GUIDELINES FOR REPORTING ENROLLMENT INCREASES IN
ADVANCED EDUCATION IN GENERAL DENTISTRY, GENERAL
PRACTICE RESIDENCY, DENTAL ANESTHESIOLOGY, ORAL MEDICINE
AND OROFACIAL PAIN PROGRAMS

CONSULTATION: An advanced dental education program considering or planning an
enrollment increase, or any other substantive change, should notify the Commission early in the
program’s planning. Such notification will provide an opportunity for the program to seek
consultation from Commission staff regarding the potential effect of the proposed change on the
accreditation status and the procedures to be followed.

Advanced education in general dentistry, general practice residency, dental anesthesiology, oral
medicine, and orofacial pain do not have authorized enrollment, but must use these Guidelines to
request an increase in enrollment prior to implementing the increase. Upon submission of the
program change report, a substantial increase in program enrollment as determined by
preliminary review by the discipline-specific Review Committee Chair will require prior
approval by CODA.

FORMAT: The report must be clear and concise and must follow the “Format” and
“Mechanics” illustrated within this guideline. Reports that fail to adhere to the stated guidelines
may be returned to the program for proper formatting. For each change in the program being
reported:

1. DESCRIBE THE CHANGE briefly and as clearly as possible. Provide a chronology of
events/circumstances leading to the change, if you believe that would be helpful. Include a
description of the relevant aspects of the program BEFORE the change and AFTER the
change illustrating the impact of the change on the program.

The report should address the following:
- Date the program plans to increase enrollment.
- The enrollment at the time of the most recent site visit.
- The current enrollment in the program. If the program has a second year, indicate the
current enrollment in each year of the program, as well as the enrollment at the time
the second year was approved.
- The proposed increase in enrollment and whether the increase is temporary or
permanent.
- The reason for the increase.
- The ratio of attendings/teaching staff to residents before and after the proposed
increase. Include clinic coverage schedule.
- A description of modifications to the didactic curriculum, if any.
- A resident schedule, including all rotations, following the proposed increase. The
schedules should also indicate the clinic coverage assignments of the faculty.
- A description of how rotation directors/faculty will be informed of the enrollment
increase.
- The number of and types of allied support staff available to residents after the
proposed enrollment increase.
• Resources: operatories, resident work/study area, computer access, etc. Include chair assignments for when residents are in clinic. Include others who are assigned chairs (hygienists, faculty).

• A description of how it will be ensured that adequate financial resources are available to support the program expansion.

• A description of the availability of adequate patient experiences to ensure the program’s goals and objectives for residency training or competencies and proficiencies will continue to be achieved following the increased enrollment. Be specific and include a year’s worth of resident procedure logs for each resident (from previous resident class)

2. PROVIDE RELEVANT DOCUMENTATION to illustrate how the program will continue to comply with the accreditation standard(s). For example, if enrollment increased by a significant percentage, describe and document the resources that will allow the larger number of students to be provided with a quality education (e.g., additional faculty; the purchase of new equipment; copies of laboratory/clinic schedules).

NOTE: When deciding how to explain a change and selecting appropriate documentation, it may be helpful to use the following approach:

a. Description: discuss BEFORE and AFTER the change;
b. Appraisal and Analysis: assess the IMPACT of the change;
c. Supportive Documentation: EVIDENCE that the program continues to meet the standards.

MECHANICS: The following guidelines must be observed when preparing your report.

Electronic Submission Guidelines to assist in preparing an electronic copy of the report will be provided and must be strictly followed.

1. COVER PAGE – Must include the following information:
   a. name and address of the institution
   b. program title;
   c. name, title, telephone number, e-mail address and signature of the chief executive officer of the institution
   d. name, title, telephone number, e-mail address and signature of the department head/dean;
   e. name, title, telephone number, e-mail address and signature of the program director.

   The electronic copy must include a signed cover/verification page and must conform to the Commission’s electronic submission guidelines.

2. DOCUMENTATION -- If documentation is extensive, include a LIST OF supporting documentation as a table of contents and in the text of the report, and include the actual items in a separate document.

Institutions/Programs are expected to follow Commission policy and procedure on privacy and data security, including those related to compliance with the Health
Insurance Portability and Accountability Act (HIPAA). The Commission’s statement on HIPAA, as well as the Privacy and Data Security Summary for Institutions/Programs (PDF), are found in the Policies/Guidelines section of the Commission’s website at http://www.ada.org/en/coda/policies-and-guidelines/hipaa/. Programs that fail to comply with CODA’s policy will be assessed a penalty fee of $4000.

3. **COPIES**-- The Commission requires one (1) **electronic copy** be submitted following the Electronic Submission Guidelines. (Separate document) Failure to comply with these guidelines will constitute an incomplete report.

**DEADLINES**: Depending on the specific program change, reports **must** be submitted to the Commission by June 1 or December 1 (for reports that must be reviewed by the Review Committee and Commission) or at least thirty (30) days prior to the anticipated implementation of a change. Because of the above deadlines, program administrators should consult with Commission staff well in advance of an anticipated change in order to assess any potential impact of the anticipated change on the accreditation status of the program. If the report of change will be considered by a Review Committee and the Commission, the Commission acknowledgment will indicate the meeting date. Failure to adhere to established deadlines and/or comply with the policy will jeopardize the program’s accreditation status.

**POLICY ON MISSED DEADLINES**: So that the Commission may conduct its accreditation program in an orderly fashion, all institutions offering programs accredited by the Commission are expected to adhere to deadlines for requests for program information. Programs/institutions must meet established deadlines to allow scheduling of regular or special site visits and for submission of requested information. Program information (i.e. self-studies, progress reports, annual surveys or other kinds of accreditation-related information requested by the Commission) is considered an integral part of the accreditation process. If an institution fails to comply with the Commission's request, or a prescribed deadline, it will be assumed that the institution no longer wishes to participate in the accreditation program. In this event, the Commission will immediately notify the chief executive officer of the institution of its intent to withdraw the accreditation of the program(s) at its next scheduled meeting. Revised: 2/16; Reaffirmed: 8/15; 8/10, 7/07, 7/01, 5/88

**POLICY ON ELECTRONIC SUBMISSION OF ACCREDITATION MATERIALS AND CONVERSION FEES** - All institutions will provide the Commission with an electronic copy of all accreditation documents/reports and related materials. The program’s documentation for CODA must not contain any patient protected health information (PHI) or personally identifiable information (PII).

These documents may include, but are not limited to, self-study, responses to site visit/progress reports, initial accreditation applications, reports of major change, and transfer of sponsorship and exhibits. Electronic submission guidelines will be provided to programs. Accreditation documents/reports and related materials must be complete and comprehensive. If the program is unable to provide a comprehensive electronic document, the Commission will assess a fee for converting the document (e.g. exhibits, tables, curriculum, report of change, progress report, transfer of sponsorship, response to site visit report) to an electronic version. If the program
submits documentation that does not comply with the policy on PHI and PII (noted above), CODA will assess a penalty fee of $4,000 per program submission to the institution; a program’s resubmission that continues to contain PHI or PII will be assessed an additional $4,000 fee.

Revised: 2/18; 8/13; 8/12, 8/11, 8/07, 7/06; Reaffirmed: 8/18; 8/13; 8/10; Adopted: 1/06

**ASSISTANCE:** Call Commission staff if you have questions about your report. Staff are available to answer questions about report preparation and can be contacted on the ADA toll-free number: 1-800/621-8099, extension 2788. Information should be sent to: Commission on Dental Accreditation, 211 E. Chicago Avenue, 19th Floor, Chicago, IL 60611.
Commission on Dental Accreditation
Privacy and Data Security Reminders

Protect sensitive personally identifiable information (“PII”) such as social security numbers, drivers’ license numbers, credit card numbers, account numbers, etc.

Security Reminder: Personally Identifiable Information

Before submitting any documents to CODA or to a CODA site visitor consultant, an institution must:

- Review for PII and patient identifiers.
- Fully and appropriately redact any PII and patient identifiers.
- Make sure the redacted information is unreadable in hard copy and electronic form. You must use appropriate redaction methods to ensure personal information cannot be read or reconstructed.

CODA does not accept PII or patient identifiers in any materials submitted by a program.

Security Reminder: Patient Identifiers

Before submitting any information about a patient to CODA or to a CODA site visitor, you must thoroughly redact all 18 patient identifiers listed on the next page.

Examples of information about a patient:

- Dental records
- Rosters of procedures (procedure logs)
- Chart review records (chart audit records)
- Information from affiliated teaching institutions, to include items listed above
- Brochures with patient images and/or information
- Presentations with patient images and/or information
- Course materials (exams, lecture materials) with patient images and/or information

If even one identifier is readable, do not submit the information to CODA.

CODA does not accept documents containing PII or patient identifiers from institutions. Any PHI/PII that is necessary for CODA accreditation may only be reviewed by CODA site visitors when they are on-site at the institution.

When redacting identifiers, you must ensure that the information is unreadable and cannot be reconstructed in both hard copy and electronic form. For example, certain information redacted on a hard copy can become readable when the hard copy is scanned. Instead, it may be effective to use opaque cover-up tape on the hard copy, scan, and then ensure the redacted information on the scanned version is not visible/readable through the redaction.
1. **Sensitive Information.** To protect the privacy of individuals and to comply with applicable law, the Commission on Dental Accreditation (“CODA” or “the Commission”) **prohibits all programs/institutions from disclosing in electronic or hard copy documents** provided to CODA other than on-site during a site visit, any of the following information (“Sensitive Information” or “PII”):
   - Social Security number
   - Credit or debit card number or other information (e.g., expiration date, security code)
   - Drivers’ license number
   - Account number with a pin or security code that permits access
   - Health insurance information, such as policy number or subscriber I.D.
   - Medical information, such as information about an individual’s condition or treatment
   - Mother’s maiden name
   - Taxpayer ID number
   - Date of birth
   - Any data protected by applicable law (e.g., HIPAA, state data security law)
   - Biometric data, such as fingerprint or retina image
   - Username or email address, in combination with a password or security question that permits access to an online account

2. **Patient Identifiers.** Before submitting information about a patient to CODA other than on-site during a site visit, a program/institution **must remove the following data elements** of the individual, and of relatives, household members, and employers of the individual (the “Patient Identifiers”):
   1. Names, including initials
   2. Address (including city, zip code, county, precinct)
   3. Dates, including treatment date, admission date, age, date of birth, or date of death [a range of dates (e.g., May 1 – 31, 2015) is permitted provided such range cannot be used to identify the individual who is the subject of the information]
   4. Telephone numbers
   5. Fax numbers
   6. E-mail addresses
   7. Social Security numbers
   8. Medical record numbers
   9. Health plan beneficiary numbers
   10. Account numbers
   11. Certificate/license numbers
   12. Vehicle identifiers and serial numbers, including license plate numbers
   13. Device identifiers and serial numbers
   14. Web Universal Resource Locators (URLs)
   15. Internet Protocol (IP) address numbers
   16. Biometric identifiers (e.g., finger and voice prints)
17. Full face photographic images and comparable images
18. Any other unique identifying number, characteristic, or code:
   - that is derived from information about the individual
   - that is capable of being translated so as to identify the individual, or
   - if the mechanism for re-identification (e.g., the key) is also disclosed

In addition, the information provided to CODA cannot be capable of being used alone or in combination with other information to identify the individual.

3. Redaction. When removing any Sensitive Information or Patient Identifier from paper or electronic documents disclosed to CODA, programs/institutions shall **fully and appropriately** remove the data such that the data cannot be read or otherwise reconstructed. Covering data with ink is not an appropriate means of removing data from a hard copy document and may sometimes be viewable when such documents are scanned to an electronic format.

4. Penalty fee. If the program/institution submits any documentation that does not comply with the directives noted above, CODA will assess a penalty fee of $4000 to the program/institution; a resubmission that continues to contain prohibited data will be assessed an additional $4000 fee.
   - CODA Site Visitors and Commission volunteers are only authorized to access Sensitive Information and Patient Identifiers:
     - Onsite during a site visit, and
     - That are necessary for conducting the accreditation site visit
   - CODA Site Visitors and Commission volunteers may not download or make hard copies or electronic copies of Sensitive Information or Patient Identifiers.

NOTE: If a document includes fictitious information, which may otherwise appear to be Sensitive Information or Patient Identifiers, the program is expected to clearly mark the document as “Fictitious Example”.