Guidelines for Requesting an
Increase in Authorized Enrollment in
Oral and Maxillofacial Surgery Residency and Fellowship Programs

POLICY ON ENROLLMENT INCREASES IN ADVANCED DENTAL EDUCATION PROGRAMS

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.

The following advanced dental education disciplines have authorized total complement enrollment: dental public health, endodontics, oral and maxillofacial pathology, oral and maxillofacial radiology, oral and maxillofacial surgery (per year enrollment is authorized), orthodontics and dentofacial orthopedics, pediatric dentistry, periodontics, and prosthodontics. Programs with authorized enrollment must use the discipline-specific Guidelines to request and obtain approval for an increase in enrollment prior to implementing the increase.

The following advanced dental education disciplines do not have authorized enrollment: advanced education in general dentistry, general practice residency, dental anesthesiology, oral medicine, and orofacial pain. However, approval of an increase in enrollment in these advanced dental education programs must be reported to the Commission if the program's total enrollment increases beyond the enrollment at the last site visit or prior approval of enrollment increase. Programs must use the discipline-specific 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.

A request for an increase in enrollment with all supporting documentation must be submitted in writing to the Commission by **May 1 or November 1**. A program must receive Commission approval for an increase in enrollment prior to publishing or announcing the additional positions or accepting additional students/residents. Failure to comply with this policy will jeopardize the program's accreditation status, up to and including withdrawal of accreditation.

Requests for *retroactive permanent* increases in enrollment will not be considered. The Commission may consider retroactive temporary enrollment increases due to special circumstances on a case-by-case basis, including, but not limited to:
- Student/Resident extending program length due to illness, parental leave, incomplete projects/clinical assignments, or concurrent enrollment in another program;
- Unexpected loss of an enrollee and need to maintain balance of manpower needs;

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- Urgent manpower needs demanded by U.S. armed forces; and
- Natural disasters.

If a program has enrolled beyond the approved number of students/residents without prior approval by the Commission, the Commission may or may not retroactively approve the enrollment increase without a special focused site visit at the program's expense.

If the focused visit determines that the program does not have the resources to support the additional student(s)/resident(s), the program will be placed on "intent to withdraw" status and no additional student(s)/resident(s) beyond the previously approved number may be admitted to the program until the deficiencies have been rectified and approved by the Commission. Student(s)/Resident(s) who have already been formally accepted or enrolled in the program will be allowed to continue.

Revised: 2/22; 8/20; 1/20; 8/18; 8/16; 2/16; 8/15; 8/10; Reaffirmed: 7/07; CODA: 08/03/22

TIMING OF REQUESTS: Requests for and approval of an increase in authorized enrollment for oral and maxillofacial surgery residency and fellowship programs must be done on a proactive basis before the program expects to implement the increase. Reports **must** be submitted to the Commission by May 1 for review at its Summer meeting or November 1 for review at its Winter meeting. The Commission will not consider inter-cycle requests. For oral and maxillofacial surgery programs that participate in the National Matching Program, requests for enrollment increase must be received no later than May 1 of the year preceding the intended increase (13 months) for review and approval by the Commission. Oral and Maxillofacial Surgery authorized enrollment reflects the number of residents authorized in each year of the program.

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: 8/20; 8/15; 8/10, 7/07, 7/01, 5/88

FORMAT: The report must be clear and concise and must follow the "Required Documentation" and "Mechanics" sections illustrated within this guideline. Reports that fail to adhere to the stated guidelines may be returned to the program for proper formatting.

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REQUIRED DOCUMENTATION: Program directors must ensure that the proposed enrollment increase does not jeopardize the program's ability to meet the Accreditation Standards.

Documentation submitted by the program must include:

1. the number of residents to be increased and in what training year(s);
2. whether the increase is for one-time-only or on a permanent basis (if the increase is one-time-only, the number of years during which the increase applies);
3. the reason for the increase;
4. the ratio of teaching staff to residents;
5. a schedule for all residents at the time of the increase; and
6. a copy of the current CODA Annual Survey.

Omission of any of these documentation areas may postpone Commission action on the request for increase in enrollment.

Programs are advised that clinical caseload numbers must be numbers that the program has at present, and not projected numbers. The numbers must reflect what pertains to the program in a single educational setting including any affiliations (off-campus sites), but not numbers that belong to "rotators" from another program.

The following information is also required:

Cumulative Anesthetic Experience for Each of Last Year's Class of Graduating Residents

Graduated Resident	Ambulatory Anesthesia/Deep Sedation for Oral and Maxillofacial Surgery Outside of the Operating Room		Total General Anesthesia/Deep Sedation (includes all on- and off-service general anesthesia/deep sedation)	
	Adult	Pediatric*	Adult	Pediatric*
A				
B				
C				
D				
E				
F				
G				

*Please ensure that pediatric data reported is in accordance with the July 1, 2019 or later implementation of OMS Standard 4-9.1

Cumulative Anesthetic Experience for Current Final Year Residents

Current Final Year Resident	Ambulatory Anesthesia/Deep Sedation for Oral and Maxillofacial Surgery Outside of the Operating Room		Total General Anesthesia/Deep Sedation (includes all on- and off-service general anesthesia/deep sedation)	
	Adult	Pediatric*	Adult	Pediatric*
A				
B				
C				
D				
E				
F				
G				

*Please ensure that pediatric data reported is in accordance with the July 1, 2019 or later implementation of OMS Standard 4-9.1

For a 12-month period within the last 18 months, provide the number of procedures performed by residents, as the operating surgeon or first assistant to an oral and maxillofacial surgery attending staff member, in the following major oral and maxillofacial surgery categories. (Also indicate the dates of that period by month and year.)

	Number	M/Y to M/Y
Trauma		
Pathology		
Orthognathic		
Reconstructive/Cosmetic		
Other		
Total		

PLEASE NOTE: Range of dates for each procedure may be as little as one week (i.e., April 5-11, 2018), but the actual date of admission or date of service is not acceptable as it is a HIPAA identifier. Whether sedation or surgical records or a log of data is submitted, they must not contain any protected health or personally identifiable information (PHI or PII).

Current Program Enrollment (indicate how many residents, if any, are part-time)

Anticipated Year of Graduation	Number of Residents in 4 year Track	Number of Residents in 5 or 6 year Track	Total in all Tracks
		Total Program Enrollment	

Requested Program Enrollment (indicate how many residents, if any, would be part-time)

Anticipated Year of Graduation	Number of Residents in 4 year Track	Number of Residents in 5 or 6 year Track	Total in all Tracks
		Total Program Enrollment	

A summary of the numbers reported in the program's most recent Annual Survey will be provided with the documentation submitted by the program. If any area(s) is "flagged" as not meeting the required number stipulated by the *Accreditation Standards for Advanced Dental Education Programs in Oral and Maxillofacial Surgery* or the *Accreditation Standards for Clinical Fellowship Training Programs in Oral and Maxillofacial Surgery* as applicable, the program will be notified regarding what this area(s) is and it may address this area(s) through documentation that will be appended to the request, before the review by the Review Committee on Oral and Maxillofacial Surgery Education (OMS RC) and the Commission.

The Commission has directed that program materials be submitted electronically through a secure CODA electronic submission portal or by email, solely. **Paper copies and/or electronic copies mailed to the Commission office will not be accepted.**

MECHANICS: The following guidelines must be observed when preparing your report. Electronic Submission Guidelines are available and **must be strictly followed**. Failure to comply with these guidelines will constitute an incomplete report. Electronic Submission Guidelines are available on the CODA website at this link: https://coda.ada.org/en/policies-and-guidelines/electronic-submission-guidelines

1. COVER PAGE – **Must** include the following information:
    a. date of report
    b. name and address of the institution;
    c. program title;
    d. name, title, telephone number, e-mail address and signature of the program director;
    e. name, title, telephone number, e-mail address and signature of the department head/dean (this is the Chief Administrative Officer of the sponsoring institution)
    f. name, title, telephone number, e-mail address and signature of the chief executive officer (CEO) of the institution (typically the hospital CEO or university president)

    NOTE: The CEO of the institution sponsoring the program must be copied on the letter transmitting the request to the Commission.

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

2. If documentation is extensive, a list of what is provided should be included. The actual items should be **in one (1) separate document that conforms to the electronic submission guidelines.**

    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 https://coda.ada.org/en/policies-and-guidelines/hipaa. Programs that fail to comply with CODA's policy will be assessed an administrative fee of $4000.

POLICY ON PREPARATION AND SUBMISSION OF DOCUMENTS TO THE COMMISSION: All institutions offering programs accredited by the Commission are expected to prepare documents that adhere to guidelines set forth by the Commission on Dental

Accreditation, including required verification signatures by the institution's chief executive officer, the institution's chief academic officer, and program director. These documents may include, but are not limited to, self-study, responses to site visit/progress reports, initial accreditation applications, reports of program change, and transfer of sponsorship and exhibits. The Commission's various guidelines for preparing and submitting documents, including electronic submission, can be found on the Commission's website or obtained from the Commission staff.

In addition, all institutions must meet established deadlines for submission of requested information. Any information that does not meet the preparation or submission guidelines or is received after the prescribed deadlines may be returned to the program, which could affect the accreditation status of the program.

Electronic Submission of Accreditation Materials: All institutions will provide the Commission with an electronic copy of all accreditation documents and related materials, which conform to the Commission's Electronic Submission Guidelines. Electronic submission guidelines can be found on the Commission's website or obtained from the Commission staff. Accreditation documents and related materials must be complete and comprehensive.

Documents that fail to adhere to the stated Guidelines for submission will not be accepted and the program will be contacted to submit a corrected document. In this case, documents may not be reviewed at the assigned time which may impact the program's accreditation status.

Compliance with Health Insurance Portability and Accountability Act (HIPAA) (Excerpt): The program's documentation for CODA must not contain any patient protected health information (PHI) or sensitive personally identifiable information (PII). If the program submits documentation that does not comply with the policy on PHI or PII, CODA will assess an administrative processing 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 administrative processing fee.

> Revised 8/20; Adopted 1/20; Formerly Policy on Electronic Submission of Accreditation Materials, Commission Policy and Procedure Related to Compliance with the Health Insurance Portability and Accountability Act (HIPAA) and Policy on Preparation and Submission of Reports to the Commission

ANNOUNCEMENT OF REVIEW RESULTS: The Commission's actions to approve or deny the requests for enrollment increases in advanced dental education programs in oral and maxillofacial surgery, like other accreditation actions, will be transmitted to the institutions/programs within 30 days following the Winter (January/February) or Summer (July/August) meeting. Accredited program listings will reflect only permanent changes in enrollment.

DENIAL OF REQUESTS: Requests may be denied if the enrollment increase would cause a program to become out of compliance with the *Accreditation Standards*. A denial of the request

for an increase in enrollment may occur if surgical caseload numbers are not in agreement with *Accreditation Standards* or if there is an unsatisfactory ratio of teaching staff to residents.

OTHER CHANGES IN ENROLLMENT: Decreases in enrollment on a one-time-only basis or on a permanent basis must be reported to the Commission, but do not require *prior authorization*. Accredited program listings will reflect permanent decreases. In the case of one-time-only decreases, programs are advised to maintain clinical experiences for the enrollment number for which they are authorized.

Changes in the distribution of residents per year with no increase in total resident complement for which the program is authorized must be reported to the Commission and will require *prior authorization*. The change in distribution of resident enrollment must also be recorded through the CODA annual survey.

ASSISTANCE: If you have questions, it is preferred that you contact staff via email. CODA staff emails can be found on the CODA website at the following link:
https://coda.ada.org/en/accreditation/coda-membership/coda-staff

Staff can also be contacted at 312-440-2714.

Revised: 9/20; Adopted: 11/16

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, 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.

Commission on Dental Accreditation
Privacy and Data Security Requirements for Institutions
(Rev. 8/2021)

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, passport number, or other government issued ID
   - 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, treatment, or payment for health care
   - Mother's maiden name
   - Taxpayer ID number
   - Full 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. **Administrative fee.** *If the program/institution submits any documentation that does not comply with the directives noted above, CODA will assess an administrative 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".