REPORT OF THE STANDING COMMITTEE ON DOCUMENTATION AND POLICY REVIEW

Background: The Standing Committee on Documentation and Policy Review met via videoconference call on July 21, 2020. Committee members in attendance included: Dr. Marsha Pyle (chair), Dr. Scott DeVito, Dr. John Hellstein, Dr. Jeffery Hicks, Dr. Bradford Johnson, Dr. Susan Kass, Dr. Timmothy Schwartz, and Dr. Marshall Titus. In addition, Dr. Sherin Tooks, director, Commission on Dental Accreditation (CODA), Mr. Gregg Marquardt, Ms. Michelle Smith, Ms. Jennifer Snow, and Ms. Peggy Soeldner, managers, CODA, and Ms. Cathryn Albrecht, senior associate general counsel, ADA/CODA, were also in attendance. The Committee began its meeting with a review of the Committee’s charge. The Committee discussed the following items:

Regular Review of Commission Policies: One of the charges of the Standing Committee on Documentation and Policy Review is to regularly review Commission policies and procedures found in the Commission’s Evaluation and Operational Policies and Procedures manual (EOPP) to ensure that they are current and relevant. Appendix 1 identifies the policy review timeline, including the policies and procedures due for review at this time.

The Standing Committee reviewed the policies for regular review found in Appendix 2.

Through review of the policies, the Standing Committee discussed proposed revisions to the Policy on Reporting Program Changes. The Committee discussed at length the proposed revision to the section that outlines actions that CODA can take as a result of a program change, specifically the action “deny the request.” The Committee noted that the proposed addition to this action includes changing a program’s accreditation status when an area of non-compliance is identified in a report of program change submitted retroactively. Following further discussion, the Committee determined the addition is warranted.

The Standing Committee also discussed the Commission’s Policy on Requests for Contact Distribution Lists and whether the practice of providing contact lists should be retained. The discussion revolved around the use(s) of the contact lists, the contact lists approval process, as well as positive and negative ramifications of its continued use. Through lengthy discussion, the Committee noted making contact lists available appears to provide a service to the communities of interest without being a burden to CODA staff or overwhelming for those individuals whose contact information is provided on the lists. The Committee concluded that the policy should be retained at this time and should be further considered at the time of its next regular review.

Through continued review of the policies, the Standing Committee noted the proposed removal of the Policy on Personally Identifiable Student Information and learned that the Health Policy Institute (HPI) ceased collection of such data from accredited dental and dental-related education programs some time ago. Previously, the HPI collected student information on behalf of the
Commission through the Annual Accreditation Survey to all CODA-accredited programs. Therefore, the Committee agreed this policy should be removed from the EOPP.

Following discussion of the remaining policies, the Standing Committee determined that the revisions to policies, as noted in Appendix 2, are warranted and recommended they be adopted.

**Standing Committee Recommendation:** It is recommended that the Commission on Dental Accreditation adopt and implement immediately the proposed revisions to policies found in Appendix 2, including the revision of policies in the Commission’s EOPP and in all appropriate Commission documents.

The Standing Committee also discussed new Guidelines for Interruption of Education found in Appendix 3. Through its review, the Committee noted the Guidelines address general interruptions of education, as opposed to the Guidelines for Reporting an Interruption of Education During COVID-19, recently developed to assist programs in reporting the management of interruptions of education due to COVID-19 to the Commission. The Committee agreed there could be a need for more general Guidelines for reporting interruption of education due unforeseen circumstances resulting in loss of instructional time. Therefore, the Standing Committee believed the Guidelines should be approved.

**Standing Committee Recommendation:** It is recommended that the Commission on Dental Accreditation adopt and implement immediately the new Guidelines for Interruption of Education found in Appendix 3.

**Consideration of Proposed Revisions to Miscellaneous Policies:** On occasion, outside of the regular policy review process, policies that may warrant revision are identified for discussion and possible revision by the Standing Committee. These policies are found in Appendix 4 and include the following: Policy on Review Committees Structure, Policy on Attendance At Open Portion of Review Committee Meetings, Policy on Distribution of Meeting Minutes, Policy on Attendance At Open Portion of Commission Meetings, Policy on Procedures for Hearings on Standards, Confidentiality Policy, and Policy Statement on Site Visitor Training.

The Standing Committee considered revisions to the Policy on Review Committees Structure, specifically item 1.ix, to clarify language that appears to be contradictory. The Committee recalled this policy was revised following the Winter 2020 meeting. At that time, the policy was revised to provide further clarification to assist in handling review committee recusals, especially for the smaller review committees as well as the AGDOO Review Committee where the number of discipline-specific experts is limited. The Committee agreed the language appears to be confusing and discussed possible revisions to provide clarification. Following lengthy discussion, the Committee believed the intent of the policy is to ensure there is a quorum of members of the Review Committee to evaluate a program; however, if there are less than 50% of discipline-specific experts, and the Review Committee Chair believes there is a need, a
temporary discipline-specific expert may be appointed to substitute. The policy could be clarified by rearranging the existing language, as noted in Appendix 4.

The Standing Committee discussed the Policy on Attendance at Open Portion of Review Committee Meetings and the Policy on Attendance at Open Portion of Commission Meetings. The discussion revolved around the use of videoconferencing methods for all CODA meetings during the COVID-19 pandemic, and whether participation in the open portion of meetings should be offered only virtually in the future. Following discussion, the Standing Committee agreed the use of videoconferencing methods has been a valuable alternative for in-person attendance during the COVID-19 pandemic and believed its use should be left to the discretion of the Commission.

The Policy on Distribution of Meeting Minutes was also discussed. The Committee learned the list of individual organizations receiving CODA meeting minutes has been in the EOPP for some time. It is believed that the list represented organizations that would receive a paper copy of Commission meeting minutes following a CODA meeting. However, given technological advancements and CODA’s transparency in distribution of meeting materials and minutes via its public website, it appears there is no specific reason why certain communities of interest continue to be listed and others may not be included. The Committee also noted that CODA’s communities of interest extend beyond those organizations listed in the policy. Since the meeting minutes are made available on the CODA website, the Committee believed listing individual communities of interest is not warranted and recommended the list be removed from the EOPP.

The Standing Committee also reviewed and discussed the Policy on Procedures for Hearing on Standards. The Committee was reminded of recent hearings that were conducted virtually due to the COVID-19 pandemic. In addition, the Committee was informed of a discussion at a recent meeting of the Standing Committee on Communications and Technology regarding a future mechanism for electronic submission of written comments related to proposed revised standards through the CODA website rather than US Mail and Email, which are the current methods by which written comments are received. The Committee noted that a majority of comments on proposed standards come from direct communication to the CODA office rather than hearings on standards. Following lengthy discussion, the Standing Committee believed the Commission should discuss hearings on standards in a broader sense at a future time, perhaps through further discussion of the management of accreditation activities as a result of COVID-19, and determine whether revisions to the policy and/or procedure are warranted.

Following discussion of the remaining policies, the Standing Committee determined that the revisions to policies, as noted in Appendix 4, are warranted and recommended they be adopted.

**Standing Committee Recommendation:** It is recommended that the Commission on Dental Accreditation adopt and implement immediately the proposed revisions to policies found in Appendix 4, including the revision of policies in the Commission’s EOPP and in all appropriate Commission documents.
Commission Actions:

Prepared by:  Ms. Peggy Soeldner
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1. **Preliminary Site Visit Report**: The site visit report is a written *summary of the findings of a site visit* review of the quality of the program and serves as the primary basis for the Commission’s accreditation decision. The report also serves to identify for officials and administrators of educational institutions any program deficiencies and weaknesses relative to the accreditation standards.

The report is an assessment of the program’s compliance with the accreditation standards, including any areas needing improvement, and the program’s performance with respect to student achievement. The report may include recommendations and suggestions related to the *program’s compliance with the accreditation standards* program quality. A program’s continued compliance with any standards for which deficiencies are noted in previous reports, as well as its compliance with current Commission policies and procedures are also noted.

Preliminary drafts of site visit reports are prepared by site visitors, consolidated by Commission staff and transmitted to visiting committee members for review, comment and approval prior to transmittal to the sponsoring institution for review and response.

Effective July 26, 2007, commendations are no longer cited in site visit reports; however, verbal acknowledgement of a program’s strengths may be provided during the exit interview.

Revised: 8/20; 8/14; Reaffirmed: 8/10, 7/07, 7/01, 4/83

2. **Policy On Institutional Review Of Site Visit Reports**: Accreditation is a peer review process whereby an educational program is evaluated by individuals in education and the profession who are identified as having particular expertise in a specific area or field. In this context, a visiting committee is a fact-finding committee charged by the Commission with the responsibility of assessing the quality of an educational program utilizing pre-determined educational requirements and guidelines (standards).

Subsequent to such peer review, an evaluation report (*See Preliminary Site Visit Report*) is developed based upon the factual findings, perceptions, interpretations, observations and conclusions of the external reviewing team. The information contained in site visit reports is obtained from review and verification of materials and documents submitted by the institution’s administration, program directors, faculty and students. Since the information is gathered from various sources, on occasion the perceptions, interpretations and conclusions of the visiting committee may not coincide with those of the administration and program directors who review and comment on the preliminary draft.

In compliance with the due process policy and procedures established by the Commission, the preliminary draft report is sent to the chief executive officer(s), chief academic officer(s), and appropriate program director(s). The Commission requests that the entire preliminary draft report, or specific sections, be released to departmental chairs, and appropriate faculty and standing committees for review. In reviewing the report the Commission requests that the program respond to correct factual inaccuracies within the report and/or note any differences in perception.

It is the policy of the Commission to correct bona fide factual inaccuracies in a report. It does not change the substance of a report based upon differences of interpretations and perceptions. In such cases, however, the institution’s observations regarding these matters are discussed and considered at the Commission’s meeting...
and the final judgment of the Commission is based not only on the site visit report, but also on the institution’s response to that report.

Revised: 8/20; Reaffirmed: 8/10, 7/07, 7/01; CODA: 12/78:4

3. Deadlines For Submission Of Supplemental Information: All programs receive thirty (30) days in which to prepare a response to the preliminary draft site visit report. This response may address any factual inaccuracies or differences in perception and may also report any progress made in implementing recommendations contained in the report.

After the response to the preliminary report has been submitted, a program may wish to report additional progress in implementing recommendations contained in the preliminary report or wish to submit other information for review by the Commission and its Review Committees. While submission of multiple reports is not encouraged, the Commission will accept supplemental information no later than December 1 (for site visits occurring May 1 through October 31) or June 1 (for site visits occurring November 1 through April 30) to allow time for review by the Review Committees.

In this way, fair review of the additional information can be ensured. Any unsolicited information received after December 1 or June 1 will be reviewed by the Review Committee Chair. If adequate time is not available to ensure appropriate review, the materials may be returned to the program or held for consideration at the following meeting in accord with the wishes of the program.

Revised: 8/14; 7/05; Reaffirmed: 8/20; 8/10, 7/01, 5/93, 12/88

4. Final Site Visit Report: After the Commission has reached a decision regarding the accreditation status of the program, a final site visit report is prepared and transmitted to the chief executive officer(s), chief academic officer(s), and appropriate program director(s). The site visit report reflects the program as it existed at the time of the site visit. The final report to the institution does not reflect any improvements or changes made subsequent to a site visit and described in the institution’s response to the preliminary draft of the site visit report. Such changes or improvements represent progress made by the institution subsequent to the site visit. It should be noted, however, that information on such progress is considered by the Commission in determining accreditation status.

Reaffirmed: 8/20; 8/14; 8/10

5. Policy On Distribution Of Site Visit Reports: The Commission recommends that the chief academic officer and program director disseminate the preliminary draft report and the final site visit report to all chairs, appropriate faculty and standing committees for review to allow for broad input as the program works toward implementing any specific recommendations contained in the report.

Revised: 8/14; Reaffirmed: 8/20; 8/10, 7/07, 7/01, 12/91, 5/80

6. Policy On Reports For Co-Sponsored Programs: In special circumstances of co-sponsorship of programs where preparation of an integrated site visit report would breach confidentiality for one or more of the programs, the Commission has determined that confidentiality takes precedence over integration of reports and separate reports may be prepared. This decision will be made in consultation with the chief executive officers of the co-sponsoring institutions.

Reaffirmed: 8/20; 8/14; 8/10, 7/07, 7/01; CODA: 12/91:12
V. OTHER POLICIES AND PROCEDURES RELATED TO ACCREDITATION

A. INFORMATION ON THE COMMISSION’S WEBSITE

The following information is posted on the Commission’s website as indicated. Some of these items are mandated by the Commission, while others are merely viewed as a service to accredited programs.

The following items are routinely posted following the Commission’s winter meeting:

- Report of Unofficial Actions of the Commission
- List of Commissioners and appended biographical information
- List of Scheduled Site Visits
- Policy On Third Party Comments
- Policy on Complaints and Guidelines for Filing a Complaint
- Summer Commission Meeting – Open Session Announcement and Materials, as available
- Commission policies, procedures and guidelines for reporting program changes:
  - Guidelines for Requesting Increase in Enrollment (for all dental and advanced dental education programs)
  - Policy and Guidelines for Reporting Program Changes In Accredited Programs
  - Policy and Guidelines on Reporting and Approval of Sites Where Educational Activity Occurs
  - Policy and Guidelines for Preparing a Teach-Out Report
  - Policy and Guidelines for Transfer of Sponsorship
  - Policy and Guidelines for Interruption of Education
  - BioSketch Templates
  - Electronic Submission Guidelines
  - Privacy and Data Security Summary for Institutions/Programs

The following items are routinely posted following the Commission’s summer meeting:

- Report of Unofficial Actions of the Commission
- List of Scheduled Site Visits
- Policy On Third Party Comments
- Winter Commission Meeting – Open Session Announcement and Materials, as available
- Commission policies, procedures and guidelines for reporting program changes:
  - Guidelines for Requesting Increase in Enrollment (for all dental and advanced dental education programs)
  - Policy and Guidelines for Reporting Program Changes In Accredited Programs
  - Policy and Guidelines on Reporting and Approval of Sites Where Educational Activity Occurs
  - Policy and Guidelines for Preparing a Teach-Out Report
  - Policy and Guidelines for Transfer of Sponsorship
  - Policy and Guidelines for Interruption of Education
  - BioSketch Templates
  - Electronic Submission Guidelines
  - Privacy and Data Security Summary for Institutions/Programs

The following items are posted at appropriate intervals:

- Department of Education Observers May Attend Site Visits
- Re-recognition: Opportunity for Third Party Testimony

Revised: 8/20; 2/16; 8/15; 2/15; Reaffirmed: 8/10
B. PROGRESS REPORTS

Programs with recommendations identified as unmet following Commission review of site visit reports and institutional responses are required to submit progress reports. A progress report is submitted by the chief administrator of the program director and it is due at a time specified by the Commission, at six (6) month intervals unless otherwise specified. If an interval of longer than six (6) months is established, an institution may submit its progress report earlier than requested, but prior approval is necessary if a delay is anticipated. Evidence of compliance with all recommendations must be demonstrated within the specified time frame. Not to exceed (eighteen (18) months if the program is between one (1) and two (2) years in length or two (2) years if the program is at least two (2) years in length). When Accreditation Standards are revised during the period in which the program is submitting progress reports, the program will be responsible for demonstrating compliance with the new standards. Identification of new deficiencies during the reporting time period will not result in a modification of the specified deadline for compliance with prior deficiencies. The progress report must respond specifically to each recommendation determined to be unmet that was contained in the Commission’s report. The progress report must quote each individual recommendation as it appears in the Commission report and follow each quote with comments and documentation of the institution’s implementation of the specific recommendation.

Questions on the preparation of progress reports should be directed to Commission staff. The Commission has developed Guidelines for Preparation of Reports to assist programs and to illustrate examples of acceptable documentation.

The Commission reviews a progress report in the same manner as a site visit report. Based on the progress report, the Commission will determine any subsequent actions necessary. The Commission may request a report of additional progress, an appearance of an institutional representative before the Commission, and/or a special focused reevaluation visit to the program.

If the program does not demonstrate compliance with the accreditation standards within the specified time frame, the Commission will withdraw the program’s accreditation, unless the Commission extends the period for achieving compliance for good cause.

Revised: 8/20; 8/15; 2/15; 1/99, 1/98; Reaffirmed: 8/10, 7/05; Adopted: 07/96

C. REPORTING PROGRAM CHANGES IN ACCREDITED PROGRAMS

The Commission on Dental Accreditation recognizes that education and accreditation are dynamic, not static, processes. Ongoing review and evaluation often lead to changes in an educational program. The Commission views change as part of a healthy educational process and encourages programs to make them as part of their normal operating procedures.

At times, however, more significant changes occur in a program. Changes have a direct and significant impact on the program’s potential ability to comply with the accreditation standards. These changes tend to occur in the areas of finances, program administration, enrollment, curriculum and clinical/laboratory facilities, but may also occur in other areas. All program changes that could affect the ability of the program to comply with the Accreditation Standards must be reported to the Commission. When a change is planned, Commission staff should be consulted to determine reporting requirements. Reporting program changes in the Annual Survey does not preclude the requirement to report changes directly to the Commission. Failure to report and receive approval in advance of implementing the change, using the Guidelines for Reporting
Program Change, may result in review by the Commission, a special site visit, and may jeopardize the program’s accreditation status.

Advanced dental education programs must adhere to the Policy on Enrollment Increases in Advanced Dental Education Programs. In addition, programs adding off-campus sites must adhere to the Policy on Reporting and Approval of Sites Where Educational Activity Occurs. Guidelines for Reporting and Approval of Sites where Educational Activity Occurs are available from the Commission office. Guidelines for Requesting an Increase in Enrollment in a Predoctoral Dental Education Program and Guidelines for Reporting Enrollment Increases in Advanced Dental Education Programs are available from the Commission office.

On occasion, the Commission may learn of program changes which may impact the program’s ability to comply with accreditation standards or policy. In these situations, CODA will contact the sponsoring institution and program to determine whether reporting may be necessary. Failure to report and receive approval prior to the program change may result in further review by the Commission and/or a special site visit, and may jeopardize the program’s accreditation status.

The Commission’s Policy on Integrity also applies to the reporting of changes. If the Commission determines that an intentional breech of integrity has occurred, 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.

A Report of Program Change must document how the program will continue to meet accreditation standards. The Commission’s Guidelines for Reporting Program Changes are available on the Commission’s website and may clarify what constitutes a change and provide guidance in adequately explaining and documenting such changes.

The following examples illustrate, but are not limited to, changes that must be reported by June 1 or December 1 and must be reviewed by the appropriate Review Committee and approved by the Commission prior to the implementation to ensure that the program continues to meet the accreditation standards:

- Establishment of Off-Campus Sites not owned by the sponsoring institution used to meet accreditation standards or program requirements (See Guidelines on Reporting and Approval of Sites Where Educational Activity Occurs);
- Changes to Off-Campus Sites not owned by the sponsoring institution that impacts the use of the site (e.g. minor site to major site, or termination of enrollment at or discontinued use of major site);
- Transfer of sponsorship from one institution to another;
- Moving a program from one geographic site to another, including but not limited to geographic moves within the same institution;
- Program director qualifications not in compliance with the standards. In lieu of a CV, a copy of the new or acting program director’s completed BioSketch must be provided to Commission staff. Contact Commission Staff for the BioSketch template.
- Substantial increase in program enrollment as determined by preliminary review by the discipline-specific Review Committee Chair.
  - Requests for retroactive permanent increases in enrollment will not be considered. Requests for retroactive temporary increases in enrollment may be considered due to special circumstances on a case-by-case basis. Programs are reminded that resources must be maintained even when
the full complement of students/residents is not enrolled in the program. (see Policy on
Enrollment Increases In Advanced Dental Education Programs and Predoctoral programs see
Guidelines for Requesting an Increase in Enrollment in a Predoctoral Dental Education
Program);

• Change in the nature of the program’s financial support that could affect the ability of the program to
meet the standards;
• Curriculum changes that could affect the ability of the program to meet the standards;
• Reduction in faculty or support staff time commitment that could affect the ability of the program to
meet the standards;
• Change in the required length of the program;
• Reduction of program dental facilities that could affect the ability of the program to meet the standards;
• Addition of advanced standing opportunity; and/or
• Expansion of a developing dental hygiene or assisting program which will only be considered after the
program has demonstrated success by graduating the first class, measured outcomes of the academic
program, and received approval without reporting requirements.

The Commission recognizes that unexpected, changes may occur. If an unexpected change occurs, it must be
reported no more than 30 days following the occurrence. Unexpected changes may be the result of sudden
changes in institutional commitment, affiliated agreements between institutions, faculty support, or facility
compromise resulting from natural disaster (See Policy/Guidelines on Interruption of Education). Failure to
proactively plan for change will not be considered an unexpected change. Depending upon the timing and
nature of the change, appropriate investigative procedures including a site visit may be warranted.

The following examples illustrate, but are not limited to, additional program changes that must be reported in
writing at least thirty (30) days prior to the anticipated implementation of the change and are not reviewed by
the Review Committee and the Commission but are reviewed at the next site visit:

• Establishment of Off-Campus Sites owned by the sponsoring institution used to meet accreditation
standards or program requirements;
• Expansion or relocation of dental facilities within the same building;
• Change in program director. In lieu of a CV, a copy of the new or acting program director’s completed
BioSketch must be provided to Commission staff. Contact Commission Staff for the BioSketch
template.
• First-year non-enrollment. See Policy on Non Enrollment of First Year Students/Residents.
• Addition of distance education methods (see reporting requirements found in the Policy on Distance
Education).

The Commission uses the following process when considering reports of program changes. Program
administrators have the option of consulting with Commission staff at any time during this process.

1. A program administrator submits the report by June 1 or December 1.
2. Commission staff reviews the report to assess its completeness and to determine whether the change
could impact the program’s potential ability to comply with the accreditation standards. If this is the
case, the report is reviewed by the appropriate Review Committee for the discipline and by the
Commission.
3. Receipt of the report and accompanying documentation is acknowledged in one of the following ways:
   a. The program administrator is informed that the report will be reviewed by the appropriate Review
The following alternatives may be recommended by Review Committees and/or be taken by the Commission in relation to the review of reports of program changes received from accredited educational programs.

- **Approve the report of program change**: If the Review Committee or Commission does not identify any concerns regarding the program’s continued compliance with the accreditation standards, the transmittal letter should advise the institution that the change(s) have been noted and will be reviewed at the next regularly-scheduled site visit to the program.

- **Approve the report of program change and request additional information**: If the Review Committees or Commission does not identify any concerns regarding the program’s compliance with the accreditation standards, but believes follow up reporting is required to ensure continued compliance with accreditation standards, additional information will be requested for review by the Commission. Additional information could occur through a supplemental report or a focused site visit.

- **Postpone action and continue the program’s accreditation status, but request additional information**: The transmittal letter will inform the institution that the report of program change has been considered, but that concerns regarding continued compliance with the accreditation standards have been identified. Additional specific information regarding the identified concerns will be requested for review by the Commission. The institution will be further advised that, if the additional information submitted does not satisfy the Commission regarding the identified concerns, the Commission reserves the right to request additional documentation, conduct a special focused site visit of the program, or deny the request.

- **Postpone action and continue the program’s accreditation status pending conduct of a special site visit**: If the information submitted with the initial request is insufficient to provide reasonable assurance that the accreditation standards will continue to be met, and the Commission believes that the necessary information can only be obtained on-site, a special focused site visit will be conducted.

- **Deny the request**: If the submitted information does not indicate that the program will continue to comply with the accreditation standards, the Commission will deny the request for a program change. The institution will be advised that they may re-submit the request of program change with additional information if they choose. If the program change was submitted retroactively, and non-compliance is identified, the program’s accreditation status will be changed. The transmittal letter will inform the institution that the report of program change has been considered, but an area of non-compliance with the accreditation standards has been identified. The program’s accreditation status is changed and additional specific information regarding the identified area(s) of non-compliance will be requested for review by the Commission.

Revised: 8/20; 1/20; 8/18; 2/18; 8/17; 8/16; 2/16; 8/15; 2/15; 8/13 2/12, 8/11, 8/10, 7/09, 7/07, 8/02, 7/97; Reaffirmed: 7/07, 7/01, 5/90; CODA: 05/91:11

D. REQUESTS FOR TRANSFER OF SPONSORSHIP OF ACCREDITED PROGRAMS

The sponsorship of an accredited program may be transferred from one educational institution to another without affecting the accreditation status of the program, provided the accreditation standards continue to be
met following the transfer. A request for transfer of sponsorship will be considered by the Commission if significant aspects of the program will remain unchanged following the transfer.

Critical factors that will be weighed in review of the transfer of sponsorship request include: administration, funding sources, curriculum, faculty, facilities, and patient volume. If most of these critical factors will be unchanged, then the Commission will consider the request for transfer of sponsorship of the program. If most of these factors will be significantly altered following the change in sponsorship, then the program cannot be considered as a continuation of the same program under different sponsorship. Rather, the program to be offered by the new sponsoring institution will be considered as a new program and will be required to complete the established application process for initial accreditation appropriate to the discipline. If the program is viewed as a new program, the accreditation status of the previous program will be discontinued at an appropriate time.

Information regarding the transfer of sponsorship and its effect on the program’s compliance with the accreditation standards must be submitted prior to implementation of the transfer. Written notice of the agreement to transfer sponsorship of the program must be provided to the Commission by both institutions; the new sponsor must explicitly indicate its willingness to accept responsibility for the transferred program. The information to be submitted must include the expected date of the transfer and the anticipated enrollment in each year of the program following the transfer. In addition, documentation must be submitted to demonstrate how the program will continue to meet the accreditation standards related to administration, financial support, curriculum, faculty and facilities. Any other changes that will occur in the program as a result of the transfer of sponsorship must also be explained and documented.

Programs anticipating a possible transfer of sponsorship are strongly encouraged to consult with Commission staff prior to submitting a request. The Commission has guidelines for preparing a request for transfer of sponsorship, to assist institutions in adequately explaining and documenting such changes.

The following alternatives may be recommended by Review Committees and/or be taken by the Commission in relation to the review of requests for transfer of sponsorship.

- **Approve the transfer of sponsorship:** If the Review Committee or Commission does not identify any concerns regarding the program’s continued compliance with the accreditation standards, the transmittal letter should advise the institution that the program will be reviewed at the next regularly-scheduled site visit to the new sponsoring institution. If concerns have been identified that are not of such a nature as to require the submission of additional information immediately, the concerns may be cited in the transmittal letter; the institution will be advised that the concerns will be reviewed at the time of the next regularly-scheduled site visit.

- **Postpone action and continue the program’s accreditation status, but request additional information:** This action may be taken only once following submission of the initial request. The transmittal letter will inform the institutions that Commission action has been postponed because concerns regarding continued compliance with the accreditation standards have been identified. Additional specific information regarding the identified concerns will be requested for review by the Commission. The institutions will be further advised that, if the additional information submitted does not satisfy the identified concerns, the Commission reserves the right to conduct a special focused site visit of the program at an appropriate time following implementation of the transfer, or to deny the request.

- **Postpone action and continue the program’s accreditation status pending conduct of a special site visit:** If the information submitted with the initial request is insufficient to provide reasonable assurance that the accreditation standards will continue to be met, and the Commission believes that the necessary
information can only be obtained on-site, a special focused site visit to the new sponsoring institution will be conducted.

- **Deny the request for transfer:** If the submitted information does not indicate that the program will continue to comply with the accreditation standards, the Commission will deny the request for transfer of sponsorship. The institutions will be advised that they may re-submit the request with additional information if they choose.

Revised: 1/14, 8/10, 7/07, 7/97; Reaffirmed: 8/20; 8/15; 7/07, 7/01, 5/91, 12/82; CODA: 05/91:11

E. 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, will be provided to programs. 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).** HIPAA is the federal law that governs how “Covered Entities” handle the privacy and security of patients’ protected health information (PHI). HIPAA Covered Entities include health care providers and health plans that send certain information electronically as well as certain health plans and clearinghouses. The Commission may be deemed a “Business Associate” of certain institutions that are HIPAA Covered Entities. A Business Associate is an individual or entity that performs a function or activity on behalf of a HIPAA Covered Entity involving the use or disclosure of individually identifiable health information. Business Associates must comply with certain HIPAA Security and Privacy rules provisions and implement training programs. The Commission “HIPAA Policy and Procedure Manual” is updated on a yearly basis periodically. A copy of the manual is available upon request. All Commission site visitors, Review Committee members, Commissioners, and staff are required to complete attend a CODA HIPAA training exercise session on a yearly basis.

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)

F. 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

G. POLICY ON PROGRAMS DECLINING A RE-EVALUATION VISIT

When an institution elects not to schedule a site visit, the chief executive officer of the institution will be informed of the Commission’s intent to withdraw accreditation at its next scheduled meeting. This notification shall be by tracked mail with required signature.

Revised: 8/15; Reaffirmed: 8/20; 8/10, 7/07, 7/01, 12/80

H. POLICY ON FAILURE TO COMPLY WITH COMMISSION REQUESTS FOR SURVEY INFORMATION

The Commission on Dental Accreditation continuously monitors the educational programs it accredits through annual surveys. Completion of the Commission’s annual survey by each accredited program is a requirement for continued participation in the voluntary accreditation program. The Commission expects that all accredited programs will return submitted completed surveys by the stated deadline. Administrators who anticipate difficulty in submitting completed surveys on time must submit a written request for extension prior to the date on which the survey is due. Requests for extension must specify a submission date no later than two (2) weeks beyond the initial deadline date. If a program fails to submit its completed survey or request for extension by the deadline, the Commission will notify the institution that action to withdraw accreditation will be initiated at the next Commission meeting.

Revised: 8/20; 8/19; Reaffirmed: 8/15; 8/10, 7/07, 7/01, 12/79, 4/83

I. REFERRAL OF POLICY MATTERS TO APPROPRIATE COMMITTEES

The Chair of the Commission, in consultation with the Director and Commission staff, will review all agenda items and refer policy matters to the appropriate committee(s) for discussion and recommendation.

Reaffirmed: 8/20; 8/15; 8/10, 7/07, 7/01; CODA: 05/83:9
J. POLICY ON NON-ENROLLMENT OF FIRST YEAR STUDENTS/RESIDENTS

First-year non-enrollment must be reported to the Commission. The accreditation status of programs within the purview of the Commission on Dental Accreditation will be discontinued when all first-year positions remain vacant for two (2) consecutive years. Exceptions to this policy may be made by the Commission for programs with “approval without reporting requirements” status upon receipt of a formal request from the institution stating reasons why the accreditation of the program should not be discontinued. Exceptions to this policy may also be made by the Commission for programs in Oral and Maxillofacial Pathology with “initial accreditation” status upon receipt of a formal request from the institution stating reasons why the accreditation of the program should not be discontinued. If the Commission grants an institution’s request to continue the accreditation of a program, the continuation of accreditation is effective for one (1) year. Only one (1) request for continued accreditation will be granted for a total of three (3) consecutive years of non-enrollment. See the Commission’s policies related to Reporting Program Changes in Accredited Programs, Initial Accreditation, Intent to Withdraw Accreditation, Voluntary Discontinuance, and Discontinuance or Closure of Educational Programs Accredited by The Commission and Teach-Out Plans for additional information.

Revised: 8/20; 8/16; 2/15; Reaffirmed: 8/15; 8/10, 7/07, 7/01, 7/99, 12/87, 4/83, 12/76

K. POLICY ON INTERRUPTION OF EDUCATION

Interruption of an educational program due to unforeseen circumstances that take faculty, administrators or students away from the program is a potentially serious problem. If such interruption may compromise the quality and effectiveness of education, the Commission must be notified in writing of any such disruption. The institution must provide a comprehensive plan for how the loss of instructional time will be addressed. A program which experiences an interruption of longer than two (2) years will be notified of the Commission’s intent to withdraw accreditation at its next scheduled meeting.

Revised: 8/15; 8/10, 5/91, 1975; Reaffirmed: 8/20; 7/07, 7/01

L. 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 June 1 or December 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;
- 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: 8/20; 1/20; 8/18; 8/16; 2/16; 8/15; 8/10; Reaffirmed: 7/07; CODA: 08/03:22

M. GUIDELINES FOR REQUESTING AN INCREASE IN ENROLLMENT IN A PREDOCTORAL
DENTAL EDUCATION PROGRAM

Guidelines for requesting an increase in enrollment in a predoctoral dental education program complement
the Commission’s Policy on Reporting Program Change and are available upon request from the
Commission Office. These Guidelines focus upon the adequacy of programmatic resources in support of
additional student enrollees. Enrollment increases are tracked to ensure over time total enrollment does not
exceed the resources of the program.

A program considering or planning an enrollment increase, or any other substantive change, should notify
the Commission early in the program’s planning.

Approval of an increase in enrollment in predoctoral 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. Upon submission of the enrollment increase 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. Programs should be cognizant of the impending need for enrollment
increases through short- and long-term planning and proactively request permission for the increase. The
Commission will not consider retroactive permanent requests, nor will it consider inter-cycle requests unless there are documented extenuating circumstances.

Revised 1/20; 8/19; Reaffirmed: 8/20; 8/15; Adopted: 08/14

N. VOLUNTARY DISCONTINUANCE OF ACCREDITATION

The Commission may become aware of an accredited program’s decision to voluntarily discontinue its participation in the accreditation program when it receives official notification from the sponsoring institution’s chief executive officer. When the Commission becomes aware of the program’s intent to discontinue accreditation, it takes the following steps:

1. Commission staff verifies that both the program and institution understand the impact of this intended action and informs the institution and program of the specific audiences that will be notified of their decision to let accreditation lapse (the USDE Secretary, the appropriate accrediting agency and state licensing agency). If students/residents who matriculated prior to the program’s reported discontinuance effective date are enrolled in any year of the program, the program must submit a Teach-Out Plan until all of these students/residents have graduated. (See Policy on Discontinuance or Closure of Educational Programs Accredited by the Commission and Teach-Out Plans)

2. Within thirty (30) days, Commission staff contacts the institution’s chief executive officer and program director and acknowledges the date when accreditation will lapse (i.e. program’s discontinuance effective date) and the date by which the program will no longer be listed in the Commission’s lists of accredited programs (i.e. date of CODA meeting or mail ballot). The USDE Secretary and the state licensing or accrediting agency are copied on this letter. Commission staff will inform the program that any classes enrolled on or after the program’s reported date of discontinuance must be advised that they will not graduate from a CODA-accredited program. (See Policy on Discontinuance or Closure of Educational Programs Accredited by the Commission and Teach-Out Plans)

3. At its next meeting, or by mail ballot if waiting until the next meeting would preclude a timely review, the Commission will take action to affirm the program’s decision to let accreditation lapse, either through a Discontinuance or Teach-Out (See Other Accreditation Action Definitions). The USDE Secretary and appropriate state licensing or accrediting agency are copied on any follow-up correspondence to the institution/program that may occur after this meeting.

Revised: 2/16; 8/15; 7/06, 7/00; Reaffirmed: 8/20; 8/10

O. POLICY ON DISCONTINUANCE OR CLOSURE OF EDUCATIONAL PROGRAMS ACCREDITED BY THE COMMISSION AND TEACH-OUT PLANS

It is the responsibility of an institution sponsoring an accredited program to report to the Commission any programmatic change that might affect a program’s ability to meet accreditation standards.

When an institution is considering discontinuance or closure of a Commission-accredited educational program that currently enrolls students/residents, the Commission must be notified officially in writing as early as possible in the decision making process. Specifically, the Commission must be informed of the institution’s plans for the entire Teach-Out period, during which students/residents are enrolled, including a detailed explanation of any significant changes relative to retention of qualified faculty and support personnel, student/resident enrollment by class, the didactic and clinical teaching programs (including
period of Teach-Out, the program may not enroll additional students/residents in any year of the program.

The institution must ensure that the program continues to meet minimum accreditation standards and that students/residents and other interested parties are protected throughout the Teach-Out period. In this regard, the Commission reserves the right to closely monitor the Teach-Out through the annual accreditation survey, or periodic reports from the institution detailing changes in administration, faculty, curriculum, facilities, finances, and other major components that could affect the quality of the educational program. In addition, the Commission reserves the right to conduct a special site visit following review of each of these reports. If a program fails to submit a Teach-Out report or requested monitoring information, the Commission will notify the chief executive officer of the institution of its intent to withdraw accreditation at its next scheduled meeting.

The institution has moral and ethical obligations to meet the commitment and responsibility it assumes when it matriculates students/residents into the program; those obligations include providing the students/residents with the opportunity to complete the educational sequence at that institution. When an institution indicates its intent to close an accredited program or to voluntarily discontinue participation in the Commission’s accreditation program, and if there will not be adequate resources for the program to meet its obligations to enrolled students/residents and allow them to complete their training, the institution must assist students/residents in a timely fashion in transferring to other accredited programs in order to complete their educational program. The Commission will assist students/residents in transferring to other accredited programs; this assistance will be provided in the form of guidance with reporting program changes to CODA for review, in cooperation with the institution that sponsors the closing program.

The program to which students/residents transfer should be able to demonstrate that the finances, facilities, faculty, and patient resources can accommodate the transferring students/residents. Any changes in program enrollment that would result from the transfer of students/residents must be reported to the Commission by the receiving program(s) in accordance with the Commission’s policy for reporting program changes. Formal teach-out agreements must be developed with all institutions accepting transferring students/residents to specify the conditions of the transfer. These agreements must ensure that the combined educational experiences meet the Commission’s accreditation standards. Such teach-out agreements must be submitted to the Commission as part of the Teach-Out plan.

Students/Residents who are enrolled and successfully complete the program during the Teach-Out will be considered graduates of an accredited program. Students/Residents who transfer to another program and successfully complete that program will be considered graduates of the latter program. Such students/residents will be considered graduates of an accredited program if the latter program is accredited during the time such students/residents are enrolled. It will be the closing institution’s responsibility to ensure that appropriate student/resident records and transcripts are maintained for future reference.

The Commission will take action to affirm a program’s reported discontinuance or closure effective date at the appropriate time when the program no longer enrolls students/residents in any year of the program. The Commission has developed Guidelines for Submitting Teach-Out Reports by Institutions Discontinuing or Closing Commission-Accredited Educational Programs to assist institutions with preparing teach-out reports for the Commission. These guidelines are routinely distributed along with the Commission’s Policy on Discontinuance or Closure of Educational Programs.
P. POLICY ON ADVERTISING

Any advertising pertaining to an educational program that is accredited by the Commission on Dental Accreditation must be clear and comprehensive, indicating the accrediting body by name and accurately specifying the scope of accreditation. Any reference to a specific aspect of the program and its length should indicate that accreditation standards for the respective discipline are met.

The Commission has authorized use of the following statement by institutions or programs that wish to announce their programmatic accreditation by the Commission. Programs that wish to advertise the specific programmatic accreditation status granted by the Commission may include that information as indicated in italics below (see text inside square brackets); that portion of the statement is optional but, if used, must be complete and current. The logo of the Commission on Dental Accreditation cannot be used alone without the following advertising statement. When used in electronic publications, the logo must link to the Commission website included in the statement.

The program(s) in (--discipline(s)--) is/are accredited by the Commission on Dental Accreditation [and has/ have been granted the accreditation status(es) of (--X--)]. The Commission is a specialized accrediting body recognized by the United States Department of Education. The Commission on Dental Accreditation can be contacted at (312) 440-4653 or at 211 East Chicago Avenue, Chicago, IL 60611-2678. The Commission’s web address is: http://www.ada.org/en/coda.

In addition to the statement noted above, programs in advanced dental education must include the following statement in advertising materials:

The Commission on Dental Accreditation has accredited the program in (--education discipline--). However, accreditation of the program does not in itself constitute recognition of any dental specialty status.

Revised: 8/18; 8/16; 8/14; 7/09; Reaffirmed: 8/20; 8/15; 8/10, 7/04, 7/00, 1/95; Adopted: 12/83

Q. POLICY STATEMENT ON PRINCIPLES OF ETHICS IN PROGRAMMATIC ADVERTISING AND STUDENT RECRUITMENT

All accredited dental and dental-related education programs, or individuals acting on their behalf, are expected to exhibit integrity and responsibility in programmatic advertising and student recruitment. Responsible self-regulation requires rigorous attention to principles of ethical practice. If the Commission determines that the institution or program has provided the public with incorrect or misleading information regarding the accreditation status of the program, the contents of site visit evaluations reports, or the Commission’s accrediting actions with respect to the program, the program must provide public correction of this information to all possible audiences that received the incorrect information. The Commission must be provided with documentation of the steps taken to provide public correction. Other areas covered in this policy include, but are not limited to:

Advertising, Publications, and Promotional Literature

- Educational programs and services offered should be the primary emphasis of all advertisements, publications, promotional literature and recruitment activities.
- All statements and representations should be clear, factually accurate and current. Supporting information should be kept on file and be readily available for review.
• The sponsor of the educational program must be clearly identified when referencing the program’s accreditation status with CODA.

• The sponsor of the educational program must be clearly identified when referencing any educational activity site(s) used by the program.

• Catalogs and other official publications should be readily available and accurately depict:
  a. purpose and goals of the program(s);
  b. admission requirements and procedures;
  c. degree and program completion requirements;
  d. faculty, with degrees held and the conferring institution;
  e. tuition, fees, and other program costs including policies and procedures for refund and withdrawal;
  and
  f. financial aid programs.

• College catalogs and/or official publications describing career opportunities should provide clear and accurate information on the following, as applicable:
  a. national and/or state requirements for eligibility for licensure or entry into the occupation or profession for which education and training are offered;
  b. any unique requirements for career paths, or for employment and advancement opportunities in the profession or occupation; and

Student Recruitment for Admissions

• Student recruitment should be conducted by well-qualified admissions officers, faculty or trained volunteers whose credentials, purposes, and position or affiliation with the program and/or institution are clearly specified.

• Independent contractors or agents used by the program and/or institution for recruiting purposes should be governed by the same principles as institutional admissions officers and volunteers.

• Prospective students must be fully informed of program costs, available financial aid and repayment options.

• All catalogs and career materials should accurately describe the skills and competencies that students will need at the time of admission to the program. Options to accommodate students with lesser or greater skills, such as remediation or advanced standing programs, should be included in this description.

• If information about employment or career opportunities is included in an official publication, such information must be current and accurate.

• Accurate information must be provided for all dental education programs.

• Programs applying for accreditation must make it clear that submission of an application for accreditation indicates the institution has entered into the accreditation process; it does not mean that the program is accredited. Further, programs must not enroll students/residents until accreditation is granted and must make it clear to applicants that accreditation is granted only by the Commission.

Educational programs accredited by the Commission on Dental Accreditation should assume responsibility for informing the Commission office of improper or misleading advertising or unethical practices which come to their attention, so that the Commission may take appropriate steps to be sure the situation is rectified as quickly as possible.

Revised: 8/20; 8/18; 8/17; 8/15; 7/04, 7/96; Reaffirmed: 8/10, 7/09, 7/01; Adopted: 12/88
R. STAFF CONSULTING SERVICES

The staff of the Commission on Dental Accreditation is available for consultation to all educational programs which fall within the Commission’s accreditation purview. Educational institutions conducting programs oriented to dentistry are encouraged to obtain such staff counsel and guidance by written or telephone request. Consultation is provided on request prior to, as well as subsequent to, the Commission’s granting of accreditation to specific programs. Consultation shall be limited to providing information on CODA’s policies and procedures. The Commission expects to be reimbursed if substantial costs are incurred.

Revised: 8/20; Reaffirmed: 8/15; 8/10

Staff consultation to international programs or groups may also be available. All consultation services are provided in English, and if necessary, the program or group is responsible for costs associated with the use of interpreters. The schedule for international consultation activities must be arranged around staff primary responsibilities in the United States. International consultation trips should be long enough to allow ample time for staff to adjust to any time change. The program pays a consultation fee and all expenses associated with the consultation visit, including travel, hotel, and meals. U. S. State Department travel warnings and advisories are consulted prior to international travel and Commission staff will not provide consultation services in any location where staff is placed at risk. This includes but is not limited to locations where a U. S. State Department travel warning and/or travel alert is in effect.

Reaffirmed: 8/20; 8/15; Adopted: 8/11

S. POLICY STATEMENT ON REPORTING AND APPROVAL OF SITES WHERE EDUCATIONAL ACTIVITY OCCURS

The Commission on Dental Accreditation recognizes that students/residents may gain educational experiences in a variety of settings and locations.

An accredited program may use one or more than one setting or location to support student/resident learning and meet Commission on Dental Accreditation standards and/or program requirements. The Commission expects programs to follow the EOPP guidelines and accreditation standards when developing, implementing and monitoring activity sites used to provide educational experiences.

Reporting Requirements:
The Commission on Dental Accreditation must be informed when a program accredited by the Commission plans to initiate educational experiences in new settings and locations. Off-Campus training sites that are owned by the sponsoring institution or where the sponsoring organization has legal responsibility and operational oversight do not need prior approval before utilization but must be reported to the Commission in accordance with the Policy on Reporting Program Changes in Accredited Programs.

<table>
<thead>
<tr>
<th>Reporting Requirements for Off-Campus Sites</th>
<th>Major Activity Sites</th>
<th>Minor Activity Sites</th>
<th>Supplemental Activity Sites*</th>
</tr>
</thead>
</table>
### Definitions

<table>
<thead>
<tr>
<th>Description</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students/Residents <strong>required</strong> to complete an experience at this site to meet a program requirements or accreditation standards, and Competency assessments or comparable summative assessments performed at the site</td>
<td>Students/Residents <strong>required</strong> to complete an experience at this or another site to meet a program requirements or accreditation standards, and No competency assessments or comparable summative assessments performed at the site. Evaluation may occur.</td>
</tr>
<tr>
<td>Student/Resident chooses whether to visit the site outside of the educational program (e.g. volunteer mission trips, health fair, etc. not used to fulfill program or accreditation requirements).</td>
<td></td>
</tr>
</tbody>
</table>

### Program Report Requirement

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report required by June 1 or December 1</td>
<td>Report required at least 30 days prior to planned implementation of educational activity site.</td>
</tr>
<tr>
<td>No report required.</td>
<td></td>
</tr>
</tbody>
</table>

### Acknowledgement/Approval

<table>
<thead>
<tr>
<th>Approval</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commission approval required prior to implementation of the educational activity site. Approval of the major activity sites required prior to recruiting students/residents for the site and initiating use of the site.</td>
<td>Commission acknowledgement of review at the program’s next site visit.</td>
</tr>
<tr>
<td>No approval required.</td>
<td></td>
</tr>
</tbody>
</table>

### Site Visit(s) to Educational Activity Site

<table>
<thead>
<tr>
<th>Site Visit</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commission may direct special focused site visit to review educational activity site prior to or after approval of the site. Commission may review site at future site visits.</td>
<td>Commission may visit educational activity site during program’s next site visit.</td>
</tr>
<tr>
<td>No site visit required.</td>
<td></td>
</tr>
</tbody>
</table>

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1. sites used for community service and service learning are exempt

2. The Commission must ensure that the necessary education as defined by the standards is available, and appropriate resources (adequate faculty and staff, availability of patient experiences, and distance learning provisions) are provided to all students/residents enrolled in an accredited program. Generally, only programs without reporting requirements will be approved to initiate educational experiences at major activity sites.
When the Commission has received notification that an institution plans to offer its accredited program at an off-campus educational activity site, the Commission may conduct a special focused site visit to each educational activity site where each student’s/resident’s educational experience is provided, based on the specifics of the program, the accreditation standards, and Commission policies and procedures, or if other cause exists for such a visit as determined by the Commission. There may be extenuating circumstances when a special review is necessary.

The program must report the rationale for adding an educational activity site and how that site affects the program’s goals, objectives, and outcomes. For example, program goals, objectives, and outcome measures may address institutional support, faculty support, curriculum, student didactic and clinical learning, research, and community service. The program must support the addition of an educational activity site with trends from pertinent areas of its outcomes assessment program that indicates the rationale for the additional site.

When conducting a review of the program, the Commission’s site visit team will identify the sites to be visited based upon educational experiences at the site (for example based upon length of training at the site, educational experience or evaluation/competencies achieved). After the initial visit or review, each educational activity site may be visited during the regularly scheduled CODA evaluation visit to the program.

**Discipline-specific Exemptions:**

The Commission recognizes that dental assisting and dental laboratory technology programs utilize numerous extramural private dental offices and laboratories to provide students with clinical/laboratory work experience. The program will provide a list of all currently used extramural sites in the self-study document. The Commission will then randomly select and visit facilities at the time of a site visit to the program. Prior Commission approval of these extramural dental office and laboratory sites will not be required.

The Commission recognizes that dental public health programs utilize numerous off-campus sites to provide students/residents with opportunities to conduct their supervised field experience. The program will provide a list of all currently used sites in the self-study document. The visiting committee will select and visit facilities during the site visit to the program to evaluate compliance with CODA accreditation standards. Prior Commission approval of these supervised field experience sites will not be required. Programs where 30% or more of the overall student/resident training occurs at off-campus site(s) must report the off-campus site(s) under the Commission's Policy Statement on Approval of Sites Where Educational Activity Occurs.

The Commission recognizes that advanced dental education programs in dental anesthesiology utilize numerous mobile ambulatory settings and rotations to provide residents with opportunities to gain required clinical experiences. The program will provide a list of all currently used settings and rotations in the self-study document. The visiting committee will randomly select and visit several settings and rotation locations during the site visit to the program to evaluate compliance with Commission on Dental Accreditation standards. Prior Commission approval of these settings and rotations will not be required.

For predoctoral dental education programs, when primary program faculty travel with student(s) to a site and competency is assessed, the site may be treated as a minor site for reporting purposes.

Expansion of a developing dental hygiene program and/or current or developing dental assisting program will only be considered after the program has demonstrated success by graduating the first class, measured outcomes of the academic program, and received approval without reporting requirements.
Fees Related to the Use of Educational Activity Sites:

All programs accredited by the Commission pay an annual fee. Additional fees will be based on actual accreditation costs incurred during the visit to and educational activity site. The Commission office should be contacted for current information on fees.

Commission on Dental Accreditation Consideration of Educational Activity Sites:

The Commission uses the following process when considering reports for adding educational activity sites. Program administrators have the option of consulting with Commission staff at any time during this process.

1. Depending upon the type of educational activity site established, a program administrator submits either:
   (1) the major educational activity site report by June 1 or December 1 or (2) the minor educational activity site report at least thirty (30) days prior to planned implementation of educational activity site.

2. Commission staff reviews the report to assess its completeness and to determine whether the change could impact the program’s potential ability to comply with the accreditation standards. If this is the case, whether the site is major or minor, the report is reviewed by the appropriate Review Committee for the discipline and by the Commission.

3. Receipt of the educational activity site report and accompanying documentation is acknowledged in one of the following ways:
   a. The program administrator is informed that the report will be reviewed by the appropriate Review Committee and by the Commission at their next regularly scheduled meeting. Additional information may be requested prior to this review if the change is not well-documented; or
   b. The program administrator is informed that the reported change will be reviewed during the next site visit.

4. If the report will be considered by a Review Committee and by the Commission, the report is added to the appropriate agendas. The program administrator receives notice of the results of the Commission’s review.

The following alternatives may be recommended by Review Committees and/or be taken by the Commission in relation to the review of reports of addition of educational activity sites received from accredited educational programs.

- **Approve the addition of the educational activity site:** If the Review Committees or Commission does not identify any concerns regarding the program’s continued compliance with the accreditation standards, the transmittal letter should advise the institution that the change has been noted and will be reviewed at the next regularly-scheduled site visit to the program.

- **Approve the addition of the educational activity site and request additional information:** If the Review Committees or Commission does not identify any concerns regarding the program’s compliance with the accreditation standards, but believes follow up reporting is required to ensure continued compliance with accreditation standards, additional information will be requested for review by the Commission. Additional information could occur through a supplemental report or a focused site visit. Use of the educational site is permitted.

- **Postpone action and continue the program’s accreditation status, but request additional information:** The transmittal letter will inform the institution that the report of the addition of the educational activity site has been considered, but that concerns regarding continued compliance with the accreditation standards have been identified. Additional specific information regarding the identified concerns will be requested for review by the Commission. The institution will be further advised that, if the additional information submitted does not satisfy the Commission regarding the identified concerns, the Commission reserves the right to request additional documentation, conduct a special focused site visit...
of the program, or deny the request. Use of the educational activity site is not permitted until Commission approval is granted.

- **Deny the request:** If the submitted information does not indicate that the program will continue to comply with the accreditation standards, the Commission will deny the request for the addition of educational activity sites. The institutions will be advised that they may re-submit the request with additional information if they choose.

Revised: 8/18; 8/17; Reaffirmed: 8/20; Adopted: 2/16 (Former Off-Campus Policy)

### T. POLICY ON DISTANCE EDUCATION

The Commission’s accreditation standards have been stated, purposefully, in terms which allow flexibility, innovation and experimentation. Regardless of the method(s) used to provide instruction, the Commission expects that each accredited program will comply with the accreditation standards.

Distance education means education that uses one or more of the technologies listed below to deliver instruction to students who are separated from the instructor and to support regular and substantive interaction between the students and the instructor, either synchronously or asynchronously. The technologies may include:

- the internet;
- one-way and two-way transmissions through open broadcast, closed circuit, cable, microwave, broadband lines, fiber optics, satellite, or wireless communications devices;
- audio conferencing; and/or
- video cassettes, DVDs, and CD–ROMs, if the cassettes, DVDs, or CD–ROMs are used in a course in conjunction with any of the technologies listed above.

A program that is planning to implement the use of distance education methods must submit a report of program change (See Policy on Reporting Program Changes in Accredited Programs) and include evidence of the program’s compliance with the Student Identity Verification noted below. Upon review and Commission acknowledgement that the program has addressed all Student Identity Verification requirements, the use of distance education and the program’s compliance with the below noted items will be further reviewed at the time of the program’s next site visit.

Revised: 8/20; 8/10; Reaffirmed: 8/15

#### 1. Student Identity Verification Requirement For Programs That Have Distance Education Sites:

Programs that offer distance education must:

- have a processes in place through which the program establishes that the student who registers in a distance education course or program is the same student who participates in and completes the course or program and receives the academic credit;
- verify the identity of a student who participates in class or coursework by using, at the option of the program, methods such as a secure login and pass code; proctored examinations; and/or new or other technologies and practices that are effective in verifying student identity;
- make clear in writing that processes are used that protect student privacy;
- notify students of any projected additional student charges associated with the verification of student identity at the time of registration or enrollment.

Programs that offer distance education must have processes in place through which the program establishes
that the student who registers in a distance education course or program is the same student who participates in and completes the course or program and receives the academic credit. Programs must verify the identity of a student who participates in class or coursework by using, at the option of the program, methods such as a secure login and pass code; proctored examinations; and/or new or other technologies and practices that are effective in verifying student identity. The program must make clear in writing that processes are used that protect student privacy and programs must notify students of any projected additional student charges associated with the verification of student identity at the time of registration or enrollment.

Revised: 8/20; Reaffirmed: 8/15; Adopted: 8/10

U. POLICY ON INSTITUTIONS OFFERING BOTH ACCREDITED AND NON-ACCREDITED PROGRAMS

Institutions offering both accredited programs and non-accredited programs, (other than continuing education programs) have an obligation to explain program differences to potential students and the community. Therefore, any information publicizing the institution’s programs should indicate which programs are and are not accredited by the Commission.

Because establishment of a non-accredited program may dilute the instructional resources available for the accredited program, the Commission reserves the right to request information about a non-accredited program and its relationship to the accredited program.

Revised: 8/13; Reaffirmed: 8/20; 8/15; 8/10, 7/07, 7/01, 12/90, 12/85

V. POLICY ON PERSONALLY IDENTIFIABLE STUDENT INFORMATION

On behalf of the Commission on Dental Accreditation, the American Dental Association’s Health Policy Institute annually collects data from each accredited dental, advanced dental and allied dental education program. As a specialized accrediting agency recognized by the United States Department of Education, the Commission is required to monitor accredited programs’ compliance with accreditation standards and established policies related to enrollment, diversity, student achievement and program outcomes. Data, which includes some personally identifiable student information, is collected via the annual surveys and is utilized to assist the Commission in meeting these requirements.

National aggregate data collected via the annual surveys is reported and published by the ADA Health Policy Institute in the Annual Reports on Dental Education, Advanced Dental Education and Allied Dental Education. Data specific to an accredited program is reported in a summary data profile which is made available to a program and a visiting committee prior to a site visit.

Individual student identifiers such as the dental personal identification number (DENTPIN), gender, race or grade point average are not used in the site visit process or in any published reports. However, this information is used by the Commission in data verification procedures, e.g. determining if an individual student has been inadvertently listed and counted more than once, impacting summary data. For some advanced dental education programs with enrollment restrictions, this information is essential for determining compliance with accreditation standards.

The Commission and the ADA Health Policy Institute recognize their responsibility to collect personally identifiable student information solely for accreditation purposes and their obligation to preserve the confidential nature of the information. This information is not released to the public.

Revised: 8/18; 8/15; 8/10; Reaffirmed: 7/06; Adopted: 7/00
W. POLICY ON COMBINED CERTIFICATE AND DEGREE PROGRAMS IN ADVANCED DENTAL EDUCATION

The Commission supports the principle that advanced dental education programs culminate with the awarding of a certificate attesting to successful completion of an accredited program. Further, such certificates indicate fulfillment of educational requirements and are recognized as meeting eligibility requirements for ethical announcement of limitation of practice and examination by the dental certifying boards.

The Commission expects that advanced dental education programs leading to the awarding of a certificate and an academic degree, (e.g. M.S. or Ph.D. degree), will be conducted in compliance with standards stipulated by the graduate school. Graduate level academic degrees must maintain the level of excellence, quality controls and academic standards established by the graduate school of the university. The Commission further expects that the requirements for research projects and theses will demonstrate a scholarly effort. It is recognized that completion of the educational requirements, as stipulated in the accreditation standards on advanced dental education training and the academic degree requirements of a graduate school, may require an additional year of training devoted primarily to research and theses completion. Revised: 8/18; 8/15; Reaffirmed: 8/20; 8/10, 7/07, 7/01; CODA: 12/76:2

X. QUALIFICATIONS OF A PROGRAM DIRECTOR FOR A COMBINED ADVANCED DENTAL EDUCATION PROGRAM

When an institution sponsors a combined advanced dental education program, (e.g. orthodontics and dentofacial orthopedics/periodontics), it is most desirable that the program director be qualified according to the accreditation standards in all areas involved in the combined program. At a minimum, the program director must be qualified (i.e. board certified by nationally accepted certifying boards or grandfathered) in one of the involved areas and educationally trained (i.e. completed a Commission-accredited advanced dental education program) in the other involved areas. Board certification is to be active and applies to an interim/acting program director as well. Revised: 8/18; 8/15; Reaffirmed: 8/20; 8/10, 7/07

Y. POLICY ON REGARD FOR DECISIONS OF STATES AND OTHER ACCREDITING AGENCIES

The Commission takes into account decisions made by other recognized accrediting or state agencies. If the Commission determines that an institution sponsoring an accredited program or a program seeking accreditation is the subject of an interim action or threatened loss of accreditation or legal authority to provide postsecondary education, the Commission will act as follows.

If a recognized institutional accrediting agency takes adverse action with respect to the institution offering the program or places the institution on public probationary status, the Commission will promptly review its accreditation of the program to determine if it should take adverse action against the program. The Commission does not renew the accreditation status of a program during any period in which the institution offering the program:

• Is the subject of an interim action by a recognized institutional accrediting agency potentially leading to the suspension, revocation, or termination of accreditation or pre-accreditation;
• Is the subject of an interim action by a state agency potentially leading to the suspension, revocation, or termination of the institution's legal authority to provide postsecondary education;
• Has been notified of a threatened loss of accreditation, and the due process procedures required by the
Standing Committee on Documentation and Policy
Commission Only
CODA Summer 2020

• Has been notified of a threatened suspension, revocation, or termination by a state of the institution's legal authority to provide postsecondary education, and the due process procedures required by the action have not been completed.

In considering whether to grant initial accreditation to a program, the Commission takes into account actions by:

• Recognized institutional accrediting agencies that have denied accreditation or pre-accreditation to the institution offering the program, placed the institution on public probationary status, or revoked the accreditation or pre-accreditation of the institution; and

• State agency that has suspended, revoked, or terminated the institution's legal authority to provide postsecondary education.

If the Commission grants accreditation to a program notwithstanding its actions described above, the Commission will provide to the USDE Secretary, within 30 days of granting initial or continued accreditation, a thorough explanation, consistent with the accreditation standards, why the previous action by a recognized institutional accrediting agency or the state does not preclude the Commission's grant of accreditation. The Commission’s review and explanation will consider each of the findings of the other agency in light of its own standards.

Revised: 5/12; Reaffirmed: 8/20; 8/15; 8/10, 7/07, 7/01; Revised: 7/96; 12/88

Z. COMMENTS ON POLICY PROPOSED AND/OR ADOPTED BY PARTICIPATING ORGANIZATIONS

The Commission may provide comments on another organization’s proposed policy, procedures, or other documents as part of that organization’s review and comment period when requested.

Revised: 1/03; Reaffirmed: 8/20; 8/15; 8/10, 7/09; CODA: 05/93:10

AA. POLICY ON RESIDENT DUTY HOURS RESTRICTIONS

The Commission on Dental Accreditation (CODA) acknowledges the revised resident duty-hours and supervision requirements of the Accreditation Council for Graduate Medical Education (ACGME). Recognized by the United States Department of Education, the Commission is the specialized programmatic accreditor for dental and dental-related programs. Institutions in which both graduate medical education residencies and advanced dental education programs reside may determine that CODA-accredited programs should comply with ACGME standards. It is the policy of the Commission that the institution should consider the accreditation standards of the Commission on Dental Accreditation for hospital-based dental residency programs and consider whether the ACGME requirements are in the best interests of patient safety, resident education and the CODA-accredited programs.

Reaffirmed: 8/20; 8/15; Adopted: 8/11

BB. POLICY ON CUSTOMIZED SURVEY DATA REQUESTS

Periodically, the Commission receives requests for data collected in the annual surveys of accredited dental education programs from the communities of interest. The nature and scope of a request will determine whether approval of the Commission and the ADA Officers or the ADA Board of Trustees must be attained. For all types of requests, a “Survey Data Request Form” must be submitted to the Director of the Commission, who will consult with the ADA Health Policy Institute or appropriate ADA agency regarding
the potential for supplying requested data. This form is available upon request from the Commission office or the ADA Health Policy Institute. Examples of potential requesting parties include member and non-member dentists; other dental professionals; deans, dental faculty and affiliates of dental education programs; non-profit dental organizations; researchers; and government officials (Federal and state). Granting the request is at the sole discretion of the ADA.

Requests which can be approved directly through the ADA Division of Education and Professional Affairs involve non-confidential and non-commercial data and include:

- Data that are collected in the annual surveys and are available publicly, but presented in a different way than the published report (e.g., broken down by certain characteristics, by individual school/program, and/or for a specific trend period).
- Data that are collected in different surveys and published in different reports, grouped together in a single report.

Survey data will not be provided for the following types of requests:
- Requests made for data from surveys that are still in the data collection or analysis phase. Custom data requests cannot be fulfilled if the corresponding published report has not yet been released.
- Confidential data (e.g., financial data; curriculum/patient care figures collected from advanced programs; protected student information).
- Requests at a level of granularity which would compromise confidentiality of the survey respondents.
- Requests that involve reproduction in a publication of any sort, appear to be for the purpose of monetary gain, or used in some type of litigation or for questionable motives.
- The scope of the request exceeds the Health Policy Institute’s workload capacity.

Additional requirements:
- Requests will be granted only in the following output formats used by the Health Policy Institute: Word, PDF, Excel, and certain SAS output types.
- Fees are charged based on a time estimate to complete the request, with a one-hour minimum. The Commission office should be contacted for current fees and rates.
- A formal agreement specifying the permitted use of the data is required before the Health Policy Institute will act on the request.

Revised: 8/15; Reaffirmed: 8/20; Adopted: 8/11

CC. POLICY ON REQUESTS FOR CONTACT DISTRIBUTION LISTS

Periodically, the Commission receives requests for contact distribution lists from the communities of interest. The nature and scope of a request will determine whether the Commission will be able to comply with the request. For all types of requests, a “Contact Distribution List Request Form” must be submitted to the Director of the Commission, who will consult with CODA staff regarding the potential for supplying the requested lists based on staff workload capacity and the purpose for which the contact list is requested. This form is available upon request from the Commission office. Examples of potential requesting parties include member and non-member dentists; other dental professionals; deans, dental faculty and affiliates of dental education programs; non-profit dental organizations; researchers; and government officials (Federal and state). Contact distribution lists will not be supplied to commercial interests. A commercial interest is defined as an entity or corporation whose primary purpose for requesting the information is to sell a product or service. Granting the request is at the sole discretion of the Commission.
Additional requirements:

- Requests will be granted only in the following output formats used by the Commission: Word or Excel format.
- The Commission office should be contacted for current fees and rates.
- A formal agreement specifying the permitted use of the data is required before the Commission will act on the request.

Revised: 8/20; 8/15; 1/14; Adopted: 8/12

DD. POLICY ON REPRINTS

All Commission on Dental Accreditation material is copyrighted and may be reprinted by permission only. Requests must be in writing or via e-mail. Permission will not be granted over the phone.

Requests must include the exact materials intended for reprint, i.e.: “Accreditation Standards for Dental Education Programs – Standard 5.” All permissions are granted for one-time usage only, as stated in the permission agreement.

The Commission requires that materials be reprinted, unedited and in their entirety. Deletion or alteration of any Commission on Dental Accreditation material is prohibited. Content must not be placed on any electronic platform; however, the reprint may include a link to the Commission’s website where the material is located.

The Commission does not provide hard copies of the requested reprint content.

Each page of the reproduced Commission on Dental Accreditation material should contain the following statement, clearly indexing these materials are the Commission’s. The statement must be placed at the bottom of each page of the print copy (remove quotation marks):

“Reprinted by permission of the Commission on Dental Accreditation, [current year]. Further reproduction by permission only. Permission to reprint Commission on Dental Accreditation materials does not constitute explicit or implicit endorsement of any activity, program, or presentation in which the materials may be used.”

No content may be translated into any language without the expressed permission of the Commission on Dental Accreditation.

Revised: 1/20; Reaffirmed: 8/20; Adopted: 8/18
K. POLICY ON INTERRUPTION OF EDUCATION

Interruption of an educational program due to unforeseen circumstances that take faculty, administrators or students away from the program is a potentially serious problem. If such interruption may compromise the quality and effectiveness of education, the Commission must be notified in writing of any such disruption. The institution must provide a comprehensive plan for how the loss of instructional time will be addressed. A program which experiences an interruption of longer than two (2) years will be notified of the Commission’s intent to withdraw accreditation at its next scheduled meeting.

Revised: 8/15; 8/10, 5/91, 1975; Reaffirmed: 7/07, 7/01

The Commission recognizes that unexpected interruption of education due to unforeseen circumstances that take faculty, administrators or students away from the program is a potentially serious problem and can compromise the program. The Commission must be notified in writing as soon as possible following the event (interruption of education), and no more than 30 days following the occurrence. The appropriate Review Committee and the Commission will review the program’s written interruption of education report at the next scheduled meeting. In the event that waiting until the next meeting would preclude a timely review, the appropriate Review Committee(s) will review the interruption of education report in a telephone/web conference call(s). The action recommended by the Review Committee(s) will be forwarded to the Commission for mail ballot approval in this later case.

Modification of the program due to an interruption of education will be viewed by the Commission as a temporary solution to maintain educational quality and compliance with Accreditation Standards. Following the interruption of education, should the program subsequently decide to permanently implement a change, the program must submit a formal Report of Program Change for consideration by the Commission.

The following alternatives may be recommended by Review Committees and/or be taken by the Commission in relation to the review of reports of interruption of education received from accredited educational programs:

- Approve the report of interruption of education: If the Review Committee or Commission does not identify any concerns regarding the program’s continued compliance with the accreditation standards, the transmittal letter should advise the institution that the change(s) related to interruption of education have been noted and will be reviewed at the next regularly-scheduled site visit to the program.

- Approve the report of interruption of education and request additional information: If the Review Committees or Commission does not identify any concerns regarding the program’s
compliance with the accreditation standards, but believes follow up reporting is required to
ensure continued compliance with accreditation standards, additional information will be
requested for review by the Commission. Additional information could occur through a
supplemental report or a focused site visit.

• **Postpone action and continue the program’s accreditation status, but request additional**
  information on the interruption of education: The transmittal letter will inform the institution
  that the report of interruption of education has been considered, but that concerns regarding
  continued compliance with the accreditation standards have been identified. Additional
  specific information regarding the identified concerns will be requested for review by the
  Commission. The institution will be further advised that, if the additional information
  submitted does not satisfy the Commission regarding the identified concerns, the
  Commission reserves the right to request additional documentation, or conduct a special
  focused site visit of the program, or deny the report on interruption of education.

• **Postpone action and continue the program’s accreditation status pending conduct of a**
  special site visit related to the interruption of education: If the information submitted with
  the interruption of education is insufficient to provide reasonable assurance that the
  accreditation standards will continue to be met, and the Commission believes that the
  necessary information can only be obtained on-site, a special focused site visit will be
  conducted.

• **Deny the report on interruption of education:** If the submitted information does not indicate
  that the program will continue to comply with the accreditation standards, the Commission
  will deny the report on interruption of education. The institutions will be advised that it must
  re-submit a report on interruption of education which provide a comprehensive plan for how
  the loss of instructional time will be addressed and continued compliance with accreditation
  standards will be maintained. Additionally, if the program has implemented plans that
  indicate it is out of compliance with accreditation standards, its accreditation status will be
  changed and a report of non-compliance will be requested.
GUIDELINES FOR REPORTING AN INTERRUPTION OF EDUCATION

PURPOSE: A “report of interruption of education” informs the Commission that due to unforeseen circumstances there has been a disruption in the educational program that takes faculty, administrators or students away from the program (e.g. a natural disaster or similar event). An interruption of education may have a direct and significant impact on the program’s potential ability to comply with the Accreditation Standards. The institution must provide a comprehensive plan for how the loss of instructional time will be addressed. The institution’s/program’s plan must address, as applicable, any disruption to didactic, laboratory, preclinical, and/or clinical components of the educational program.

FORMAT FOR INTERRUPTION OF EDUCATION REPORT: The report must be clear and concise and must follow the “Format” and “Mechanics” illustrated within this guideline. Reports related to the interruption of education, including appendices, may not exceed ten (10) pages. Reports that fail to adhere to the stated guidelines may be returned to the program for proper formatting.

DOCUMENT THE INTERRUPTION OF EDUCATION as briefly, clearly and completely as possible. The following areas may have been impacted by the interruption of education. Prepare a report that lists all questions below (1 through 4, and all subparts) along with the program’s response to each item. Attach supporting documents, as necessary to demonstrate continued compliance with Commission Accreditation Standards. All areas must be addressed; if there has been no change in a particular area, indicate so in the program’s response.

1) Chronology of Events: Provide a chronology of events/circumstances leading to the interruption of education and the expected period of interruption of education (initial and expected end dates).

2) Temporary Modifications to Curriculum: Describe specific temporary modifications to curriculum content, curriculum length, and/or sequence that have occurred and how the modifications will maintain compliance with CODA Accreditation Standards. As applicable, address the following in your response.

   a) Document specific changes made to the delivery method of educational curriculum in didactic, laboratory, preclinical or clinical portions of the program (for example, changes in traditional vs. distance education).

   i. For temporary use of distance education, if not previously submitted, please submit the following:

      1. Outline the specific uses of distance education within the curriculum
2. Document the methods by which the program will apply student identity verification to address the following:
   a. Document how the identify of each student/resident who registers for the course is verified as the one who participates in, completes, and receives academic credit for the course.
   b. Document that the verification process used includes methods such as secure login and passcode, proctored examinations, and/or other technologies effective in verifying student/resident identity.
   c. Document that the program provides a written statement to make it clear that the verification processes used are to protect student/resident privacy.
   d. Document how students/residents are notified of additional charges associated with the student identity verification at the time of registration or enrollment.

b) Indicate what, if any, curricular content was eliminated or re-sequence.

c) Indicate what, if any, area of curriculum length (course, rotation, or overall program length) was modified.

d) Describe how the program demonstrates continued compliance with CODA required curriculum content, course sequencing, and curricular length, as applicable.

e) Provide as an Exhibit the BEFORE and AFTER overall program course sequence, as applicable.

3) **Temporary Modifications to Clinical Program:** Describe specific temporary modifications to the laboratory, preclinical, and/or clinical portion of the program that have occurred and how the modifications will maintain compliance with CODA Accreditation Standards. As applicable, address the following in your response.

a) Document changes to the laboratory, preclinical, and/or clinical portion of the program and describe how the program demonstrates continued compliance with CODA Standards related to program and course requirements (i.e., changes in any program, course, or CODA-mandated educational requirements).

b) Document changes and describe how the program demonstrates continued compliance with CODA Accreditation Standards related to new or different evaluation, assessment, and/or grading methods have been employed due to the interruption of education. Describe the specific changes that were made and how the program complies with CODA Accreditation Standards related to assessment of student/resident competence.
4) **Temporary Modifications to Facilities:** Describe specific temporary modifications to the laboratory, preclinical, and/or clinical facilities used by the program and how the modifications will maintain compliance with CODA Accreditation Standards. If temporary facilities will be used, provide evidence of the facility capacity and student use schedule to ensure continued compliance with CODA Standards. Submit a signed affiliation agreement for the use of temporary facilities.

**PROVIDE RELEVANT DOCUMENTATION** to illustrate how the program will continue to comply with the accreditation standard(s). When deciding how to explain a change and selecting appropriate documentation, it may be helpful to use the following approach:

a. Description: discuss BEFORE and AFTER the change;

b. Appraisal and Analysis: assess the IMPACT of the change;

c. Supportive Documentation: EVIDENCE that the program continues to meet the standards.

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

**MECHANICS:** The following guidelines must be observed when preparing your report.  
**Electronic Submission Guidelines to assist in preparing a digitized copy of the report must be strictly followed.**

1. **COVER PAGE** – *Must* include the following information:

   a. name and address of the institution

   b. program title;

   c. name, title, telephone number, e-mail address and signature of the program director;

   d. name, title, telephone number, e-mail address and signature of the department head/dean;

   e. name, title, telephone number, e-mail address and signature of the chief executive officer of the institution (the chief executive officer of the institution sponsoring the program must be copied on the letter to the Commission).

   **The electronic copy must include a signed cover/verification page and must conform to the Commission’s electronic submission guidelines. If, due to the nature of the**
interruption of education, the program is unable to obtain administrative signatures, the submission must at a minimum include evidence of distribution of the completed report to the program’s institutional administration (e.g. carbon copy on email submission of report).

2. DOCUMENTATION – The report must be succinct and provide only the information necessary to fully address the questions noted above. See above related to page limitations.

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

DEADLINES: The Commission must be notified in writing of an interruption of education as soon as possible following the event, and no more than 30 days following the occurrence. Because of the above deadlines, program administrators should consult with Commission staff immediately upon experiencing an interruption of education. If the report of interruption of education will be considered by a Review Committee and the Commission, the Commission acknowledgment will indicate the meeting date. Failure to adhere to established deadlines and/or comply with the policy will jeopardize the program’s accreditation status.

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

Revised: 2/16; Reaffirmed: 8/15; 8/10, 7/07, 7/01, 5/88

POLICY ON 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. 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 will be provided to programs. 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.

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

ASSISTANCE: Call Commission staff if you have questions about your report. Staff are available to answer questions about report preparation and can be contacted at the phone number and extension below: 312-440-(ext).

- dental education programs and dental therapy programs, extension 2721;
- advanced dental education programs in dental public health, oral and maxillofacial pathology, oral and maxillofacial radiology, pediatric dentistry and prosthodontics, extension 2672;
- advanced dental education programs in endodontics, oral and maxillofacial surgery, orthodontics and dentofacial orthopedics and periodontics, and fellowships in oral and maxillofacial surgery and orthodontics and dentofacial orthopedics, extension 2714;
• advanced dental education programs in advanced education in general dentistry, general practice residency, dental anesthesiology, oral medicine and orofacial pain, extension 2788;
• dental assisting programs and dental laboratory technology programs, extension 4660;
• dental hygiene programs, extension 2695

If emailing an electronic copy of the report, please send the information to the appropriate CODA manager. The email file size must not exceed 5MB. If multiple emails must be submitted, please indicate so by referring to “Email 1 of X” in the subject line of the email.
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. 2/22/19)

1. **Sensitive Information.** To protect the privacy of individuals and to comply with applicable law, the Commission on Dental Accreditation (“CODA” or “the Commission”) prohibits all programs/institutions from disclosing in electronic or hard copy documents provided to CODA other than on-site during a site visit, any of the following information (“Sensitive Information” or “PII”):

- Social Security number
- Credit or debit card number or other information (e.g., expiration date, security code)
- Drivers’ license number
- Account number with a pin or security code that permits access
- Health insurance information, such as policy number or subscriber I.D.
- Medical information, such as information about an individual’s condition or treatment
- Mother’s maiden name
- Taxpayer ID number
- Date of birth
- Any data protected by applicable law (e.g., HIPAA, state data security law)
- Biometric data, such as fingerprint or retina image
- Username or email address, in combination with a password or security question that permits access to an online account

2. **Patient Identifiers.** Before submitting information about a patient to CODA other than on-site during a site visit, a program/institution must remove the following data elements of the individual, and of relatives, household members, and employers of the individual (the “Patient Identifiers”):

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

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

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

4. **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”.

Guidelines for Reporting Interruption of Education
Page 12 of 12

Created 8.6.20
A. REVIEW COMMITTEES AND REVIEW COMMITTEE MEETINGS – EOPP P. 15

1. Structure: The chair of each Review Committee will be the appointed Commissioner from the relevant discipline.

i. The Commission will appoint all Review Committee members.
   a. Review Committee positions not designated as discipline-specific will be appointed from the Commission where feasible, e.g. a public representative on the Commission could be appointed to serve as the public member on the Dental Laboratory Technology Review Committee; an ADA appointee to the Commission could be appointed to the Dental Assisting Review Committee as the general dentist practitioner.
   b. Discipline-specific positions on Review Committees will be filled by appointment by the Commission of an individual from a small group of qualified nominees (at least two) submitted by the relevant national organization, discipline-specific sponsoring organization or certifying board. Nominating organizations may elect to rank their nominees, if they so choose. If fewer than two (2) qualified nominees are submitted, the appointment process will be delayed until such time as the minimum number of required qualified nominations is received.

ii. Consensus is the method used for decision making; however if consensus cannot be reached and a vote is required, then the Chair may only vote in the case of a tie (American Institute of Parliamentarians Standard Code of Parliamentary Procedures).

iii. Member terms will be staggered, four year appointments; multiple terms may be served on the same or a different committee, with a one-year waiting period between terms. A maximum of two (2) terms may be served in total. The one-year waiting period between terms does not apply to public members.

iv. One public member will be appointed to each committee.

v. The size of each Review Committee will be determined by the committee’s workload.

vi. As a committee’s workload increases, additional members will be appointed while maintaining the balance between the number of content experts and non-content experts. Committees may formally request an additional member through New Business at Review Committee/Commission meetings. If an additional member is approved, this member must be a joint nomination from the professional organization and certifying board, as applicable.

vii. Conflict of interest policies and procedures are applicable to all Review Committee members.

viii. Review Committee members who have not had not been on a site visit within the last two (2) years prior to their appointment on a Review Committee should observe at least one site visit within their first year of service on the Review Committee.

ix. In the event that fewer than 50% of discipline-specific experts are present for any one discipline, the decision by a quorum of the Review Committee shall be acceptable. In the case of less than 50% of discipline-specific experts, including the Chair, available for a review committee meeting, for specified agenda items or for the entire meeting, the Review Committee Chair may temporarily appoint an additional discipline-specific expert(s) with the approval of the CODA Director. The substitute should be a previous Review Committee member or an individual approved by both the Review Committee Chair and the CODA Director. The substitute would have the privileges of speaking, making motions and voting. In the event that fewer than 50% of discipline-specific experts are present for any one discipline, the decision by a quorum of the
Review Committee shall be acceptable.

x. Consent agendas may be used by Review Committees, when appropriate, and may be approved
by a quorum of the Review Committee present at the meeting.

Revised: 8/20; 1/20; 8/18; 8/17; 2/15; 1/14, 2/13, 8/10, 7/09; 7/08; 7/07; Adopted: 1/06

4. Policy On Attendance At Open Portion Of Review Committee Meetings: The policy portion of
Review Committee meetings is open to representatives from organizations and certifying boards
represented on the Review Committee. Participation of these representatives during the meeting is at the
discretion of the Review Committee Chair. Confidential accreditation matters are discussed in a closed
session of the meeting that is not open to observers.

Representatives attending the open portion of meetings are asked to pre-register to assist the Commission
in making arrangements for the meeting. Pre-registration ensures that the individual receives a copy of
the meeting agenda and policy reports at the same time as Review Committee members.

Revised: 8/20; 2/15; 7/07, 7/97; Reaffirmed: 8/17; 8/10, 7/01; CODA: 07/96:10

10. Distribution Of Meeting Minutes: Final minutes of each Commission meeting, including the report
on accreditation status of dental education programs, are made available to the Commission’s
communities of interest through an e-mail notice of posting on the Commission’s website. Organizations
may request to be added to the distribution list which follows.

- Academy of General Dentistry, Executive Director
- American Academy of Oral and Maxillofacial Pathology, Executive Director/Secretary
- American Academy of Oral and Maxillofacial Radiology, Executive Director/Secretary
- American Academy of Oral Medicine, Executive Director
- American Academy of Orofacial Pain, Executive Director
- American Academy of Pediatric Dentistry, Executive Director/Secretary
- American Academy of Periodontology, Executive Director/Secretary
- American Association of Dental Boards, Executive Director
- American Association of Endodontists, Executive Director/Secretary
- American Association of Oral and Maxillofacial Surgeons, Executive Director/Secretary
- American Association of Orthodontists, Executive Director/Secretary
- American Association of Public Health Dentistry, Executive Director/Secretary
- American College of Prosthodontists, Executive Director/Secretary
- American Dental Assistants Association, Executive Director
- American Dental Association, Executive Director
- American Dental Association, Board of Trustees
- American Dental Association, Council on Dental Education and Licensure
- American Dental Education Association, Executive Director
- American Dental Hygienists’ Association, Executive Director
- American Society of Dentist Anesthesiologists, Executive Director
- American Student Dental Association, Executive Director
- Asociación Dental Mexicana, A.C., Director International Relations
- Chiefs of Federal Dental Services
- Commission on Dental Accreditation of Canada, Chair, Director
- Constituent Dental Societies, Executive Directors
All materials generated and received in the accreditation process are confidential. In all instances Protected Health Information (PHI), Personally Identifiable Information (PII) and student/resident/fellow identifying information must not be improperly disclosed. The Commission’s confidentiality policies apply to Commissioners, Review Committee members, members of the Appeal Board, and site visitors. Confidential materials are maintained to ensure the integrity of the institution/program and of the accreditation process, and may be shared by the Commission in instances related to USDE re-recognition or responding to state or federal legal requirements, as appropriate. Because of the confidential nature of the accreditation process, the Commission identifies three (3) points of contact with whom Commission staff is authorized to communicate, either in writing or verbally. These individuals are designated by the sponsoring institution and include the chief executive officer (university president/chancellor/provost or medical center director), the chief academic officer (dean/academic dean/chair/chief of dental service, etc.), and the program director. Commission staff is not authorized to discuss program-specific situations or share confidential material with any other individual(s).

Confidentiality applies without limitation, to the following:

SELF-STUDY DOCUMENT: At the discretion of the institution, the administration may either release information from this document to the public or keep it confidential. The Commission will not release any information in the self-study document without the prior written approval of the institution.

SITE VISIT REPORT: The preliminary draft of a site visit report is an unofficial document and remains confidential between the Commission and the institution’s executive officers and may not, under any circumstances, be released. Members of a visiting committee who review preliminary drafts of the report must consider the report as privileged information and must not discuss it or make its contents known to anyone, under any circumstances. Oral comments made by site visit team members during the course of the site visit are not to be construed as official site visit findings unless documented within the site visit report and may not be publicized. Further, publication of site visit team members’ names and/or contact information is prohibited. Reasons for assigning any non-adverse status other than full approval remain confidential between the institution and the Commission unless the institution wishes to release them. Public release of the final draft of the site visit report that is approved by the Commission is at the sole discretion of the institution. If there is a point of contention about a specific section of the final site visit report and the
institution elects to release the pertinent section to the public, the Commission reserves the right to make the 
etire site visit report public.

INSTITUTION'S RESPONSE TO A SITE VISIT REPORT: Release of this information is at the sole 
discretion of the institution. An institution’s response must not improperly disclose any Protected Health 
Information; however, if any such information is included in the response, such information will not be 
made public.

TRANSMITTAL LETTER OF ACCREDITATION NOTIFICATION: Information such as accreditation 
status granted and scheduled dates for submission of additional information is public information. 
However, release of other information or details is at the sole discretion of the institution and will not be 
disclosed by the Commission.

PROGRESS REPORT: The scheduled date for submission of progress reports is public information. 
Release of the content of a progress report is at the sole discretion of the institution. If there is a point of 
contention about a particular portion of the progress report and the institution elects to release the 
pertinent portion to the public, the Commission reserves the right to make public the entire progress 
report. Progress reports must not disclose Protected Health Information (PHI) or Personally Identifiable 
Information (PII).

SURVEYS: Routinely gathered data are used in the accreditation process and also provide a national data 
base of information about the accredited dental and dental-related educational programs. The 
Commission may release to the public any portion of survey data that is collected annually unless the 
terms of confidentiality for a specific section are clearly indicated on the survey instrument. Subsections 
of each survey instrument containing data elements which are confidential are clearly marked. Any data 
which may be reported from confidential subsections are published in a manner which does not allow 
identification of an individual institution/program.

EXIT INTERVIEWS: The final conference or exit interview between the site visit committee and the 
chief executive officer, dental dean, chief of dental service or the program director(s) is also confidential. 
Additional people may be included at the discretion of the institutional administration. The interview is a 
confidential summation of the preliminary findings, conclusions, recommendations and suggestions 
which will appear in the site visit report to the institution. This is a preliminary oral report and the 
preliminary written report is often only in draft stage at this point; therefore, this session may not be 
recorded in either audio or video format. Note taking is permitted and encouraged.

ON-SITE INTERVIEWS AND ORAL COMMUNICATIONS: In order to carry out their duties as on- 
site evaluators, visiting committee members must communicate freely with administrators, faculty, staff 
and students and any other appropriate individuals affiliated with an education program. As part of their 
on-site accreditation duties, committee members are expected to share with other team members pertinent 
and relevant information obtained during interviews. All oral communications occurring on-site, 
however, are confidential. Interviews may not be recorded in either audio or video format. Note taking is 
permitted and encouraged. When the site visit ends, team members may communicate orally, or in 
writing, only with Commission staff or other team members about any on-site interview or conversation. 
All questions related to any aspect of the site visit including oral communications must be referred to the 
Commission office.
MEETING MATERIALS/DISCUSSIONS: Background reports and informational materials related to accreditation matters are regularly prepared for review by the Commission and its Review Committees. These materials and all discussions related to accreditation matters routinely remain confidential. The Commission determines when, and the manner in which, newly adopted policy and informational reports will receive public distribution.

PROTECTED HEALTH INFORMATION: Patients’ protected health information, which includes any information that could identify an individual as a patient of the facility being site visited, may not be used by the site visitors, Review Committee members, or Commissioners for any purpose other than for evaluation of the program being reviewed on behalf of the Commission. Protected Health Information may not be disclosed to anyone other than Commissioners, Commission staff, Review Committee members or site visitors reviewing the program from which the Protected Health Information was received. Individual Protected Health Information should be redacted from Commission records whenever that information is not essential to the evaluation process. If a site visitor, Review Committee member, or Commissioner believes any Protected Health Information has been inappropriately used or disclosed, he/she should contact the Commission office.

MEETINGS: Policy portions of the Review Committee and Commission meetings are open to observers, while accreditation actions are confidential and conducted in closed session. All deliberations of the Appeal Board are confidential and conducted in closed session.

NOTICE OF REASONS FOR ADVERSE ACTION: Notice of the reasons for which an adverse accreditation action (i.e. deny or withdraw) is taken is routinely provided to the Secretary of the U.S. Department of Education, any appropriate state agencies, and, upon request, to the public.

Revised: 8/20; 8/18; 2/16; 8/14; 1/05, 2/01, 7/00; Reaffirmed: 8/12, 8/10; Adopted: 7/94, 5/93

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3. Policy Statement On Site Visitor Training: The Commission has a long history of a strong commitment to site visitor training and requires that all program evaluators receive training. Prior to participation, site visitors must demonstrate that they are knowledgeable about the Commission’s accreditation standards and its Evaluation and Operational Policies and Procedures. Initial and ongoing training takes place in several formats.

New site visitors must attend a two-day formal workshop that follows the format of an actual site visit. All new site visitors are directed to the Commission’s on-line training program and are required to successfully complete the training program and site visitor final assessment.

Site visitor update sessions take place at several dental-related meetings, such as the annual session of the American Dental Education Association (ADEA), the American Association of Oral and Maxillofacial Surgeons and the ADEA Allied Dental Program Directors’ Conference. The Commission may entertain requests from other organizations. Components from the workshop are sometimes presented at these meetings; however, the primary purpose of the update sessions is to inform site visitors about recent Commission activities, revisions to standards and newly adopted policies and procedures.
Keeping costs in mind, the Commission continually explores new methods of providing initial and ongoing training to site visitors, as well as ensuring their ongoing competence and calibration. Methods being examined include on-line materials, virtual webinars (synchronous and/or asynchronous) conference calls, broadcast e-mails and other self-instructional materials.

The Commission emphasizes its increased commitment to quality training for site visitors. While the Commission sponsors comprehensive training for new site visitors and provides updates for site visitors on a regular basis, all parent organizations are urged to provide support for CODA-sponsored training to augment the Commission’s programs. All active site visitors must complete mandatory annual web-based retraining in order to retain appointment.

Revised: 8/20; 8/19; 2/19; 8/14; 8/10, 7/06, 7/00, 1/98; Reaffirmed: 7/07, 7/01, 7/96; CODA: 01/94:9