

**STATE OF NEW HAMPSHIRE**

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name: Ellen M. Legg Work Phone No. (603) 271-4561  
First Middle Last

Work Address: OPLC, Board of Dental Examiners, 121 S. Fruit St., Concord, NH 03301

Office/Appointment/Employment held: Board member - NH Board of Dental Examiners  
Office of Professional Licensure and Certification

List the full name, post office address, occupation, and principal place of business, if any, of the source of any reportable honorarium or expense reimbursement. When the source is a corporation or other entity, the name and work address of the person representing the corporation or entity in making the honorarium or expense reimbursement must be provided in addition to the name of the corporation or entity.

**Source of Honorarium or Expense Reimbursement:**

Name of source: \_\_\_\_\_  
First Middle Last

Post Office Address: \_\_\_\_\_

**RECEIVED**

Occupation: \_\_\_\_\_

APR 19 2016

Principal Place of Business: \_\_\_\_\_

NEW HAMPSHIRE  
DEPARTMENT OF STATE

**If source is a Corporation or other Entity:**

Name of Corporation or Entity: American Dental Association, Joint Commission on  
National Dental Examinations

Name of Corporate/Entity Representative: Christina Crumlish, Coordinator, Testing Services

Work Address of Representative: 211 East Chicago Ave., Chicago, IL 60611-2637

Food and/or beverages consumed pursuant to RSA 15-B:6, II with value over \$25.00

Value of Honorarium: \_\_\_\_\_ Date Received: \_\_\_\_\_ *If exact value is unknown, provide an estimate of the value of the gift or honorarium and identify the value as an estimate.*  Exact  Estimate

Value of Expense Reimbursement: \$775 Date Received: 4/11/16 *A copy of the agenda or an equivalent document must be attached to this filing.*  Exact  Estimate

Briefly describe the service or event this Honorarium or Expense Reimbursement relates to:

Round trip airfare, to Chicago, ground, 1 night hotel, 1 lunch and  
1 day stipend of \$75

"I have read RSA 15-B and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief."

Constance N. Hathor, Executive Director,  
Signature of Filer NH Board of Dental Examiners

April 18, 2016  
Date Filed

9/07  
**RSA 15-B:9 Penalty.** Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false report shall be guilty of a misdemeanor.  
**Return to:** Secretary of State's Office, State House Room 204, Concord, NH 03301

Date: January 28, 2016

To: Executive Secretaries of State Boards

From: Dr. David M. Waldschmidt, secretary, Joint Commission on National Dental Examinations and director, Department of Testing Services

Subject: 2015 National Dental Examiners' Advisory Forum (NDEAF)

The Joint Commission on National Dental Examinations conducts an annual forum for representatives of state boards of dentistry for the purpose of exchanging information about National Board Dental and Dental Hygiene Examinations.

The National Dental Examiners' Advisory Forum (NDEAF) will be held on **Monday, April 11, 2016**. The meeting will take place directly following the conclusion of the AADB meeting in the auditorium of the American Dental Association Headquarters Building. In addition, the AADB and the Joint Commission will jointly sponsor a lunch reception concurrent with the NDEAF.

**Program:** The program will include updates on recent National Board Dental and Dental Hygiene Examination results and a discussion of current and future research and development projects, including discussion of the Integrated National Board Dental Examination (INBDE) which will replace National Board Dental Examination Part I and Part II in the future.

**Participation:** All interested members of state boards and others are welcome to attend the Advisory Forum. Funding, however, is limited to one current member of each state board for **one day**. There is no registration fee for the Advisory Forum.

**CE Credit:** One CE credit is available for attending the Forum. Certificates for the CE will be available directly after the presentation.

**Funding:** To qualify for funding, a state board member must be officially designated as the board's representative. A form to designate the representative is attached and should be returned no later than **February 28, 2016** by email. This will allow us time to send information to the representative before the meeting. The "Designation of Representative" form submitted after the Advisory Forum will not be accepted. Please email Christina Crumlish ([crumlishc@ada.org](mailto:crumlishc@ada.org)).

**Travel Arrangements:** **The American Dental Association will arrange and pay for air travel only when purchased through the ADA's travel agent, Gant Travel.** Once we have received the designation form and W9 form for the participant, we will contact them with their Log-In and Password for Gant Travel's online booking system. We encourage participants to take advantage of Gant Travel's website and reserve their flights online. Please see the attached documents, ~~Gant Travel Contact Sheet and Gant Travel On-Line Booking Guidelines for additional information.~~

**Hotel Accommodations:** Rooms for participants of the AADB Mid-Year Meeting and/or the Advisory Forum are being held at the Ritz Carlton Hotel, 160 E. Pearson. Please contact the hotel directly and provide them the **Group Code: (ae4ae4a)** - when making hotel arrangements. The phone number for the Ritz-Carlton is 1-312-266-1000. **Please note that the deadline to guarantee a**

room in the block is: **February 28, 2016**. After the reservation deadline, reservations will be accepted depending on space and rate availability.

**Reimbursement:** *All reimbursement forms must be received by the ADA within 30 days of the attended meeting or no reimbursement will be issued.* The designated representative will be reimbursed for **one day only**. Reimbursement is made for other expenses (i.e., hotel room, parking, cabs, trains and buses). A daily stipend of \$75 is provided for one day. A reimbursement form will be sent to the attendees electronically before the meeting date. **Original receipts are required and must be included when submitting the reimbursement form. Please include the Gant Travel airline receipt or itinerary showing the cost of airfare with the form. Failure to do so will delay reimbursement.** There is no reimbursement for the AADB registration fee. Return the reimbursement form to the address below. Do not send to the ADA Accounting Department.

**Joint Commission on National Dental Examinations  
American Dental Association  
Attn: Christina Crumlish  
211 East Chicago Avenue  
Chicago, IL 60611**

**The ADA also requires that participants have a W-9 form on file for reimbursement.** If a W-9 form has not been previously submitted and is not on file for the participant, one is attached with instructions.

**Please pass this information along to the individual representing your state board.** If you have any questions or concerns, please contact Christina Crumlish at 1-800-621-8099, ext. 2676.

DMW/cc