

Commission on Dental Accreditation White Paper:
Transition to an Operational Structure for Independent Authority

Role and Responsibilities of the Commission on Dental Accreditation

The Commission on Dental Accreditation (CODA) serves as the only nationally-recognized accrediting body for dentistry and the related dental fields. The Commission receives its accreditation authority from the acceptance of all stakeholders within the dental community and recognition by the United States Department of Education, a governmental agency. Since its inception in 1937, the Commission and its predecessors have operated within the parameters of the *ADA Bylaws*. The Commission serves the profession and the public by establishing and applying high-quality standards for the accreditation of educational programs in dentistry, postgraduate general and specialty dentistry, and the allied dental professions. This is a large and complex endeavor: CODA, in consultation with the various communities of interest, has developed standards for 21 separate types of educational programs. As dentistry is an evolving profession, the educational standards must be kept relevant to accommodate changes in technology and modes of practice. Therefore, refinement and revision of the standards is an ongoing process. CODA currently accredits over 1450 individual programs, a number of which offer multiple off-campus sites.

CODA's operations are responsive to various communities of interest, including individual practitioners within all dental disciplines, dental, advanced dental, and allied dental education programs, state dental boards, the national dental organizations representing the profession, and, of course, students and the public at large. These communities of interest are involved in promulgating and refining programmatic standards, as well as developing overall CODA policy through their appointed or nominated Commissioners and Review Committee members. The Commission also seeks input from the communities of interest on new or revised accreditation standards. Through the Board of Commissioners they appoint and the Review Committee members they nominate, they are also involved in making determinations as to the accreditation status of the various individual programs under CODA's purview.

The *ADA Bylaws* and the *Rules* of the Commission on Dental Accreditation dictate the membership composition requirements of the Board of Commissioners and the Appeal Board of the Commission. The current thirty (30) member Board of Commissioners represents a broad community of interest. Members of the Board are appointed by sponsoring organizations in dentistry and the Commission. The Commission's membership includes four (4) members appointed by the American Dental Association, four (4) members appointed by the American Association of Dental Boards, four (4) members appointed by the American Dental Education Association, one (1) certified dental assistant selected by the American Dental Assistants Association, one (1) licensed dental hygienist selected by the American Dental Hygienists' Association, one (1) certified dental laboratory technician selected by the National Association of Dental Laboratories, one (1) student selected jointly by the American Student Dental Association and the Council of Students of the American Dental Education Association, one (1) dentist for each ADA recognized dental specialty who is board certified in the respective special area of

practice and is selected by the respective specialty sponsoring organization, one (1) dentist representing postdoctoral general dentistry who is jointly appointed by the American Dental Education Association and the American Association of Hospital Dentists (now known as the Special Care Dentistry Association) and four (4) consumers who are neither dentists nor allied dental personnel nor teaching in a dental or allied dental education institution and who are selected by the Commission, based on established and publicized criteria. A member of the New Dentist Committee (when assigned by the ADA Board of Trustees) and the Director of the Commission are *ex-officio* members of the Commission without the right to vote.

The Commission also consists of fourteen (14) standing Review Committees that are advisory to the Board of Commissioners. The Commissioner in each discipline area serves as chair of the respective review committee. Review committee members are appointed by the Board of Commissioners. Sponsoring dental organizations may submit names of nominees who have both knowledge and skill in the respective discipline; individuals may also self-nominate.

The Commission includes five (5) Standing Committees, two (2) Joint Advisory Committees and one (1) Ad Hoc Committee. Membership of the Standing Committees is composed of current Commissioners. Joint Advisory Committee and Ad Hoc Committee membership may include Commissioners or other individuals appointed for their knowledge, skills, or expertise.

The Appeal Board consists of four (4) permanent members: one (1) representative selected by the American Dental Association, one (1) representative selected by the American Association of Dental Boards, one (1) representative selected by the American Dental Education Association and one (1) consumer representative selected by the Board of Commissioners. Representatives from allied or advanced education areas may also be included on the Appeal Board, depending on the nature of the appeal. Appeal Board members do not concurrently serve the Commission in any capacity. The Appeal Board is an autonomous body, separate from the Commission. Dentists who serve as volunteers of the Commission on its Board of Commissioners, Review Committees, Standing Committees, the Appeal Board, and site visit committees, must be members of the American Dental Association.

While the 30-member Board of Commissioners may be considered large when compared to other programmatic accrediting agencies, the Commission accredits a broader scope of dental, advanced dental and allied dental education programs when compared to other accrediting agencies. As a result, it is important that the Board include sufficiently broad representation and input from a wide community of interest in the dental, advanced dental and allied dental professions to ensure adequate peer involvement and inclusivity in the accreditation process, including the development of policies and standards for dental education programs.

History of CODA and Relationship to the ADA

The Commission on Dental Accreditation began operating in 1975 as the successor of the Council on Dental Education, which had conducted the accreditation program since 1937. The change from being a committee of the Council on Education, to a separate agency of the ADA, was necessitated by proposed revisions to the USDE “Criteria for Recognition” for accrediting

agencies, in conjunction with the reauthorization of the Higher Education Act (HEA) in 1972 (*Trans.* 1973:29).

In 1973, the Council on Dental Education proposed to the House of Delegates that the Commission be established as a subsidiary corporation of the Association. The House did not approve the Commission as a corporation but rather requested additional information on the need for a separate corporate structure. Advisory opinions from the U.S. Office of Education and the National Commission on Accrediting indicated that corporate status was not a requirement for recognition of a specialized accrediting agency. Accordingly, the Council determined and reported to the 1974 House of Delegates that it would be inappropriate to request the creation of the Commission as a separate corporation at that time (*Trans.*1974:43).

Further discussion of the role of the USDE in recognition and regulation of accrediting agencies is discussed later in this paper. All accreditation policy established by the Council was adopted by the Commission in 1975 and became Commission policy, even though some pre-1975 policy continues to be referenced in Council action and minutes. A timeline of events leading to establishment of the Commission on Dental Accreditation is noted in **Appendix 1**. A timeline of events leading to the existing funding model used by the Commission is found in **Appendix 2**.

As an agency of the American Dental Association, the ADA *Bylaws* outline the relationship between the two entities through the description of the duties of the Commission on Dental Accreditation:

- a. To formulate and adopt requirements and guidelines for the accreditation of dental educational and dental auxiliary educational programs.
- b. To accredit dental educational and dental auxiliary educational programs.
- c. To provide a means for appeal from an adverse decision of the accrediting body of the Commission to a separate and distinct body of the Commission whose membership shall be totally different from that of the accrediting body of the Commission.
- d. To submit an annual report to the House of Delegates of this Association and interim reports, on request, and the Commission's annual budget to the Board of Trustees of the Association.
- e. To submit the Commission's articles of incorporation and rules and amendments thereto to this Association's House of Delegates for approval by vote either through or in cooperation with the Council on Dental Education and Licensure.

It is clear from the *Bylaws* duties that the Commission acts in an autonomous manner in formulating and implementing accreditation standards and accreditation policy; conferring accreditation status on dental, advanced dental and allied dental education programs; and providing an independent, second party appeal process to educational programs for adverse decisions. It is also clear from the *Bylaws* that the Commission has limited autonomy in determining its operating budget and no autonomy to change its own *Rules* of operation. These last two duties require a majority vote of the ADA House of Delegates for approval of any changes. The Commission is further governed by its *Rules*, which describe the Commission's mission, composition, powers, duties, meetings, quorum, appeal board, accreditation program, and officers.

The relationship between the ADA and the Commission is also defined by the USDE “Criteria for Recognition” of accreditation agencies. The Commission, and its predecessor, has participated in governmental recognition since 1952 when the U. S. Commissioner of Education was first required to publish a list of “nationally recognized accrediting agencies.” The USDE Secretary of Education maintains criteria for recognizing accrediting agencies and conducts reviews of these agencies at five-year intervals. The USDE’s “Criteria for Recognition” include specific Organizational and Administrative Requirements (**Appendix 3**).

The Commission on Dental Accreditation’s recognition is currently defined by the USDE under 602.14(a) as a category two (2) accreditor, which states the accrediting agency: (i) has a voluntary membership; and (ii) has as its principal purpose the accrediting of higher education programs, or higher education programs and institutions of higher education, and that accreditation is a required element in enabling those entities to participate in non-HEA Federal programs. Of particular relevance to the ADA-CODA relationship is criterion 602.15(a)(6), which calls for clear and effective controls against conflicts of interest, or the appearance of conflicts of interest, by the agency’s Board members (Commissioners), evaluation team members, consultants, administrative staff, and other agency representatives. The Commission has documented compliance with this criterion by presenting evidence in its reauthorization petition that all communities of interest are afforded equal opportunity to provide input on revisions to accreditation standards; in other words, no single community of interest (including the ADA) has undue influence in any accreditation status and accreditation policy decisions. Indeed, the 2008 ADA Task Force on CODA Report and Recommendations was clear that “...relationships between accreditation agencies and professional associations that house the accreditation agency are often sensitive because of the commonly accepted philosophy that a trade or professional association and an accreditation agency *de facto have different and sometimes conflicting missions* which require accreditation to be at ‘arm’s length’ from the professional interests of its related trade or professional association.” The Commission further discusses this conflict of interest policy in-depth during its orientation of new members (site visitors, review committee members, Commissioners, and Appeal Board members), where it is emphasized that CODA and each of the appointing associations have distinct missions and stakeholders. “CODA’s accountability is broader; it must listen to all of its stakeholders and ultimately come to consensus on what is in the best interests of students, the public, educational programs, employers, educators, state boards and the broader profession beyond those dentist members who are politically active” (2008 ADA Task Force on CODA Report). Commissioners and Review Committee members are also explicitly reminded at the start of each of their respective meetings that their fiduciary responsibility is to the Commission when they are conducting Commission business, not to their appointing organizations.

A second criterion of particular relevance to the ADA-CODA relationship is 602.15(a)(1) on administrative and fiscal responsibilities. This criterion states the agency must have the administrative and fiscal capability to carry out its accreditation activities in light of its requested scope of recognition. The agency meets this requirement if it demonstrates that it has adequate administrative staff and financial resources to carry out its accrediting responsibilities. Until 1995, the ADA provided all the financial resources to carry out the accreditation program.

Nominal annual fees were charged to the accredited educational programs starting in 1996, and until 2009, these fees provided revenue to meet approximately one-third of the direct and indirect costs of the Commission's operating budget. A memorandum of understanding (MOU) was signed between the Commission and the ADA in 2013, outlining the goal of a 50-50% split of expenses between the Commission and the ADA by 2016; however, the amount of the ADA "subsidy" to the Commission was never formalized in a legal document until the MOU was signed by both parties last year. Since 2009, the Commission has increased annual fees, and implemented other fees, so that the operating budget for 2014 projects that enough revenue will be collected through fees to accredited educational programs to cover 94% of the direct expenses. In 2015, it is projected that enough revenue will be collected through fees to cover all direct expenses, and approximately 84% of the indirect expenses (per a formula established by the ADA). When considered in conjunction with criterion 602.15(a)(6) on conflict of interest, criterion 602.15(a)(1) on administrative and fiscal responsibility has a profound impact on the ADA-CODA relationship. Neither the ADA, nor the educational programs, can derive undue influence because they provide the financial support to the accreditation enterprise. Said another way, no matter what level of financial support the ADA provides the Commission, the Association cannot use its financial support to gain what it regards as favorable accreditation status and/or policy decisions from the Commission.

The 2008 ADA Task Force on CODA Report and Recommendations called for maintenance of the Commission's recognition by the USDE. "Although CODA accreditation is not required for students to participate in the Federal student financial assistance program administered by USDE under Title IV of the HEA, USDE recognition provides significant real and potential financial advantages to dental education programs and students in many other ways. There are significant sources of federal funding, including funding programs in the Centers for Medicare and Medicaid Services and through the Public Health Services Act that would not be able to be accessed by the dental education community if CODA were no longer recognized by USDE. In addition to the financial benefits of recognition, the value of being recognized as an accrediting agency by a federal agency such as USDE is increasing as Congress, the public and the academic community are demanding more value, transparency and accountability from accreditation agencies in their oversight role of higher education institutions and programs" (2008 ADA Task Force on CODA Report).

Finally, the Commission must also adhere to the ADA's *Standing Rules for Councils and Commissions* which dictate operating and reporting policies that apply to all councils and commissions of the ADA. Specifically, this document addresses term and tenure of commission members, policies for removal of commission members for cause, the structure and function of ad hoc advisory committees and subcommittees, the ADA Board Liaison's role within a commission, the conduct of meetings, budget administration, reporting requirements, and general rules for the conduct of business.

Re-examination of the ADA-CODA Relationship

This white paper is one of the outcomes of the Commission's strategic planning process initiated in 2011. In response to recommendation # 28 in the 2008 ADA Task Force on CODA Report

and Recommendations, the Commission secured the services of an outside facilitator to design and support its strategic planning efforts. During the strategic planning sessions, the Commission examined the following:

- Development and implementation of an ongoing strategic planning process and the establishment of a committee to continue effective strategic planning.
- Reassessment of its meeting format in light of its primary focus of accreditation decisions.
- Consideration of the concept of flexible review cycles.
- Consideration of other models for site visits, such as the use of professional site visitors or the use of fewer site visitors used more frequently to enhance consistency and reliability.
- Consideration of important changes that may affect its operations, including expansion of scope and international issues.
- Consideration of its continuing effectiveness and the appropriateness of its structure.

In addition, the strategic planning sessions brought forth discussion on the administrative and fiscal relationship between the ADA and the Commission. While the 2008 ADA Task Force on CODA Report and Recommendations called for the maintenance of the current relationship, the Board of Commissioners came to the conclusion that the relationship needs to be re-examined in light of continuing changes in the accreditation, dental education, and dental practice arenas.

Appendix 4 provides a table of the current oversight responsibilities of the ADA and Commission. In particular, the following areas of significant concern have been identified by the Commission as the need for the re-examination of the ADA-CODA relationship:

1. The Commission feels that the risk of an adverse action by the USDE in the area of conflict of interest has increased greatly since the 2008 ADA Task Force on CODA Report and Recommendations. Despite its robust conflict of interest policy, there are perceptions among the Commission's communities of interest that the American Dental Association (ADA) has an undue influence on the Commission. During the most recent recognition of the Commission by the USDE in 2013, representatives of the American Dental Hygienists' Association provided written and oral testimony before the USDE's National Advisory Committee on Institutional Quality and Integrity (NACIQI) and cited several examples of a perceived, potential undue influence of the ADA and bias in the Commission's decision-making process. As a further confirmation of the increased risk, most recently the Federal Trade Commission (FTC) sent a letter to the Commission outlining its concerns about undue ADA influence in the development of accreditation standards for dental therapy education programs.

While the NACIQI and USDE found the Commission in full compliance with the Secretary's Criteria for Recognition in July 2013, there has been an instance in the past (2003-2006) where the USDE determined that there was undue influence, conflict of interest, and bias related to the activities of the Commission, specifically related to an advanced specialty education review committee. The USDE subsequently imposed a review committee restructuring on the entire Commission to address this issue.

Other factors that reinforce the perception that the ADA has undue influence include: the requirement that all Commission volunteers (site visitors, review committee members, Commissioners and Appeal Board members) who are dentists be ADA members; the presence of the ADA Trustee Liaison at both closed and open Commission meetings; the requirement that the ADA Board of Trustees has preliminary oversight and the ADA House of Delegates has final approval authority over the Commission's annual operating budget, along with final approval authority over revisions to the Commission *Rules*, and the ability of the Board of Commissioners to remove a Commissioner for cause only through the ADA Board of Trustees.

2. The ADA budget process is cumbersome, inefficient, and at times, has limited the ability of the Commission to carry out its mission. The Commission needs flexibility in determining its operating budget in order to make policy, operational, and administrative decisions in a timely manner. Examples of the negative impacts over the past several years include: operating with fewer staff members since 2008 (due to ADA budget constraints) to carry out the basic operations of the Commission despite increasing responsibilities and an increasing number of accredited programs; the inability to hire additional staff in the area of communications as recommended by the ADA Task Force on CODA (due to ADA budget constraints); increasing annual fees to educational programs beyond the Commission's determination of fees in order to address ADA budget shortfalls; the necessity for research and development project approval by the ADA Board of Trustees, along with a severely limited cap on funds retained in the account; and the inability of the Commission to acquire specialized resources in a timely fashion, especially in the area of information technology. The requirement that the Commission's operating budget priorities are ultimately determined by the ADA House of Delegates reinforces the community of interests' perceptions that the ADA "controls" the Commission.
3. The reauthorization of the Higher Education Act in 2010, and the subsequent revised "Criteria for Recognition," required the Commission to revise its *Rules* regarding Appeal Board processes. While the revisions of the *Rules* were required by the USDE in order for the Commission to retain its recognition, the ADA *Bylaws* require ADA House of Delegates approval for these revisions -- a time-consuming, lengthy, and redundant process. Further, there is the potential that the next reauthorization of the HEA will occur simultaneously with the Commission's petition for re-recognition. The lengthy process for *Rules* revision could impact the Commission's ability, on a timely basis, to make any changes to the *Rules* as required by changes to the HEA. Thus, there is a risk that Commission may not be able to document that it meets the revised Criteria for Recognition. Further, even mundane "housekeeping" changes are a cumbersome and time-consuming process. As an example, the American Association of Hospital Dentistry (AAHD) (which nominates review committee members and, along with the American Dental Education Association, a Commissioner) changed its name to the Special Care Dentistry Association in 2013. Since the former AAHD is specifically mentioned several times in both the CODA's Evaluation and Operational Policies and Procedures manual (EOPP) and its *Rules*, the Commission is required to make these

“housekeeping” changes. While the Commission made the appropriate changes in its EOPP within a short period of time after the name-change notice, the changes to the *Rules* have yet to be approved by the ADA House of Delegates. This is a delay of one year from the changes already made in EOPP.

4. At the time of the 2008 ADA Task Force on CODA Report and Recommendations, the consensus of the ADA and the Commission leaders was the Commission’s revenue-raising capabilities were limited and, that the ADA will have to continue to provide a significant subsidy to support accreditation activities. Subsequently, through the introduction of new fees, increasing annual fees to more accurately reflect the cost of doing business, and trimming expenses, the Commission is projected to cover 94% and 100% of its direct expenses in 2014 and 2015, respectively, and 84% of its indirect costs in 2015. There is potential in 2016, and beyond, that the Commission will generate funds in excess of total expenses. Under the current ADA budget guidelines, the ADA would retain any such funds, with the Commission unable to utilize any of the extra revenue. The Commission feels strongly that if in the future, the Commission is able to generate any funds in excess of expenses, the money should be utilized by the Commission to support and enhance the accreditation program. Annual fees, after all, are collected from the educational programs to support accreditation activities, not those of the ADA.
5. Partnering with other stakeholders, especially in the areas of data collection and data sharing, requires Board of Trustees approval. The process for gaining Board of Trustees approval is, once again, burdensome and inefficient. Appropriately developed relationships with outside groups could be at risk if the ADA Board of Trustees declined to approve a Commission request.

As stated in the 2008 ADA Task Force on CODA Report and Recommendations, “...a more typical accreditation model is a freestanding, autonomous accreditation agency, particularly in healthcare....In fact, the benchmarking revealed that CODA is less autonomous in regard to the ADA than other agencies are to their sponsoring organizations.” An assessment of other health-care related accrediting agencies indicates that six of the nine accrediting agencies retain full oversight of their bylaws and budget (ACGME, CCNE, ACEN, ACPE, CEPH, CDAC) while three have shared oversight with a sponsoring organization (LCME, AVMA-COE, APA-CoA) (**Appendix 5**). The Commission on Dental Accreditation of Canada (CDAC), with whom the Commission has a reciprocal agreement, is an autonomous, not-for-profit association identified in the Canadian Dental Association’s Bylaws as a legal entity, with CDAC maintaining full control of its own budget and governance. This suggests to the Commission that the perception of undue influence by the ADA will be an ongoing concern and risk factor if the current ADA-CODA relationship does not begin to move toward a model of more autonomy for the Commission.

Based on the concerns and risks outlined above, the Commission has come to the conclusion that the current ADA-CODA relationship, as defined in the ADA Bylaws, the USDE “Criteria for Recognition,” the MOU, and the ADA *Standing Rules*, does not provide enough safeguards to assure that the Commission can continue to carry out its mission in an atmosphere free from

perceptions of bias and conflict of interest, and in an efficient manner. Furthermore, this may place the CODA's recognition by the USDE in jeopardy. The perception of undue influence by the ADA is hard to refute in the public arena when the basic operating functions of the accrediting agency are subject to the approval by the professional organization's political body. The Commission further believes that the perception of undue influence by the ADA is eroding the Commission's reputation as the "gold standard" of national, health-related, professional accrediting bodies.

The Commission has identified two of its *Bylaws* responsibilities that may contribute to the perception of undue ADA influence on the Commission's ability to effectively and efficiently carry out its mission: the requirement that both the Commission's yearly operating budget and any amendment to its *Rules* must be approved by the ADA House of Delegates. The Commission believes that the following changes to its *Bylaws* duties need to be made in order to appropriately address the serious risks to the Commission's ability to carry out its mission in an unbiased and objective manner:

- The duty of the Commission to submit its annual operating budget for approval to the ADA Board of Trustees and House of Delegates should be stricken. The Commission should have sole authority to determine its annual operating budget, without approval of the ADA.
- The duty of the Commission to submit any *Rules* changes for approval of the House of Delegates through the Council on Dental Education and Licensure should be stricken. The Commission should have the sole authority to revise its *Rules*.

The Commission further believes that the existing MOU between the ADA and the Commission should be revised to reflect the following:

- The Commission will be charged for indirect expenses in a manner that reflects the actual indirect expenses incurred, instead of the current ADA benchmark of 37.5%.
- If, in any given year, the Commission generates an excess of revenue over direct and indirect expenses, that excess revenue will be retained by the Commission in an operating reserve fund.
- When the Commission has demonstrated that for two consecutive years it can meet all of its direct and indirect expenses, a workgroup consisting of two members of the ADA Board of Trustees, two members of the ADA House of Delegates, and four Commission members, shall be appointed by their respective agencies to develop the governance structure and a timeline for a transition of the Commission to an autonomous, not-for-profit association identified in the American Dental Association's Bylaws as a legal entity, while maintaining full control of its budget, governance and the accreditation enterprise.

Approved by the Commission on Dental Accreditation: August 1, 2014

Appendix 1

Timeline of Events Leading to Establishment of Commission on Dental Accreditation From Transaction Reports (Council on Dental Education and Board of Trustees)

Date	Activity
Early 1970	Council on Dental Education sought foundation grant support for the conduct of an independent, in depth study related to the Council’s structure and function.
1972	Council received from the ADA Board of Trustees financial support for the project.
1972	United States Department of Education was developing revised criteria for recognition of specialized accrediting agencies. Each accrediting agency must be structured for adequate representation and autonomy at the decision-making level.
July 1972	Special session of the Council to consider factors affecting national accreditors. Two guiding principles: <ul style="list-style-type: none"> • The recognized accreditation agency must include appropriate representation from the groups affected by its accreditation decision. • The agency must have authority to develop and to approve educational standards and policies affecting its accreditation program.
1973 Recommendations of the Council	Recommendations: <ul style="list-style-type: none"> • Retain Council on Dental Education as it existed and establish new Commission on Dental Accreditation of Dental and Dental Auxiliary Educational Programs. • Commission’s sole responsibility would be limited to serving dentistry in the area of accreditation of dental education programs. Resolutions presented by the Council and adopted by the House of Delegates: <ul style="list-style-type: none"> • The ADA Bylaws be amended to add a chapter on the Commission , which states “This association shall establish, support and cause to be incorporated in the State of Illinois a wholly owned, not for profit subsidiary organization to be known as the Commission on Accreditation of Dental and Dental Auxiliary Educational Programs.” • Amend the ADA Bylaws to add the Duties of the Commission (CODA’s current duties)

	<ul style="list-style-type: none"> • Adopt the Bylaws of the Commission on Accreditation of Dental and Dental Auxiliary Educational Programs • Amend the Bylaws Duties on the Council on Dental Education (CDE Duties) <p>Proposed Commission structure to include 17 members; three members each American Dental Association, American Association of Dental Examiners, American Association of Dental Schools. One member each from American Dental Assistants Association, American Dental Hygienists' Association, American Student Dental Association and National Association of Dental Laboratories. Two members nominated by specialty organizations with certifying boards recognized by ADA, and two public members.</p> <p>Term of service: 3 years, renewable one time.</p> <p>The Commission's function would be limited to the conduct of an accreditation program. The Commission would have autonomy and final authority in matters related to program evaluation, site visit reports, accreditation status awarded programs and the development of accreditation policy and guidelines. Additionally, CODA would have authority for developing and approving educational standards and requirements, with appropriate consult from ADA's House of Delegates, AADE, AADS, allied areas, institutions, the public, and students.</p> <p>Appeal board established as an autonomous body.</p>
1973	<p>December Board of Trustees Meeting: Discussion about the intent of the 1973 House related to getting an outside legal opinion on the establishment of CODA as a corporation. There was agreement the Council should seek information from the USDE on the matter related to actions of the 1973 House. A motion was adopted that no action was to be taken until the Board could study the 1973 House transcripts on this matter.</p>
1974	<p>The Council on Dental Education Annual Report states the Council proposed to 1973 House that the Commission be established as a subsidiary corporation of the Association. The House did not approve the Commission as a corporation but requested further information on the need for a separate corporate structure. There was a concern that unless the Commission was separate, there would be two bodies in the Association with managing and policy authority. USDE inquiry indicated the corporate status was not required. Therefore, the Council determined it would be inappropriate to request the creation of the Commission as a separate corporation at that time.</p>

Appendix 2

Timeline of Events Leading to the Existing Funding Model Used by the Commission on Dental Accreditation

Date	Activity
From Transaction Reports (Commission on Dental Accreditation and Board of Trustees)	
1993	The Commission’s Annual Report includes a discussion on “Efforts to Reduce Cost of Accreditation,” which mentions a 1992 report that the Board of Trustees was concerned about the increasing costs of accreditation and asked the Commission to explore ways to reduce its budget by \$300,000. The Commission appointed a committee to study this issue and in 1993 received a report recommended the Commission reduce its expenses by \$50,000 and assess accredited programs \$250,000 annually.
1993	Resolution B-71-1993 requesting endorsement of the decision of the Commission to charge an accreditation annual fee based upon a formula derived from the cost of accrediting each program type. The resolution also requested delaying implementation of the annual fee until 1994 for inclusion of the 1995 budget and fiscal year of 1995-96 of the programs the Commission accredits. It was further resolved that the Board confirm its ongoing financial commitment to the accreditation program and recommend that the Commission table any further consideration of complete financial autonomy.
1995	Accreditation Fees first charged, in accord with the formula recommended by Resolution B-71-1993.
Additional History and Background of CODA Funding and Fees	
1996	Board directs that the ADA support 65% of accreditation expenses. This required a 50% increase in accreditation fees in 1997. Since this time, CODA has made recommendations regarding its budget, including fees, to the Board of Trustees and House of Delegates following ADA’s standard budget process. <i>Each year, there has been pressure through the budgeting process for CODA to increase revenues and/or reduce expenses to support a greater proportion of accreditation expenses.</i>
1999	CODA added a separate fee for new program applications for accreditation and additional fees for programs with multiple sites. CODA’s ratio of revenue to expenses increased from approximately 35% to near 50% in 1999 and has been 50% or greater since 2000. Accordingly, CODA revenue has covered at least 50% of direct expenses, and the ADA has covered the remainder of direct expenses and all indirect expenses.

2003	CODA adopted a policy of maintaining this balance and implementing regular, annual, cost-of-living fee increases. In addition, in some years, CODA has implemented greater fee increases to fund special projects, such as development of site-visit consultant training materials.
2008	Commission began considering requests for accreditation from international predoctoral dental education programs. Revenues and expenses for the international program are handled in a separate cost center from the main CODA budget. CODA staff provide 0.6 full-time-equivalent support to this initiative.
2009	<p>The ADA Monitoring Committee and the Commission agreed to form a Joint Workgroup on CODA Structure and Finances to conduct an in-depth study and analysis of issues related to CODA Task Force Recommendations 1-3:</p> <ul style="list-style-type: none"> • 1-CODA should restructure to better meet the current and future needs of the dental profession and the public. (Structure) • 2-CODA should conduct a comprehensive investigation of appropriate structures. This investigation should build on and extend the work of the Task Force. (Structure) • 3-CODA should develop a detailed business plan, complete with timelines and fiscal implications for implementing any recommendations regarding structure. (Structure)
2010	House of Delegates endorsed the 50-50% split with the Commission for expenses, achieved through a 7.2% increase in annual fees per year for six years. It was determined that to achieve a 50-50% split in expenses, program fees would have to increase at a rate of 7.2% per year for six years, a rate approximately 3% higher than CODA's anticipated annual cost-of-living increases. This recommendation was also based on the accepted ADA indirect cost rate of 37.5%.
2011	In 2011, the Commission increased the annual fees and the application fees for 2012 by 5.75%. The CODA-ADA expense ratio was 53%-47%.
2012	Commission increased the annual fees and the application fees for 2013 by 4% in order to more closely align the CODA-ADA expense ratio to 50%-50%. In June 2012, the Board of Trustees called for the Commission to generate an additional \$72,000 in revenue in 2013. In Summer 2012, the Commission raised its annual fee by an additional 4%, resulting in a total increase of 8% for 2013 to address the Board's request.
2013	The Commission increased its 2014 annual fees to \$6,000 for predoctoral programs; \$1,500 for dental assisting, dental hygiene and oral and maxillofacial surgery programs; \$1,050 for dental laboratory technology programs; and \$1,000 for all advanced education programs except oral and maxillofacial surgery. The Commission also directed a policy be implemented in 2014 to double annual fees in the year in which a program's regular accreditation site visit is scheduled. The Commission directed an

	<p>increase in application fees for 2014 to \$50,000 for predoctoral programs and \$15,000 for all other programs. The Commission also directed an increase in the administrative fee for special focused site visits to \$4000, effective immediately. With the approved increase in annual fees, application fees, and other fees assessed by the Commission, the Commission noted that in 2014 it would assume responsibility for approximately 94% of its direct expenses and 68% of its total expenses.</p>
<p>2013</p>	<p>The Commission developed, and the ADA Board of Trustees approved, establishment of a Research and Development (R&D) Fund for the Commission, which will be capped at \$100,000 through a \$25 per program administrative fee beginning in 2014. The R&D Fund was established to provide the Commission with a long-term funding source to support the many initiatives of the Commission which are outside the day-to-day operations of the Commission or may span over several years. Prior to the R&D Fund, the Commission would be required to request through the ADA House of Delegates funds for special projects.</p>
<p>2014</p>	<p>The Commission increased 2015 accreditation annual fees to \$6480 for predoctoral programs, \$1620 for dental assisting, dental hygiene and all advanced education programs, and \$1,140 for dental laboratory technology programs. The Commission approved a \$35 administrative fee for the Research and Development Fund. Doubled the annual fee in the year of a regular accreditation site visit. Maintained the application fee of \$50,000 for predoctoral programs and \$15,000 for all other dental programs. Maintained additional 2015 fees as follows: \$4,000 special focused site visit administrative fee; \$1,000 penalty for non-compliance with CODA policy on HIPAA; \$250-\$500 Electronic Conversion of Paper Documents Fee; and \$200 minimum Email/Contact Distribution List Fee. The Commission noted that in 2015 it would assume responsibility for approximately 116% of its direct expenses and 84% of its total expenses.</p>

Appendix 3

United States Department of Education Criteria for Recognition

Section on Organizational and Administrative Requirements

http://www2.ed.gov/admins/finaid/accred/accreditation_pg13.html#RecognitionCriteria

(Retrieved: 6/26/14)

602.14 Purpose and organization.

(a) The Secretary recognizes only the following four categories of agencies:

The Secretary recognizes...	that...
(1) An accrediting agency	(i) Has a voluntary membership of institutions of higher education; (ii) Has as a principal purpose the accrediting of institutions of higher education and that accreditation is a required element in enabling those institutions to participate in HEA programs; and (iii) Satisfies the "separate and independent" requirements in paragraph (b) of this section.
(2) An accrediting agency <u>***CODA's Designation***</u>	(i) Has a voluntary membership; and (ii) Has as its principal purpose the accrediting of higher education programs, or higher education programs and institutions of higher education, and that accreditation is a required element in enabling those entities to participate in non-HEA Federal programs.
(3) An accrediting agency	for purposes of determining eligibility for Title IV, HEA programs-- (i) Either has a voluntary membership of individuals participating in a profession or has as its principal purpose the accrediting of programs within institutions that are accredited by a nationally recognized accrediting agency; and (ii) Either satisfies the "separate and independent" requirements in paragraph (b) of this section or obtains a waiver of those requirements under paragraphs (d) and (e) of this section.
(4) A State agency	(i) Has as a principal purpose the accrediting of institutions of higher education, higher education programs, or both; and (ii) The Secretary listed as a nationally recognized accrediting agency on or before October 1, 1991 and has recognized continuously since that date.

(b) For purposes of this section, the term **separate and independent** means that--

(1) The members of the agency's decision-making body--who decide the accreditation or preaccreditation status of institutions or programs, establish the agency's accreditation policies,

or both--are not elected or selected by the board or chief executive officer of any related, associated, or affiliated trade association or membership organization;

(2) At least one member of the agency's decision-making body is a representative of the public, and at least one-seventh of that body consists of representatives of the public;

(3) The agency has established and implemented guidelines for each member of the decision-making body to avoid conflicts of interest in making decisions;

(4) The agency's dues are paid separately from any dues paid to any related, associated, or affiliated trade association or membership organization; and

(5) The agency develops and determines its own budget, with no review by or consultation with any other entity or organization.

(c) The Secretary considers that any joint use of personnel, services, equipment, or facilities by an agency and a related, associated, or affiliated trade association or membership organization does not violate the "separate and independent" requirements in paragraph (b) of this section if--

(1) The agency pays the fair market value for its proportionate share of the joint use; and

(2) The joint use does not compromise the independence and confidentiality of the accreditation process.

(d) For purposes of paragraph (a)(3) of this section, the Secretary may waive the "separate and independent" requirements in paragraph (b) of this section if the agency demonstrates that--

(1) The Secretary listed the agency as a nationally recognized agency on or before October 1, 1991 and has recognized it continuously since that date;

(2) The related, associated, or affiliated trade association or membership organization plays no role in making or ratifying either the accrediting or policy decisions of the agency;

(3) The agency has sufficient budgetary and administrative autonomy to carry out its accrediting functions independently; and

(4) The agency provides to the related, associated, or affiliated trade association or membership organization only information it makes available to the public.

(e) An agency seeking a waiver of the "separate and independent" requirements under paragraph (d) of this section must apply for the waiver each time the agency seeks recognition or continued recognition.

(Authority: 20 U.S.C. 1099b)

602.15 Administrative and fiscal responsibilities.

The agency must have the administrative and fiscal capability to carry out its accreditation activities in light of its requested scope of recognition. The agency meets this requirement if the agency demonstrates that--

(a) The agency has--

(1) Adequate administrative staff and financial resources to carry out its accrediting responsibilities;

(2) Competent and knowledgeable individuals, qualified by education and experience in their own right and trained by the agency on their responsibilities, as appropriate for their roles, regarding the agency's standards, policies, and procedures, to conduct its on-site evaluations, apply or establish its policies, and make its accrediting and preaccrediting decisions, including,

if applicable to the agency's scope, their responsibilities regarding distance education and correspondence education;

(3) Academic and administrative personnel on its evaluation, policy, and decision-making bodies, if the agency accredits institutions;

(4) Educators and practitioners on its evaluation, policy, and decision-making bodies, if the agency accredits programs or single-purpose institutions that prepare students for a specific profession;

(5) Representatives of the public on all decision-making bodies; and

(6) Clear and effective controls against conflicts of interest, or the appearance of conflicts of interest, by the agency's-

(i) Board members;

(ii) Commissioners;

(iii) Evaluation team members;

(iv) Consultants;

(v) Administrative staff; and

(vi) Other agency representatives; and

(b) The agency maintains complete and accurate records of--

(1) Its last full accreditation or preaccreditation review of each institution or program, including on-site evaluation team reports, the institution's or program's responses to on-site reports, periodic review reports, any reports of special reviews conducted by the agency between regular reviews, and a copy of the institution's or program's most recent self-study; and

(2) All decisions made throughout an institution's or program's affiliation with the agency regarding the accreditation and preaccreditation of any institution or program and substantive changes, including all correspondence that is significantly related to those decisions.

(Approved by the Office of Management and Budget under control number 1845-0003)

(Authority: 20 U.S.C. 1099b)

Appendix 4

**American Dental Association and Commission on Dental Accreditation
 Oversight Responsibilities**

Duty/Activity	ADA Oversight	CODA Oversight
Bylaws Duties of CODA	<u>ADA has authority.</u> The duties of CODA and composition of 12 CODA Board member positions are mandated in the ADA Bylaws.	<u>CODA has input but no authority.</u> CODA requested changes to the ADA Bylaws require 2/3 approval by the House of Delegates.
Rules of CODA	<u>ADA has authority.</u> CODA may submit changes to the Rules but those changes must be vetted through CDEL and require approval of the ADA House by simple majority.	<u>CODA has input but no authority.</u> After approval by the Commission, changes to CODA's Rules must be submitted to the ADA House of Delegates for approval either through or in cooperation with the Council on Dental Education and Licensure (CDEL).
Standing Rules for Councils and Commissions	<u>ADA has authority.</u> As a commission of the Association, CODA is bound to the requirements within this document. This document covers the term and tenure of commission members, policies for removal of commission members for cause, the structure and function of ad hoc advisory committees and subcommittees, the ADA Board Liaison's role within a commission, the conduct of meetings, budget administration, reporting requirements, and general rules for the conduct of business.	<u>CODA has input but no authority.</u> CODA may be able to request changes but does not have authority of this document. The Commission is required to make reports, administer its budget, and conduct its business based upon the regulations set forth in this document. Should the Commission wish to remove a member for cause, the removal may not occur without a hearing and majority vote by the Board.

Annual CODA Budget	<u>ADA has authority.</u> CODA's annual budget is subject to approval by ADA Board and ADA House; CODA may be requested to modify the budget during budget development or mid-year.	<u>CODA has input but no authority.</u> CODA may propose its annual budget, subject to final approval by the Board and House. The ADA may request that CODA decrease spending or increase revenue.
Accreditation Fees	<u>ADA has authority through oversight of CODA's annual budget.</u>	<u>CODA partial authority.</u> CODA determines its own annual fee, application fee, special site visit fee, and other accreditation fees based projected expenses; however, ADA has final budget approval.
Special Projects - Research and Development Fund	<u>ADA has final authority.</u> Following the CODA approval process, the ADA Board of Trustees must approve the use of the R&D Funds prior to CODA disbursement.	<u>CODA has partial authority.</u> CODA can establish fees and processes for use of the R&D Fund; however, disbursement of funds for projects must be pre-approved by the Board of Trustees prior to disbursement, following CODA approval for use.
Staff Recruitment and Department Structure	<u>ADA has authority.</u> Staff hiring is subject to budget approval.	<u>CODA has input but no authority.</u> CODA may propose hiring additional staff, subject to budget approval of positions (see above).
Staff Salaries	<u>ADA has authority.</u> CODA staff's yearly salary adjustment subject to ADA Human Resources policies.	<u>CODA has input but no authority.</u> CODA Director contributes year-end performance assessment to Senior Vice President of Education, who makes salary decisions for the Division of Education as a whole.
Technology Services (Hardware and Software)	<u>ADA has authority.</u> The ADA Information Technology (IT) department manages the hardware and software	<u>CODA has input but no authority.</u> CODA must work with the tools provided by the ADA IT Department. If tools

	applications for the entire Association.	do not suit CODA's needs, additional resources may be available through IT or CODA would need to secure funds to acquire resources.
Commission Composition	<u>ADA has authority for composition.</u> The composition of the Board of Commissioners (for 12 members) is noted in the ADA Bylaws. See Bylaws section.	<u>CODA has input but no authority.</u> See Bylaws section.
Review Committee Composition	<u>ADA has no authority.</u>	<u>CODA has full authority for composition.</u> The Commission directs the structure, function, and composition of its review committees.
Standing Committee Composition	<u>ADA has no authority.</u>	<u>CODA has full authority for composition.</u> The Commission directs the structure, function, and composition of its standing committees.
Appeal Board Composition	<u>ADA has authority for composition.</u> The Appeal Board is noted in the Bylaws. See Bylaws section.	<u>CODA has input but no authority.</u> See Bylaws section.
Reporting Frequency and Requirements to ADA (Annual Report, Quarterly Updates, etc.)	<u>ADA has authority.</u> CODA, as an agency of the ADA is subject to the reporting requirements of the annual report, quarterly updates, Board of Trustees Report each summer, etc.	<u>CODA has no authority.</u> The Commission is required to make reports to the ADA.
Interaction with ADA Volunteers and Staff	<u>ADA has authority.</u> CODA is assigned an ADA Liaison who attends all Commission (open and closed session) and Standing Committee meetings. The Liaison has access to	<u>CODA has no authority.</u> CODA is assigned an ADA Liaison who attends all Commission (open and closed session) and Standing

	<p>CODA’s confidential materials on ADA Connect.</p> <p>CODA is assigned a CDEL “monitor” who oversees the open sessions of the Commission and reports to CDEL.</p> <p>The Senior Vice President of Education for the ADA attends both open and closed session meetings of the Commission and all standing committee meetings. The SVP’s name appears on most CODA communications, confidential and non-confidential. The SVP has access to CODA’s confidential materials on ADA Connect.</p> <p>The Commission provides an update each June to the ADA Board of Trustees.</p> <p>The Commission is expected to reply to the ADA House on the disposition of Resolutions submitted to CODA through the CODA Annual Report.</p>	<p>Committee meetings.</p> <p>CODA is assigned a CDEL “monitor” who oversees the open sessions of the Commission and reports to CDEL.</p> <p>The SVP of Education for the ADA attends both open and closed session meetings of the Commission and all standing committee meetings. The SVP’s name appears on CODA communications.</p> <p>The Commission provides an update each June to the ADA Board of Trustees.</p> <p>The Commission is expected to reply to the ADA House on the disposition of Resolutions submitted to CODA, through CODA’s annual report.</p>
<p>Full Scope Accreditation Activities for Dental, Advanced Dental and Allied Dental Education Programs</p>	<p><u>ADA has no authority but can provide input.</u> As a community of interest, the ADA can offer third party comments or submit a complaint against a CODA-accredited program.</p>	<p><u>CODA has full and sole authority.</u> CODA has full independence and autonomy to carry out all aspects of the accreditation program, including decisions of all of its committees, and the Commission.</p>
<p>Development of Standards, Guidelines, and Policies for Accreditation</p>	<p><u>ADA has no authority but can provide input.</u> As a community of interest, the ADA can provide comment on revisions to standards or other</p>	<p><u>CODA has full and sole authority.</u> CODA has full independence and autonomy to develop accreditation standards, guidelines, and</p>

	documents for which the Commission seeks public input.	policies and procedures by which it carries out the accreditation program.
Management of Appeal Board and Appeal Activities	<u>ADA has no authority.</u>	<u>CODA has full and sole authority.</u> CODA has full independence and autonomy to carry out all aspects of the accreditation program, including decisions of the Appeal Board.
Reporting to United States Department of Education (USDE)	<u>ADA has authority.</u> The ADA may direct CODA to cease its recognition by the USDE.	<u>CODA has partial authority.</u> CODA has authority to conduct business in accord with the requirements of the USDE, including submission of reports, re-recognition documentation, and reporting on compliance to criteria for recognition.

Appendix 5

Accreditation Organization Comparison Table (June 2014)
(From Websites of Each Sponsoring Organization and the Association of Specialized and Professional Accreditors)

Name	Field Type	Sponsorship	Relationship	Bylaw Oversight	Budget Oversight	USDE or CHEA Recognition	Staff Titles	Website
Liaison Committee on Medical Education (LCME)	Medical education programs leading to M.D. degree in U.S. and Canada	Joint sponsorship by the American Assoc. of Medical Colleges (AAMC) & the Council on Medical Education of the American Medical Association (AMA)	The AAMC & AMA each appoint an LCME Co-Secretary known jointly as the Secretariat and they each appoint 6 professional members	Oversight most likely shared by joint sponsors	Oversight most likely shared by joint sponsors	USDE-Yes CHEA-No	Director/Senior Director & Co-Secretariat Staff: No specific manager titles - Accreditation Manager, Assistant LCME Secretary, Senior Research Analyst, Program Administrator	http://www.lcme.org/
Accreditation Council for Graduate Medical Education (ACGME)	Medical Residency Programs	Independent, private professional organization	Autonomous, independent, non-profit	ACGME retains full oversight	ACGME retains full oversight	USDE-No CHEA-No	Chief Executive Officer Staff: Various hierarchy including chief of staff, senior vice presidents, vice presidents, executive directors of RC	https://www.acgme.org/acgme/acgme/acgmeweb/

American Veterinary Medicine Association - Council on Education (AVMA-COE & CVTEA)	Veterinary	American Veterinary Medical Association	Agency of the American Veterinary Medical Association	House of Delegates/ Executive Board of the AVMA	House of Delegates/ Executive Board of the AVMA	USDE-Yes CHEA-Yes	Director staff info not on website	https://www.avma.org https://www.avma.org/ProfessionalDevelopment/Education/Accreditation/Colleges/Pages/coe-process.aspx
Commission on Collegiate Nursing Education (CCNE)	Baccalaureate, Graduate and Residency Nursing Programs (Notes only regarding Bac. & Grad. Programs)	Autonomous arm of the American Association of Colleges of Nursing	Autonomous arm of AACN	CCNE retains full oversight	CCNE retains full oversight	USDE-Yes CHEA-Yes	Executive Director Staff: no specific manager titles - Database Manager, Assistant Director, Accreditation Coordinator, Director of Accreditation Services	http://www.aacn.nche.edu/ccne-accreditation
Accreditation Commission for Education in Nursing (ACEN)	Specialized accreditation of post-secondary and higher degree nursing education programs	Autonomous	Autonomous	Board of Commissioners - full oversight	Board of Commissioners - full oversight	USDE-Yes CHEA-Yes	Chief Executive Officer Staff: Associate Directors	http://www.acenursing.org/

<p>Accreditation Council for Pharmacy Education (ACPE)</p>	<p>Professional degree in pharmacology</p>	<p>Autonomous and independent</p>	<p>Board of Directors derived through the American Association of Colleges of Pharmacy (AACCP), American Pharmacists Association (APhA), National Association of Boards of Pharmacy (NABP), American Council on Education (ACE)</p>	<p>ACPE retains full oversight</p>	<p>ACPE retains full oversight</p>	<p>USDE-Yes CHEA-Yes</p>	<p>Executive Director Staff: no specific manager titles - Associate Executive Director, Assistant Executive Director, Accreditation Associate, Assistant Director, Administrative Manager, Accreditation Facilitator</p>	<p>https://www.acpe-accredit.org/</p>
<p>Commission on Accreditation of the American Psychological Association (APA-CoA)</p>	<p>Doctoral programs in clinical, counseling, or school psychology; post-doc internship; post-doc residency specialty internship</p>	<p>American Psychological Association (APA)</p>	<p>APA oversees the Commission's work - large decisions are made by the APA's Council of Representatives</p>	<p>CoA has sole authority for accreditation policies, procedures, accreditation program. Board of Educational Affairs is responsible for consultation and general oversight of</p>	<p>CoA has sole authority for accreditation policies, procedures, accreditation program. Board of Educational Affairs is responsible for consultation and general oversight of CoA.</p>	<p>USDE-Yes CHEA-Yes</p>	<p>Associate Executive Director Staff: Associate Directors, Accreditation Administration Manager, Accreditation Research Manager, Program Agenda Manager, Site Visit Manager, Site Visit</p>	<p>http://www.apa.org/ed/accr/creditation/</p>

<p>Commission on Accreditation of the American Psychological Association (APA-CoA) (continued)</p>				<p>CoA.</p> <p>Board of Directors exercises approval authority for accreditation policy and procedural changes.</p> <p>Council of Representatives has full power and authority over the affairs and funds of the Association and can delegate authority to the Board of Directors.</p>	<p>Board of Directors exercises approval authority for accreditation policy and procedural changes.</p> <p>Council of Representatives has full power and authority over the affairs and funds of the Association and can delegate authority to the Board of Directors.</p>		<p>Coordinator</p>	
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Council on Education for Public Health (CEPH)	Public Health	Independent private, nonprofit	Appointments come from APHA, ASPPH, ASPPH/PHA, CEPH	full oversight	full oversight	USDE-Yes CHEA-No	Executive Director Staff: no specific manager titles - Accreditation Specialists, Accreditation Coordinator, Deputy Director	http://ceph.org/
Commission on Dental Accreditation of Canada (CDAC)	Canadian Predoc/post doc General Dentistry; Recognized Specialties; Dental Hygiene and Dental Assisting	Autonomous, not-for-profit association	Identified in the Canadian Dental Association's (CDA) Bylaws as a legal entity	full oversight; CDAC has its own Bylaws and Rules, which CDA does not oversee	full oversight; CDAC controls its own budget, receives no financial support from CDA; CDAC leases spaces and pays for use of resources within CDA facilities Funding comes from license renewal and educational programs	NA	Director Staff: not on website	https://www.cda-adc.ca/cdac/web/en/