

# Commission on Dental Accreditation

---

**Proposed Changes to Language Common to all Recognized Specialties (DPH, ENDO, OMP, OMR, OMS, ORTHO, PED DENT, PERIO, PROS): Preface, Definitions, Standards 1, 2, 3, 4 and 5.**

**CODA directive 07/31/2009: Distribution to Communities of Interest, with review and comment by June 1, 2010.**

(Additions are Underlined; ~~Strikethroughs~~ indicate Deletions)

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15

**Commission on Dental Accreditation  
American Dental Association  
211 East Chicago Avenue  
Chicago, Illinois 60611  
(312) 440-4653  
www.ada.org**

*Adopted: January 30, 2009  
Implementation Date: July 1, 2009*

# Table Of Contents

16		
17		
18		
19		<u>PAGE</u>
20		
21	<b>Mission Statement of the Commission on Dental Accreditation .....</b>	<b>4</b>
22		
23	<b>Accreditation Status Definitions.....</b>	<b>5</b>
24		
25	<b>Preface.....</b>	<b>6</b>
26		
27	<b>Definition of Terms Used in Advanced Specialty Education</b>	
28	<b>Program Accreditation Standards.....</b>	<b>8</b>
29		
30	<b><u>Standards</u></b>	
31		
32	<b>1 - INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS .....</b>	<b>11</b>
33	<b>AFFILIATIONS.....</b>	<b>13</b>
34		
35	<b>2 - PROGRAM DIRECTOR AND TEACHING STAFF.....</b>	<b>14</b>
36		
37	<b>3 - FACILITIES AND RESOURCES.....</b>	<b>15</b>
38		
39	<b>4 - CURRICULUM AND PROGRAM DURATION.....</b>	<b>17</b>
40		
41	<b>5 - ADVANCED EDUCATION STUDENTS/RESIDENTS</b>	
42	<b>ELIGIBILITY AND SELECTION.....</b>	<b>18</b>
43	<b>EVALUATION.....</b>	<b>19</b>
44	<b>DUE PROCESS.....</b>	<b>19</b>
45	<b>RIGHTS AND RESPONSIBILITIES.....</b>	<b>19</b>
46		
47	<b>6 - RESEARCH.....</b>	<b>21</b>
48		
49		

50 **Mission Statement of the**  
51 **Commission on Dental Accreditation**

52  
53 The Commission on Dental Accreditation serves the public by establishing, maintaining and  
54 applying standards that ensure the quality and continuous improvement of dental and dental-  
55 related education and reflect the evolving practice of dentistry. The scope of the Commission on  
56 Dental Accreditation encompasses dental, advanced dental and allied dental education programs.

57  
58 Commission on Dental Accreditation  
59 Revised: January 30, 2001  
60  
61  
62  
63  
64  
65

66  
67  
68  
69  
70  
71  
72  
73  
74  
75  
76  
77  
78  
79  
80  
81  
82  
83  
84  
85  
86  
87  
88  
89  
90  
91  
92  
93  
94  
95  
96  
97  
98  
99  
100  
101  
102  
103  
104  
105  
106  
107  
108  
109  
110

## ACCREDITATION STATUS DEFINITIONS

### Programs Which Are Fully Operational

**APPROVAL (without reporting requirements):** An accreditation classification granted to an educational program indicating that the program achieves or exceeds the basic requirements for accreditation.

**APPROVAL (with reporting requirements):** An accreditation classification granted to an educational program indicating that specific deficiencies or weaknesses exist in one or more areas of the program. Evidence of compliance with the cited standards must be demonstrated within 18 months if the program is between one and two years in length or two years if the program is at least two years in length. If the deficiencies are not corrected within the specified time period, accreditation will be withdrawn, unless the Commission extends the period for achieving compliance for good cause.

### Programs Which Are Not Fully Operational

A program which has not enrolled and graduated at least one class of students/residents and does not have students/residents enrolled in each year of the program is defined by the Commission as “not fully operational.” The accreditation classification granted by the Commission on Dental Accreditation to programs which are not fully operational is “initial accreditation.” When “initial accreditation” status is granted to a developing education program, it is in effect through the projected initial enrollment date. However, if enrollment is delayed for two consecutive years, the institution must reapply for “initial accreditation” and update pertinent information on program development. Following this, the Commission will reconsider granting “initial accreditation” status.

**INITIAL ACCREDITATION:** Initial Accreditation is the accreditation classification granted to any dental, advanced dental or allied dental education program which is in the planning and early stages of development or an intermediate stage of program implementation and not yet fully operational. This accreditation classification provides evidence to educational institutions, licensing bodies, government or other granting agencies that, at the time of initial evaluation(s), the developing education program has the potential for meeting the standards set forth in the requirements for an accredited educational program for the specific occupational area. The classification "initial accreditation" is granted based upon one or more site evaluation visit(s) and until the program is fully operational.

## Preface

Maintaining and improving the quality of advanced education in the nationally recognized specialty areas of dentistry is a primary aim of the Commission on Dental Accreditation. The Commission is recognized by the public, the profession, and the United States Department of Education as the specialized accrediting agency in dentistry.

Accreditation of advanced specialty education programs is a voluntary effort of all parties involved. The process of accreditation ensures students/residents, specialty boards and the public that accredited training programs are in compliance with published standards.

Accreditation is extended to institutions offering acceptable programs in the following recognized specialty areas of dental practice: dental public health, endodontics, oral and maxillofacial pathology, oral and maxillofacial surgery, orthodontics and dentofacial orthopedics, pediatric dentistry, periodontics and prosthodontics. Program accreditation will be withdrawn when the training program no longer conforms to the standards as specified in this document, when all first-year positions remain vacant for a period of two years or when a program fails to respond to requests for program information. Exceptions for non-enrollment may be made by the Commission for programs with “approval” status upon receipt of a formal request from an institution stating reasons why the status of the program should not be withdrawn.

Advanced education in a recognized specialty area of dentistry may be offered on either a certificate-only or certificate and degree-granting basis.

Accreditation actions by the Commission on Dental Accreditation are based upon information gained through written submissions by program directors and evaluations made on site by assigned consultants. The Commission has established review committees in each of the recognized specialties to review site visit and progress reports and make recommendations to the Commission. Review committees are composed of representatives selected by the specialties and their certifying boards. The Commission has the ultimate responsibility for determining a program’s accreditation status. The Commission is also responsible for adjudication of appeals of adverse decisions and has established policies and procedures for appeal. A copy of policies and procedures may be obtained from the Director, Commission on Dental Accreditation, 211 East Chicago Avenue, Chicago, Illinois 60611.

This document constitutes the standards by which the Commission on Dental Accreditation and its consultants will evaluate advanced programs in each specialty for accreditation purposes. The Commission on Dental Accreditation establishes general standards which are common to all dental specialties, institution and programs regardless of specialty. Each specialty develops specialty-specific standards for education programs in its specialty. The general and specialty-specific standards, subsequent to approval by the Commission on Dental Accreditation, set forth the

153 standards for the education content, instructional activities, patient care responsibilities, supervision  
154 and facilities that should be provided by programs in the particular specialty.

155  
156 As a learned profession entrusted by the public to provide for its oral health and general well-being,  
157 the profession provides care without regard to race, color, religion, gender, national origin, age,  
158 disability, sexual orientation, status with respect to public assistance, or marital status.

159  
160 The profession provides care without regard to social or economic status, mental health,  
161 developmental disabilities, cognitive impairments, complex medical problems, significant physical  
162 limitations, and the vulnerable elderly.

163  
164 The profession adheres to ethical principles of honesty, compassion, kindness, respect, integrity,  
165 fairness and charity, as exemplified in the ADA Principles of Ethics and Code of Professional  
166 Conduct and the ADEA Statement on Professionalism in Dental Education.

167  
168 General standards are identified by the use of a single numerical listing (e.g., 1). Specialty-specific  
169 standards are identified by the use of multiple numerical listings (e.g. 1-1, 1-1.2, 1-2).

### 170 171 **Policy on Major Changes**

172  
173 Major changes as defined by the Commission are to be reported promptly to the Commission on  
174 Dental Accreditation. (Guidelines for Reporting Major Changes are available from the Commission  
175 Office). Major changes have a direct and significant impact on the program's potential ability to  
176 comply with the accreditation standards. Examples of major changes that must be reported include  
177 (but are not limited to) changes in program director, clinical facilities, program sponsorship,  
178 curriculum length, or enrollment increase. The program must report such major changes to the  
179 Commission in writing at least thirty (30) days prior to the anticipated implementation of the change.  
180 Failure to comply with the policy will jeopardize the program's accreditation status. Advanced  
181 specialty education program must adhere to the Policy on Enrollment Increases in Dental Specialty  
182 Programs.

### 183 184 185 **Policy on Enrollment Increases** 186 **In Dental Specialty Programs**

187  
188 The Commission on Dental Accreditation monitors increases in enrollment. The purpose for  
189 monitoring increases in enrollment through review of existing and projected program resources  
190 (faculty, patient availability, variety of procedures, physical/clinical facilities, and allied support  
191 services) is to ensure that program resources exist to support the intended enrollment increase. An  
192 increase in enrollment must be reported to and approved by the Commission prior to its  
193 implementation. Failure to comply with the policy will jeopardize the program's accreditation status.  
194 (CDA: 08/03:22)

## Definitions of Terms Used in Advanced Specialty Education Program Accreditation Standards

The terms used in this document (i.e. shall, **must**, should, can and may) were selected carefully and indicate the relative weight that the Commission attaches to each statement. The definitions of these words used in the Standards are as follows:

**Must** or Shall: Indicates an imperative need and/or duty; an essential or indispensable item; mandatory.

*Intent*: Intent statements are presented to provide clarification to the advanced specialty education programs in the application of and in connection with compliance with the Accreditation Standards for Advanced Specialty Education Programs. The statements of intent set forth some of the reasons and purposes for the particular Standards. As such, these statements are not exclusive or exhaustive. Other purposes may apply.

Examples of evidence to demonstrate compliance include: Desirable condition, practice or documentation indicating the freedom or liberty to follow a suggested alternative.

Should: Indicates a method to achieve the standards.

May or Could: Indicates freedom or liberty to follow a suggested alternative.

Graduates of specialty education programs provide unique services to the public. While there is some commonality with services provided by specialists and general dentists, as well as commonalities among the specialties, the educational standards developed to prepare graduates of specialty programs for independent practice should not be viewed as a continuum from general dentistry. Each specialty defines the educational experience best suited to prepare its graduates to provide that unique specialty service.

**Competencies:** Statements in the specialty standards describing the knowledge, skills and values expected of graduates of specialty programs.

**Competent:** Knowledge, skills and values required of the graduates to begin independent, unsupervised specialty practice.

**In-depth:** Thorough knowledge of concepts and theories for the purpose of critical analysis and synthesis.

**Understanding:** Knowledge and recognition of the principles and procedures involved in a particular concept or activity.

238 ~~Levels of Knowledge:~~  
239 ~~In depth: A thorough knowledge of concepts and theories for the purpose of critical analysis~~  
240 ~~and the synthesis of more complete understanding.~~  
241  
242 ~~Understanding: Adequate knowledge with the ability to apply.~~  
243  
244 ~~Familiarity: A simplified knowledge for the purpose of orientation and recognition of~~  
245 ~~general principles.~~  
246  
247 ~~Levels of Skills:~~  
248 ~~Proficient: The level of skill beyond competency. It is that level of skill acquired through~~  
249 ~~advanced training or the level of skill attained when a particular activity is accomplished with~~  
250 ~~repeated quality and a more efficient utilization of time.~~  
251  
252 ~~Competent: The level of skill displaying special ability or knowledge derived from training~~  
253 ~~and experience.~~  
254  
255 ~~Exposed: The level of skill attained by observation of or participation in a particular activity.~~  
256  
257

258  
259 Other Terms:  
260  
261 Institution (or organizational unit of an institution): a dental, medical or public health school, patient  
262 care facility, private practice office or other entity that engages in advanced specialty education.  
263  
264 Sponsoring institution: primary responsibility for advanced specialty education programs.  
265  
266 Affiliated institution: support responsibility for advanced specialty education programs.  
267  
268 Advanced specialty education student/resident: a student/resident enrolled in an accredited  
269 advanced specialty education program.  
270  
271 A degree-granting program a planned sequence of advanced courses leading to a master’s or doctoral  
272 degree granted by a recognized and accredited educational institution.  
273  
274 A certificate program is a planned sequence of advanced courses that leads to a certificate of  
275 completion in a specialty recognized by the American Dental Association.  
276  
277 Student/Resident: The individual enrolled in an accredited advanced education program.  
278  
279 International Dental School: A dental school located outside the United States and Canada.  
280  
281  
282

283           **STANDARD 1 - INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS**  
284

285   The program **must** develop clearly stated goals and objectives appropriate to advanced specialty  
286   education, addressing education, patient care, research and service. Planning for, evaluation of and  
287   improvement of educational quality for the program **must** be broad-based, systematic, continuous  
288   and designed to promote achievement of program goals related to education, patient care, research  
289   and service.  
290

291   The program **must** document its effectiveness using a formal and ongoing outcomes assessment  
292   process to include measures of advanced education student/resident achievement.  
293

294   ***Intent:** The Commission on Dental Accreditation expects each program to define its own goals and*  
295   *objectives for preparing individuals for the practice of the specialty and that one of the program*  
296   *goals is to comprehensively prepare competent individuals to initially practice the specialty. The*  
297   *outcomes process includes steps to: (a) develop clear, measurable goals and objectives consistent*  
298   *with the program’s purpose/mission; (b) develop procedures for evaluating the extent to which the*  
299   *goals and objectives are met; (c) collect and maintain data in an ongoing and systematic manner;*  
300   *(d) analyze the data collected and share the results with appropriate audiences; (e) identify and*  
301   *implement corrective actions to strengthen the program; and (f) review the assessment plan, revise*  
302   *as appropriate, and continue the cyclical process.*  
303

304   The financial resources **must** be sufficient to support the program’s stated goals and objectives.  
305

306   ***Intent:** The institution should have the financial resources required to develop and sustain the*  
307   *program on a continuing basis. The program should have the ability to employ an adequate number*  
308   *of full-time faculty, purchase and maintain equipment, procure supplies, reference material and*  
309   *teaching aids as reflected in annual budget appropriations. Financial allocations should ensure that*  
310   *the program will be in a competitive position to recruit and retain qualified faculty. Annual*  
311   *appropriations should provide for innovations and changes necessary to reflect current concepts of*  
312   *education in the advanced specialty discipline. The Commission will assess the adequacy of*  
313   *financial support on the basis of current appropriations and the stability of sources of funding for*  
314   *the program.*  
315

316   The sponsoring institution **must** ensure that support from entities outside of the institution does not  
317   compromise the teaching, clinical and research components of the program.  
318

319           Examples of evidence to demonstrate compliance may include:  
320

- 321           • Written agreement(s)
- 322           • Contract(s)/Agreement(s) between the institution/program and sponsor(s) related to
- 323           facilities, funding, and faculty financial support
- 324

325 Advanced specialty education programs must be sponsored by institutions, which are properly  
326 chartered, and licensed to operate and offer instruction leading to degrees, diplomas or certificates  
327 with recognized education validity. Hospitals that sponsor advanced specialty education programs  
328 **must** be accredited by The Joint Commission or its equivalent. Educational institutions that sponsor  
329 advanced specialty education programs **must** be accredited by an agency recognized by the United  
330 States Department of Education. The bylaws, rules and regulations of hospitals that sponsor or  
331 provide a substantial portion of advanced specialty education programs **must** ensure that dentists are  
332 eligible for medical staff membership and privileges including the right to vote, hold office, serve on  
333 medical staff committees and admit, manage and discharge patients.

334  
335 The authority and final responsibility for curriculum development and approval, student/resident  
336 selection, faculty selection and administrative matters **must** rest within the sponsoring institution.

337  
338 The institution/program **must** have a formal system of quality assurance for patient care.

339  
340 The position of the program in the administrative structure **must** be consistent with that of other  
341 parallel programs within the institution and the program director **must** have the authority,  
342 responsibility, and privileges necessary to manage the program.

343  
344  
345

## AFFILIATIONS

The primary sponsor of the educational program **must** accept full responsibility for the quality of education provided in all affiliated institutions.

Documentary evidence of agreements, approved by the sponsoring and relevant affiliated institution **must** be available. The following items **must** be covered in such inter-institutional agreements:

- a. Designation of a single program director;
- b. The teaching staff;
- c. The educational objectives of the program;
- d. The period of assignment of students/residents; and
- e. Each institution's financial commitment.

**Intent:** An "institution (or organizational unit of an institution)" is defined as a dental, medical or public health school, patient care facility, private practice office or other entity that engages in advanced specialty education. The items that are covered in inter-institutional agreements do not have to be contained in a single document. They may be included in multiple agreements, both formal and informal (e.g., addenda and letters of mutual understanding).

### Policy Statement on Accreditation of Off-Campus Sites

When an institution, which has a program accredited by the Commission on Dental Accreditation, plans to initiate a similar program in which all or the majority of the instruction occurs at another location, the Commission must be informed. In accordance with the Policy on Reporting Major Changes in Accredited Programs, the Commission must be informed in writing within thirty (30) days.

The Commission on Dental Accreditation must ensure that the necessary education as defined by the Standards is available, and appropriate supervision by faculty is provided to all students enrolled in an accredited program. When an institution has received approval to offer its accredited program at more than one site, the Commission will conduct site visits to the off-campus locations where 20% or more of a student's/resident's clinical instruction occurs or if other cause exists for such a visit.

The Commission recognizes that dental assisting and dental laboratory technology programs utilize numerous extramural dental offices and laboratories to provide students with clinical/laboratory practice experience. In this instance, the Commission will randomly select and visit several facilities during the site visit to a program. All programs accredited by the Commission pay an annual fee. There are variations in fees for different disciplines, based on actual accreditation costs, including the utilization of on- and off-campus locations. The Commission office should be contacted for current information on fees.

(Revised: 07/07; Reaffirmed: 01/06; 02/02; Adopted: 07/98)

394                                   **STANDARD 2 - PROGRAM DIRECTOR AND TEACHING STAFF**  
395  
396

397   The program **must** be administered by one director who is board certified in the respective specialty  
398   of the program. (All program directors appointed after January 1, 1997, who have not previously  
399   served as program directors, must be board certified.)  
400

401   *Intent: The director of an advanced specialty education program is to be certified by an ADA-*  
402   *recognized certifying board in the specialty. Board certification is to be active. The board*  
403   *certification requirement of Standard 2 is also applicable to an interim/acting program director. A*  
404   *program with a director who is not board certified but who has previous experience as an*  
405   *interim/acting program director in a Commission-accredited program prior to 1997 is not*  
406   *considered in compliance with Standard 2.*  
407

408                   Examples of evidence to demonstrate compliance may include:  
409

410                   For board certified directors: Copy of board certification certificate; letter from board  
411                   attesting to current/active board certification  
412

413                   (For non-board certified directors who served prior to January 1, 1997: Current CV  
414                   identifying previous directorship in a Commission on Dental Accreditation- or Commission  
415                   on Dental Accreditation of Canada-accredited advanced specialty program in the respective  
416                   discipline; letter from the previous employing institution verifying service)  
417

418   The program director **must** be appointed to the sponsoring institution and have sufficient authority  
419   and time to achieve the educational goals of the program and assess the program’s effectiveness in  
420   meeting its goals.  
421

422   Documentation of all program activities **must** be ensured by the program director and available for  
423   review.  
424  
425

### STANDARD 3 - FACILITIES AND RESOURCES

Institutional facilities and resources **must** be adequate to provide the educational experiences and opportunities required to fulfill the needs of the educational program as specified in these Standards. Equipment and supplies for use in managing medical emergencies **must** be readily accessible and functional.

***Intent:** The facilities and resources (e.g.; support/secretarial staff, allied personnel and/or technical staff) should permit the attainment of program goals and objectives. To ensure health and safety for patients, students/residents, faculty and staff, the physical facilities and equipment should effectively accommodate the clinic and/or laboratory schedule.*

The program **must** document its compliance with the institution's policy and applicable regulations of local, state and federal agencies, including but not limited to radiation hygiene and protection, ionizing radiation, hazardous materials, and bloodborne and infectious diseases. Policies **must** be provided to all students/residents, faculty and appropriate support staff and continuously monitored for compliance. Additionally, policies on bloodborne and infectious diseases **must** be made available to applicants for admission and patients.

***Intent:** The program may document compliance by including the applicable program policies. The program demonstrates how the policies are provided to the students/residents, faculty and appropriate support staff and who is responsible for monitoring compliance. Applicable policy states how it is made available to applicants for admission and patients should a request to review the policy be made.*

Students/Residents, faculty and appropriate support staff **must** be encouraged to be immunized against and/or tested for infectious diseases, such as mumps, measles, rubella and hepatitis B, prior to contact with patients and/or infectious objects or materials, in an effort to minimize the risk to patients and dental personnel.

***Intent:** The program should have written policy that encourages (e.g., delineates the advantages of) immunization for students/residents, faculty and appropriate support staff.*

All students/residents, faculty and support staff involved in the direct provision of patient care **must** be continuously recognized/certified in basic life support procedures, including cardiopulmonary resuscitation.

***Intent:** Continuously recognized/certified in basic life support procedures means the appropriate individuals are currently recognized/certified.*

~~The use of private office facilities as a means of providing clinical experiences in advanced specialty education is not approved, unless the specialty has included language that defines the use of such facilities in its specialty-specific standards.~~

469  
470 | ~~**Intent:** Required clinical experiences do not occur in private office facilities. Practice management~~  
471 | ~~and elective experiences may be undertaken in private office facilities.~~  
472  
473  
474

475 **STANDARD 4 – CURRICULUM AND PROGRAM DURATION**

476  
477 The advanced specialty education program **must** be designed to provide special knowledge and  
478 skills beyond the D.D.S. or D.M.D. training and be oriented to the accepted standards of specialty  
479 practice as set forth in specific standards contained in this document.

480  
481 ***Intent:** The intent is to ensure that the didactic rigor and extent of clinical experience exceeds pre-*  
482 *doctoral, entry level dental training or continuing education requirements and the material and*  
483 *experience satisfies standards for the specialty.*

484  
485 Advanced specialty education programs **must** include instruction in evidence-based dentistry.  
486 Evidence-based dentistry is an approach to oral health care that requires the judicious integration of  
487 systematic assessments of clinically relevant scientific evidence, relating to the patient’s oral and  
488 medical condition and history, with the dentist’s clinical expertise and the patient’s treatment needs  
489 and preferences.

490  
491 The level of specialty area instruction in certificate and degree-granting programs **must** be  
492 comparable.

493  
494 ***Intent:** The intent is to ensure that the students/residents of these programs receive the same*  
495 *educational requirements as set forth in these Standards.*

496  
497 If an institution and/or program enrolls part-time students/residents, the institution/program **must**  
498 have guidelines regarding enrollment of part-time students/residents. Part-time students/residents  
499 **must** start and complete the program within a single institution, except when the program is  
500 discontinued. The director of an accredited program who enrolls students/residents on a part-time  
501 basis **must** ensure that: (1) the educational experiences, including the clinical experiences and  
502 responsibilities, are the same as required by full-time students/residents; and (2) there are an  
503 equivalent number of months spent in the program.

507 **STANDARD 5 - ADVANCED EDUCATION STUDENTS/RESIDENTS**

508  
509  
510 **ELIGIBILITY AND SELECTION**

511 ~~Dentists with the following qualifications are eligible to enter advanced specialty education~~  
512 ~~programs accredited by the Commission on Dental Accreditation:~~

- 513  
514  
515 ~~a. Graduates from institutions in the U.S. accredited by the Commission on Dental Accreditation;~~  
516 ~~b. Graduates from institutions in Canada accredited by the Commission on Dental Accreditation of~~  
517 ~~Canada; and~~  
518 ~~c. Graduates of international dental schools who possess equivalent educational background and~~  
519 ~~standing as determined by the institution and program.~~

520  
521 Eligible applicants to advanced specialty education programs accredited by the Commission on  
522 Dental Accreditation **must** be graduates from:

- 523  
524 a. Programs in the U.S. accredited by the Commission on Dental Accreditation; or  
525 b. Programs in Canada accredited by the Commission on Dental Accreditation of Canada; or  
526 c. International dental schools that provide equivalent educational background and standing as  
527 determined by the program.

528  
529 Specific written criteria, policies and procedures **must** be followed when admitting  
530 students/residents.

531  
532 **Intent:** *Written non-discriminatory policies are to be followed in selecting students/residents. These*  
533 *policies should make clear the methods and criteria used in recruiting and selecting*  
534 *students/residents and how applicants are informed of their status throughout the selection process.*

535  
536 Admission of students/residents with advanced standing **must** be based on the same standards of  
537 achievement required by students/residents regularly enrolled in the program. Transfer  
538 students/residents with advanced standing **must** receive an appropriate curriculum that results in the  
539 same standards of competence required by students/residents regularly enrolled in the program.

540  
541 Examples of evidence to demonstrate compliance may include:

- 542  
543 • policies and procedures on advanced standing  
544 • results of appropriate qualifying examinations  
545 • course equivalency or other measures to demonstrate equal scope and level of knowledge

549 **Policy on Advanced Standing**

550  
551 *The Commission supports the principle, which would allow a student to complete an education program in less time*  
552 *providing the individual's competency level upon completion of the program is comparable to that of students*  
553 *completing a traditional program. Further, the Commission wishes to emphasize the need for program directors to*  
554 *assess carefully, for advanced placement purposes, previous educational experience to determine its level of adequacy.*  
555 *It is required that the institution granting the degree or certificate be the institution that presents the terminal portion of*  
556 *the educational experience. It is understood that the advanced credit may be earned at the same institution or another*  
557 *institution having appropriate level courses.*

558  
559 (Reaffirmed: 07/07; Revised: 01/01)  
560

561  
562 **EVALUATION**

563  
564 A system of ongoing evaluation and advancement **must** ensure that, through the director and faculty,  
565 each program:

- 566  
567 a. Periodically, but at least semiannually, evaluates the knowledge, skills, ethical conduct and  
568 professional growth of its students/residents, using appropriate written criteria and procedures;  
569 b. Provides to students/residents an assessment of their performance, at least semiannually;  
570 c. Advances students/residents to positions of higher responsibility only on the basis of an  
571 evaluation of their readiness for advancement; and  
572 d. Maintains a personal record of evaluation for each student/resident which is accessible to the  
573 student/resident and available for review during site visits.

574  
575 **Intent:** (b) *Student/Resident evaluations should be recorded and available in written form.*

576 (c) *Deficiencies should be identified in order to institute corrective measures.*

577 (d) *Student/Resident evaluation is documented in writing and is shared with the student/resident.*

578

579

580 **DUE PROCESS**

581  
582 There **must** be specific written due process policies and procedures for adjudication of academic and  
583 disciplinary complaints, which parallel those established by the sponsoring institution.

584

585

586 **RIGHTS AND RESPONSIBILITIES**

587

588 At the time of enrollment, the advanced specialty education students/residents **must** be apprised in  
589 writing of the educational experience to be provided, including the nature of assignments to other  
590 departments or institutions and teaching commitments. Additionally, all advanced specialty  
591 education students/residents **must** be provided with written information which affirms their  
592 obligations and responsibilities to the institution, the program and program faculty.

593

594 ***Intent:*** *Adjudication procedures should include institutional policy which provides due process for*  
595 *all individuals who may potentially be involved when actions are contemplated or initiated which*  
596 *could result in disciplinary actions, including dismissal of a student/resident (for academic or*  
597 *disciplinary reasons). In addition to information on the program, students/residents should also be*  
598 *provided with written information which affirms their obligations and responsibilities to the*  
599 *institution, the program, and the faculty. The program information provided to the*  
600 *students/residents should include, but not necessarily be limited to, information about tuition,*  
601 *stipend or other compensation; vacation and sick leave; practice privileges and other activity*  
602 *outside the educational program; professional liability coverage; and due process policy and*  
603 *current accreditation status of the program.*  
604

605  
606  
607  
608  
609

**STANDARD 6 - RESEARCH**

Advanced specialty education students/residents **must** engage in scholarly activity.