ADA. Dental Experience and Research Exchange™

Enrollment Checklist

ADA's Dental Experience and Research Exchange (DERE) is a protected, easy-to-use platform that connects participating dentists across the country to help deliver data that can help make a difference to your practice and patients. Before enrolling, you'll need to gather some information. Here's what you'll need to get started.

Enrollment Eligibility Re	quirements:
☐ Practice uses one of the	ne following Practice Management Systems: Open Dental Version 19.3 or higher.
☐ The individual enrolling providers.	the practice has authorization to sign the Agreement on behalf of this practice and its
appropriately facilitate	n, outline responsibility of Protected Health Information as set forth by HIPAA and the transfer of data, the ADA and Practice will enter into a Participation Agreement, preement and a Data Use Agreement (PA/BAA/DUA).
•	of what will be included for signature during enrollment is provided for your review. This minated at the will of practice and may be updated or terminated at discretion of ADA
☐ The individual enrolling	the practice is using one of the following browsers: Edge, Chrome, Firefox or Safari.
Enrollment Tools and In	formation
If you're able to check each	ch box above, the following items and information will help you through enrollment:
A Mobile Phone:	
A mobile phone	number will be used to verify your identity via text message
☐ A unique Username ar	nd Passphrase:
Username must	be an email and will be used to verify your account; and
 Passphrase mus 	t be at least 20 letters and can contain spaces within
☐ A list of Practice(s) Tax	cpayer Identification Numbers (TIN):
 A Tax Identification 	on Number is a billing ID used by a dental practice for all locations under one practice
☐ A list of Practice Locat	ion Names and Addresses:
 Practice location 	s are geographically distinct physical sites billed under each TIN
 Practice location 	addresses should be entered into DERE exactly as they appear in your PMS software
A list of Provider(s):	
 National Provide 	r Identifier (NPI); and
 Year of Graduati 	on from dental school (DDS or DMD) or dental program

Take me to enrollment.