

Commission On Dental Accreditation Site Visitor Nomination Form

(Do not attach curriculum vitae. Print or Type Only)

Name:

Accredited Program Affiliation:

Business Address: Preferred

Phone#:

Fax #:

Home Address: Preferred

Phone #:

Fax #:

Email Address:

Discipline In Which Appointment Is Being Sought (check one): If you are a specialist applying for an appointment in predoctoral, please indicate predoctoral only.

Predoctoral	Allied	Advanced	
<input type="checkbox"/> Chair*	<input type="checkbox"/> Dental Assisting*	<input type="checkbox"/> Dental Public Health	<input type="checkbox"/> Pediatric Dentistry
<input type="checkbox"/> Clinical Sciences*	<input type="checkbox"/> Dental Hygiene*	<input type="checkbox"/> Endodontics	<input type="checkbox"/> Periodontics
<input type="checkbox"/> Curriculum*	<input type="checkbox"/> Dental Lab Tech.*	<input type="checkbox"/> Oral & Maxillofacial Pathology	<input type="checkbox"/> Prosthodontics
<input type="checkbox"/> Finance*	<input type="checkbox"/> Dental Therapy* (dental therapist or dentist)	<input type="checkbox"/> Oral & Maxillofacial Radiology	<input type="checkbox"/> Advanced Educ General Dent*
<input type="checkbox"/> Basic Science*	<input type="checkbox"/> Dentist Consultant	<input type="checkbox"/> Oral & Maxillofacial Surgery	<input type="checkbox"/> General Practice Residency*
<input type="checkbox"/> Nat. Licensure*		<input type="checkbox"/> Oral & Maxillofacial Surgery Fellowship (check all that apply):	<input type="checkbox"/> Craniofacial and Special Care Orthodontics Fellowship
		<input type="checkbox"/> Cosmetic Facial Surgery	<input type="checkbox"/> Orthodontics & Dentofacial Orthopedics
		<input type="checkbox"/> Oral/Head and Neck Oncologic Surgery	<input type="checkbox"/> Orofacial Pain*
		<input type="checkbox"/> Pediatric Craniomaxillofacial Surgery (Cleft and Craniofacial Surgery)	<input type="checkbox"/> Oral Medicine*
		<input type="checkbox"/> Microvascular Reconstructive Surgery	<input type="checkbox"/> Dental Anesthesiology*
		<input type="checkbox"/> Endoscopic Maxillofacial Surgery	

**All Postdoctoral General Dentistry disciplines (AEGD, GPR, Dent Anes, Oral Med, and Orofacial Pain), Dental Therapy, Dental Assisting, Dental Hygiene, Dental Laboratory Technology and Predoctoral nominees-please review and complete the section at the end of this form, as applicable.*

Membership: ADA#:

State:

Certified Dental Technician #:

Certified Dental Assistant #:

Registered Dental Therapist #:

Committee Assignments and Conjoint Course Involvement:

Statement (Write a short paragraph on why you are seeking appointment as a Site Visitor)

Licensure Action Attestation:

I hereby attest that (check one):

NO licensure action (e.g. revocation, suspension, or censure) has been taken against me within the past twelve (12) months.

Licensure action (e.g. revocation, suspension, or censure) **HAS BEEN** taken against me within the past twelve (12) months.

Please describe:

Not Applicable (I do not hold licensure in a dental or dental-related discipline)

Submission Date:

Signature:

Please Return to:
Commission on Dental
Accreditation 211 E. Chicago Ave
Chicago, IL 60611

All Postdoctoral General Dentistry (GPR, AEGD, Dent Anes, Oral Med, Orofacial Pain) Nominees Only:

1. Please indicate which of the following type of program(s) you have completed. Also, indicate the name of the program and the date(s) enrolled.

Discipline	Name of Program	Date(s) of enrollment
General Practice Residency		
Advanced Education in General Dentistry		
Dental Anesthesiology		
Oral Medicine		
Orofacial Pain		

2. Please indicate whether you have significant experience in the *administration* of any of the type of program(s) listed below. If so, please indicate the name of the program and a description of your experience.

Discipline	Name of Program	Description of Experience
General Practice Residency		
Advanced Education in General Dentistry		
Dental Anesthesiology		
Oral Medicine		
Orofacial Pain		

3. Have you been a *faculty member* of any of the types of program listed below when it went through an accreditation site visit? Yes No

If yes, what program(s) and when was that site visit(s)?

Discipline	Name of Program	Date of site visit
General Practice Residency		
Advanced Education in General Dentistry		
Dental Anesthesiology		
Oral Medicine		
Orofacial Pain		

4. Have you gained other experiences that you believe qualify you to serve as a site visitor for the discipline noted below? If yes, please describe.

Discipline	Description of other experiences
General Practice Residency	
Advanced Education in General Dentistry	
Dental Anesthesiology	
Oral Medicine	
Orofacial Pain	

Dental Hygiene Nominees:

Individuals must meet the following criteria to be appointed as site visitors for the area of dental hygiene:

1. A full-time or part-time appointment with a dental hygiene program accredited by the Commission on Dental Accreditation;
2. A baccalaureate or higher degree;
3. Background in educational methodology;
4. Accreditation experience through an affiliation with a dental hygiene education program that has completed a site visit; and
5. Accreditation experience within the previous three (3) years.

Dental Assisting Nominees:

Individuals must meet the following criteria to be appointed as site visitors for the area of dental assisting:

1. Certification by the Dental Assisting National Board as a dental assistant
2. Full-time or part-time appointment with a dental assisting program accredited by CODA
3. An equivalent of three (3) years full-time dental assisting education experience
4. A baccalaureate degree or higher degree
5. Demonstrated knowledge of accreditation
6. Current background in educational methodology

Dental Laboratory Technology Nominees:

Individuals must meet the following criteria to be appointed as site visitors for the area of dental laboratory technology:

1. Background in all five specialty areas
2. Background in educational methodology
3. Knowledge of the accreditation process and Accreditation Standards for Dental Laboratory Technology Education Programs
4. Certified Dental Technician (CDT) credential through National Board of Certification (NBC)
5. Full or part-time appointment with a dental laboratory technology education program accredited by CODA or previous experience as a Commission on Dental Accreditation site visitor

Dental Therapy Nominees:

Individuals must meet the following criteria to be appointed as site visitors for the area of dental therapy:

1. A full-time or part-time appointment with an accredited predoctoral dental or allied dental education program or an accredited (or recognized) dental therapy program;
2. A baccalaureate or higher degree;
3. Background in educational methodology;
4. Accreditation experience through an affiliation with a dental therapy, allied, or predoctoral dental program that has completed a site visit*; and
5. Accreditation experience within the previous three (3) years*
6. Must either be a licensed dentist educator (general dentist) or licensed dental therapist educator; and
7. the “licensed dentist educator” may be predoctoral dental educator site visitors (*i.e., a general dentist educator who serves as curriculum or clinical predoctoral site visitor*) or allied dental educator site visitors.
* Temporarily waived for dental therapist educator position until after CODA accredits dental therapy education programs.

Predoctoral Nominees:

All predoctoral dental education site visitors, who are eligible, must be members of the American Dental Association and meet the following criteria:

Chair:

1. Must be a current dean of a dental school or have served as dean within the previous three (3) years.
2. Should have accreditation experience through an affiliation with a dental education program accredited by the Commission or as a previous site visitor.

Basic Science:

1. Must be an individual who currently teaches one or more biomedical science courses to dental education students or has done so within the previous three (3) years.
2. Should have accreditation experience through an affiliation with a dental education program accredited by the Commission or as a previous site visitor.

Clinical Science:

1. Must be a current clinical dean or an individual with extensive knowledge of and experience with the quality assurance process and overall clinic operations.
2. Has served in the above capacity within the previous three (3) years.
3. Should have accreditation experience through an affiliation with a dental education program accredited by the Commission or as a previous site visitor.

Curriculum:

1. Must be a current academic affairs dean or an individual with extensive knowledge and experience in curriculum management.
2. Has served in the above capacity within the previous three (3) years.
3. Should have accreditation experience through an affiliation with a dental education program accredited by the Commission or as a previous site visitor.

Finance:

1. Must be a current financial officer of a dental school or an individual with extensive knowledge of and experience with the business, finance and administration of a dental school.
2. Has served in the above capacity within the previous three (3) years.
3. Should have accreditation experience through an affiliation with a dental education program accredited by the Commission or as a previous site visitor.

National Licensure:

1. Should be a current clinical board examiner or have served in that capacity within the previous three (3) years.
2. Should have an interest in the accreditation process.