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MEETING MINUTES
AMERICAN DENTAL ASSOCIATION
COUNCIL ON DENTAL EDUCATION AND LICENSURE
ADA HEADQUARTERS, CHICAGO | Zoom Meetings
JANUARY 26-27, 2023

CALL TO ORDER

The regular meeting of the Council on Dental Education and Licensure was called to order by Dr. James D. Nickman, CDEL chair, at 9:05 am on Thursday, January 26, 2023. Council members attended in-person and virtually via Zoom Meetings.

ROLL CALL

Council Members: Dr. Cheska Avery-Stafford (2024), Dr. Donald P. Bennett (2025), Dr. Shandra L. Coble (2025) (via zoom), Dr. Kimon Divaris (2024), Dr. Jarod W. Johnson (2023), Dr. Steven M. Lepowsky (2023), Dr. Maureen McAndrew (2026) (via zoom), Dr. Maurice S. Miles (2023), Dr. Barbara L. Mousel (2024), Dr. James D. Nickman (2023), Dr. Joan Otomo-Corgel (2023), Dr. Paul A. Shadid (2026), Dr. Todd Smith (2026), Dr. Jason A. Tanguay (2025), Dr. Bruce R. Terry (2024), Dr. Najia Usman (2025), and Dr. Catherine Watkins (2026) were present.

Council Liaisons: Dr. Brendan P. Dowd attended as the ADA Board Liaison to the Council and Mr. Ryan Kaminsky attended as student representative from the American Student Dental Association.

Council Staff: Ms. Tierra Braxton, coordinator; Ms. Karen M. Hart, senior director education operations, Ms. Mary Ellen Murphy, licensure affairs coordinator and Dr. Meaghan D. Strotman, director.

Other ADA Staff in attendance for all or portions of the meeting: Ms. Cathryn Albrecht, senior associate general counsel; Dr. Raymond Cohlma, executive director, American Dental Association; Mr. Thomas Elliott, deputy general counsel and director, Council on Ethics, Bylaws and Judicial Affairs; Dr. Matthew Grady, director of development, Department of Testing Services; Ms. Jennifer Hall, associate general counsel; Dr. Kathleen J. Hinshaw, director, Operations, Department of Testing Services; Ms. Heidi M. Nickisch Duggan, director, ADA Library & Archives; Dr. David Preble, chief strategy officer; Mr. Robert Quashie, vice president, Business Operations & Strategy; Mr. Matthew Rosetto, legislative liaison, Department of State Government Affairs and Dr. Anthony J. Ziebert, senior vice-president, Education and Professional Affairs.

The following guests attended portions of the meeting: Ms. Hanna Aronovich, chief marketing and strategy officer, Dental Assisting National Board, Inc. (DANB); Ms. Catherine Baumann, director, National Commission on Recognition of Dental Specialties and Certifying Boards; Dr. Manish Chopra, chair, Council on Dental Practice; Dr. Daniel Gesek, chair, Council on Government Affairs; Dr. Gabe Holdwick, vice-chair, New Dentist Committee; Dr. Sharukh Khajotia, chair, Council on Scientific Affairs; Dr. Prabha Krishnan, chair, Council on Communications; Dr. Debra Peters, vice-chair, Council on Ethics, Bylaws and Judicial Affairs; Dr. Elizabeth V. Simpson, vice-chair, Council on Advocacy for Access and Prevention; Ms. Laura Skarnulis, chief executive officer, DANB; Dr. Tonia Socha-Mower, executive director, American Association of Dental Boards; Dr. Benoit Soucy, director, Clinical and Scientific Affairs, Canadian Dental Association; Ms. Rebecca Stolberg, vice president, Allied Dental and Faculty Development, American Dental Education Association; Dr. Nipa Thakkar, chair, Council on Membership; Dr. Sherin Took, senior director, Commission on Dental Accreditation and USDE Recognition Compliance; Dr. Felicia Tucker-Lively, vice president, Academy for Advancing Leadership; Dr. David Waldschmidt, senior director, Testing Services and director, Joint Commission on National Dental Examinations and Mr. Aaron White, chief operating officer, DANB.

Adoption of Agenda, Disclosure Policy and Confidentiality Policy: The Council approved the meeting agenda and authorized the chair to alter the order of the agenda items as necessary to expedite business. Dr. Nickman directed the Council's attention to the ADA Disclosure Policy and ADA Confidentiality Policy. No personal, professional or business relationships were disclosed.

50 Ms. Albrecht reminded Council members and staff to adhere to the ADA's Professional Conduct Policy in all
51 facets of Council activities, including in person meetings and social events, as well as when attending
52 calls/webinars. Ms. Albrecht explained the ADA's goal is to maintain an appropriate and compliant workplace
53 environment free of discrimination or harassment. The ADA Division of Legal Affairs is always available to
54 assist in promoting compliance.

55 **Affirmation of E-mail Ballots:** The Council acknowledged e-mail ballots since the June 2022 meeting:

56 a. Minutes: June 16-17, 2022 Meeting (Ballot 2022-2)

57 b. Minutes: October 4, 2022 Meeting (Ballot 2022-3)

58 **Consent Calendar:** A consent calendar was prepared to expedite the business of the Council. Dr. Nickman
59 reminded Council members that any report, recommendation or resolution could be removed from the
60 consent calendar for discussion. The following reports in their entirety, including recommendations, were
61 placed on the consent calendar and adopted as received:

62 **Dental Education Committee:**

63 Update on Activities of the Commission on Dental Accreditation (CODA)

64 Consideration of Proposed Revision to the Accreditation Standards for Advanced Dental Education
65 Programs in Oral and Maxillofacial Radiology, New Standard 4-16

66 **Action:** The Council directed staff to send written comment to CODA supporting the
67 proposed addition of Standard 4-16 to the Accreditation Standards for Advanced Dental
68 Education Programs in Oral and Maxillofacial Radiology.

69 Consideration of Proposed Revision to the Accreditation Standards for Advanced Dental Education
70 Programs in Pediatric Dentistry, Anesthesia Standards

71 **Action:** The Council directed staff to send written comment to CODA supporting the
72 proposed revisions to the Accreditation Standards for Advanced Dental Education Programs
73 in Pediatric Dentistry.

74 Consideration of Proposed Revision to the Accreditation Standards for Advanced Dental Education
75 Programs in Orofacial Pain, New Standard 2-10

76 **Action:** The Council directed staff to send written comment to CODA supporting the
77 proposed addition of Standard 2-10 to the Accreditation Standards for Advanced Dental
78 Education Programs in Orofacial Pain.

79 Success and/or Program Feedback of 2022 Institute for Teaching and Learning (ITL) Scholarship
80 Program

81 Unofficial Report of Actions of the 2022 House of Delegates

82 Update on ADEA Dentists of Tomorrow 2022

83 **Licensure Committee:**

84 Update on the Dentist and Dental Hygienist Compact

85 Update on the Coalition for Modernizing Dental Licensure

86 Update on Bills and Changes in State Regulations

87 **Recognition of Specialties and Interest Areas in General Dentistry Committee**

88 Update on Activities of the National Commission on Recognition of Dental Specialties and Certifying
89 Boards (NCRDSCB)

90 Resolutions Adopted by the 2022 ADA House of Delegates Related to Recognition

91 **Anesthesiology Committee:**

92 Update on Review of Managing Sedation Complications Online Course

93 **Continuing Education Committee Summary Report**

94 Consideration of Department of Continuing Education Business

95 Unofficial Actions of the 2022 ADA House of Delegates

96 Update on Council and Committee Current and Planned Continuing Education

97 Update on the Commission on Continuing Education Provider Recognition (CCEPR)

98 New Business - Discussion on the Future of CE at the ADA and SmileCon

99 **Strategic Plan: 2020-2025 - Council Priorities in 2023:**

100 **Action:** The Council approved its priorities as noted below.

101 ➤ On behalf of the ADA, monitor and comment on matters of the Commission on Dental
102 Accreditation, Commission for Continuing Education Provider Recognition, the National
103 Commission on Recognition of Dental Specialties and Certifying Boards and the Joint
104 Commission on National Dental Examinations. [ORGANIZATIONAL GOAL AND PUBLIC GOAL]

105 ➤ Continue to support the ADA and its involvement with the Coalition for Modernizing Dental
106 Licensure. [ORGANIZATIONAL GOAL AND PUBLIC GOAL]

107 ➤ Promote and support the model licensure compact legislation and advocate for changes to state
108 dental practice acts, rules and regulations regarding licensure. [ORGANIZATIONAL GOAL AND
109 PUBLIC GOAL]

110 ➤ Continue to support the implementation and promotion of non-patient clinical licensure
111 examinations, including the Dental Licensure Objective Structured Clinical Examination
112 (DLOSCE). [ORGANIZATIONAL GOAL AND PUBLIC GOAL]

113 ➤ Provide oversight to the Department of Testing Services regarding the administration of the
114 Dental Admission Test (DAT), the Advanced Dental Admission Test (ADAT) and the Admission
115 Test for Dental Hygiene (ATDH). [PUBLIC GOAL AND FINANCIAL GOAL]

116 ➤ Per the 5-year association policy review cycle, consider and possibly recommend revision to the
117 licensure, anesthesiology and specialty recognition policies assigned to the Council for review.
118 [ORGANIZATIONAL GOAL AND PUBLIC GOAL]

119 ➤ Consider the annual reports of the Dental Assisting National Board (DANB) and the National
120 Board for Certification in Dental Laboratory Technology (NBC). [ORGANIZATIONAL GOAL AND
121 PUBLIC GOAL]

123 **REPORTS OF RELATED GROUPS TO THE COUNCIL**

124 **American Dental Association Board of Trustees Liaison:** On the behalf of the Board of Trustees, Dr.
125 Dowd provided the Council with a review of the Board Liaison's role and responsibilities and an update on
126 Board activities. Dr. Dowd highlighted the Board's primary focus include membership, operating in
127 accordance with the Association's values, and the importance of the ADA's flexibility and adaptability. Dr.
128 Dowd noted that he is pleased to be serving as Liaison to the Council and invited Council members to contact
129 him directly anytime with questions about the Board.

130 **Canadian Dental Association (CDA):** Dr. Soucy shared that the CDA was proud to support the launch of the
131 Canada Dental Benefit (CDB), a multi-million-dollar dental care plan by the Canadian government to help
132 access to care in 2022. The CDB will provide payments up to \$650 per child per year for families with
133 adjusted net income under \$90,000 per year and without dental coverage. The CDA is continuing with a
134 governance review to better serve their members in future years. The CDA has concluded its transition of the
135 paper-based Canadian Dental Aptitude Test to a computer-based format. On the behalf of the Canadian
136 Dental Association, Dr. Soucy extended his sincere gratitude to the staff of the ADA Department of Testing
137 for their support on this project. The Commission on Dental Accreditation of Canada became its own entity on
138 January 1, 2023 as mandated by the government. The transition process has been underway for the past two
139 years. The CDA Seal celebrated its 50th anniversary in 2022, and was modeled after the ADA Seal of

140 Acceptance Program. Many new applications from manufacturers of oral health products have been
141 submitted.

142 **Senior Vice President, Education/Professional Affairs:** Dr. Ziebert reported on the activities of the ADA
143 Division of Education and Professional Affairs in the past year. He highlighted the preliminary financials of the
144 budget from the previous year, indicating that the division exceed projected goals in both dues and non-dues
145 revenue. Dr. Ziebert cited the main contributing factor to revenue was the number of test administrations for
146 the year. There were 42,000 total test administrations in 2022, and most segments experienced growth. The
147 number of administrations for both the National Board Dental Examination and the Admission Test for Dental
148 Hygiene doubled from the previous year with 9,000 administrations of the NBDE and 1,100 administrations of
149 the dental hygiene test.

150 During the discussion of the Division's revenue for 2022, the Council requested information about the testing
151 fees and fee waiver programs for the Admission Tests and the National Board Examinations. It was
152 recognized that the fees related the dental and dental hygiene national board examinations are the purview of
153 the Joint Commission on National Dental Examinations. The Council noted that fees related the dental,
154 advanced dental and dental hygiene admission tests are the purview of the Council and Board of Trustees
155 and requested that consideration be given to re-examining those fee schedules.

156 **Action:** The Council requested the Dental Admission Testing Committee to review the Admission
157 Testing Fees schedule and Fee Waiver Programs and consider the feasibility of establishing a re-
158 testing fee schedule and report findings to the June 2023 Council meeting.

159 Dr. Ziebert also shared the priorities for the Division of Education in 2023 include: 1) The Dentist and Dental
160 Hygienist Licensure Compact, and the adoption of the legislation by the states; 2) Future expansion of testing
161 offerings, moving beyond dentistry to other areas in the healthcare field and 3) Increased collaboration with
162 the American Dental Education Association and the dental schools on initiatives that could be beneficial to
163 both associations. Dr. Ziebert noted that there are currently 70 CODA accredited pre-doctoral programs and 6
164 more are proposed. There are currently 332 CODA-accredited dental hygiene programs. Lastly, Dr. Ziebert
165 thanked Karen Hart, senior director of operations and director of CDEL, on her upcoming retirement and for
166 her 37 years of service to the ADA. He looks forward to working with incoming director, Dr. Meaghan
167 Strotman.

168 **New Dentist Committee (NDC):** Dr. Johnson shared that the NDC and the Diversity and Inclusion
169 Committee collaborated to create the "Amplifying Voices" series of open conversations on diversity and
170 inclusion topics. The NDC continues to reach out to dental students to support their transition into practice as
171 well as to engage with ASDA leadership. The NDC hosted ASDA leadership socially, and has participated in
172 ASDA Annual Sessions, ASDA district meetings and the ADA Dentist and Student Lobby Day. The NDC is
173 working on student loan reform and collaborating with the Council on Government Affairs in support of four
174 new bills introduced in Congress this year. A wellness program with 10 ambassadors throughout the U.S. has
175 been established. The NDC hosted a Town Hall on December 14, 2022 on the past, present and future of
176 advocacy. The next NDC Town Hall will be held on March 15, 2023 and will focus on career paths and
177 leadership, encouraging dentists to consider a variety of practice models.

178 **American Student Dental Association (ASDA):** Mr. Kaminsky noted that during the 2021-22 membership
179 year, ASDA had 22,405 members. In November 2022, ASDA welcomed another new chapter: Lincoln
180 Memorial University College of Dental Medicine. This new addition marks the 69th ASDA chapter. Every
181 January, ASDA celebrates its commitment to community service and dental outreach. During the week of
182 January 16-22, ASDA celebrated its Week of Service; this year's theme was "Serving the Underserved." The
183 Board of Trustees is currently undergoing review of applications to serve on ASDA's national councils, the
184 editorial board, and executive committee, and will appoint leaders at the end of January. Candidates for
185 District Trustee will be elected by their district at Annual Session, February 17-19. ASDA's Council on
186 Membership is reviewing applications to the Gold Crown Award Program, which recognizes chapter efforts to
187 support ASDA's mission through programming. Mr. Kaminsky highlighted upcoming national meetings in
188 2023 include: Annual Session in Seattle, WA on February 17-19 and ADA Dentist and Student Lobby Day in
189 Washington, D.C. on March 5-7.

190 **Commission on Dental Accreditation:** The Council was reminded that the Unofficial Report of Major
191 Actions of CODA's August 2022 meeting was provided in the agenda book and is available on CODA's

192 website. Dr. Took's noted that the Commission has formed an ad hoc committee to study the predoctoral
193 dental education standards and propose potential revisions. There is an additional ad hoc committee studying
194 advanced dental education program sponsors and developing recommendations. CODA does not have any
195 validity and reliability studies planned in 2023. The public and communities of interest have the opportunity to
196 observe the proceedings of CODA's Open Session via Zoom Webinar. Dr. Took's concluded by emphasizing
197 that CODA continues to uphold and adhere to its policy and procedure for review of accreditation standards.

198 **American Dental Education Association (ADEA):** Ms. Rebecca Stolberg shared that ADEA's centennial
199 will be celebrated at the 2023 ADEA Annual Session and Exhibition in Portland, Oregon in March. The dental
200 student graduate survey titled, "Dentists of Tomorrow 2022" was published in September 2022, the 2021-
201 2022 ADEA Faculty Census report was published in early 2023, the biannual Allied Dental Program Directors
202 survey was launched in November 2022 with results expected in summer 2023 and the Canadian Senior
203 Students Survey is expected to be launched in 2023 after a redesign and three-year hiatus. Ms. Stolberg
204 highlighted the ADEA Micro-credentialing Program, the continued progress of the Compendium Entrustable
205 Professional Activities (EPA) workgroup, and a collaboration with the ADA to develop a modular curriculum to
206 assist new dentist and allied dental teaching faculty entering academia from private practice. ADEA's
207 upcoming 2023 Capitol Hill Day will be held in-person on March 29th and virtually on March 30th. The
208 inaugural ADEA Climate Survey was launched in January 2022 to measure perceptions at US and Canadian
209 dental schools and allied dental education programs. The collected data will be used to assist in the
210 development of strategic initiatives intended to foster a more humanistic educational environment. Early
211 results are posted on ADEA's website, and more information will be forthcoming.

212 **Joint Commission on National Dental Examinations (JCNDE):** Dr. Waldschmidt shared a presentation
213 highlighting the activities of the Joint Commission on National Dental Examinations (JCNDE). The
214 presentation focused on the role of the JCNDE as a commission of the ADA, the role of the Department of
215 Testing Services (DTS), and upcoming JCNDE strategic initiatives including improvements to scoring
216 precision, measurement and test security, increasing stakeholder engagement, and a strategic planning
217 meeting scheduled in May 2023.

218 **American Association of Dental Boards (AADB):** Dr. Socha-Mower shared that the 2023 Mid-Year
219 meeting will be held virtually on April 21-22, 2023. Agenda items scheduled for discussion include safety
220 plans for state agencies, dental unit waterline quality and the dental and dental hygienist licensure compact. It
221 was noted that AADB's Accredited Continuing Education (ACE) program is recognized by 16 state dental
222 boards. Dr. Socha-Mower highlighted the AADB Clearinghouse database and its reporting capabilities. The
223 most recent edition of the *AADB Bulletin* quarterly publication was released in January 2023 with the next
224 edition scheduled for publication in April 2023. The AADB Annual Meeting will take place in Hollywood, CA on
225 October 19-21, 2023.

226 **National Commission on Recognition of Dental Specialties and Certifying Boards (NCRDSCB):**
227 Ms. Baumann shared that the Unofficial Report of Major Actions of the National Commission's meeting in
228 March 2022 was provided to the Council and is also available on the National Commission's website. The
229 National Commission has conducted a self-assessment and will soon hold an initial discussion about the
230 2025-2030 strategic plan. The National Commission is preparing for its upcoming meeting in April 2023. On
231 behalf of the Commission, she thanked the Council for its leadership role in proposing revisions to the
232 Requirements for Recognition of Dental Specialties and National Certifying Boards for Dental Specialists
233 which were approved by the 2022 ADA House of Delegates.

234 **REPORTS OF COUNCIL MEMBERS SERVING ON OTHER ASSOCIATION AGENCIES/COMMITTEES**

235 **Library and Archives Advisory Board Update:** Dr. Barbara Mousel, CDEL representative serving on the
236 ADA Library and Archives Advisory Board, and Ms. Heidi Nickisch Duggan, director of the ADA Library and
237 Archives, briefed the Council on the Library and Archives 2022 activities. The Council was reminded that the
238 Library & Archives provides ADA Members access to subscribed electronic content 24 hours a day. A new
239 electronic resource for research analytics, "InCites" is has been implemented to support the research
240 program's strengths, identify influential researchers, analyze institutional productivity, and visualize
241 collaborators around the world. This new electronic resource enables deep analysis of research publication
242 trends and citation patterns. It was also noted that staff informationist, Ms. Kelly O'Brien engages in expert
243 searching for EBD clinical guideline development and systematic reviews, provides education and access to
244 evidence-based clinical tools and drug information, and provides expert support for other initiatives. Data

245 informationist, Ms. Nicole Strayhorn, collaborates with divisions across the ADA to consult and provide data
246 visualization services, e.g., the new specialty licensure map for the Dental Licensure Dashboard, and
247 enhancing the National Membership Dashboard and State Membership Dashboard.

248 **COMMITTEE REPORTS**

249 **Dental Education Committee:** Dr. Jason Tanguay presented the Committee's comments and
250 recommendations to the Council. The following summarizes the agenda items discussed.

251 **Annual Report of the National Board for Certification in Dental Laboratory Technology (NBC):** The
252 Annual Report was considered in accord with ADA Criteria for Recognition of a Certification Board for Dental
253 Laboratory Technicians. The report included information on changes in policies and procedures related to
254 Board operations and certification requirements. A financial statement and list of current directors serving on
255 the Board were provided. It was noted that NBC continues to work closely with the National Association of
256 Dental Laboratories to keep open important avenues of discussion and development with dental laboratory
257 owners. At the time the report was prepared, there were 3,609 active Certified Dental Technicians (CDT) and
258 181 active retired CDTs. The Council shared the Board's concerns related to the declining number of
259 Certified Dental Technicians and Dental Laboratory Technology Programs accredited by the Commission on
260 Dental Accreditation and requested that NBC be invited to the next Council meeting to share its views and
261 potential actions to address this matter. The Committee concluded and the Council agreed that the National
262 Board for Certification in Dental Laboratory Technology continues to meet the Criteria for Recognition of a
263 Certification Board for Dental Laboratory Technicians.

264 **Action:** The Council accepted the 2022 Annual Report submitted by the National Board
265 for Certification in Dental Laboratory Technology (NBC). Further, the Council directed that NBC
266 representatives be invited to the next Council meeting to discuss efforts addressing the decline in
267 certified dental technicians and dental laboratory technology education programs.

268 **Annual Report of the Dental Assisting National Board, Inc. (DANB):** The Annual Report was considered
269 in accord with ADA Criteria for Recognition of a Certification Board for Dental Assistants and included
270 information on changes in policies and procedures related to Board operations and certification
271 requirements. A financial statement and list of current directors serving on the Board were provided.
272 The Council noted that as of August 31, 2022, DANB had 35,208 CDA Certificants. DANB involves its
273 communities of interest at the Board level when changes to DANB policies and programs are considered;
274 no changes were made to the organization or operation of DANB's Board of Directors during FY 2021-22.
275 However, the organization's fiscal year was revised from a year ending August 31st to a fiscal year coinciding
276 with the calendar year. DANB communications are routinely distributed to its communities of interest via its
277 quarterly newsletter, Certified Press, and provides updates at various DANB forums. The Committee
278 concluded and the Council agreed that DANB continues to meet the Criteria for Recognition of a Certification
279 Board for Dental Assistants.

280 **Action:** The Council accepted the 2022 Annual Report submitted by the Dental Assisting National
281 Board, Inc. (DANB).

282 **Consideration of Review Process for DANB & NBC Annual Reports:** The Committee supported a
283 proposal to streamline and enhance the efficiency of the annual reporting process for the National Board for
284 Certification and the Dental Assisting National Board. The proposed approach called for the Boards to submit
285 comprehensive annual reports every 5 years, following review of the ADA Criteria of Recognition of a
286 Certification Board for Dental Laboratory Technicians and the Criteria for Recognition of a Certification Board
287 for Dental Assistants, and annual updates with documentation on changes made by the boards in subsequent
288 years. The Council agreed with the Committee and supported the revised protocol, including abbreviated
289 report templates.

290 The Council directed that the abbreviated reports be requested for review by the Council in 2023. It was
291 noted that the Criteria for Recognition of Certification Boards will be reviewed by the Council and possibly
292 revised by the House of Delegates in 2024. The Boards will submit comprehensive reports, demonstrating
293 compliance with all Criteria in 2025. In the subsequent years, the Boards will submit the abbreviated reports.
294 This cycle will repeat in 2029.

2023	2024	2025	2026	2027	2028	2029	2030
Abbreviated Application	Criteria for Recognition Review; Abbreviated Application	Complete Application	Abbreviated Application	Abbreviated Application	Abbreviated Application	Criteria for Recognition Review; Abbreviated Application	Complete Application

295 **Action:** The Council approved the abbreviated annual report template (Appendix 1) and process for
 296 the Dental Assisting National Board, effective with submission of its Annual Report in 2023.

297 **Action:** The Council approved the abbreviated annual report template (Appendix 2) and process for
 298 the National Board for Certification of Dental Laboratory Technicians, effective with submission of its
 299 Annual Report in 2023.

300 **Licensure Committee:** Dr. Usman presented the Licensure Committee's comments and recommendations
 301 to the Council. The following summarizes the agenda items discussed and the Council's actions.

302 **Consideration of Licensure Policies Assigned to the Council on Dental Education and Licensure for**
 303 **Review in 2023:** Following the Association's protocol for periodic review of policies every five years, the ADA
 304 policies related to licensure must be reviewed in 2023. Accordingly, the Council considered three licensure
 305 policies. Full text of the policies and proposed changes to these policies are presented in Appendix 3.

306 The Council reviewed the policy titled, "Promotion of Freedom of Movement for Dental Hygienists" and
 307 agreed with the Licensure Committee's recommendation to retain the policy as written.

308 **Action:** The Council directed that the policy titled, "Promotion of Freedom of Movement for Dental
 309 Hygienists" be retained as written and that this be reported to the 2023 House of Delegates.

310 The Council reviewed the policy titled, "Examinations of Allied Dental (Non-Dentist) Personnel" and agreed
 311 with the Licensure Committee's recommendation that the policy be rescinded because of the ambiguity of
 312 which professions are included in the definition of "allied dental (non-dentist) personnel." Further, it was noted
 313 that dental therapist licensure candidates are currently examined together with dental licensure candidates to
 314 ensure there is no bias in scoring of the clinical examinations and ensure one standard of care. It was also
 315 noted that the examination process for dental hygiene licensure candidates is separate from the process for
 316 dentists and dental therapists. Because of the vagueness of the term "allied dental (non-dentist) personnel"
 317 and the current practice of examining candidates for dental and dental therapy licensure together and dental
 318 hygiene candidates separately the Council concluded that the policy should be rescinded.

319 **Action:** The Council directed that a resolution be transmitted to the 2023 House of Delegates
 320 recommending that the policy titled, "Examinations of Allied Dental (Non-dentist) Personnel" be
 321 rescinded.

322 The Council reviewed and discussed the Committee's proposed revisions to the "Comprehensive Policy on
 323 Dental Licensure". Council members discussed and supported the proposed statements urging dental boards
 324 to ensure all dental board members are free of real or perceived conflict of interest and that dental board
 325 members should not serve simultaneously as examiners. The Council did not support the Committee's
 326 proposal to add a statement urging states that require dental board members to also serve as examiners to
 327 reconsider the requirement. The Council agreed with all other proposed amendments to the policy affirming
 328 that determination of clinical competence may include any of the listed assessment pathways, deletion of the
 329 Curriculum Integrated Format category because non-patient examinations are now available, the addition of
 330 licensure compacts to reflect the ADA's support of compacts and additional changes related to the
 331 sequencing of the content.

332 **Action:** The Council directed that a resolution be transmitted to the 2023 House of Delegates
 333 recommending that the policy titled, "Comprehensive Policy on Dental Licensure" be amended as
 334 noted in Appendix 3.

335 Dr. Usman shared that a new Specialty Licensure Map was added to the [Dental Licensure Dashboard](https://www.ada.org/licensuremaps) on
 336 ADA.org in December 2022. Key features were highlighted, and Council members were encouraged to share
 337 the resource with colleagues. A new map highlighting specialty licensure/permit/designation was launched on
 338 the Dental Licensure Dashboard on ADA.org in December 2022: <http://www.ada.org/licensuremaps>. The new

339 map was demonstrated for the Council and members were encouraged to share this resource with
340 colleagues.

341 **Recognition Committee:** Dr. Otomo-Corgel presented the Committee's comments and recommendations to
342 the Council. The following summarizes the agenda items discussed and the Council's actions.

343 **2023 CDEL Review of ADA Recognition Policies:** Following the Association's protocol for periodic review
344 of policies every five years, the ADA policies related to specialty recognition must be reviewed in 2023.
345 Accordingly, the Council considered three policies. Full text of the policies and proposed changes to these
346 policies are presented in Appendix 4.

347 After review of the Policy on State Dental Board Recognition of the National Commission on Recognition of
348 Dental Specialties and Certifying Boards (*Trans.*2018:323), the Committee believed and the Council agreed
349 that the policy is current and relevant.

350 **Action:** The Council directed that the policy titled "Policy on State Dental Board Recognition of the
351 National Commission on Recognition of Dental Specialties and Certifying Boards" be retained as
352 written and that the Council report this conclusion to the 2023 House of Delegates.

353 After review of the policy, Specialty Areas of Dental Practice (*Trans.*1995:633; 2018:330), the Committee
354 concluded that this policy is redundant with the ADA *Requirements for Recognition of Dental Specialties and*
355 *Certifying Boards for Dental Specialists*. The Council agreed with the Committee's recommendation.

356 **Action:** The Council directed that a resolution be transmitted to the 2023 House of Delegates
357 recommending that the policy titled "Specialty Areas of Dental Practice" be rescinded.

358 The policy Requirements for Board Certification (*Trans.*1975:690; 2018:325) was also reviewed.
359 Dr. Otomo-Corgel noted the actions taken in September 2022 by the Council to seek input from the executive
360 directors of Recognized National Dental Specialty Organizations and Recognized National Dental Specialty
361 Certifying Boards regarding the continued relevancy of the policy and whether they believe it should be
362 maintained by the ADA. The responses from these organizations were carefully considered, however, after
363 further deliberation via email, the Committee concluded that the policy is duplicative of the waiver provision
364 found in the *Requirements for Recognition of National Certifying Boards for Dental Specialists*. The Council
365 agreed with the Committee's conclusion.

366 **Action:** The Council directed that a resolution be transmitted to the 2023 House of Delegates
367 recommending that the policy titled "Requirements for Board Certification" be rescinded.

368 **Anesthesiology Committee:** Dr. Divaris presented the Anesthesiology Committee's comments and
369 recommendations to the Council. The following summarizes the agenda items discussed and the Council's
370 actions.

371 **Update on the Development of Sedation and Anesthesia Clinical Practice Guidelines:** In 2016, the ADA
372 House of Delegates adopted *Guidelines for the Use of Sedation and General Anesthesia by Dentists and*
373 *Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students*. In 2017, CDEL
374 requested CSA consider the development of sedation and anesthesia clinical practice guidelines for minimal,
375 moderate and deep sedation in adults to align with other practice guidelines and to ensure the final
376 documents are evidence-based and free from any perceived political biases. CSA agreed and approved the
377 development of guidelines in 2022 in accordance with the five-year review cycle for clinical practice
378 guidelines and ADA policies. Initiation of the guideline development project was delayed until summer 2022
379 due to ADASRI staff resource limitations. In October 2021 CSA appointed an expert panel chair for the
380 project and began the primary collection and preparation of available data. The Council was presented with a
381 December 2022 letter from the Council on Scientific Affairs (CSA) Chair, Dr. Sharukh Khajotia informing
382 CDEL that CSA made the decision to modify the format, scope and timeline of the development of sedation
383 and anesthesia practice guidelines project. The original project plan was to develop clinical practice
384 guidelines for minimal, moderate, and deep sedation in adults. The new recommendation is to complete a
385 scoping review that will provide an overview of the published research on moderate sedation in adults in the
386 dental setting with an estimated delivery date of no later than Q4 2023. Any additional research related to
387 minimal or deep sedation would require an additional separate request from CDEL. The Anesthesiology
388 Committee concluded, and the Council agreed to accept CSA's proposed plan to complete a scoping review.

389 **Action:** The Council directed that a letter be sent to the Council on Scientific Affairs accepting the
390 proposed plan to complete a scoping review on moderate sedation in adults, with an expected
391 delivery date of no later than Q4 2023.

392 It was also noted that due to the CSA's decision to modify the format, scope and timeline of CDEL's request,
393 the Anesthesiology Committee has determined that a review of the current *ADA Guidelines for the Use of*
394 *Sedation and General Anesthesia by Dentists*, the *Guidelines for Teaching Pain Control and Sedation to*
395 *Dentist and Dental Students*, the *ADA Policy Statement: The Use of Sedation and General Anesthesia by*
396 *Dentists* should be conducted to ensure there are no glaring inaccuracies that would require immediate
397 address. The Committee will review the policies for relevance, continued need, and appropriate language and
398 terminology and report its findings to the Council in June 2023.

399 **Consideration of Proposed Revision to the Accreditation Standards for Advanced Dental Education**
400 **Programs in Pediatric Dentistry, Anesthesia Standards:** The Anesthesiology Committee reviewed and
401 discussed the proposed revisions to the Accreditation Standards for Advanced Dental Education Programs in
402 Pediatric Dentistry. During the Committee's discussion, the importance of emergency airway management
403 was repeatedly emphasized and proposed language to reflect this is noted in Appendix 5. The Council was
404 reminded of its action at this meeting, as recommended by the Dental Education Committee, to support the
405 proposed changes circulated by CODA. The Council concluded that it also supported the Anesthesiology
406 Committee's recommendation to urge the Commission to further revise the standards to emphasize the use
407 of standardized simulated patient experiences in emergency airway management training.

408 **Action:** The Council directed written comment be sent to the Commission on Dental Accreditation supporting
409 the proposed revisions to Standard 4-7 "Accreditation Standards for Advanced Dental Education Programs in
410 Pediatric Dentistry" and urging the Commission to place further emphasis on emergency airway management
411 via standardized simulated patient experiences as proposed in Appendix 5.

412
413 **EMERGING ISSUES, TRENDS AND MISCELLANEOUS AFFAIRS:**

414 **ADA Executive Director's Update:** Dr. Raymond Cohlmiya, Executive Director, provided an update on his
415 priorities for the ADA, noting his focus on the future. He is working to streamline the ADA's complex structure.
416 Project-based accounting will be implemented which will replace Board Report 2. A future goal is to have
417 non-dues revenue drive dues revenue. Strategic forecasting and mission-based accountability will be
418 operational in the fall as new staff are hired. Membership remains a top priority, and he has met with specialty
419 organizations, affiliated organizations and members of the dental industry in 2022. He will continue his visits
420 to dental schools with 30 trips planned for 2023. Dr. Cohlmiya has been working with IT on future
421 enhancements to the ADA App which was launched in October 2022. Aptify will be replaced with Fonteva &
422 Salesforce; Office 365 will replace ADA Connect and the new systems will offer enhanced functionality, better
423 security and operational efficiencies.

424 **Remarks from the Chief Strategy Officer:** Dr. Preble shared that he oversees the Public & Professional
425 Groups at the ADA, including Education, Government Affairs, Health Policy Institute, Practice Institute,
426 Council on Scientific Affairs and ADA Science & Research Institute. The ADA's objective is to have strategic
427 alignment among those groups at the ADA. Dr. Preble explained by identifying subject matter experts,
428 developing communication channels and determining metrics to measure the impact of these groups, the
429 ADA can achieve harmony between the groups and eliminate duplication of efforts. Dr. Preble will schedule
430 meetings with the chairs and vice chairs of the councils in early 2023 to formalize plans for the year.

431 **Academy for Advancing Leadership Scholarship Overview and Testimony:** Dr. Tucker-Lively provided
432 an update about the AAL's Institute for Teaching (ITL), designed as a 4-day onsite program for dental
433 educators to help participants achieve better student outcomes by refining their teaching skills and enhancing
434 the quality of their interactions with students in the classroom and the clinic. Dr. Woodstock Tom was the
435 recipient of the CDEL scholarship and in his evaluation of the program, he noted that it helped him develop
436 educational concepts, techniques, his teaching philosophy and testing methods. Dr. Tucker-Lively shared that
437 the next ITL training will be held in Chicago at ADA Headquarters on August 13-16, 2023.

438 **Dental Assisting National Board (DANB) Update:** Dr. Mousel shared that she was recently appointed to
439 the Dental Assisting National Board's Board of Directors. She introduced DANB staff leaders, Ms. Laura
440 Skarnulis, Chief Executive Officer, Mr. Aaron White, Chief Operating Officer, and Ms. Hanna Aronovich, Chief
441 Marketing and Strategy Officer. The DANB representatives provided a presentation on DANB's recent and

442 planned activities and summarized the Stakeholder Forum hosted by DANB in July 2022.

443 **Council Chairs Remarks:** Prior to the Council meeting, Dr. Nickman invited the chairs and vice chairs of
444 other Councils to attend a portion of the Council meeting on January 27th and share activities of their
445 agencies. The following 8 Council chairs/vice chairs attended and provided updates (listed in order of
446 appearance):

- 447 • Council on Government Affairs - Dr. Daniel Gesek
- 448 • Council on Dental Practice - Dr. Manish Chopra
- 449 • Council on Communications - Dr. Prabha Krishan
- 450 • New Dentist Committee - Dr. Gabe Holdwick
- 451 • Council on Advocacy for Access and Prevention - Dr. Elizabeth Simpson
- 452 • Council on Ethics, Bylaws and Judicial Affairs - Dr. Debra Peters
- 453 • Council on Membership - Dr. Nipa Thakkar
- 454 • Council on Scientific Affairs – Dr. Sharukh Khajotia

455 **Coalition for Modernizing Dental Licensure (CMDL):** Dr. Strotman provided an updated on recent activities
456 of the Coalition for Modernizing Dental Licensure (CMDL). The Coalition's updated website was launched in
457 July 2022. The Executive Committee met on September 15th to review and submit comment on the draft
458 language of the Dentist and Dental Hygienist Compact and elect the Chair and Vice-chair for the 2022-2023
459 term. In the afternoon of September 15th, the Executive Committee hosted a webinar for members and
460 supporters, highlighting the development of the Dentist and Dental Hygienist Compact and provided updates
461 on the changing environment for initial licensure. In October 2022, the Coalition sent letters to the Georgia
462 Board of Dentistry and the Texas State Board of Dental Examiners supporting acceptance of manikin
463 examinations for licensure and urging the boards to eliminate the patient-based examination option. The
464 Executive Committee met again in December to prioritize and set goals for 2023. The Coalition concluded
465 2022 with 122 partner organizations. The first Executive Committee meeting of 2023 is scheduled for
466 February 9th, and the Coalition will present and host a booth at the 2023 ADEA Annual Session & Exhibition
467 in Portland, Oregon in March.

468 **Licensure Compacts Update:** Dr. Lepowsky summarized the process and timeline on the development of
469 the Dentist and Dental Hygienist Compact for the Council and shared that the final language was release for
470 consideration by the states in January 2023. He went on to highlight state and practitioner requirements to
471 participate in the compact and noted that the compact will be operational. The compact Commission will be
472 established when a minimum of seven states have adopted the compact legislation. Dr. Ziebert and Ms. Hart
473 shared a graphic that showed states that have indicated interest in the compact and where advocacy for
474 compact enactment will likely occur in 2023.

475 **Chair and Vice-chair Election Process:** Dr. James D. Nickman (ADA appointee), will complete his term as
476 chair of the Council at the close of the 2023 ADA House of Delegates meeting on October 10, 2023.
477 Dr. Najia Usman (ADA appointee) will also complete her one-year term as vice-chair of the Council at that
478 time. The Council was reminded that at its June 2023 meeting, members will elect a chair and vice-chair for
479 the 2023-2024 year.

480 **State Associations' Letter to CODA Regarding Student-to-Faculty Ratios and Workforce Issues:** The
481 Council discussed a letter submitted by 17 state dental associations to the Commission on Dental
482 Accreditation expressing concern about faculty-to-student ratios cited in the accreditation standards for allied
483 dental education programs. The Council recognized the workforce challenges facing the profession and
484 educational institutions and supported the letter's request for an explanation and rationale for the current
485 faculty-to-student ratios noted in the Accreditation Standards.

486 **Action:** The Council directed that correspondence be transmitted to the Commission on Dental
487 Accreditation in support of the letter requesting CODA to re-evaluate and re-examine the current
488 faculty-to-student ratios applied in the accreditation standards, including an assessment, rationale,
489 and data to support specific ratios.

490 **NEW BUSINESS**

491 **Future Meeting Dates:** The next meeting of the Council on Dental Education is scheduled for June 19-20,

492 2023 at ADA Headquarters in Chicago, IL.

493 **Executive Session:** The Council moved into Executive Session at 12:08 pm and resumed the meeting at
494 12:26 pm.

495 **Adjournment:** 12:27 PM Friday, January 27, 2023.

496 **Appendices**

497 **Appendix 1:** DANB Abbreviated Annual Report Template

498 **Appendix 2:** NBC Abbreviated Annual Report Template

499 **Appendix 3:** Proposed Revisions to ADA Licensure Policies

500 **Appendix 4:** Proposed Revisions to ADA Specialty Recognition Policies

501 **Appendix 5:** Proposed Revisions to Standard 4-7 "Accreditation Standards for Advanced Dental
502 Education Programs in Pediatric Dentistry"

DANB Abbreviated Annual Report Template

Criteria for Recognition of a Certification Board for Dental Assistants (*Trans.*1989:520; 2014:460; 2019:278)

Overview:

An area of subject matter responsibility of the Council on Dental Education and Licensure as indicated in the Governance and Operational Manual of the American Dental Association is certifying boards and credentialing of allied dental personnel. The Council studies and makes recommendations on policy related to the approval or disapproval of national certifying boards for allied dental personnel (each of which is referred to herein after as “the Board”). A mechanism should be made available for providing evidence that a dental assistant has acquired the knowledge and ability that is expected of an individual employed as a dental assistant through a program of certification. Such a certification program should be based on the educational requirements for dental assistants approved by the Commission on Dental Accreditation. The dental profession is committed to assuring appropriate education and training of all personnel who participate in the provision of oral health care to the public. The following basic requirements are applied by the Council on Dental Education and Licensure for the evaluation of an agency which seeks recognition of the American Dental Association for a program to certify dental assistants that reflects educational standards approved by the dental profession.

DANB’s Executive Summary:	
I. Organization	
<p>1. The Board shall have no less than five nor more than nine voting members designated on a rotating basis in accordance with a method approved by the Council on Dental Education and Licensure. The following organizations/interests shall be represented on the Board:</p> <ul style="list-style-type: none"> a. American Dental Assistants Association 	<p>Description of changes since previous year:</p>

<p>b. American Dental Association c. American Dental Education Association d. American Association of Dental Boards e. Public f. The at-large population of Board Certificants</p> <p>All dental assistant members shall be currently certified by the Board.</p>	<p>Supporting Documents:</p>
<p>2. The Board shall submit to the Council on Dental Education and Licensure evidence of adequate financial support to conduct its program of certification.</p>	<p>Description of changes since previous year:</p>
	<p>Supporting Documents:</p>
<p>3. The Board may select suitable consultants or agencies to assist in its operations, such as the preparation and administration of examinations and the evaluation of records and examinations of candidates. Dental assistant consultants should be certified by the Board.</p>	<p>Description of changes since previous year:</p>
	<p>Supporting Documents:</p>
<p>4. The Board shall submit in writing to the Council on Dental Education and Licensure a program sufficiently comprehensive in scope to meet the requirements established by the American Dental Association for the operation of a certifying board for dental assistants. This statement should include evidence that the Board has the support of the American Dental Assistants Association, the organization representative of dental assistants, as well as other groups within the communities of interest represented by the Board.</p>	<p>Description of changes since previous year:</p>
	<p>Supporting Documents:</p>
<p>II. Operation of Board</p>	

<p>1. The Board shall grant certification to individuals who have provided evidence of knowledge-based competence in dental assisting.</p>	<p>Description of changes since previous year:</p>
	<p>Supporting Documents:</p>
<p>2. The Board shall submit in writing to the Council on Dental Education and Licensure a plan for renewal of certificate currently held by certified persons.</p>	<p>Description of changes since previous year:</p>
	<p>Supporting Documents:</p>
<p>3. The Board shall submit annually to the Council on Dental Education and Licensure data relative to its financial operations, applicant eligibility criteria, examination procedures and pass/fail results of its certifying examination. The Certification Board must establish and maintain documented policies concerning current, prospective and lapsed certificants including, but not limited to eligibility, application, assessments, certification renewals and appeals. Additionally, the Certification Board must establish, analyze, publish, and review examination content outlines which lay the foundation for the knowledge and skills tested on the assessment instruments and provide evidence of validity and reliability.</p>	<p>Description of changes since previous year:</p>
	<p>Supporting Documents:</p>
<p>4. The Board shall administer the certification examinations at least twice each calendar year with administrations publicized at least six months prior to the examination.</p>	<p>Description of changes since previous year:</p>

	Supporting Documents:
5. The Board shall maintain and make available a current list of all persons certified.	Description of changes since previous year:
	Supporting Documents:
6. The Board shall have authority to conduct the certification program; i.e., the Board shall be responsible for evaluating qualifications and competencies of persons certified and for maintaining adequate standards for the annual renewal of certificates. However, proposals for important changes in the examination eligibility criteria or the Board procedures and policies must be circulated reasonably well in advance of consideration to affected communities of interest for review and comment. Proposed changes must have the approval of the Council on Dental Education and Licensure.	Description of changes since previous year:
	Supporting Documents:
7. The Board shall maintain close liaison with the organizations represented on the Board. The Board shall report on its program annually to the organizations represented on the Board.	Description of changes since previous year:
	Supporting Documents:
III. Granting Certificates	
1. In the evaluation of its candidates for certification, the Board shall use standards of education and clinical experience approved by the Commission on Dental Accreditation. The Board shall require for eligibility for certification the successful completion of a dental assisting education program accredited by the Commission on Dental Accreditation, and satisfactory performance on an examination prescribed by the Board.	Description of changes since previous year:
	Supporting Documents:

2. The Board shall grant certification or recertification annually to those who qualify for certification. The Board may require an annual certificate renewal fee to enable it to carry on its program.

Description of changes since previous year:

Supporting Documents:

IV. Waivers

It is a basic view of the Council that all persons seeking certification shall qualify for certification by completing satisfactorily a minimum period of approved training and experience and by passing an examination. However, the Council realizes that there may be need for a provision to recognize candidates who do not meet the established eligibility criteria on educational training. Therefore, the Board may make formal requests to the Council on Dental Education and Licensure regarding specific types of waivers which it believes essential for certification and/or certificate renewal. Such requests shall be substantiated and justified to and supported by the organizations represented on the Board; only waivers approved by the Council on Dental Education and Licensure may be used.

Waivers requested by DANB:

NBC Abbreviated Annual Report Template

Criteria for Recognition of a Certification Board for Dental Laboratory Technicians (*Trans.*1998:92, 713; 2014:462; 2019:280)

An area of subject matter responsibility of the Council on Dental Education and Licensure as indicated in the Governance and Operational Manual of the American Dental Association is certifying boards and credentialing of allied dental personnel. The Council studies and makes recommendations on policy related to the approval or disapproval of national certifying boards for allied dental personnel (each of which is referred to hereinafter as “the Board”).

A mechanism for the examination and certification of dental laboratory technicians is necessary to provide the dental profession with an indication of those persons who have demonstrated their ability to fulfill the dental laboratory work authorization. Such a certification program should be based on the educational requirements for dental laboratory technicians approved by the Commission on Dental Accreditation.

The following basic requirements are applied by the Council on Dental Education and Licensure for the evaluation of an agency which seeks recognition of the American Dental Association for a program to certify dental laboratory technicians on the basis of educational standards approved by the dental profession.

NBC’s Executive Summary:	
I. Organization: An agency that seeks approval as a Certification Board for Dental Laboratory Technicians should be representative of or affiliated with a national organization of the dental laboratory industry and have authority to speak officially for that organization. It is required that each dental laboratory technician member of the Certification Board hold a certificate in one of the areas of the dental laboratory technology.	Description of changes since previous year:
	Supporting Documents:

<p>II. Authority and Purpose: The rules and regulations established by the Certification Board of Dental Laboratory Technicians will be considered for approval by the Council on Dental Education and Licensure on the basis of these requirements. Changes that are planned in the rules and regulations of the Certification Board should be reported to the Council before they are put into effect. The Board shall submit data annually to the Council on Dental Education and Licensure relative to its financial operations, applicant admission and examination procedures, and results thereof. The principal functions of the Certification Board shall be:</p> <ol style="list-style-type: none"> a. to determine the levels of education and experience of candidates applying for certification examination within the requirements for education established by the Commission on Dental Accreditation; b. to prepare and administer comprehensive examinations to determine the qualifications of those persons who apply for certification; and c. to issue certificates to those persons who qualify for certification and to prepare and maintain a roster of certificants. 	<p>Description of changes since previous year:</p> <hr/> <p>Supporting Documents:</p>
<p>III. Qualifications of Candidates: It will be expected that the minimum requirements established by the Certification Board for the issuance of a certificate will include the following:</p> <ol style="list-style-type: none"> a. satisfactory legal and ethical standing in the dental laboratory industry; b. graduation from high school or an equivalent acceptable to the Certification Board; c. a period of study and training as outlined in the Accreditation Standards for Dental Laboratory Technology Education Programs, plus an additional period of at least two years of working experience as a dental laboratory technician; or, five years of education and/or experience in dental technology; and d. satisfactory performance on examination(s) prescribed by the Certification Board. 	<p>Description of changes since previous year:</p> <hr/> <p>Supporting Documents:</p>

<p>IV. Standards: The Certification Board must establish and maintain documented policies concerning current, prospective and lapsed certificants including, but not limited to: eligibility, application, assessments, certification renewals and appeals. Additionally, the Certification Board must establish, analyze, publish and review examination content outlines which lay the foundation for the knowledge and skills tested on the assessment instruments and provide evidence of validity and reliability.</p>	Description of changes since previous year:
	Supporting Documents:

ADA Licensure Policies – Retained as Written**Promotion of Freedom of Movement for Dental Hygienists (*Trans.1990:550; 2018:321*)**

Resolved, that the state boards of dentistry be urged to give consideration to the profession's ongoing need for dental hygienists and develop licensure mobility pathways under which dental hygienists licensed in good standing in one state may be licensed for practice in another state without completing an additional clinical examination.

Examinations for Allied Dental (Non-Dentist) Personnel (*Trans.2010:595; 2018:322*)

Resolved, that the ADA strongly urges state dental boards to require examination of candidates for dental licensure separately from candidates for allied dental (non-dentist) licensure.

ADA Licensure Policy to be Amended
Proposed additions underlined; proposed deletions ~~stricken~~

1 **Comprehensive Policy on Dental Licensure**

2

3 **General Principles**

- 4 • One standard of competency for dental licensure must be in place in order to provide quality oral
5 health care to the public.
- 6 • Provisions for freedom of movement across state lines for all dental professionals should exist to
7 facilitate the provision of quality oral health care to the public.
- 8 • Federal licensure and federal intervention in the state dental licensure system are strongly
9 opposed.
- 10 • Efforts of unlicensed and unqualified persons to gain a right to serve the public directly in the field
11 of dental practice are strongly opposed.
- 12 • Elimination of patients in the clinical licensure examination process is strongly supported to
13 address ethical and psychometric concerns, ~~including those identified in the ADA Council on Ethics,~~
14 ~~Bylaws and Judicial Affairs statement entitled Ethical Considerations When Using Patients in the~~
15 ~~Examination Process (Reports 2008:103).~~ State dental societies and dental boards are urged to
16 work toward acceptance of valid and reliable clinical assessments that do not require single-
17 encounter performance of procedures on patients.
- 18 • The state boards of dentistry in each state or licensure jurisdiction are the sole licensure and
19 regulating authorities for all dentists and allied dental personnel.
- 20 • State dental boards must ensure that all dental board members are free of real and perceived
21 conflicts of interest. The Association believes that dental board members should not serve
22 simultaneously as examiners with a clinical testing agency.
- 23 • State dental boards are encouraged to require verification of completion of continuing dental
24 education as a condition for re-registration of dental licenses.
- 25 • Dentists identified as deficient through properly constituted peer review mechanisms should
26 undergo assessment and corrective competency-based education and such provisions should be
27 included in laws, rules and regulations.

28

29 **Initial Licensure**

30 States are urged to accept the following common core of requirements for initial licensure:

- 31 1. Completion of a DDS or DMD degree from a university-based dental education program
32 accredited by the Commission on Dental Accreditation.
- 33 2. Successful passage of the National Board Dental Examination, ~~a valid and reliable written~~
34 ~~cognitive test.~~
- 35 3. A determination of clinical competency for the beginning practitioner, which may include any
36 of the following assessment pathways:
- 37 • Acceptance of clinical examination results from any ~~clinical~~ testing agency that do not
38 involve the use of single encounter procedure-based examinations involving patients;
39 or
- 40 • Graduation from CODA-accredited PGY-1 program, that is, a residency program at least
41 one year in length at a CODA-accredited clinically-based postdoctoral general

ADA Licensure Policy to be Amended

Proposed additions underlined; proposed deletions ~~stricken~~

- 1 dentistry and/or successful completion of at least one year of a specialty residency
2 program; or
- 3 • An Objective Structured Clinical Examination (OSCE), that is, a valid and reliable non-
4 patient based examination consisting of multiple, standardized stations that requires
5 candidates to use critical thinking and their clinical knowledge and skills to
6 successfully complete one or more dental procedures problem-solving tasks; or
- 7 • ~~Completion of a portfolio-type examination (such as employed by the California~~
8 ~~Dental Board) or similar assessment, that uses the evaluation mechanisms currently~~
9 ~~applied by the dental schools to assess and document student competence; or~~
- 10 • An Objective Structured Clinical Examination (OSCE), that is, a valid and reliable non-
11 patient based examination consisting of multiple, standardized stations that require
12 candidates to use their clinical and skills to successfully complete one or more dental
13 problem-solving tasks.

14 For initial licensure in dentistry, international graduates of non-CODA accredited dental education
15 programs should possess the following educational credentials: 1) completion of a university-based
16 dental education program accredited by the Commission on Dental Accreditation (CODA) leading
17 to a DDS or DMD degree or 2) graduation from an advanced dental education program in general
18 dentistry accredited by the Commission on Dental Accreditation.

19 **Curriculum Integrated Format Clinical Examination**

20 ~~A Curriculum Integrated Format (CIF) clinical examination addresses ethical concerns associated with~~
21 ~~single encounter patient based examinations currently administered by dental clinical testing~~
22 ~~agencies. A CIF provides candidates opportunities to successfully complete independent "third party"~~
23 ~~clinical assessments on patients of record prior to graduation from a dental education program~~
24 ~~accredited by the Commission on Dental Accreditation.~~

25 ~~The curriculum integrated format, as defined below, should only be employed as a licensure~~
26 ~~examination until a non-patient based licensure examination is developed that protects the public and~~
27 ~~meets psychometric standards. The Association believes that the following CIF provisions must be~~
28 ~~required by state boards of dentistry and incorporated by testing agencies for protection of the patient:~~

- 29 • ~~A CIF examination must be performed by candidates on patients of record within~~
30 ~~an appropriately sequenced treatment plan.~~
- 31 • ~~The competencies assessed by the clinical examining agency must be selected~~
32 ~~components of current dental education program curricula and reflective of~~
33 ~~current dental practice.~~
- 34 • ~~All portions of the CIF examination must be available at multiple times within~~
35 ~~each institution during dental school to ensure that patient care is accomplished~~
36 ~~within an appropriate treatment plan and to allow candidates to remediate and~~
37 ~~retake prior to graduation any portions of the examination which they have not~~
38 ~~successfully completed.~~

40 **Graduates of Non-CODA Accredited Dental Education Programs**

41

42 ~~For initial licensure in dentistry, international graduates of non-CODA accredited dental~~
43 ~~education programs should possess the following educational credentials: 1) completion~~

ADA Licensure Policy to be Amended
Proposed additions underlined; proposed deletions ~~stricken~~

1 ~~of a university-based dental education program accredited by the Commission on Dental~~
2 ~~Accreditation (CODA) leading to a DDS or DMD degree or 2) graduation from a~~
3 ~~postgraduate program in general dentistry accredited by the Commission on Dental~~
4 ~~Accreditation.~~

5
6 **Licensure Compacts**
7

8 State dental societies and dental boards should support licensure compacts to allow
9 freedom of movement for practitioners across state lines. Licensure compacts increase
10 licensees' mobility, facilitate quality oral health care for the public, and support relocating
11 challenges for military members and their families. Licensure compacts benefit licensing
12 boards by providing agreement on uniform licensure requirements, a shared data system
13 for access to primary source documentation of applicant credentials and tracking of
14 adverse actions. They enhance cooperation and immediate availability of information
15 between state boards critical to protecting the public.

16 **Licensure by Credentials**

17 In addition to participating in licensure compacts, states also should have provisions for
18 licensure of dentists who do not participate in licensure compacts. These individuals
19 should demonstrate they are currently licensed in good standing and ~~also~~ have not been
20 the subject of final or pending disciplinary action in any state or jurisdiction in which they
21 have been licensed.

22 ~~This should also apply to experienced, internationally trained dentists, who have been~~
23 ~~licensed in a U.S. jurisdiction, and who may or may not have graduated from a CODA-~~
24 ~~accredited dental school.~~

25 Appropriate credentials may include:

- 26 • DDS or DMD degree from a dental education program accredited by the Commission on
27 Dental Accreditation
- 28 • Specialty certificate/master's degree from an accredited advanced dental education program
- 29 • Specialty Board certification
- 30 • GPR/AEGD certificate from an accredited advanced dental education program
- 31 • Current, unencumbered license in good standing
- 32 • ~~Passing grade on Documentation of successful completion passage of an initial clinical~~
33 ~~competency assessment, licensure exam, unless initial license was granted via completion of~~
34 ~~PGY-1, Portfolio examination, or other state-approved pathway for assessment of clinical~~
35 ~~competency.~~
- 36 • Documentation of completion of continuing education

37 For dentists who hold a current, unencumbered dental license in good standing in any jurisdiction,
38 state dental boards should:

- 39
- 40 • Not require completion of ~~Accept pathways that allow for licensure without completing an~~

ADA Licensure Policy to be Amended
Proposed additions underlined; proposed deletions ~~stricken~~

1 additional clinical examination, ~~e.g., by credentials, reciprocity, and/or endorsement.~~

2 ~~Consider participation in licensure compacts~~

3 • Implement specialty licensure by credentials and/or specialty licensure to facilitate licensure
4 portability of dental specialists.

5 • Make provisions available for a limited or volunteer license for dentists who wish to provide
6 services without compensation to critical needs populations within a state in which they are
7 not already licensed.

8 • Make provisions available for limited teaching permits for faculty members at teaching
9 facilities and dental programs accredited by the Commission on Dental Accreditation.

10 • Make provisions available for active duty military dentists, military spouses and veterans of
11 the armed services.

12 ~~State dental societies and dental boards are strongly encouraged to grant the same benefits of~~
13 ~~licensure mobility to U.S. currently licensed internationally-trained dentists who were are licensed by~~
14 ~~their respective jurisdictions prior to state implementation of the requirement for graduation from a~~
15 ~~CODA accredited dental school with a DDS or DMD degree.~~

16 ~~**Licensure by Credentials for Dentists Who Are Not Graduates of CODA-Accredited**~~
17 ~~**Dental Education Programs**~~

18 ~~State dental societies and dental boards are strongly encouraged to grant the same~~
19 ~~benefits of licensure mobility to U.S. currently licensed dentists who were licensed by their~~
20 ~~respective jurisdictions prior to state implementation of the requirement for graduation from~~
21 ~~a CODA-accredited dental school with a DDS or DMD degree.~~

NOTES

Comprehensive Policy on Dental Licensure

Proposed additions underlined; proposed deletions ~~stricken~~

General Principles

- One standard of competency for dental licensure must be in place in order to provide quality oral health care to the public.
- Provisions for freedom of movement across state lines for all dental professionals should exist to facilitate the provision of quality oral health care to the public.
- Federal licensure and federal intervention in the state dental licensure system are strongly opposed.
- Efforts of unlicensed and unqualified persons to gain a right to serve the public directly in the field of dental practice are strongly opposed.
- Elimination of patients in the clinical licensure examination process is strongly supported to address ethical and psychometric concerns, ~~including those identified in the ADA Council on Ethics, Bylaws and Judicial Affairs statement entitled Ethical Considerations When Using Patients in the Examination Process (Reports 2008:103).~~ State dental societies and dental boards are urged to work toward acceptance of valid and reliable clinical assessments that do not require single-encounter performance of procedures on patients.
- The state boards of dentistry in each state or licensure jurisdiction are the sole licensure and regulating authorities for all dentists and allied dental personnel.
- State dental boards must ensure that all dental board members are free of real and perceived conflicts of interest. The Association believes that dental board members should not serve simultaneously as examiners with a clinical testing agency.
- State dental boards are encouraged to require verification of completion of continuing dental education as a condition for re-registration of dental licenses.
- Dentists identified as deficient through properly constituted peer review mechanisms should undergo assessment and corrective competency-based education and such provisions should be included in laws, rules and regulations.

Initial Licensure

States are urged to accept the following common core of requirements for initial licensure:

1. Completion of a DDS or DMD degree from a university-based dental education program accredited by the Commission on Dental Accreditation.
2. Successful passage of the National Board Dental Examination, ~~a valid and reliable written cognitive test.~~
3. A determination of clinical competency for the beginning practitioner, which may include any of the following assessment pathways:
 - Acceptance of clinical examination results from any clinical testing agency that do not involve the use of single encounter procedure-based examinations involving patients; or
 - Graduation from CODA-accredited PGY-1 program, that is, a residency program at least one year in length at a CODA-accredited clinically-based postdoctoral general dentistry and/or successful completion of at least one year of a specialty residency program; or

- 1 • An Objective Structured Clinical Examination (OSCE), that is, a valid and reliable non-
2 patient based examination consisting of multiple, standardized stations that requires
3 candidates to use critical thinking and their clinical knowledge and skills to
4 successfully complete one or more dental procedures problem-solving tasks; or
- 5 • Completion of a portfolio-type examination (such as employed by the California
6 Dental Board) or similar assessment, that uses the evaluation mechanisms currently
7 applied by the dental schools to assess and document student competence; or
- 8 • An Objective Structured Clinical Examination (OSCE), that is, a valid and reliable non-
9 patient based examination consisting of multiple, standardized stations that require
10 candidates to use their clinical and skills to successfully complete one or more dental
11 problem-solving tasks.

12 For initial licensure in dentistry, international graduates of non-CODA accredited dental education
13 programs should possess the following educational credentials: 1) completion of a university-based
14 dental education program accredited by the Commission on Dental Accreditation (CODA) leading
15 to a DDS or DMD degree or 2) graduation from an advanced dental education program in general
16 dentistry accredited by the Commission on Dental Accreditation.

17 **Curriculum Integrated Format Clinical Examination**

18 ~~A Curriculum Integrated Format (CIF) clinical examination addresses ethical concerns associated with~~
19 ~~single encounter patient based examinations currently administered by dental clinical testing~~
20 ~~agencies. A CIF provides candidates opportunities to successfully complete independent "third-party"~~
21 ~~clinical assessments on patients of record prior to graduation from a dental education program~~
22 ~~accredited by the Commission on Dental Accreditation.~~

23 ~~The curriculum integrated format, as defined below, should only be employed as a licensure~~
24 ~~examination until a non-patient based licensure examination is developed that protects the public and~~
25 ~~meets psychometric standards. The Association believes that the following CIF provisions must be~~
26 ~~required by state boards of dentistry and incorporated by testing agencies for protection of the patient:~~

- 27 • ~~A CIF examination must be performed by candidates on patients of record within~~
28 ~~an appropriately sequenced treatment plan.~~
- 29 • ~~The competencies assessed by the clinical examining agency must be selected~~
30 ~~components of current dental education program curricula and reflective of~~
31 ~~current dental practice.~~
- 32 • ~~All portions of the CIF examination must be available at multiple times within~~
33 ~~each institution during dental school to ensure that patient care is accomplished~~
34 ~~within an appropriate treatment plan and to allow candidates to remediate and~~
35 ~~retake prior to graduation any portions of the examination which they have not~~
36 ~~successfully completed.~~

38 **Graduates of Non-CODA Accredited Dental Education Programs**

39
40 ~~For initial licensure in dentistry, international graduates of non-CODA accredited dental~~
41 ~~education programs should possess the following educational credentials: 1) completion~~
42 ~~of a university-based dental education program accredited by the Commission on Dental~~
43 ~~Accreditation (CODA) leading to a DDS or DMD degree or 2) graduation from a~~
44 ~~postgraduate program in general dentistry accredited by the Commission on Dental~~
45 ~~Accreditation.~~

1
2
3 **Licensure Compacts**

4 State dental societies and dental boards should support licensure compacts to allow
5 freedom of movement for practitioners across state lines. Licensure compacts increase
6 licensees' mobility, facilitate quality oral health care for the public, and support relocating
7 challenges for military members and their families. Licensure compacts benefit licensing
8 boards by providing agreement on uniform licensure requirements, a shared data system
9 for access to primary source documentation of applicant credentials and tracking of
10 adverse actions. They enhance cooperation and immediate availability of information
11 between state boards critical to protecting the public.

12 **Licensure by Credentials**

13 In addition to participating in licensure compacts, states also should have provisions for
14 licensure of dentists who do not participate in licensure compacts. These individuals
15 should demonstrate they are currently licensed in good standing and also have not been
16 the subject of final or pending disciplinary action in any state or jurisdiction in which they
17 have been licensed.

18 ~~This should also apply to experienced, internationally trained dentists, who have been~~
19 ~~licensed in a U.S. jurisdiction, and who may or may not have graduated from a CODA-~~
20 ~~accredited dental school.~~

21 Appropriate credentials may include:

- 22 • DDS or DMD degree from a dental education program accredited by the Commission on
23 Dental Accreditation
- 24 • Specialty certificate/master's degree from an accredited advanced dental education program
- 25 • Specialty Board certification
- 26 • GPR/AEGD certificate from an accredited advanced dental education program
- 27 • Current, unencumbered license in good standing
- 28 ~~• Passing grade on Documentation of successful completion passage of an initial clinical~~
29 ~~competency assessment, licensure exam, unless initial license was granted via completion of~~
30 ~~PGY-1, Portfolio examination, or other state approved pathway for assessment of clinical~~
31 ~~competency.~~
- 32 • Documentation of completion of continuing education

33 For dentists who hold a current, unencumbered dental license in good standing in any jurisdiction,
34 state dental boards should:

- 36 • ~~Not require completion of Accept pathways that allow for licensure without completing an~~
37 ~~additional clinical examination, e.g., by credentials, reciprocity, and/or endorsement.~~

38 ~~• Consider participation in licensure compacts~~

- 39 • Implement specialty licensure by credentials and/or specialty licensure to facilitate licensure
40 portability of dental specialists.

- 1 • Make provisions available for a limited or volunteer license for dentists who wish to provide
2 services without compensation to critical needs populations within a state in which they are
3 not already licensed.

- 4 • Make provisions available for limited teaching permits for faculty members at teaching
5 facilities and dental programs accredited by the Commission on Dental Accreditation.

- 6 • Make provisions available for active duty military dentists, military spouses and veterans of
7 the armed services.

8 ~~State dental societies and dental boards are strongly encouraged to grant the same benefits of~~
9 ~~licensure mobility to U.S. currently licensed internationally-trained dentists who were are licensed by~~
10 ~~their respective jurisdictions prior to state implementation of the requirement for graduation from a~~
11 ~~CODA-accredited dental school with a DDS or DMD degree.~~

12 ~~**Licensure by Credentials for Dentists Who Are Not Graduates of CODA-Accredited**~~
13 ~~**Dental Education Programs**~~

14 ~~State dental societies and dental boards are strongly encouraged to grant the same~~
15 ~~benefits of licensure mobility to U.S. currently licensed dentists who were licensed by their~~
16 ~~respective jurisdictions prior to state implementation of the requirement for graduation from~~
17 ~~a CODA-accredited dental school with a DDS or DMD degree.~~

NOTES

ADA Specialty Recognition Policy to be Retained as Written

Policy on State Dental Board Recognition of the National Commission on Recognition of Dental Specialties and Certifying Boards (*Trans.*2018:323)

Resolved, that the American Dental Association urges all state dental boards to recognize the National Commission on Recognition of Dental Specialties and Certifying Boards as the agency responsible for the recognition of dental specialties and dental specialty certifying boards.

ADA Specialty Recognition Policies Recommended for Recission

Specialty Areas of Dental Practice (*Trans.*1995:633; 2018:330)

Resolved, that the specialty areas of dental practice meet the ADA's "Requirements for Recognition of Dental Specialties" to assure the public of the competence of the dentist who holds himself/herself out to the public as a specialist who performs services which require formal advanced education, training and skills beyond those commonly possessed by the general practitioner.

Requirements for Board Certification (*Trans.*1975:690; 2018:325)

Resolved, that candidates for board certification who completed the prescribed length of education for board certification in a program of an institution then listed by the Council on Dental Education and Licensure prior to 1967 and who have announced ethically limitation of practice in one of the recognized dental specialties are considered educationally eligible.

CODA Proposed Revisions Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry: Standard 4-7 (additions underlined and deletions stricken in red)

CDEL's Proposed Additional Revisions (additions double underlined in blue)

- 4-7 Clinical Experiences: Clinical experiences in behavior guidance **must** enable students/residents to achieve competency in patient management using behavior guidance:
- a. Experiences **must** include infants, children and adolescents including individuals with special health care needs, using:
 1. Non-pharmacological techniques;
 2. ~~Minimal S~~sedation; and
 3. ~~Moderate sedation Inhalation analgesia.~~
 - b. Students/Residents **must** perform adequate patient encounters to achieve competency:
 1. ~~Students/Residents must complete a minimum of 20 nitrous oxide analgesia patient encounters as primary operator; and~~
 2. 1. Students/Residents **must** complete a minimum of 50 patient encounters in which sedative agents other than nitrous oxide (but may include nitrous oxide in combination with other agents) are used to sedate pediatric patients (patients 13 or under), or patients with special health care needs. The agents may be administered by any route.
 - a. Of the 50 patient encounters, each student/resident **must** act as sole primary operator in a minimum of 25 sedation cases.
 - b. Of the remaining sedation cases (those not performed as the sole primary operator), each student/resident **must** gain clinical experience, which can be in a variety of activities or settings ~~including individual or functional group monitoring and human simulation.~~ At least 15 encounters must involve direct patient care, the remaining of which may include standardized simulation experiences emphasizing airway management.