Number)

(Your Contact Email)

(Your Organization's Name) Announces New President

(Your town, Your State)—(Date)—(Insert your organization's name here following by its acronym in parentheses) is pleased to announce that (new president's full name and credentials) has been elected as the (year-year) president.

(Last name) has served in a multitude of capacities within (your organization's name) in recent years such as (list previous positions within organization) and has been an active member within the community of (community's name) where (she/he) lives.

While serving as (your organization's acronym) president, (new president's last name) will also continue (her/his) work as a(n) (type of dental hygiene job) where (she/he) has provided service for (number of) years.

"It is an honor to serve as the (your organization's acronym) (year-year) president," said "(new president's last name). "The previous leadership has done a fantastic job, and I plan to carry on the traditions of hard work and community involvement that they have established."

Building upon (her/his) previous involvement, (new president's last name) will continue to uphold the high expectations of (your organization's acronym) and oversee the numerous community projects (your organization's acronym) is undertaking.

The dental hygiene profession was founded in the early 1900s. Today there are more than 150,000 registered dental hygienists across the U.S. who provide professional oral health care to help people maintain healthy smiles and healthy bodies.

Editor's Note: (If a photo is available, list how the news media can access this photo, either through your Web site or by calling the media contact listed above. If you make actual photos available, list the full name, credentials and association of the person, as well as media contact information on the back.)

(End your release with a short paragraph about your organization, including the year it was founded, the number of members and the location, if appropriate, of your headquarters' office).

QUARTERLY/ANNUAL REPORT TEMPLATE

TO: MDHA Officers, Executive Committee, and Board of Trustees

FROM: your name and credentials

DATE:

SUBJECT: your report title

Activities of the.... Your title

- List dates and activities

Updates:

- List significant information

Recommendations:

Respectfully submitted,

Your name and credentials

Your job title

ASSESSMENT OF THE PERFORMANCE OF THE MDHA ADMINISTRATOR

In order to provide a meaningful and fair evaluation of the performance of the Association Administrator since her contract began in January 2004, the Central Office Search Task Force /Association Administrator Review Committee have together developed the following questionnaire.

Trustees, please fill out this important survey using the attached rubric and return to me by email or USPS mail

**THANK YOU FOR YOUR TIME.
your name, address, email address**

1=Outstanding 2=Above Average 3=Average 4=Below Average 5=Unsatisfactory 6=Not Applicable

See Attachment for definitions of scoring standards

Time Management and Organizational Skills, including quality:

1. How successful is the AA at assessing a task and making plans to complete the work in a timely manner?

1 2 3 4 5 6

Comments:

2. Does the AA answer the MDHA telephone in a timely manner?

1 2 3 4 5 6

Comments:

3. Are you satisfied with the quality of the printed or electronic materials you receive from MDHA's Central Office?

1 2 3 4 5 6

Comments:

Teamwork and Adaptability:

4. Are you satisfied with the AA's performance as a team player?

1 2 3 4 5 6

Comments:

5. How effectively does the AA respond to change and opportunities of the Association?

1 2 3 4 5 6

Comments:

6. How effectively does the AA communicate with MDHA Officers, Trustees, and Members?

1 2 3 4 5 6

Comments:

Judgment:

7. How satisfied are you with the AA's ability to identify and deal with relevant problems, to analyze all factors involved in decisions, and to reach sound conclusions on a timely basis?

1 2 3 4 5 6

Comments:

Use of Skills and Knowledge:

8. Does the AA assess the effective application of skills and knowledge required for the position?

1 2 3 4 5 6

Comments:

Professionalism:

9. Does our AA portray herself in a professional manner?

1 2 3 4 5 6

Comments:

10. Please describe the Association Administrators' strengths. Include positive interactions you have had. (e.g.: *I worked with Association Administrator (AA) to acquire sponsorship for an event. AA's knowledge and networking guided me to success in his area.*)

11. Please describe areas where you feel growth or improvement could occur. (e.g.: *as a member, I would like to know when I could Speak with the Association Administrator (in person) on certain dates and times listed on the MDHA answering machine.*)

12. Has the membership list generated from ADHA been sent to your Treasurer or Trustee by MDHA's Central Office?

13. Please list opportunities MDHA Officers, Trustees, and members can offer to further develop the Association Administrators' skills.

14. How can the officers, trustees, committee/task force chairs enhance the performance of the Association Administrator? (e.g., *limit last minute requests, realizing that the Association Administrator has to prioritize duties and responsibilities.*)

15. Any other comments you would like to make?

Rubric Definitions of Scoring Standards

Outstanding:

Employee demonstrates a superior performance. Works independently with little or no supervision required. Always gives her best. Employee excels in dedication, performance, and enthusiasm. Conceives, creates, and implements new ideas into working procedures that benefits the association. Employee recommends methods of revising work procedures to improve current processes and approaches new projects with enthusiasm and confidence. Employee demonstrates confidentiality, professionalism, and respect in all aspects of work and interaction with others. Also demonstrates leadership qualities through performance, and on-going consistency in work. Offers constructive criticism in a non-judgmental way and accepts constructive criticism with a positive attitude toward reevaluating self, situations, and possibilities of quality improvements in performance.

Above Average:

Employee maintains an excellent attitude. Actively demonstrates enthusiasm, excellence, and dedication in all aspects association management. Performs duties well, giving effort and attention to details. Supportive of members, officers, trustees, committee/task force chairs and is willing to become involved in changes for the future. Shows respect for and dedication to her position. Stays focused on her job and the best interests of the association. Employee completes projects in a timely manner and learns new tasks and procedures quickly. Employee needs very little supervision and consistently puts forth extra effort. Is enthusiastic, responsible, and communicates well.

Average:

Employee is able to perform duties as listed in job description, nothing more or less. Is a good worker and meets position requirements. Performs tasks adequately but does not put forth any extra effort. Maintains the mean, does the job with no extra contributions, but does not cause problems. Employee fulfills basic position requirements, nothing more or less.

Below Average:

Employee performs duties, but lacks the knowledge or desire to learn new things. Complaining, not really wanting to do job. Employee does not always complete the assigned tasks, does not have a good attitude and performs duties inadequately. Barely meets job requirements. Employee lacks enthusiasm.

Unsatisfactory:

Employee is not motivated. Puts no effort put into position and consistently under-achieving. Does not understand position duties and responsibilities and does not care. Employee does not take direction well and does not meet even basic requirements. Employee works against association efforts and creates problems.

Not Applicable

Respondent does not have the proper information/background to answer the question.

ASSESSMENT OF THE PERFORMANCE OF THE MDHA LOBBYIST

In order to provide a meaningful and fair evaluation of the performance of the Lobbyist, please complete this survey.

Trustees, please fill out this important survey using the attached rubric and return to me by email or USPS mail

**THANK YOU FOR YOUR TIME.
your name, address, email address**

1=Outstanding 2=Above Average 3=Average 4=Below Average 5=Unsatisfactory 6=Not Applicable

See Attachment for definitions of scoring standards

Time Management and Organizational Skills, including quality:

1. How well does the Lobbyist assess a task and make a plan to complete the work in a timely manner?

1 2 3 4 5 6

Comments:

Teamwork and Adaptability:

2. Does the Lobbyist cooperate and contribute to the overall association efforts and do they respond accordingly to changes and opportunities?

1 2 3 4 5 6

Comments:

3. Does the Lobbyist assist with partnership and coalition efforts?

1 2 3 4 5 6

Comments:

Judgment:

4. How do you rate the Lobbyist's ability to identify and deal with relevant problems, to analyze all factors involved in decisions, and to reach sound conclusions on a timely basis?

1 2 3 4 5 6

Comments:

Use of Skills and Knowledge:

5. How do you rate the Lobbyist's skills and knowledge required for the position?

1 2 3 4 5 6

Comments:

6. How do you rate the Lobbyist's performance in advocating for legislation on MDHA's behalf?

1 2 3 4 5 6

Comments:

7. How well does the Lobbyist monitor and provide updates on pending legislation and regulation?

1 2 3 4 5 6

Comments:

8. How do you rate the Lobbyist's performance on drafting legislation, testimony, articles, and/or fact sheets?

1 2 3 4 5 6

Comments:

Quantity and Quality of Work:

9. How do you feel our Lobbyist satisfies MDHA's current needs?

1 2 3 4 5 6

Comments:

10. How do you rate our Lobbyist's performance in planning and assisting in our lobby day?

1 2 3 4 5 6

Comments:

Professionalism:

11. Does our Lobbyist portray a professional manner and attitude in all of their MDHA activities?

1 2 3 4 5 6

Comments:

12. How do you rate our Lobbyist's performance representing MDHA?

1 2 3 4 5 6

Comments:

Your Input is Highly Valued

13. Please describe the Lobbyist's Strengths. Include positive interactions you may have had. (e.g., *I worked with the Lobbyist on a legislative event.*)

14. Please describe areas where you feel growth or improvement could occur? (e.g., *as a member, I would like to know when I could speak with the Lobbyist.*)

15. How can the BOT enhance the performance of the Lobbyist?

16. Any other comments you would like to make? (e.g., *How can I get involved?*)

Rubric Definitions of Scoring Standards

Outstanding:

Employee demonstrates a superior performance. Works independently with little or no supervision required. Always gives her best. Employee excels in dedication, performance, and enthusiasm. Conceives, creates, and implements new ideas into working procedures that benefits the association. Employee recommends methods of revising work procedures to improve current processes and approaches new projects with enthusiasm and confidence. Employee demonstrates confidentiality, professionalism, and respect in all aspects of work and

interaction with others. Also demonstrates leadership qualities through performance, and on-going consistency in work. Offers constructive criticism in a non-judgmental way and accepts constructive criticism with a positive attitude toward reevaluating self, situations, and possibilities of quality improvements in performance.

Above Average:

Employee maintains an excellent attitude. Actively demonstrates enthusiasm, excellence, and dedication in all aspects association management. Performs duties well, giving effort and attention to details. Supportive of members, officers, trustees, committee/task force chairs and is willing to become involved in changes for the future. Shows respect for and dedication to her position. Stays focused on her job and the best interests of the association. Employee completes projects in a timely manner and learns new tasks and procedures quickly. Employee needs very little supervision and consistently puts forth extra effort. Is enthusiastic, responsible, and communicates well.

Average:

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Unsatisfactory:

Employee is not motivated. Puts no effort put into position and consistently under-achieving. Does not understand position duties and responsibilities and does not care. Employee does not take direction well and does not meet even basic requirements. Employee works against association efforts and creates problems.

Not Applicable

Respondent does not have the proper information/background to answer the question.

PROPOSED BYLAW

SUBJECT

No.

Assigned To: _____

Proposed By:

Contact Person:

Phone:

Resolution:

Justification:

Determination of Committee on Association Policy:

- Finds acceptable for consideration by the HOD
- Considers inappropriate as it is an administrative or procedural matter
- Considers the an ongoing procedure
- Included in proposed budget
- Considers in conflict with ADHA/MDHA Bylaws
- Considers in conflict with existing policy
- Makers were asked to withdraw
- No Comment
- Comments:

Action Recommended by the Board of Trustees

- Adopt Amend: Refer to: Reject Other

PROPOSED RESOLUTION

SUBJECT

No.

Assigned To: _____

Proposed By:

Contact Person:

Phone:

Resolution:

Justification:

Determination of Committee on Association Policy:

- Finds acceptable for consideration by the HOD
- Considers inappropriate as it is an administrative or procedural matter
- Considers the an ongoing procedure
- Included in proposed budget
- Considers in conflict with ADHA/MDHA Bylaws
- Considers in conflict with existing policy
- Makers were asked to withdraw
- No Comment
- Comments:

Action Recommended by the Board of Trustees

Adopt Amend: Refer to: Reject Other

MDHA PERSONAL/PROFESSIONAL DATA FORM

Resume for the position of: _____

Name: _____

Address: _____

Home Phone: _____

Business Phone: _____

Email Address: _____

Constituent Affiliation: Michigan

Component Affiliation: _____

Education:

Current Employment:

Employer(s)

Practice Type

Length of Time in Position

Professional Association Memberships:

ASSOCIATION EXPERIENCE

Positions Held in the Dental Hygienist Association

Component:

Constituent:

National:

POSITIONS HELD IN OTHER ORGANIZATIONS

Organization

Positions

Date

POSITIONS IN COMMUNITY OR SOCIAL SERVICE ORGANIZATIONS

Organization

Nature of Participation

Date

LEGISLATIVE EXPERIENCE

Describe any involvement you have had in Association and/or other organizational legislative activity.