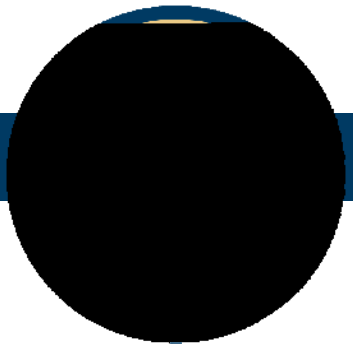

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The Kansas Board of Regents (KBOR) acknowledged there is an oral health care workforce crisis in rural Kansas which served as the impetus to establish the eleven-member Oral Health Task Force in October 2011. The Board asked the Task Force to study ways in which it (KBOR) can assist Kansas with oral health issues as well as make optimal decisions regarding dental education for the future.

The Board's charge to the Task Force was to study and make recommendations on improvements needed in the delivery of oral health in Kansas. The Board asked that the study include but not be limited to (a) the feasibility of a dental school in Kansas; (b) the placement of a branch campus in Kansas from an existing dental school outside of Kansas; (c) securing additional slots (seats) at neighbor

57,000 Kansans who currently live in Dental Care Service Deserts, and that number will increase as dentists retire and are not replaced. Additional areas of western Kansas will join the Dental Care Service Desert in the very near future because of the retirement of many primary care dentists.

Difficulties in accessing oral health care are not restricted to rural areas, but also include aged and disabled populations, children, low income individuals, and those on Medicaid, regardless of where in the state they may live. For example, the 2009 *Kansas Workforce Assessment* revealed that only one in four Kansas dentists accept Medicaid, and that in 2009-2010, 17,500 emergency

The Oral Health Task Force wishes to convey that it does not possess ultimate expertise in its reports, studies, or recommendations, but supports the Board's pursuit of developing strategies to address the oral health care crisis in Kansas. Recommendations in this report should be considered only one component of the Board's agenda to support higher education in the state of Kansas, and to serve as a vehicle that will produce positive results in oral health care for all citizens of Kansas.

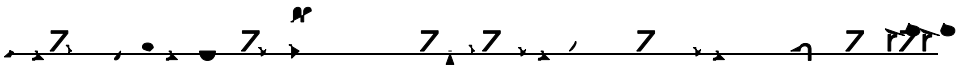
Listed below is a two-phased recommendation the Task Force as a whole believes is needed to begin addressing the oral health care issues in Kansas. Following those are the recommendations that were the result of the work of each subcommittee.

Phase I

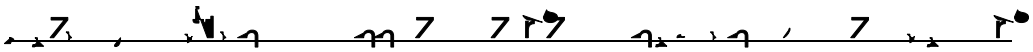
Purchase seats from institutions in surrounding states (Missouri, Nebraska, and Oklahoma) and require that the students in those seats return to Kansas and begin working with underserved populations (e.g., Dental Care Service Deserts, persons with disa

satellite clinics or mobile grade school-based clinics) in rural settings: 1) would attract rural students to the field of dentistry; and 2) would train students in a low resource and/or rural setting to encourage them to stay in the locale to practice dentistry.

- Initiate formalized recruitment and admission's processes that give preference to (1) rural students; and (2) students with demonstrated commitment to community service, for any Kansas-related dental school seats when selecting students to matriculate.



- If the Board pursues the placement of a branch campus in Kansas from an existing dental school outside of Kansas, negotiations with an interested dental school (public or private) should be undertaken (e.g., UMKC, A.T. Still).



- "Purchase" seats at an amount approximately equal to the difference of out-of-state and in-state tuition (the student would pay the in-state tuition amount).

- A baseline in-state tuition rate should be established in the student agreement, with the State of Kansas covering the difference in tu

- If possible, require all students who fill new seats other than in Kansas (regardless of their involvement in loan repayment or scholarship program) to return and serve the State of Kansas; if they chose not to, the student

A four-member subcommittee on the *Feasibility of a Dental School in Kansas* was created by the Oral Health Task Force to address the Kansas Board of Regents' charge – "to study and make recommendations on the delivery of oral health in Kansas and assess the feasibility of a dental school in the state. "

The subcommittee addressed the following issues:

1. The critical elements needed to construct a dental school that could improve access to, and delivery of, oral health care to underserved areas and populations.
2. Recruiting and retaining students and faculty;
3. Prerequisites for dental students to become involved in community service.
4. When establishing the future direction of a school, the need to develop a shared/collaborative vision between the new dental school, the community of its location, and oral health care needs of Kansas.
5. The need to develop a non-traditional educational model that protects academic integrity *and* emphasizes the competent delivery of patient care in several settings – each setting highlighting an environment concerned with interest in patients and their welfare; as well as an inter-professional environment in which dental students function as members of a team of oral health care professionals.

Beginning in December 2011, the subcommittee studied , researched and created projected budgets for constructing and annually operating a new dental school based on projected class sizes of 40, 60 and 80; examined potential partnerships and required components of satellite clinics that will deliver oral health care to underserved populations; discussed the issues surrounding both faculty and student recruitment and retention; reviewed age distribution patterns in current and projected dental workforces (using various dental school class sizes); and discussed critical components of the processes necessary to obtain approval from the Kansas State Legislature and Governor.

Other critical issue discussed included establishing reciprocal agreements, designing incentive programs, and investigating other existing dental schools that could be used as models. The subcommittee agreed that, if a new dental school is built, it should be a unique, "out-of-the-box" model of dental education. It was also agreed that a new dental school should be one that is competency-oriented; encompasses multiple partnerships; and redesigns the traditional "fourth year" of school, where dental students spend their senior year serving in a Dental Care Service Desert, as well as providing service to other underserved populations.

- There are 62 U.S. dental schools (40 public, 18 private and 4 private/state-related).
- 14 states currently have more than one dental school, while 14 states do not have a dental school.

- 10 new dental schools are forecasted to open between 2014-2022.
- Major considerations when building a new dental school are program planning time, accreditation processes, and funding.
- One major problem in starting a new dental facility is faculty recruitment. In 2007 there were 365 unfilled faculty positions in the U.S.
- 91% of dental schools now require student rotation in clinics and/or in underserved areas.
- It is estimated that the number of new dentists will grow from the current 180,000 to 200,000 by 2030, and the primary issue is *where* new dentists will choose to practice in relation to underserved populations.
- The average student debt in 2011 was $124,397 (not including living expenses); and estimates for student debt load by 2015 are $175,000 to $200,000.

The subcommittee reviewed feasibility studies (to build a new dental school) from the University of Florida, New Mexico Department of Health, Utah Medical Education Council, and the State Council of Higher Education for Virginia (potential VCU dental clinics), the Wisconsin Department of Health, and the Wyoming Department of Health. The subcommittee and the Task Force as a whole initiated discussions with representatives of some new dental schools and those under consideration, to include Lake Erie College of Osteopathic Medicine School of Dental Medicine, Bradenton, Florida; A.T. Still University, Arizona School of Dentistry and Oral Health, Mesa, Arizona and its campus in Missouri; and the East Carolina University School of Dental Medicine, Greenville, North Carolina. In

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The subcommittee also prepared cost projections to build a new dental school using 60-student and 75 student class sizes. A new dental school admitting 60 new students per year would have start-up costs projected to be approximately $58 million with $19.5 million in annual operating costs. *Note: No satellite clinic budgets were included in the subcommittee's cost projections.*

The subcommittee extended an invitation to Dr. Greg Chadwick, Dean, East Carolina University School of Dental Medicine, Greenville, North Carolina, to present to the Task Force on March 30, 2012. Dean Chadwick willingly shared data regarding the development of ECU's new school and its deviance from the traditional model of dental education.

The ECU School of Dental Medicine opens in August 2012. The new facility houses high tech labs, to include a simulation lab (SIM lab) which gives students the opportunity to practice actual skills on mannequins and is considered to be an essential component of a "smart classroom." ECU's new facility also has technology equipped lecture halls, a special needs clinic, and state-of-the-art technology throughout the facility. ECU is employienen9(Sch Tc6(hool o2lab) whicGree)Tj13.25 0 T

2. The difficulty in making the branch campus of an existing school part of a new innovative dental school structure which attempts to address specific access issues through admission requirements (rural background, community service experience), type and location of clinical experiences, tuition breaks, etc.; and
3. The risk of future divergence of interests of Kansas and the host dental school, including potential loss of site.

The subcommittee ultimately could do little to explore the concept of a branch campus located in Kansas from an existing school since there is no branch dental school campus crossing state lines in the U.S. to explore or to model.[1] It seems unlikely that a state-supported dental school in one state would have much support from its state's governing body to undertake a branch campus (e.g., the 2004 UMKC experience). However, private dental schools have indicated an interest in extending operations such as clinical training, outside their home state, and may have missions that are not limited by state boundaries.

To truly explore the potential of a branch dental school campus – its real advantages and disadvantages – negotiations with an interested dental school (i.e., a private institution or UMKC) would need to be pursued to a considerable degree of specificity. That task is beyond the work of the subcommittee, or the Oral Health Task Force.

Additional educational opportunities for dental education located in Kansas could be driven by several goals, to include:

1. Improvement in public access to dental services.
2. Economic development with the additional jobs located at the educational program as well as the practice venues themselves.
3. Institutional growth and prestige for an educational institution having the Kansas dental education program.
4. A desire to put more control of the quantity of the Kansas dental workforce in the hands of Kansans versus out-of-state institutions.

The first goal – improved public access to dental services – has several possible meanings to different people. The most likely access goal is the simple availability of sufficient dentists relative to the population (often expressed as dentists per 100,000); this might be termed

[1] Dr. Richard Valachovic, Executive director, American Dental Education Association, is unaware of any branch campus of a dental school in the United States or in Canada. He mentioned the regional Dental Education Program (RDEP-Creighton) which provides first-year dental education through the University of Utah for Utah residents. The remainder of their training takes place at Creighton. For dental graduates returning to Utah, the State of Utah reimburses $20,000 for each of three years of practice, effectively reducing total tuition. "Matriculation Agreements" do exist whereby a number of slots are reserved by a dental school for graduates of a particular undergraduate program. These inter-institutional arrangements could be supplemented by incentives from state

"capacity." However much of the work of the Oral Health Task Force has been spent considering more specific access issues:

1. Problems of geographic access in rural, particularly frontier, areas of Kansas.
2. Inadequate provider participation in public dental programs, such as Medicaid.
3. Difficulties of safety net providers in securing de-.1(s8o1.0a)3.7(jT)6(a)-op/. s

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A four-member subcommittee was created by the Oral Health Task Force to address the Kansas Board of Regents charge "to study and make recommendations on the delivery of oral health in Kansas by securing additional slots (seats) at neighboring dental schools. "

The lack of a dental school has always required Kansas to fulfill its dental workforce needs with dentists that have graduated from dental schools outside of Kansas. Sending Kansas students out of state to dental school has created the situation of then having to lure these Kansas students back to practice in Kansas. The University of Missouri Kansas City (UMKC) School of Dentistry has served as the "Kansas dental school" as 85 dental seats are reserved for Kansas students (21-22/class) who pay the in-state tuition rate to attend UMKC. This is a reciprocal arrangement trading seats for in-state tuition in architecture (Kansas) and for dental (Missouri). Kansas requires no service obligation of these students nor are there any specific state incentives (such as loan forgiveness programs) designed to lure the students to return to practice dentistry in Kansas, or affect the practice location to underserved, rural or other areas.

According to the Kansas Dental Board, of the 204 new dental graduates that have located in Kansas over the past six years, 66% (135) are UMKC School of Dentistry graduates, while the remaining 34% (69) graduated from 32 other U.S. dental schools. Fourteen of the sixty-nine new Kansas dentists are graduates of the University Of Nebraska College Of Dentistry, while 11 are Creighton University School of Dentistry (Omaha, Nebraska) graduates.

State partnerships with out-of-state dental schools are not unique to Kansas. In addition to Kansas, Alaska, Arkansas, Delaware, Hawaii, Idaho, Montana, New Hampshire, New Mexico, North Dakota, Rhode Island, South Dakota, Vermont and Wyoming do not have dental schools located within their borders, some of which have educational partnerships with other states.

The subcommittee investigated the possibility of filling seats in out-of-state dental schools; the existence of, and potential agreements for out-of-state students; and the funding mechanisms for seats. When guaranteeing seats at a dental school for out-of-state students, the general practice is the student pays that state's in-state tuition rate and the requesting state "picks up" the balance between in- and out-of-state tuition, and at times, is assessed an additional surcharge. One issue that could arise is maxing out the number of available seats at partnering institutions.

Subcommittee members contacted neighboring dental schools as well as targeted private/for-profit schools to ascertain interest in providing "seats for Kansas students, and if there is interest in creating a satellite and/or a branch campus in Kansas.

The following questions were asked:

1. Does the university/college have dental school seats open that could be available to Kansas dental students? If so, how many are possible?

2. Does the university/college have agreements in place with other states (for dental seats)? If so, may we have a copy of their agreement – or a sample agreement to look at the agreement structure (who negotiates? who are the decision-makers? who administers?).

3. Does the university/college have any interest in creating out-of-state branches and/or a satellite dental school campus in the state of Kansas?

Colorado	$37,744	$54,789	TBD	$46,000
Iowa	$34,800	$56,270	None	N/A

- Interested in partnering with Kansas, possibly including placing a satellite campus in Kansas with the number of students to be determined:
  - Á Using distance learning/clinical sites could vary and admission requirements controlled by Kansas.
  - Á Issued an RFP to hire a consultant to conduct a feasibility study summer/fall 2012 on the concept of establishing a satellite program in Kansas.

- Class size – 45.
- Space is available and interest in an agreement with Kansas for 4-5 seats.
- Have an existing arrangement with Wyoming at $30,000 per student *(copy of the Wyoming Agreement as a support document available).*
- Wyoming student graduates must return and work in the state of Wyoming for 3-years.
- The process of acquiring seats goes through the Dean's office.

- Class size – 56/42 Oklahoma students.
- 15% of students are from out-of-state.
- Very interested in an agreement with Kansas for 5-plus students per class.
- Have a current agreement with Arkansas for 2-3 students/class.
- Arkansas students pay in-state tuition (approx. $18,000) and the state of Arkansas pays the differential between in and out-of-state tuition ($47,000). Equals $29,000 per student/year.
- Total annual operating budget is $24 million – 40% from state appropriations.

- Class Size 85 students.
- They are losing 10 students in 2013 from Utah (the University of Utah's new dental school opens).
- Agreement would be signed by the Creighton University President, CFO and Dean of Dental School.
- Kansas would have to guarantee the number of seats of qualified applicants (the state of Nebraska certifies eligibility). Kansas would be able to "buy down' as much tuition as it deems appropriate. Most states making such out-of-state arrangements pay an amount that makes the student's portion of tuition at a neighboring school as close to in-state resident tuition as possible. For example, Kansas could pay approximately $25,000 per student per year while the student at Creighton would pay approximately $30,000/year, approximately the economic effect for the student in a similar arrangement at UMKC.
- Annual Tuition – A little over $50,000 plus fees ($5,500).
- Dean Latta suggested that students could do their 4th year of clinical rotations in Kansas at the Wichita AEGD, or another clinical facility.
- Creighton provided a sample agreement and is VERY interested in partnering with Kansas *(Appendix E).*

- LECOM is located in Erie, Pennsylvania.
- Opening a School of Dental Medicine July 15, 2012 in Bradenton, Florida.
- Subcommittee member was unable speak with the dean, but did speak with the dean's executive assistant, and the director of affiliations for the university.
- LECOM interested in pursuing a Kansas relationship.
- Their current affiliation agreement uses an undergraduate approach, which the subcommittee had not considered, but it appears to be low-cost.
- The agreement would require some "return to Kansas" incentives as well as involving possible penalties.
-

The five-member subcommittee on the *Utilization of Scholarship Programs to Attract and Retain Dentists* was created by the Oral Health Task Force to address the Kansas Board of Regents' charge – "to study and make recommendations on the delivery of oral health in Kansas and the utilization of a scholarship program to attract and retain dentists in Kansas. "

The subcommittee reviewed existing incentive programs as well as other recruitment programs at KDHE, KU, and WSU. It was concluded that two of the most successful programs available are the incentive program for military dentists, which offers monthly scholarship stipends, early commissioning, and special pay for dental officers; and the Indian Health Service Loan Repayment program, which operates under a ranking system and fills staff vacancies in Indian Health Service clinics.

Student loan repayment programs are available through the federal Health Resources and Services Administration (HRSA) via the National Health Service Corps (NHSC) and the state of Kansas for dentists that practice in designated dental professional shortage areas. Designations are made at the Kansas Department of Health and Environment using federal policies and guidelines. Currently 93 of 105 counties qualify as some type of Health Professional Service Area (HPSA).

The Kansas State Loan Repayment program (also funded by HRSA and the State of Kansas) offers similar loan repayment amounts for dentists who agree to practice in shortage areas for at least two years. To qualify for either program (NHSC or KSLR) a dentist must be a U.S. citizen, work in a practice that takes Medicaid patients, and must offer a reasonable sliding fee scale for patients with limited ability to pay. Most Kansas private dental practices do not offer a sliding fee scale, so almost all dentists receiving state and federal loan repayment assistance work in safety net clinics. Both programs are administered by the Kansas Department of Health and

dentistry. The camp provides students a learning platform to gain knowledge of careers in dentistry.

Pre-Dental Clubs: Club participation is available at K-State University, University of Kansas and Wichita State University. These clubs serve students who are considering a career in

chose not to, the student would be indebted to the state through a substantial financial penalty.

- Require that new dentists fulfill a social obligation role – i.e., perhaps require that

dental graduates to underserved areas of Kansas *(refer to 2008 Senate Bill 597).* The program could be structured requiring a community match which would serve as an incentive at a minimal cost to the state. Both the state and the local community could provide a three-year loan of $8,000/per year ($16,000 total). The dental student would then have a service obligation to "repay" the loan by practicing dentistry for three years in that underserved community. The four-year total loan grant received by the dental student would $48,000. Four "loans" per year could impact 12 awardees resulting in an annual appropriation of $96,000 (increases in the loan amount or number of recipients would obviously increase the appropriation). Students failing to complete their obligation to practice would be required to repay the fund administration within ninety days at 15% interest. According to the KU Medical Center Office of Rural Heath (2008), the similar physician program has an 11% default rate and a 74% retention rate

Recruiting students from a rural setting is highly likely to result in at least some of those students returning to practice in the same or similar setting.

- When educational mission aligns with service, academic institutions can have a substantial influence over the "product" they train – in this case, new dentists. If KBOR chooses to start a dental school or continue to advocate or expand educational opportunities for Kansans to be trained at neighboring state dental schools, the subcommittee strongly agreed that the institution(s) should be required to have a focus on educating dentists who will serve rural and under-resourced communities and treat underserved patients, and these institutions need to be held accountable to that mission.

On March 30, 2012, by consensus, the Oral Health Task Force subcommittee agreed that

Dr. Peter Cohen
Dean
College of Health Professions
Wichita State University

Dr. Kim Kimminau
Associate Professor
Dept. of Family Medicine
University of Kansas Medical Center

Mr. Jeff Longbine
Senator & Emporia Businessman
Kansas State Senate

Mr. Kim Moore
President & CEO
United Methodist Health Ministry Fund

Ms. Robba Moran
Regent
Kansas Board of Regents

Dr. Michael Reed
Former Dean
UMKC School of Dentistry

Mr. Kevin Robertson
Executive Director
Kansas Dental Association

Dr. Daniel Thomas
Oral Health Task Force Chair
Periodontist

Dr. Andy Tompkins
President & CEO
Kansas Board of Regents

Dr. James Van Blaricum
Former President, Kansas Dental Association & Retired Dentist

Dr. Katherine Weno
Director
Kansas Bureau of Oral Health

Ms. Valdenia Winn
Representative & College Professor
Kansas House of Representatives

Table 1 **40 graduates + 10 IDP, 70% retention of 40, 0% IDP**

YEAR	2010		2020		2030		2040		2050	
AGE	N	%	N	%	N	%	N	%	N	%
Unknown										
<35										
35 44										
45 54										
55 64										
65+										
TOTALS										

**** This figure projects a stabilization of new licensees during the rest of the decade 2010-2019***

Table II **40 graduates + 10 IDP, 80% retention of 40, 0% retention of IDP**

YEAR	2010		2020		2030		2040		2050	
AGE	N	%	N	%	N	%	N	%	N	%
Unknown	36	2.6	40	3.4	44	3.8	48	3.8	50	3.6
<35	181	13.5	250*	21.3	320	27.3	320	25.6	320	23.0
35 44	247	18.4	181	15.4	250	21.3	320	25.6	320	23.0
45 54	326	24.2	247	21.0	181	15.4	250	20.0	320	23.0
55 64	397	29.5	326	27.8	247	21.0	181	14.5	250	18.0
65+	158	11.7	130	11.1	130	11.1	130	10.4	130	9.4
TOTALS	1345		1174		1172		1249		1390	

Table III **50 graduates + 10 IDP, 70% retention of 50, 0% retention of IDP**

YEAR	2010		2020		2030		2040		2050	
AGE	N	%	N	%	N	%	N	%	N	%
Unknown	36	2.6	40	3.4	44	3.7	48	3.7	50	3.3
	181	13.5				29.1	350	26.7	350	23.6
35 44	247	18.4	181	15.4	250	20.7	350	26.7	350	23.6
	326	24.2	247	21.0	181		250	19.1	350	23.6
55 64	397	29.5	326	27.8	247	20.6	181	13.8	250	16.8
65+	158	11.7		11.1	130		130	9.9		8.8
TOTALS	1345		1174		1202		1309		1480	

Table IV 50 graduates + 10 IDP, 80% retention of 50, 0% retention of IDP

YEAR	2010		2020		2030		2040		2050	
AGE	N	%	N	%	N	%	N	%	N	%
Unknown	36	2.6	40	3.4	44	3.5	48	3.4	50	3.1
<35	181	13.5	250*	21.3	400	31.9	400	28.3	400	24.5
35 44	247	18.4	181	15.4	250	19.9	400	28.3	400	24.5
45 54	326	24.2	247	21.0	181	14.5	250	17.7	400	24.5
55 64	397	29.5	326	27.8	247	19.7	181	12.8	250	15.3
65+	158	11.7	130	11.1	130	10.4	130	9.2	130	7.9
TOTALS	1345		1174		1252		1409		1630	

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Table VII 70 graduates + 10 IDP, 70% retention of 70, % retention of IDP

YEAR	2010		2020		2030		2040		2050	
AGE	N	%	N	%	N	%	N	%	N	%
Unknown	36	2.6	40	3.4	44	3.3	48	3.0	50	2.6
<35	181	13.5	250*	21.3	490	36.5	490	30.8	490	25.8
35-44	247	18.4	181	15.4	250	18.6	490	30.8	490	25.8
45-54	326	24.2	247	21.0	181	13.5	250	15.7	490	25.8
55-64	397	29.5	326	27.8	247	18.4	181	11.4	250	13.1
65+	158	11.7	130	11.1	130	9.6	130	8.2	130	6.8
TOTALS	1345		1174		1342		1589		1900	

Table VIII 70 graduates + 10 IDP, 80% retention of 7, 0% retention of IDP

YEAR	2010		2020		2030		2040		2050	
AGE	N	%	N	%	N	%	N	%	N	%
Unknown	36	2.6	40	3.4	44	3.1	48	2.8	50	2.4
<35	181	13.5	250*	21.3	560	39.7	560	32.3	560	26.5
35 44	247	18.4	181	15.4	250	17.7	560	32.3	560	26.5
45 54	326	24.2	247	21.0	181	12.8	250	14.4	560	26.5
55 64	397	29.5	326	27.8	247	17.5	181	10.5	250	11.8
65+	158	11.7	130	11.1	130	9.2	130	7.5	130	6.2
TOTALS	1345		1174		1412		1729		2110	

The following data examines:

1. The current situation with projectio

TABLE 2: Projected Number of Dentists for the Next Four Decades (no dental school or other changes in current status)

Year	2010		2020		2030		2040		2050	
Age	N	%	N	%	N	%	N	%	N	%
Unknown	36	2.6	40	3.4	44	3.9	48	4.1	50	3.9
<35	181	13.5	250	21.3	280	24.7	280	23.9	280	22.0
35 44	247	18.4	181	15.4	250	22.1	280	23.9	280	22.0
S	326	24.2	247	21.0	181	16.0	250	21.3	280	22.0
55 64	397	29.5	326	27.8	247	21.8	181	15.5	250	19.7
65+	158	11.7	130	11.1	150	11.5	1130	11.1	130	10.2
Total	1345		1174		1132		1169		1270	

- Kansas population forecast by 2040 is 3 million.
- 2050 the number of practicing dentists is forecasted to stabilize with equal numbers in each age group.
- All baby boomers will have retired by the 2030's

<u>If a dental school is built in Kansas:</u>

- First graduating class would be 2019-2020
- No numerical impact of a new school on the number of practicing dentists 2010-2020.
- Patient care 2010-2020 would be provided by students during their educational program.
- Class-sizes could rise to 60 students in addition to approximately 10 students in the International Dental Program enrolled in junior/senior classes.
- 2009-2012 an average of 75 qualified Kansas applicants have applied to the UMKC School of Dentistry (20 are selected each year).
- Building a new dental school in Kansas may double the number of first year slots available each year to Kansans at in-state tuition.

Time Table for UMKC School of Dentistry – Kansas Residents

2011 2012				2012 2013				2015 2016 or 2016 2017				2016 2017 or 2017 2018				2017 2018 or 2018 2019	2018 2019 or 2019 2020
F	S	J	S	S	J	S	F	S	J	S	F	S	J		F		

Distribution of Public and Private U.S. Dental Schools, 2012

SOURCE: AMERICAN DENTAL EDUCATION ASSOCIATION

I. Agreement

This agreement, dated _____ between _____and Creighton University, a Nebraska nonprofit corporation (hereinafter referred to as "Creighton"), establishes the [redacted]-Creighton Dental Education Program (hereinafter referred to as "the Program") and does not supersede any preexisting agreements between the [redacted] and Creighton University.

II. Witnesseth

Whereas Creighton has an established fully accredited school of dentistry and none exists within the State of Kansas; and

Whereas the State of Kansas, through [redacted], desires to become part of the regional dental education efforts of Creighton University; and

Whereas the State of Kansas, [redacted], desires to establish a program under which the State of Kansas will pay for students to receive their professional training in dentistry in order to induce them to practice in Kansas;

Now, therefore, it is mutually agreed as follows:

III. Positions Reserved

Creighton will reserve [redacted] positions in its accredited School of Dentistry for Kansas residents for each academic year following the date of this Agreement and continuing for the length of the Agreement.

IV. Admission Requirements

A. Positions reserved by Creighton pursuant to Section III above shall be available only to applicants certified as residents of the State of Kansas. [redacted] The residency determination made by the designated process of Kansas may be appealed in accordance with procedures established by Kansas. Residency determinations shall not be made by Creighton. Applicants under this program will compete only with other certified Kansas applicants for the positions reserved for Kansas. In addition to being certified by Kansas as a Kansas resident, all candidates must meet all requirements specified in Kansas law. No unqualified applicants will be eligible for a position reserved pursuant to this Agreement.

B. Applicants who have been certified by Kansas pursuant to Section IV.A ("Certified Kansas Applicants") will be reviewed by Creighton's School of Dentistry Admissions Committee which .0001 lBTn.8 12.66 refBT1u137 1ubrt55.9(Dentist6a-7.7(e))TJE for y Creight

VII. Costs of Attendance

A. For the purpose of this Agreement, "Kansas Costs of Attendance" means:

(1) Tuition at the then-current rate in effect at Creighton for its School of Dentistry as indicated in attached "Schedule A", which is made a part of this Agreement;

(2) Program Fees as indicated in attached "Schedule A"; and

(3) Mandatory Creighton School of Dentistry fees, including Sterilization and

C. Creighton will provide Kansas with an annual detailed accounting of the number, name, class level, status, and program costs associated with the Reserved Students who occupy, or have occupied a reserved position in the Creighton School of Dentistry under this Agreement.

D. Kansas agrees to include the costs of Kansas's participation in the Program under this Agreement in its budget requests submitted [redacted] to the [redacted] legislature and will use its best efforts to secure adequate appropriations to make all payments due under this Agreement. If, however, the appropriation is insufficient to meet the total cost for an academic year, Kansas will not be obligated for costs beyond the funds appropriated, and Creighton will not be obligated to admit additional Kansas students until adequate funds are available.

E. If no legislative appropriation is made to [redacted]

continue in force for a period of time necessary to provide those students who have been accepted, as well as students then enrolled and participating in the program, an opportunity to complete their degree requirements, but not to exceed four (4) academic years following the year in which the notice of termination is received. After receipt of the termination notice, no new students will be accepted to the Program.

XIII. Term of the Agreement

This Agreement shall expire on June 30, 2018, but shall be automatically renewed for successive four (4) year periods, unless terminated.

XIV. Sovereign Immunity

Kansas does not waive its sovereign immunity or its governmental immunity by entering into this Agreement and fully retains all immunities and defenses provided by law with regard to any action based on this Agreement.

This Agreement is intended to be a contract only between Creighton and Kansas, enforceable by the parties hereto, and no other party shall be entitled to claim under or by virtue of this Agreement as a Third-Party Beneficiary of this Agreement.

XV. Equal Opportunity

Both parties shall fully adhere to all applicable local, state, and federal laws regarding equal opportunity. In the performance of this contract, both parties agree to offer equal opportunity to all officers, faculty, and staff members, and applicants for employment on the basis of their demonstrated ability and competence and without regard to race, color, national origin, sex, religion, sexual orientation, political belief, age, veteran status, or disability.

XVI. Effective Date of Agreement

This Agreement becomes effective when it is signed by all parties.
In witness thereof, by their signatures below the parties hereto have executed this Agreement on the date here indicated.

_____	_____
_____	_____
Dean, College of Health Sciences [redacted]	Dean, School of Dentistry Creighton University
Approved as to form:	Approved as to form:
_____	_____
Legal Office [redacted]	Legal Office Creighton University

SCHEDULE A
2012-2013 CREIGHTON – Kansas PROJECTED PROGRAM COSTS

1.	Tuition	$49,132
2.	Freshman D1 SIMS Fee	5,100
3.	Program Costs	12,313
TOTAL		$66,545

_____
[redacted]

_____
President, Creighton University

_____
Chief Academic Officer,
[redacted]

_____
Vice President, Administration and Finance
Creighton University

_____
Dean, College of Health Sciences
[redacted]

_____
Dean, School of Dentistry
Creighton University