REPORT OF THE STANDING COMMITTEE ON DOCUMENTATION AND POLICY REVIEW

Background: The Standing Committee on Documentation and Policy Review met via telephone conference call on January 2, 2020. Committee members in attendance included: Dr. Marsha Pyle (chair), Dr. Scott DeVito; Dr. Jeffery Hicks; Dr. Bradford Johnson; Dr. Susan Kass; Dr. Timmothy Schwartz; and Dr. Marshall Titus. Dr. John Hellstein was unable to participate. In addition, Dr. Arthur C. Jee, chair, Commission on Dental Accreditation, ex-officio; Dr. Sherin Tooks, director, CODA; CODA managers (as available); and Ms. Cathryn Albrecht, senior associate general counsel, were also in attendance. The Committee began its meeting with a review of the Committee’s charge. The Committee discussed the following items:

Consideration of Proposed Revisions to the Rules of the Commission: In September 2019, the ADA House of Delegates adopted governance changes to permit all Commissions of the Association to modify their Rules. Additional changes were made to the ADA Governance documents and bylaws pertaining to Commissions of the Association. At this meeting, the Standing Committee considered proposed revisions made to align the CODA Rules with the Governance changes and the Rules of other Commissions within the Association.

Following careful review and consideration of the proposed revisions, the Standing Committee determined the proposed revisions found in Appendix 1 appropriately align the CODA Rules with the Governance changes and the Rules of other Commissions within the Association and recommend they be approved with immediate implementation.

Standing Committee Recommendation: It is recommended that the Commission on Dental Accreditation adopt the proposed revisions to the CODA Rules found in Appendix 1, including the revision of the Rules in the Commission’s Evaluation and Operational Policies and Procedures manual (EOPP) and in all appropriate Commission documents, with immediate implementation.

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.

At this meeting, the Committee discussed the Commission’s Policy on Enrollment Increases in Advanced Dental Education Programs, Policy on Electronic Submission of Accreditation Materials, Commission Policy and Procedure Related to Compliance with the Health Insurance Portability and Accountability Act (HIPAA), Policy on Preparation and Submission of Reports to the Commission, Policy on Requests for Contact Distribution Lists, Self-Study General Information, Policy on Reporting Program Changes in Accredited Programs, Policy on Review Committees and Review Committee Meetings, Policy on Reprints, Policy on Site Visitors, and the Commission History and Background. In addition, the Standing Committee considered a new Policy on Public Statements.
**Policy on Enrollment Increases in Advanced Dental Education Programs:** The Standing Committee considered a letter to CODA from the American Dental Education Association (ADEA) Council of Deans (Appendix 2) related to the Policy on Enrollment Increases in Advanced Dental Education. The Standing Committee noted that the ADEA Council of Deans is requesting revision to the Policy to better accommodate enrollment increases that may occur any time of the year due to special circumstances, as well as, maintain compliance with Commission requirements for reporting increases in program enrollment. The Standing Committee noted that while the request included revisions made to the Guidelines for Requesting an Increase in Authorized Enrollment in Prosthodontics Education Programs as an example, the proposed revisions are intended for all advanced dental education programs that have “authorized” enrollment reporting requirements.

The Standing Committee discussed the request noting it included no outcomes data or information to support the proposed revisions. While the Standing Committee understands there can be difficulties in reporting enrollment increases of an urgent nature throughout the academic year, it believes authorized enrollment requests should continue to be reviewed in accordance with CODA’s continuous monitoring of programs. The Standing Committee also learned the policy was recently studied resulting in revisions, and, at that time, CODA believed it was important to review both temporary and retroactive enrollment increases to ensure programs have adequate resources and are not negatively impacted by an increase of any timeframe.

The Standing Committee discussed whether the procedure for reporting enrollment increases found in the Policy on Reporting Program Changes, which involves preliminary review by the discipline-specific Chair to determine if full Commission review is warranted, could be utilized to accommodate ADEA’s request. Through further discussion, the Standing Committee was informed that this procedure is used for advanced dental education programs that do not have the “authorized” enrollment reporting requirement. It was also noted that predoctoral dental education and allied dental education programs similarly have enrollment policies and procedures, which require review by the discipline-specific Chair to determine whether full Commission review is warranted. The Committee noted that, in advanced dental education programs, an additional student/resident beyond the authorized number of enrollees could impact the program’s resources. Therefore, the Commission should be informed of and review these program changes. Additionally, the Committee noted that a program will usually have an early indication when a student/resident will require additional time to complete the program, thus providing time to report the temporary enrollment increase to the Commission.

Following lengthy discussion, the Standing Committee agreed that the suggested addition of “parental leave” to the Policy, as noted in Appendix 3, is warranted. However, the Standing Committee believed that the authorized enrollment guidelines, including those for temporary or retroactive requests, should be retained as written to provide CODA with oversight to ensure program resources support the enrollment increase. The Standing Committee recommended that ADEA be informed of the Commission’s final decision including an explanation that the Policy had recently been studied and revised.
Standing Committee Recommendation: It is recommended that the Commission on Dental Accreditation adopt and implement immediately the proposed revision to the Policy on Enrollment Increases in Advanced Dental Education found in Appendix 3, including the revision of the policy in the Commission’s EOPP and in all appropriate Commission documents.

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: The Standing Committee learned there has been an increase in the number of documents that do not comply with the Commission’s policies for preparation and submission of documents, including the 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. In an effort to streamline the policies and assist in providing more clear and concise guidance, the proposed revised policy, Policy on Preparation and Submission of Documents to the Commission, which is a combination of the policies noted previously, was provided to the Standing Committee for consideration. The Standing Committee also noted the combined policy could be placed within the EOPP as V.E in General Commission Policies.

Following discussion, the Standing Committee agreed the revised Policy on Preparation and Submission of Documents to the Commission, found in Appendix 4, is clear, concise and includes the appropriate information previously provided in the separate policies. Further, the Committee agreed that placing the policy as V.E in General Commission Policies, is appropriate.

Standing Committee Recommendation: It is recommended that the Commission on Dental Accreditation adopt and implement immediately the new, Policy on Preparation and Submission of Documents to the Commission, found in Appendix 4, for inclusion in the Commission’s EOPP and in all appropriate Commission documents.

It is further recommended that the 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 be rescinded and deleted from the Commission’s EOPP and in all appropriate Commission documents, effective immediately.

Policy on Contact Distribution Lists: The Standing Committee learned there have been questions regarding the established precedent of releasing contact information gathered by the Commission. Therefore, the Standing Committee was asked to review the Policy on Contact Distribution Lists, found in Appendix 5, to consider whether this policy remains relevant and/or whether it should be revised to provide further clarification and information regarding the
circumstances under which the information will be released. It was noted that to date, no problems or concerns with the process have been identified.

The Committee learned that, through the current procedure, approximately two (2) to five (5) requests for contact information are received annually and that producing the lists requires minimal time on the part of staff to develop a contract and prepare the list, and no monetary cost is incurred. Most of the requests are from organizations requesting contact information for a variety of purposes, including conducting research studies and/or advertising faculty openings.

Following lengthy discussion, the Standing Committee determined that since there appear to be no problems or concerns with the process, revisions to the policy or procedure are not warranted at this time.

**Standing Committee Recommendation:** This report is informational in nature and no action is required.

**Self-Study General Information:** The Standing Committee learned there has been an increase in the number of late submissions of self-study documents, which are due 60 days prior to the site visit. A self-study submitted beyond the due date will limit the amount of time that a site visit team has to complete a thorough review in preparation for the site visit. This situation is made more problematic when the site visit is scheduled late in the calendar year that, in extreme circumstances, rescheduling the site visit within the same calendar year is not possible.

Therefore, the Standing Committee was asked to review proposed revisions to the Self-Study General Information found in the EOPP addressing late submissions. The Standing Committee discussed the proposed revisions, and agreed that late submissions, though rare, create a challenging situation for the site visit team and makes thorough and timely preparation for a site visit difficult. Following careful consideration and discussion, the Standing Committee agreed the proposed revisions found in **Appendix 6** are warranted and recommend they be approved with immediate implementation.

**Standing Committee Recommendation:** It is recommended that the Commission on Dental Accreditation adopt and implement immediately the proposed revisions to the Self-Study General Information found in **Appendix 6**, including the revision of the information in the Commission’s EOPP and in all appropriate Commission documents.

**Policy on Reporting Program Changes in Accredited Programs:** The Standing Committee learned that CODA receives numerous reports of program change that are minor and do not affect the ability of the program to meet accreditation standards. In an effort to provide additional assistance and clarification, the Standing Committee considered proposed revisions to the Policy on Reporting Program Changes in Accredited Programs. Through discussion, the Standing Committee noted the additional clarification and guidance, specifically encouraging programs to contact CODA staff prior to reporting a change, are appropriate and recommend the revisions found in **Appendix 7** be approved with immediate implementation.
Standing Committee Recommendation: It is recommended that the Commission on Dental Accreditation adopt and implement immediately the proposed revisions to the Policy on Reporting Program Changes in Accredited Programs found in Appendix 7, including the revision of the policy in the Commission’s EOPP and in all appropriate Commission documents.

Policy on Review Committees and Review Committee Meetings: The Standing Committee learned that review committee member conflicts of interest resulting in review committee member recusals continues to be problematic. This is especially the case for the smaller review committees and the Review Committee on Advanced Education in General Dentistry, General Practice Residency, Dental Anesthesiology, Oral Medicine and Orofacial Pain (AGDOO) where the number of discipline-specific experts is limited. The urgency of the situation is amplified when the conflicts are not reported in a timely manner. This has resulted in situations where, on the day of the meeting, it is determined there is not a quorum of discipline-specific experts to review a program and a separate meeting to complete the work of the review committee must be scheduled. Therefore, the Standing Committee was asked to review the Policy on Review Committees and Review Committee Meetings and consider whether revisions to address this situation are warranted.

The Standing Committee noted the current policy requires appointment of an additional discipline-specific expert in situations where less than 50% of discipline-specific experts, including the Chair, are available for either the entire review committee meeting or for a specific agenda item. Further, the Committee noted the policy indicates the substitute should be a previous Review Committee member or an individual approved by both the Review Committee Chair and the CODA Director.

The Standing Committee discussed whether it would be acceptable to have less than 50% discipline-specific experts available for a review as long as a quorum of members, including one discipline-specific expert, is available for a program review. Following lengthy discussion, the Standing Committee believed a revised process requiring one discipline-specific expert and a quorum of voting members present for the review would address the concern and recommended the modifications to the policy, found in Appendix 8, be approved. The Standing Committee also noted that the Commission’s recently appointed Ad Hoc Committee to study review committee structure and function may review this situation in its future discussions.

Standing Committee Recommendation: It is recommended that the Commission on Dental Accreditation adopt and implement immediately the proposed revisions to the Policy on Review Committees and Review Committee Meetings found in Appendix 8, including the revision of the policy in the Commission’s EOPP and in all appropriate Commission documents.

Policy on Reprints: The Committee learned there have been requests from organizations and continuing education (CE) providers in the past year to reprint CODA documents, including
Standards and Self-Studies, to facilitate CE programming. To ensure the policy appropriately represents the expectations and requirements of using CODA materials, the Standing Committee was asked to consider proposed revisions to the Policy on Reprints. The Committee noted that the proposed addition reiterates that although CODA materials may be used, CODA does not endorse any activity related to the reprint of CODA materials. Following discussion, the Standing Committee agreed the revisions clearly present the expectations and requirements and recommended the revision found in Appendix 9 be approved and implement immediately.

Standing Committee Recommendation: It is recommended that the Commission on Dental Accreditation adopt and implement immediately the proposed revisions to the Policy on Reprints found in Appendix 9, including the revision of the policy in the Commission’s EOPP and in all appropriate Commission documents.

Commission History and Background: The Standing Committee considered a revision to the Commission History and Background section of EOPP that included information previously located in the Rules and removed due to revisions noted previously. Following discussion, the Committee agreed the information, noted in Appendix 10, is appropriate and warrants addition to the Commission’s History and Background, with immediate implementation.

Standing Committee Recommendation: It is recommended that the Commission on Dental Accreditation adopt and implement immediately the proposed revisions to the Commission History and Background found in Appendix 10, including revision in the Commission’s EOPP and in all appropriate Commission documents.

Policy on Site Visitors: The Standing Committee reviewed a revision to the Criteria for Nomination of Site Visitors section of the Policy on Site Visitors that included relocation of information for logical sequencing. Following discussion, the Standing Committee agreed the relocation is appropriate and recommended the revision, found in Appendix 11, be approved, with immediate implementation.

Standing Committee Recommendation: It is recommended that the Commission on Dental Accreditation adopt and implement immediately the proposed revision to the Criteria for Nomination of Site Visitors section of the Policy on Site Visitors found in Appendix 11, including the revision of the policy in the Commission’s EOPP and in all appropriate Commission documents.

Policy on Public Statements: The Standing Committee learned of recent situations where CODA volunteers, both current and former, have made statements or been asked to make statements on CODA matters or on behalf of CODA because of their involvement with CODA. Therefore, the Standing Committee considered a new Policy on Public Statements, developed to address these situations. The Committee noted the policy clearly identifies who is authorized to speak on behalf of CODA and recommended the policy found in Appendix 12 be approved and implemented immediately.
Standing Committee Recommendation: It is recommended that the Commission on Dental Accreditation adopt and implement immediately the Policy on Public Statements found in Appendix 12, including the revision of the policy in the Commission’s EOPP and in all appropriate Commission documents.

Prepared by: Ms. Peggy Soeldner
2. Rules Of The Commission On Dental Accreditation:

Article I. MISSION

The Commission on Dental Accreditation serves the public and profession by developing and implementing accreditation standards that promote and monitor the continuous quality and improvement of dental education programs. Adopted August 5, 2016

Article II. BOARD OF COMMISSIONERS

Section 1. LEGISLATIVE AND MANAGEMENT BODY: The legislative and management body of the Commission shall be the Board of Commissioners.

Section 2. COMPOSITION: The Board of Commissioners shall consist of:

Four (4) members shall be selected from nominations open to all trustee districts from the active, life or retired members of this association, no one of whom shall be a faculty member working more than one day per week of a school of dentistry or a member of a state board of dental examiners or jurisdictional dental licensing agency. These members shall be nominated by the Board of Trustees and elected by the American Dental Association House of Delegates.

Four (4) members who are active, life or retired members of the American Dental Association shall be selected by the American Association of Dental Boards from the active membership of that body, no one of whom shall be a member of a faculty of a school of dentistry.

Four (4) members who are active, life or retired members of the American Dental Association shall be selected by the American Dental Education Association from its active membership. These members shall hold positions of professorial rank in dental schools accredited by the Commission on Dental Accreditation and shall not be members of any state board of dental examiners.

Four (4) members who shall be appointed by the Board of Trustees from the names of active, life or retired members of this Association. None of the appointees shall be a faculty member of any dental education program working more than one day per week or a member of a state board of dental examiners or jurisdictional dental licensing agency.

Four (4) members who are active, life or retired members of this Association and also active members of the American Association of Dental Boards shall be selected by the American Association of Dental Boards. None of these members shall be a faculty member of any dental education program.

Four (4) members who are active, life or retired members of this Association and also active members of the American Dental Education Association shall be selected by the American Dental Education Association. None of these members shall be a member of any state board of dental examiners or jurisdictional dental licensing agency.

The remaining Commissioners shall be selected as follows: one (1) certified dental assistant selected by
the American Dental Assistants Association from its active or life membership, one (1) licensed dental hygienist selected by the American Dental Hygienists’ Association, one (1) certified dental laboratory technician selected by the National Association of Dental Laboratories, one (1) student selected jointly by the American Student Dental Association and the Council of Students, Residents and Fellows of the American Dental Education Association, one (1) dentist who is board certified in the respective discipline-specific area of practice and is selected by each of the following organizations: American Academy of Oral and Maxillofacial Pathology, American Academy of Oral and Maxillofacial Radiology, American Academy of Pediatric Dentistry, American Academy of Periodontology, American Association of Endodontists, American Association of Oral and Maxillofacial Surgeons, American Association of Orthodontists, American Association of Public Health Dentistry, American College of Prosthodontists; one (1) dentist who is jointly appointed by the American Dental Education Association, the Special Care Dentistry Association, the American Society of Dentist Anesthesiologists, the American Academy of Oral Medicine, and the American Academy of Orofacial Pain and four (4) consumers members of the public who are neither dentists nor allied dental personnel nor teaching in a dental or allied dental education institution and who are selected by the Commission, based on established and publicized criteria. In the event a Commission member sponsoring organization fails to select a Commissioner, it shall be the responsibility of the Commission to select an appropriate representative to serve as a Commissioner. A member of the Standing Committee on the New Dentist (when assigned by the ADA Board of Trustees) and The Director of the Commission shall be an ex-officio members of the Board without the right to vote.

Section 3. TERM OF OFFICE: The term of office of the members of the Board of Commissioners shall be one four (4) year term except that the member jointly selected by the American Dental Education Association and the American Student Dental Association shall serve only one two (2) year term.

Terms of members of the Board of Commissioners shall begin and end with adjournment of the closing session of the annual meeting of the House of Delegates of the American Dental Association in the appropriate year.

Section 4. POWERS:

A. The Board of Commissioners shall be vested with full power to conduct all business of the Commission subject to the laws of the State of Illinois, the Constitution and Bylaws of the American Dental Association, the Governance and Organizational Manual of the American Dental Association, Standing Rules for Councils and Commissions of the American Dental Association, and these Rules, and the Constitution and Bylaws of the American Dental Association.

B. The Board of Commissioners shall have the power to establish rules and regulations to govern its organization and procedure provided that such rules and regulations are consistent with the Constitution and Bylaws of the American Dental Association, the Governance and Organizational Manual of the American Dental Association, and the Standing Rules for Councils and Commissions of the American Dental Association, not inconsistent with these Rules to govern its organization and procedures.

C. The Board of Commissioners shall be vested with full power to conduct meetings in
accordance with these Rules and the Evaluation and Operational Policies and Procedures manual of the Commission on Dental Accreditation.

D. The Board of Commissioners shall appoint special committees of the Commission for the purpose of performing duties not otherwise assigned by these Rules.

E. The Board of Commissioners shall appoint consultants/site visitors to assist in developing accreditation standards and conducting accreditation evaluations, including on-site reviews of predoctoral, advanced dental and allied dental educational programs and to assist with other duties of the Commission from time to time as needed. The Board of Commissioners shall have the authority to remove a consultant/site visitor for cause in accordance with procedures established by the Commission.

F. The Board of Commissioners shall have the sole authority to remove a Commission member, Review Committee member, or Appeal Board member for cause in accordance with procedures established by the Commission, which procedures shall provide for notice of the charges, including allegations of the conduct purported to constitute each violation, and a decision in writing which shall specify the findings of fact which substantiate any and all of the charges. Prior to issuance of the decision of the Commission, no Commission, Review Committee, or Appeal Board member shall be excused from attending any meeting of a Commission, Review Committee, or Appeal Board unless there is an opportunity to be heard or compelling reasons exist which are specified in writing by the Commission. The Commission shall inform the American Dental Association Board of Trustees and any relevant appointing organization when it has removed a member for cause.

Section 5. DUTIES:

A. The Board of Commissioners shall prepare a budget annually at its winter meeting each year for carrying on the activities of the Commission for the ensuing fiscal year and shall submit said budget to the Board of Trustees of the American Dental Association in accordance with the Governance and Organizational Manual Chapter XIV of the Bylaws of the American Dental Association.

B. The Board of Commissioners shall submit an annual report of the Commission's activities to its communities of interest including the House of Delegates of the American Dental Association and interim reports, on request, to the Board of Trustees of the American Dental Association.

C. The Board of Commissioners shall appoint special committees of the Commission for the purpose of performing duties not otherwise assigned by these Rules.

D. The Board of Commissioners shall appoint consultants to assist in developing accreditation standards and conducting accreditation evaluations, including on-site reviews of predoctoral, advanced dental educational and allied dental educational programs and to assist with other duties of the Commission from time to time as needed. The Board of Commissioners shall have the authority to remove a consultant for cause in accordance with procedures established
E. The Board of Commissioners shall have the sole authority to remove a Commission member, Review Committee member, or Appeal Board member for cause in accordance with procedures established by the Commission, which procedures shall provide for notice of the charges, including allegations of the conduct purported to constitute each violation, and a decision in writing which shall specify the findings of fact which substantiate any and all of the charges. Prior to issuance of the decision of the Commission, no Commission, Review Committee, or Appeal Board member shall be excused from attending any meeting of a Commission, Review Committee, or Appeal Board unless there is an opportunity to be heard or compelling reasons exist which are specified in writing by the Commission.

Section 6. MEETINGS:

A. REGULAR MEETINGS: There shall be two (2) regular meetings of the Board of Commissioners each year.

B. SPECIAL MEETINGS: Special meetings of the Board of Commissioners may be called at any time by the Chair of the Commission. The Chair shall call such meetings on request of a majority of the voting members of the Board provided at least ten (10) days’ notice is given to each member of the Board in advance of the meeting. Confirmation of meeting attendance by a majority of voting members of the Board shall serve as an indication of the Board’s request to conduct the special meeting. No business shall be considered except that provided in the call to the meeting unless consideration of said business is approved by unanimous consent of the members of the Board present and voting.

C. LIMITATION OF ATTENDANCE DURING MEETINGS: In keeping with the confidential nature of the deliberations regarding the accreditation status of individual educational programs, a portion of the meetings of the Commission, and its committees shall be designated as confidential, with attendance limited to members, the American Dental Association Trustee Liaison, selected staff of the Commission and affiliated or other accreditors as the Commission deems appropriate. During this part of the meeting, only confidential accreditation actions may be considered.

Section 7. QUORUM: A majority of the voting members of the Board of Commissioners shall constitute a quorum.

Section 8. VACANCIES: In the event of a vacancy in the office of a Commissioner, the following procedures shall be employed:

A. In the event that the Commissioner was selected by an association, a member of the Commission whose office is vacant, the Director of the Commission shall notify the appointing organization and such association shall select a successor who possesses the qualifications established by the Governance and Organizational Manual of the American Dental Association and these Rules to complete the unexpired term. In the event the appointing organization fails to select a Commissioner by the prescribed deadline, it shall be
the responsibility of the Commission to select an appropriate representative to serve as a Commissioner, organization shall appoint a successor. The appointed member shall possess the same qualifications as those possessed by the previous member of the Commission.

B. In the event that the Commissioner was the public representative, the Board of Commissioners shall elect a successor who possesses the qualifications established by these Rules and Commission policy to complete the unexpired term.

C. If the term of the vacant office of a member of the Commission has fifty percent (50%) or less of a full four-year term remaining at the time the successor member is appointed to fill the vacancy, the successor member shall be eligible for appointment to a new four-year term. If more than fifty percent (50%) of the vacated term remains to be served at the time of the appointment of a successor member to fill the vacancy, the successor member shall not be eligible for another term.

Article III. APPEAL BOARD

Section 1. APPEAL BOARD: The appellate body of the Commission shall be the Appeal Board which shall have the authority to hear and decide appeals filed by predoctoral and advanced dental educational and allied dental educational programs from decisions rendered by the Board of Commissioners of the Commission denying or revoking accreditation. Such appeals shall be heard pursuant to procedures established by these Rules and the Commission’s Evaluation and Operational Policies and Procedures manual.

Section 2. COMPOSITION: The Appeal Board shall consist of four (4) permanent members. The four (4) permanent members of the Appeal Board shall be selected as follows: one (1) selected by the Board of Trustees of the American Dental Association from the active, life or retired membership of the American Dental Association giving special consideration whenever possible to former members of the Council on Dental Education and Licensure, one (1) member selected by the American Association of Dental Boards from the active membership of that body, one (1) member selected by the American Dental Education Association from the active membership of that body and one (1) consumer member who is neither a dentist nor an allied dental personnel nor teaching in a dental or allied dental educational program and who is selected by the Commission, based on established and publicized criteria. In addition, a representative from either an allied or advanced dental education discipline would be included on the Appeal Board depending upon the type and character of the appeal. Such special members shall be selected by the appropriate allied or advanced dental education organization. Since there is no national organization for general practice residencies and advanced education programs in general dentistry, representatives of these areas shall be selected by the American Dental Education Association and the Special Care Dentistry Association. One (1) member of the Appeal Board shall be appointed annually by the Chairman of the Commission to serve as the Chairman and shall preside at all meetings of the Appeal Board. If the Chairman is unable to attend any given meeting of the Appeal Board, the other members of the Appeal Board present and voting shall elect by majority vote an acting Chairman for that meeting only. The Director of the Commission shall provide assistance to the Appeal Board.

Section 3. TERM OF OFFICE: The term of office of members on the Appeal Board shall be one four (4) year term.
Section 4. MEETINGS: The Appeal Board shall meet at the call of the Director of the Commission, provided at least ten (10) days' notice is given to each member of the Appeal Board in advance of the meeting. Such meetings shall be called by the Director only when an appeal to the appellate body has been duly filed by a predoctoral or advanced dental educational or allied dental educational program.

Section 5. QUORUM: A majority of the voting members of the Appeal Board shall constitute a quorum.

Section 6. VACANCIES:

A. In the event of a vacancy in the membership of the Appeal Board of the Commission, the Chairman of the Commission shall appoint a member of the same organization, or in the case of a consumer of the general public, possessing the same qualifications as established by these Rules, to fill such vacancy until a successor is selected by the respective representative organization.

B. If the term of the vacated position has fifty percent (50%) or less of a full four-year term remaining at the time the successor member is appointed, the successor member shall be eligible for a new, consecutive four-year term. If more than fifty percent (50%) of the vacated term remains to be served at the time of the appointment, the successor member shall not be eligible for another term.

Article IV. ACCREDITATION PROGRAM

Section 1. ACCREDITATION STANDARDS: The Commission, acting through the Board of Commissioners, shall establish and publish specific accreditation standards for the accreditation of predoctoral, and advanced dental educational and allied dental educational programs.

Section 2. EVALUATION: Predoctoral, advanced, and allied dental education programs shall be evaluated for accreditation status by the Board of Commissioners on the basis of the information and data provided on survey forms and secured by the members of, and consultants to, the Board of Commissioners during site evaluations.

If the Board of Commissioners decides to deny, for the first time, accreditation to a new educational program or to withdraw accreditation from an existing program, the Board of Commissioners shall first notify the educational program of its intent to deny or withdraw accreditation. Notification and subsequent due process policies and procedures shall be dictated by the Commission through its Evaluation and Operational Policies and Procedures manual.

Section 3. HEARING: Upon completion of an evaluation for accreditation status, the Board of Commissioners shall notify the predoctoral, advanced or allied dental education program (hereinafter called “education program”) of its findings and decision regarding the program’s accreditation status. Two types of hearings (challenge and supplement) can be held to review the appropriateness of the decision made by the Commission. Due process policies and procedures shall be dictated by the Commission through its Evaluation and Operational Policies and Procedures manual.

A. CHALLENGE: This type of hearing is available to a program/institution that wishes to
challenge the decision of the Commission to change its accreditation status or to a new
program that wishes to challenge the decision of the Commission to deny, for the first time,
initial accreditation.

B. SUPPLEMENT: An institution/program may request a hearing in order to supplement
written information, which has already been submitted to the Commission. A representative
of the institution would be permitted to appear in person before the Commission to present
this additional information.

Section 4. APPEAL: In the event the final decision of the Board of Commissioners is a denial or
withdrawal of accreditation, the educational program shall be informed of this decision within fourteen
(14) days following the Commission meeting. Within fourteen (14) days after receipt of the final decision
of the Board of Commissioners, the educational program may appeal the decision of the Board of Commissioners by filing a written appeal with the Director of the Board of Commissioners. Due process policies and procedures shall be dictated by the Commission through its Evaluation and Operational Policies and Procedures manual.

Section 5. HEARING AND APPEAL COSTS: If a hearing is held before the Board of Commissioners, the costs of the Commission respecting such hearing shall be borne by the Commission. If an appeal is heard by the Appeal Board, the costs of the Commission respecting such appeal shall be shared equally by the Commission and the appellant educational program filing the appeal except in those instances where equal sharing would cause a financial hardship to the appellant. However, each educational program shall bear the cost of its representatives for any such hearing or appeal.

Article V. OFFICERS

Section 1. OFFICERS: The officers of the Commission shall be a Chair, Vice-Chair, Vice-chair, and a Director and such other officers as the Board of Commissioners may authorize. The Chair and Vice-Chair shall be elected by the Board of Commissioners, members of the Commission. The Chair and Vice-Chair shall be active, life or retired member of the American Dental Association.

Section 2. ELIGIBILITY: The Chair and Vice-chair shall be dentists who are members of the Board of Commissioners. The Chair and Vice-chair shall be active, life or retired members of the American Dental Association.

Section 3. ELECTION AND TERM: The Chair and Vice-chair of the Commission shall be elected annually by the Board of Commissioners. The term of the Chair and Vice-chair shall be one (1) year beginning and ending with adjournment of the closing session of the annual meeting of the House of Delegates of the American Dental Association.

Section 4. DUTIES: The duties of the officers are as follows:

A. CHAIR:
1. Appoint members and chairs of such committees as are necessary for the orderly conduct of business except as otherwise provided in these Rules.
2. Circulate or cause to be circulated an announcement and an agenda for each regular or
320. special meeting of the Board of Commissioners.
321. 3. Preside during meetings of the Board of Commissioners.
322. 4. Prepare or supervise the preparation of an annual report of the Commission.
323. 5. Prepare or supervise the preparation of an annual budget of the Commission.
325. The Chair shall preside at all meetings of the Board of Commissioners.
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327. B. VICE-CHAIR: The Vice-chair of the Commission shall assist the Chair in the performance of his or her duties. If the Chair is unable to attend any given meeting of the Board of Commissioners, the Vice-chair shall preside at the meeting. If the Vice-chair is also unable to attend the meeting, the other members of the Board of Commissioners present and voting shall elect by majority vote an acting chair for the purpose of presiding at that meeting only.
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329. C. VACANCIES: In the event the vacancy involves the Chair, the Vice-chair shall immediately assume all duties of the Chair. In the event the vacancy involves the Vice-chair, a meeting of the Commission shall be convened to select a new Vice-chair.
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331. Section 5. DIRECTOR:
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333. A. Appointment: The Director of the Commission shall be an employee of the American Dental Association selected by the Executive Director of that Association.
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335. B. Duties: The Director of the Commission shall:
336. 1. Prepare an agenda and keep minutes of meetings of the Board of Commissioners.
337. 2. See that all notices are duly given in accordance with the provisions of these Rules or as required by law.
338. 3. Be the custodian of records of the Commission.
339. 4. Manage the office and staff of the Commission.
340. 5. In general shall perform all duties incident to the office of Director.
341.
342. The Director shall keep the minutes of the meetings of the Board of Commissioners, prepare an agenda for each meeting, see that all notices are duly given in accordance with the provisions of these Rules or as required by law, be the custodian of the Commission's records, and in general shall perform all duties incident to the office of Director.
343.
344. Section 3. VACANCIES: In the event of a vacancy in the office of Chair of the Commission, the Vice-Chair of the Commission shall serve as interim chair pending selection of the new chair.
345.
346. Article VI. REMOVAL FOR CAUSE
347.
348. Pursuant to the Rules of the Commission on Dental Accreditation, the following are causes for removal from office of a member from of the Board of Commissioners, Review Committees, or Appeal Board:
Standing Committee on Documentation and Policy
Commission Only
CODA Winter 2020

366 • continued, gross or willful neglect of the duties of the office;
367 • failure to comply with the Commission’s policies on conflict of interest;
368 • failure or refusal to disclose necessary information on matters of Commission business;
369 • failure to keep confidential any exclusive information protected by secrecy that
370 becomes known to the member by reason of the performance of his or her duties on
371 the Commission’s behalf;
372 • failure to comply with the Association’s professional conduct policy and
373 prohibition against harassment;
374 • unauthorized expenditures or misuse of Commission funds;
375 • unwarranted attacks on the Commission, any of its committees or any person serving
376 the Commission in an elected, appointed or employed capacity;
377 • unwarranted refusal to cooperate with any Commission officer, Commission, Review
378 Committee or Appeal Board member or staff;
379 • misrepresentation of the Commission and any person serving the Commission in
380 an elected, appointed or employed capacity to outside persons;
381 • being found to have engaged in conduct subject to discipline pursuant to Chapter XI of the
382 Governance and Organizational Manual Document of the American Dental Association; and
383 • conviction of a felony.

Article VII. MISCELLANEOUS

Section 1. Meeting Minutes: Minutes of the Commission on Dental Accreditation meetings shall be
posted and available for public viewing.

Annual Report: The Commission on Dental Accreditation shall publish an annual report to its
communities of interest.

Section 2. Contracts: The Commission on Dental Accreditation may enter into contracts for services
related to accreditation activities pursuant to the policies and procedures of the Commission on Dental
Accreditation.

Institute of Parliamentarians Standard Code of Parliamentary Procedure (AIPSC)” shall govern the
deliberations of the Board of Commissioners and Appeal Board in all instances where they are applicable
and not in conflict with the Constitution and Bylaws of the American Dental Association, the Governance
and Organizational Manual of the American Dental Association, and these Rules, or the previously
established rules and regulations of the Board of Commissioners.

Article VIII. AMENDMENTS

These Rules may be amended at any meeting of the Board of Commissioners by a two-thirds majority
vote of the members of the Board present and voting.

Revised: 1/20; 2/19; 8/18; 8/17; 1/17; 8/15; 8/10, 10/02, 10/97, 10/87, 11/82; Reaffirmed: 8/12
November 20, 2019

Dr. Sherin Tooks
Commission on Dental Accreditation
211 E. Chicago Avenue
Suite 1900
Chicago, IL 60611

Re: Proposed Policy Change on Enrollment Increases

Dear Dr. Tooks:

Current CODA policy requires program enrollment increases be reported to and approved by CODA prior to implementation. While there is provision on a case-by-case basis for a temporary or retroactive enrollment increase due to special circumstances, approval must still be obtained. In special circumstances, the timing of CODA approvals can place programs in jeopardy as programs may have no ability to bring themselves into compliance if approval is not granted retroactively. Programs have contractual and legal obligations as program acceptances take place in the fall and leaves of absence or other special circumstances may occur any time during the year.

At a meeting of the ADEA Council of Deans, the recommendation was made for a policy change in the Guidelines for Requesting an Increase in Authorized Enrollment. Using the Guidelines for Requesting an Increase in Authorized Enrollment in Prosthodontic Education Programs as an example, proposed changes are attached. The revised policy would require programs to inform CODA of this temporary increase due to special circumstances if the increase is for a year or less.

As Chair of the ADEA Board and President and CEO, we are submitting this request on behalf of the ADEA Council of Deans. Attached are the signatures of the deans supporting this recommendation.

Thank you for considering this change.

Sincerely,

Karen P. West, D.M.D., M.P.H.
President and CEO

Henry A. Gremillion, D.D.S., MAGD
Chair of the ADEA Board of Directors

The mission of ADEA is to lead and support the health professions community in preparing future-ready oral health professionals.

655 K Street, NW
Suite 800
Washington, DC 20001
Phone: 202.289.7201
Fax: 202.289.7204
adea.org

Attachments:
Signatures of Dental School Deans
CODA Draft Proposed Enrollment Changes Prosthodontics ADEA request
## Proposed Policy Change on Enrollment Increases

<table>
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<tr>
<th>Printed Name</th>
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<tr>
<td>Robert Handygoes</td>
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<td>Loma Linda University School of Dentistry</td>
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<td>T W Bradley</td>
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<td>University of Louisville</td>
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<td>Michael Reilly</td>
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<td>UCSF</td>
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<td>Si Huya</td>
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<td>Md Univ South Carolina</td>
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<td>Dwight E McLeod</td>
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<td>ATSU- MedDENT</td>
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<td>Andrea D Jackson</td>
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<td>Howard University College of Dentistry</td>
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<td>Janet Guthmiller</td>
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<td>UNMC College of Dentistry</td>
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<td>Phillip Maruschy</td>
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<td>OHsu School of Dentistry</td>
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<td>Cecile Feidman</td>
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<td>UT Southwestern Medical University</td>
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<tr>
<td>Rennie Myers</td>
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<td>Touro College &amp; Dental Medicine</td>
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<td>Peter Loomer</td>
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<td>UT Health San Antonio</td>
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<tr>
<td>Mark Lind</td>
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<td>Creighton University School of Dentistry</td>
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<td>Carolanne Hochoch-Kinca</td>
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<td>Indiana University</td>
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<td>Robert Trouby</td>
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<td>AT Still Univ.</td>
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<td>Arizona School of Dentistry &amp; Oral Health</td>
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<td>William K. Lobb</td>
<td>William K. Lobb</td>
<td>Marquette University School of Dentistry</td>
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<td>STOHLER C</td>
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<td>Columbia</td>
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<td>JOSÉ R. Muñoz</td>
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<td>School of Dental Medicine, Univ. of Mich.</td>
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<tr>
<td>Richard Black</td>
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<td>Texas Tech Health SDM</td>
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<td>Mert N. Aksu</td>
<td>Martin G.</td>
<td>Detroit Mercy</td>
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<td>Scott C. Derossi</td>
<td>John S.</td>
<td>UNC Adams School of Dentistry</td>
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<td>Kevin Keating</td>
<td>Kevin K.</td>
<td>CMU College of Dental Medicine</td>
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<tr>
<td>Sharon Gordon</td>
<td>Sharon G.</td>
<td>UConn School of Dental Medicine</td>
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<td>Nadeem Karimip</td>
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<td>Tufts Univ. Sch. of Dent Med</td>
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<td>Raymond Cohtman</td>
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<td>University of Oklahoma Coll. of Dentistry</td>
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<td>Greg Cretlowski</td>
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<td>ECU. School of Dental Medicine</td>
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<td>Jeffrey W. Hutter</td>
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<td>Boston Univ Henry M. Goldman School of</td>
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<td>Mark Wolff</td>
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<td>Penn Dental Medicine</td>
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<td>Steven Kalman</td>
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<td>Nova Southeastern University</td>
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<td>Laurie McCauley</td>
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<td>Univ Michigan</td>
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<td>Cherae Farmer-Dixon</td>
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<td>Meharry Medical College</td>
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<td>Henry Grenillion</td>
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<tr>
<td>Denise Kassebaum</td>
<td>Signatures</td>
<td>Univ. of CO</td>
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<tr>
<td>Bernard J. Castello</td>
<td>Signatures</td>
<td>Univ. of Pittsburgh</td>
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<tr>
<td>James C. Ragan Jr.</td>
<td>Signatures</td>
<td>Univ. of Tennessee HSC College of Dentistry</td>
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<td>David Johnson</td>
<td>David Johnson</td>
<td>Iowa</td>
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<td>Russell Tanchmar</td>
<td>Tanchmar</td>
<td>Univ. of Alabama at Birmingham</td>
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Guidelines for Requesting an Increase in Authorized Enrollment in Prosthodontic Education Programs

POLICY ON ENROLLMENT INCREASES IN ADVANCED DENTAL EDUCATION PROGRAMS

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

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

The following advanced dental education disciplines do not have authorized enrollment: advanced education in general dentistry, general practice residency, dental anesthesiology, oral medicine, and orofacial pain. 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.

The Commission may consider temporary or retroactive 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, 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.

For planned enrollment increases, 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.

Updated 2.19
Due to special circumstances, a program may need to temporarily increase enrollment. Special circumstances include, but are 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.

Programs which will experience a temporary increase in enrollment due to special circumstances, must notify the Commission prior to the temporary enrollment change or as soon as practically possible. Programs must ensure that there are sufficient resources so as not to impact the quality of program. The Commission may or may not conduct a special focused site visit at the program’s expense should complaints be received by the Commission.

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

**TIMING OF REQUESTS:** Requests for and approval of a planned increase in authorized enrollment in an advanced dental education program in prosthodontics must take place prior to the implementation of the increase. Programs should be cognizant of the impending need for enrollment increases (e.g., a training position for one of the uniformed services, grant applications for program expansion) and proactively request permission for the increase. The Commission will not consider inter-cycle requests. Reports must be submitted to the Commission no later than June 1 for submission to the Summer meeting or December 1 for submission to the Winter meeting.

Requests should be sent to the Commission on Dental Accreditation (211 E. Chicago Avenue, 19th Floor, Chicago, IL 60611-2678) for review by the Review Committee on Prosthodontic Education and subsequent review and approval by the Commission.

**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

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

**REQUIRED DOCUMENTATION (10 areas):** Program directors must ensure that the proposed enrollment increase does not jeopardize the program’s ability to meet the Accreditation Standards.
The following documentation must be submitted with the request for enrollment increase:

1. The current enrollment in all years of the program
2. The proposed increase in enrollment, with an indication of whether this increase is of a one time only nature (and the number of years during which it will apply) or a permanent increase
3. The reason for the increase
4. The ratio of teaching staff to students/residents after the proposed increase
5. A copy of a proposed student/resident activity schedule (typical week or month) after the proposed increase is in effect
6. A copy of a proposed faculty clinic coverage schedule after the proposed increase is in effect
7. The number of and types of allied support staff available to students/residents after the proposed enrollment increase
8. The ratio and variety of procedures per student/resident (current and expected)
9. The sources and volume of patient availability
10. Clinical faculty/resources: operatories, student/resident work/study area, computer access, and so on.

Omission of any of these ten (10) documentation areas may postpone Commission action on the request for increase in enrollment.

**MECHANICS:** The following must be observed in preparing the request:

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 (this is the Chief Administrative Officer of the sponsoring institution)
   e. name, title, telephone number, e-mail address and signature of the chief executive officer (CEO) of the institution (typically the hospital CEO or university president)

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

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

2. If documentation is extensive, a list of what is provided should be included. The actual items can be provided in an appendix, coordinated with the list by tabs.
3. **One (1) electronic copy** must be submitted following the Electronic Submission Guidelines. (Separate document) Failure to comply with these guidelines will constitute an incomplete report.

*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.*

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

These documents may include, but are not limited to, self-study, responses to site visit/progress reports, initial accreditation applications, reports of major change, and transfer of sponsorship and exhibits. Electronic submission guidelines will be provided to programs. Accreditation documents/reports and related materials must be complete and comprehensive. If the program submits documentation that does not comply with the policy on PHI and PII (noted above), 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 fee.

Revised: 2/19; 2/18; 8/13; 8/12, 8/07, 7/06; Reaffirmed: 8/18; 8/13; 8/10; Adopted: 1/06

**ANNOUNCEMENT OF REVIEW RESULTS**: The Commission’s actions to approve or deny the request for enrollment increases in advanced dental education programs in prosthodontics like other accreditation actions, will be transmitted to the institutions/programs within 30 days following the Winter (January/February) or Summer (July/August) meeting.

**DENIAL OF REQUESTS**: Requests may be denied if the program cannot ensure continued compliance with the Accreditation Standards as demonstrated by documentation of the major program resource areas identified in the Policy on Enrollment Increases in Advanced Dental Education Programs.

**OTHER CHANGES IN ENROLLMENT**: Decreases in enrollment on a one-time-only basis or on a permanent basis must be reported to the Commission, but do not require prior authorization. In the case of one-time-only decreases, programs are advised to maintain clinical experiences for the enrollment number for which they are authorized.
**ASSISTANCE**: Commission staff is available to answer questions about request preparation. They may be contacted toll-free at (800) 621-8099, extension 2672.

Requests should be sent to: Commission on Dental Accreditation, 211 E. Chicago Avenue, 19th floor, Chicago, IL 60611-2678.

Adopted: 11/16
Commission on Dental Accreditation
Privacy and Data Security Reminders

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

Security Reminder: Personally Identifiable Information

Before submitting any documents to CODA or to a CODA site visitor, an institution must:
- Review for PII and patient identifiers.
- Fully and appropriately redact any PII and patient identifiers.
- Make sure the redacted information is unreadable in hard copy and electronic form. You must use appropriate redaction methods to ensure personal information cannot be read or reconstructed.

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

Security Reminder: Patient Identifiers

Before submitting any information about a patient to CODA or to a CODA site visitor, you must thoroughly redact all 18 patient identifiers listed on the next page.
Examples of information about a patient:
- Dental records
- Rosters of procedures (procedure logs)
- Chart review records (chart audit records)
- Information from affiliated teaching institutions, to include items listed above
- Brochures with patient images and/or information
- Presentations with patient images and/or information
- Course materials (exams, lecture materials) with patient images and/or information

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

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

When redacting identifiers, you must ensure that the information is unreadable and cannot be reconstructed in both hard copy and electronic form. For example, certain information redacted on a hard copy can become readable when the hard copy is scanned. Instead, it may be effective to use opaque cover-up tape on the hard copy, scan, and then ensure the redacted information on the scanned version is not visible/readable through the redaction.
Commission on Dental Accreditation
Privacy and Data Security Requirements for Institutions
(Rev. 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”.

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Updated 2.19

Guidelines for Requesting PROS Enrollment Increases
Page 8 of 8
POLICY ON ENROLLMENT INCREASES IN ADVANCED DENTAL EDUCATION PROGRAMS

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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. 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.

The Commission may consider temporary or retroactive 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: 1/20; 8/18; 8/16; 2/16; 8/15; 8/10; Reaffirmed: 7/07; CODA: 08/03:22
L. POLICY ON ELECTRONIC SUBMISSION OF ACCREDITATION MATERIALS

All institutions will provide the Commission with an electronic copy of all accreditation documents/reports and related materials. The program’s documentation for CODA must not contain any protected health information (PHI) or personally identifiable information (PII).

These documents may include, but are not limited to, self-study, responses to site visit/progress reports, initial accreditation applications, reports of major change, and transfer of sponsorship and exhibits. Electronic submission guidelines will be provided to programs. Accreditation documents/reports and related materials must be complete and comprehensive. If the program submits documentation that does not comply with the policy on PHI and PII (noted above), 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 fee.

Revised: 2/19; 2/18; 8/13; 8/12, 8/11, 8/07, 7/06; Reaffirmed: 8/18; 8/13; 8/10; Adopted: 1/06

M. COMMISSION POLICY AND PROCEDURE RELATED TO COMPLIANCE WITH THE 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. 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 and implement training programs. The Commission “HIPPA Policy and Procedure Manual” is updated on a yearly basis. A copy of the manual is available upon request. All Commission site visitors, Review Committee members, Commissioners, and staff are required to attend a CODA HIPAA training 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 (noted above), 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: 2/19; 2/18; 8/13; Reaffirmed: 8/18; 8/13; Adopted: 8/11
N. POLICY ON PREPARATION AND SUBMISSION OF REPORTS TO THE COMMISSION

All institutions offering programs accredited by the Commission are expected to prepare reports that adhere to guidelines set forth by the Commission on Dental Accreditation, including required verification signatures by the institution’s chief executive officer. The Commission’s various guidelines for preparing and submitting reports, 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 deadline may be returned to the program or held for consideration at the following meeting in accordance with the wishes of the program. The Commission’s timelines for demonstration of full compliance with the cited standards will not be modified as a result of the delayed review. See the Commission’s Policy on Missed Deadlines.

Reaffirmed: 8/18; Adopted: 8/17

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. 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). 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. 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 and implement training programs. The Commission “HIPPA Policy and Procedure Manual” is updated on a yearly basis. A copy of the manual is available upon request. All Commission site visitors, Review Committee members, Commissioners, and staff are required to attend a CODA HIPAA training 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.

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
BB. 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.
- 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: 8/15; 1/14; Adopted: 8/12
F. SELF-STUDY GENERAL INFORMATION

In preparation for a site visit, institutions are required to complete a self-study for each program being evaluated. A self-study involves an analysis of the program in terms of the accreditation standards and an assessment of the effectiveness of the entire educational program. It includes a review of the relevance of all its activities to its stated purposes and objectives and a realistic appraisal of its achievements and deficiencies. The self-study process permits a program to measure itself qualitatively prior to evaluation by an on-site committee of peers in education and the profession. On-site evaluation assesses the degree to which the accreditation standards are met and assists the program in identifying strengths and weaknesses.

The self-study manual includes questions which require qualitative evaluation and analysis of the educational program. The intent of the self-study process is to identify program strengths and weaknesses. Latitude is permitted in interpreting questions to meet the specific needs of the program; however, Commission staff should be consulted if revisions are planned.

Visiting committee members review the completed self-study documents in preparation for conducting an on-site review. Any requests by committee members for additional materials relating to the on-site review are forwarded to the institution by the Commission staff, when staff attends the visit, or site visit chair. All such requests are compiled into one official communication from the Commission staff or site visit chair to the institution. Individual site visitors may not request additional material or information directly from an institution. The institution’s response serves as an addendum to the self-study document.

The sponsoring institution is required to forward a copy of the completed self-study document to each member of the visiting committee and to the Commission office no later than sixty (60) days prior to the scheduled site visit. If the self-study document is submitted with insufficient time for site visitor review, the visit may be canceled. Further, if an opportunity to reschedule the visit within the same calendar year is not available, the Commission will be informed. Failure to submit the self-study within the expected deadline could affect the accreditation status of the program. Visiting committee members review the completed self-study documents. Any requests by committee members for additional materials relating to the on-site review are forwarded to the institution by the Commission staff, when staff attends the visit, or site visit chair. All such requests are compiled into one official communication from the Commission staff or site visit chair to the institution. Individual site visitors may not request additional material or information directly from an institution. The institution’s response serves as an addendum to the self-study document.
Guidelines for preparing self-study documents for each discipline, including more specific information and instructions, and Electronic Submission Guidelines, are available upon request from the Commission office or on the Commission’s website.

Revised: 1/20; 8/19; 8/14; Reaffirmed: 8/10
Underline indicates addition; Strikethrough indicates deletion

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.

All program changes must be reported to the Commission. 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.

When a change is planned, Commission staff should be consulted to determine reporting requirements. 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. 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. 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.

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 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 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.
Standing Committee on Documentation and Policy
Commission Only
CODA Winter 2020

• **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 institutions will be advised that they may re-submit the request with additional information if they choose.

Revised: 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
UNDERLINE indicates addition; STRIKETHROUGH indicates deletion.

REVIEW COMMITTEES AND REVIEW COMMITTEE MEETINGS

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 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; however, more than 50% of the discipline-specific members must be present at the meeting to evaluate the consent agenda.

Revised: 1/20; 8/18; 8/17; 2/15; 1/14, 2/13, 8/10, 7/09; 7/08; 7/07; Adopted: 1/06
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Revised: 1/20; Adopted: 8/18
The American Dental Association (ADA) authorized the Council on Dental Education to accredit dental schools in 1938; however, the Requirements for the Approval of a Dental School did not go into effect until the 1941-42 academic year. The Council’s initial accrediting activities were confined to dental schools. As the dental profession developed and grew, however, the scope of accrediting activities also grew. Current activities include accreditation of educational programs for dental assisting, dental hygiene and dental laboratory technology and accreditation of advanced dental education programs, in addition to predoctoral dental education programs.

In 1973, the House of Delegates of the American Dental Association approved the establishment of a Commission on Accreditation of Dental and Dental Auxiliary Educational Programs. In 1979 this body’s name was officially changed to the Commission on Dental Accreditation. The twenty (20) member Commission included the twelve (12) Council on Dental Education members, four of whom represented the American Dental Association (ADEA), four the American Association of Dental Boards and four the American Dental Education Association. The additional eight (8) Commission representatives included two (2) dental specialists selected by specialty organizations having certifying boards recognized by the Association, one (1) representative selected by the American Dental Assistants Association, one (1) certified dental laboratory technician selected by the National Association of Dental Laboratories, one (1) student representative selected jointly by the American Student Dental Association and the Council of Students of the American Dental Education Association and two (2) public representatives selected by the Council on Dental Education.

In 1979 the Commission on Accreditation of Dental and Dental Auxiliary Education Programs was renamed the Commission on Dental Accreditation.

In 1996, the ADA House of Delegates adopted two resolutions (84H-1996 and 142H-1996) calling for the restructuring of the ADA’s Council on Dental Education and the Commission on Dental Accreditation. Specifically, members of the Council on Dental Education would no longer serve concurrently as members of the Commission. The Council and Commission became two distinct agencies with separate memberships, at the adjournment of the 1997 House of Delegates.

In August 1997, the Commission adopted revised Rules of the Commission on Dental Accreditation to complement the resolutions adopted by the 1996 House of Delegates. In October 1997, the ADA House of Delegates approved the Commission’s revised Rules. The members of the Commission now includes: four (4) dentists appointed by the American Dental Association, four (4) dentists appointed by the American Dental Education Association, four (4) dentists appointed by the American Association of Dental Boards, one (1) dentist for each ADA recognized specialty appointed by the respective specialty sponsoring organization, one (1) dentist to represent postdoctoral general dentistry jointly appointed by the ADEA and the American Association of Hospital Dentists, one (1) certified dental assistant selected by the American Dental Assistants Association, one (1) licensed dental hygienist selected by the American Dental Hygienists’ Association, one (1) certified dental laboratory technician selected by the
National Association of Dental Laboratories, one (1) student jointly selected by ADEA and the American Student Dental Association, and four (4) consumers. Language was also added to clarify that when assigned by the ADA Board of Trustees, a member of the Standing Committee on the New Dentist is an ex-officio member of the Commission without the right to vote (in accord with Chapter VII, Section 150 of the ADA Bylaws.)

In July 2004, the Commission adopted the Request to Establish a Process of Accreditation for Programs in Areas of Advanced Training in General Dentistry (currently called Policies and Procedures for Accreditation of Programs in Areas of Advanced Education in General Dentistry).

In January 2005, the Commission directed that a process of accreditation be established for advanced general dentistry programs in the area of dental anesthesiology and in the area of oral medicine.

In January 2006, the Commission adopted the revised Review Committee Composition which was implemented in January 2007.

In July 2006, the Commission discontinued the use of commendations in written site visit reports.

In July 2006, the Commission adopted CODA: International Policies and Procedures for accreditation of international predoctoral dental education programs.

In January 2008, the Commission directed that a process of accreditation be established for advanced general dentistry programs in the area of orofacial pain.

In August 2010, the Commission adopted the Principles and Criteria Eligibility of Allied Dental Programs for Accreditation by the Commission on Dental Accreditation.

In August 2015, the Commission directed that a process of accreditation be established for dental therapy education programs.

In February 2018, the Commission directed that all accreditation standards and supporting documents, the Commission website, and other accreditation policies and procedures eliminate terminology that unintentionally dictates which advanced dental education program is a dental specialty.

In October 2018, sole authority to revise the Rules of the Commission on Dental Accreditation was granted to the Commission on Dental Accreditation by the ADA House of Delegates.

In January 2020, the Commission adopted a comprehensive review and revision of the Rules of the Commission in accordance with recent ADA Governance changes.
Underline indicates addition; Strikethrough indicates deletion

2. Criteria For Nomination Of Site Visitors: For predoctoral dental education programs, the Commission solicits nominations for site visitors from the American Dental Education Association to serve in five of six roles on dental education program site visits. The site visitor roles are Chair, Basic Science, Clinical Science, Curriculum, and Finance. Nominations for the sixth role, national licensure site visitor, are solicited from the American Association of Dental Boards.

For advanced dental education programs, the Commission solicits nominations for site visitors from the discipline-specific sponsoring organizations and their certifying boards.

For allied dental education programs, the American Dental Education Association is an additional source of nominations that augments, not supersedes, the nominations from the Commission’s other participating organizations, American Dental Assistants Association (ADAA), American Dental Hygienists’ Association (ADHA) and National Association of Dental Laboratories (NADL).

The Commission requests all agencies nominating site visitors to consider regional distribution, gender and minority representation and previous experience as a site visitor. Although site visitors are nominated by a variety of sources, the Commission carefully reviews the nominations and appoints site visitors on the basis of need in particular areas of expertise. The pool of site visitors is utilized for on-site evaluations, for special consultations and for special or Review Committees.

All site visitors are appointed for a one-year term and may be re-appointed annually for a total of six consecutive years. Appointments are made at the Winter (January/February) Commission meeting and become effective with the close of the ADA annual session in the Fall.

A. Predoctoral Dental Education: The accreditation of predoctoral dental education programs is conducted through the mechanism of a visiting committee. Membership on such visiting committees is general dentistry oriented rather than discipline or subject matter area oriented. The composition of such committees shall be comprised, insofar as possible, of site visitors having broad expertise in dental curriculum, basic sciences, clinical sciences, finance, national licensure (practitioner) and one Commission staff member. The evaluation visit is oriented to an assessment of the educational program’s success in training competent general practitioners.

Although a basic science or clinical science site visitor may have training in a specific basic science or discipline-specific advanced dental education area, it is expected that when serving as a member of the core committee evaluating the predoctoral program, the site visitor serves as a general dentist. Further, it is expected that all findings, conclusions or recommendations that are to be included in the report must have the concurrence of the visiting committee team members to ensure that the report reflects the judgment of the entire visiting committee.
In appointing site visitors, the Commission takes into account a balance in geographic
distribution as well as representation of the various types of educational settings and diversity. 
Because the Commission views the accreditation process as one of peer review, predoctoral
dental education site visitors, with the exception of the national licensure site visitor, are
affiliated with dental education programs.

The following are criteria for the six roles of predoctoral dental education site visitors:

Chair:
- Must be a current dean of a dental school or have served as dean within the previous three (3) years.
- Should have accreditation experience through an affiliation with a dental education program accredited by the Commission and as a previous site visitor.

Basic Science:
- Must be an individual who currently teaches one or more biomedical science courses to
dental education students or has done so within the previous three (3) years.
- Should have accreditation experience through an affiliation with a dental education program accredited by the Commission or as a previous site visitor.

Clinical Science:
- Must be a current clinical dean or an individual with extensive knowledge of and experience with the quality assurance process and overall clinic operations.
- Has served in the above capacity within the previous three (3) years.
- Should have accreditation experience through an affiliation with a dental education program accredited by the Commission or as a previous site visitor.

Curriculum:
- Must be a current academic affairs dean or an individual with extensive knowledge and experience in curriculum management.
- Has served in the above capacity within the previous three (3) years.
- Should have accreditation experience through an affiliation with a dental education program accredited by the Commission or as a previous site visitor.

Finance:
- Must be a current financial officer of a dental school or an individual with extensive knowledge of and experience with the business, finance and administration of a dental school.
- Has served in the above capacity within the previous three (3) years.
- Should have accreditation experience through an affiliation with a dental education program accredited by the Commission or as a previous site visitor.

National Licensure:
• Should be a current clinical board examiner or have served in that capacity within the previous three (3) years.
• Should have an interest in the accreditation process.
Revised: 8/18; 2/18; 2/16; 8/14; 1/99; Reaffirmed: 8/19; 8/10, 7/07, 7/01; CODA: 07/05, 05/77:4

B. Advanced Dental Education: In the disciplines of dental public health, endodontics, oral and maxillofacial pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, orthodontics and dentofacial orthopedics, pediatric dentistry, periodontics and prosthodontics, sponsoring organizations are advised that candidates recommended to serve as site visitors be board certified and/or have completed or participated in a CODA-accredited advanced dental education program in the discipline and must have experience in advanced dental education as teachers or administrators. Each applicable Review Committee will determine if board certification is required. Some sponsoring organizations have established additional criteria for their nominations to the Commission.

The Commission requests all agencies nominating site visitors to consider regional distribution, gender and minority representation and previous experience as a site visitor. Although site visitors are nominated by a variety of sources, the Commission carefully reviews the nominations and appoints site visitors on the basis of need in particular areas of expertise. The pool of site visitors is utilized for on-site evaluations, for special consultations and for special or Review Committees.

All site visitors are appointed for a one-year term and may be re-appointed annually for a total of six consecutive years. Appointments are made at the Winter (January/February) Commission meeting and become effective with the close of the ADA annual session in the Fall.
Revised: 8/19; 8/18; 8/14; 8/12, 7/09, 7/07, 7/01; Reaffirmed: 8/10; Adopted: 7/98

C. Allied Dental Education in Dental Hygiene: In appointing site visitors, the Commission takes into account a balance in geographic distribution, representation of the various types of educational settings, and diversity. Because the Commission views the accreditation process as one of peer review, the dental hygiene education site visitors are affiliated with dental hygiene education programs.

The following are criteria for selection of dental hygiene site visitors:
• a full-time or part-time appointment with a dental hygiene program accredited by the Commission on Dental Accreditation;
• a baccalaureate or higher degree;
• background in educational methodology;
• accreditation experience through an affiliation with a dental hygiene education program that has completed a site visit; and
• accreditation experience within the previous three (3) years.
Revised: 8/18; 8/16; 8/14; Reaffirmed: 8/19; 8/10; Adopted: 7/09

D. Allied Dental Education in Dental Assisting: The following are criteria for selection of dental
Standing Committee on Documentation and Policy
Commission Only
CODA Winter 2020

assisting site visitors:
- certification by the Dental Assisting National Board as a dental assistant;
- full-time or part-time appointment with a dental assisting program accredited by the Commission on Dental Accreditation;
- equivalent of three (3) years full-time dental assisting teaching experience;
- baccalaureate or higher degree;
- demonstrated knowledge of accreditation; and
- current background in educational methodology.

Revised: 8/18; 8/16; 8/14; 2/13, 1/08, 1/98, 2/02; Reaffirmed: 8/19; 8/10, 7/08; CODA: 07/95:5

E. Allied Dental Education in Dental Laboratory Technology: The following are criteria for selection of dental laboratory technology site visitors:
- background in all five (5) dental laboratory technology specialty areas: complete dentures, removable dentures, crown and bridge, dental ceramics, and orthodontics;
- background in educational methodology
- knowledge of the accreditation process and the Accreditation Standards for Dental Laboratory Technology Education Programs;
- Certified Dental Technician (CDT) credential through the National Board of Certification (NBC); and
- full or part-time appointment with a dental laboratory technology education program accredited by the Commission on Dental Accreditation or previous experience as a Commission on Dental Accreditation site visitor.

Revised: 8/18; 8/14; Reaffirmed: 8/19; 8/10; Adopted: 07/09

F. Allied Dental Education in Dental Therapy: The following are criteria for selection of dental therapy site visitors:
- a full-time or part-time appointment with a predoctoral dental or allied dental education program accredited by the Commission on Dental Accreditation or an accredited (or recognized) dental therapy program;
- a baccalaureate or higher degree;
- background in educational methodology;
- accreditation experience through an affiliation with a dental therapy, allied, or predoctoral dental program that has completed a site visit;*
- accreditation experience within the previous three (3) years;*
- must either be a licensed dentist educator (general dentist) or licensed dental therapist educator; and
- the “licensed dentist educator” may be predoctoral dental educator site visitors (i.e., a general dentist educator who serves as curriculum or clinical predoctoral site visitor) or allied dental educator site visitors.

*temporarily waived for dental therapist educator position until after CODA accredits dental therapy education programs

Revised: 8/18; 8/16; Reaffirmed: 8/19; Adopted: 02/16
Policy on Public Statements

Public Statements: The current Commission Chair, Vice-chair, and Director have the sole authority to speak on behalf of the Commission. No current or former Commission volunteer, including members of the Board of Commissioners, the Review Committees, the Appeal Board, and Consultants/Site Visitors may issue a public statement, or serve on an external committee as a spokesperson in the name of the Commission.

In their capacity as educators and practitioners, Commission volunteers may be asked from time to time by an external agency to participate in activities related to dental education and accreditation. If a Commission volunteer serves in this capacity, they must disclose to the external agency and the Commission their plan to participate, the role they will serve, and a disclosure statement that they do not speak on behalf of the Commission.