Summer 2020 CODA Meeting

Agenda Book 2: Reports Requiring Action

Book 2 Contains:
- CODA Open Session Agenda with Bookmarks
- All Review Committee Meeting Minutes and New Business Items (if applicable)
- All Commission-only Reports (p. 1600 items)
- Consent Agenda Items
Call to Order: Friday, August 7, 2020
10:00 a.m. Central Daylight Time, Open Session

Dr. Arthur Chen-Shu Jee, presiding

I. Roll Call: Dr. John Agar, Dr. Joel Berg, Dr. Linda Casser, Dr. Eladio DeLeon, Dr. Scott DeVito, Dr. Christopher Hasty, Dr. Kevin Haubrick, Dr. Monica Hebl, Dr. John Hellstein, Dr. Jeffery Hicks (vice chair), Dr. Adolphus Jackson, Dr. Arthur Chen-Shu Jee (chair), Dr. Bradford Johnson, Dr. Susan Kass, Dr. James Katancik, Dr. Barbara Krieg-Menning, Dr. Steven Levy, Dr. Sanjay Mallya, Mr. Charles McClemens, Dr. Carol Anne Murdoch-Kinch, Dr. William Nelson, Dr. Marsha Pyle, Dr. Bruce Rotter, Dr. Timmothy Schwartz, Dr. Marybeth Shaffer, Dr. Ambika Srivastava, Dr. Alan Stein, Ms. Deanna Stentiford, Dr. Marshall Titus, and Dr. Lawrence Wolinsky.

Commissioner Trainees: Dr. Victor Badner, Dr. Willie Keith Beasley, Dr. Maxine Feinberg, Ms. Martha McCaslin, and Dr. Garry Myers.

Commission Staff: Dr. Sherin Tooks, ex-officio (director), Mr. Gregg Marquardt, Ms. Michelle Smith, Ms. Jennifer Snow, and Ms. Peggy Soeldner. Ms. Cathryn Albrecht, senior associate general counsel, CODA.

Trustee Liaison: Dr. Roy Thompson, Sixth District Trustee, Board of Trustees Liaison to CODA, American Dental Association (ADA).

Guests: Dr. Amarjit Rihal, chair, Mr. Frederic Duguay, director, and Ms. Lee Callan, manager, Commission on Dental Accreditation of Canada (CDAC).

II. Adoption of the Agenda Dr. Jee

III. Conflict of Interest Statement, Fiduciary Reminder, and Reminder of Professional Conduct Policy and Prohibition Against Harassment Ms. Albrecht

IV. Approve Minutes from Winter 2020 Meeting and Special Closed April 2, April 13, and July 9, 2020 Meetings Dr. Jee

V. Consent Agenda Dr. Jee

VI. Report of the Review Committee on Predoctoral Dental Education: Dr. Bruce Rotter, Chair, Dr. William Akey, Dr. Abby Brodie, Dr. Marcia Ditmyer, Dr. Carla Evans, Dr. Chester Evans, Dr. Susan Long, Dr. Karl Self and Dr. John Valenza.

A. Informational Report on Frequency of Citings of Accreditation Standards for Dental Education Programs (p. 100)
B. Informational Report on Frequency of Citings of Accreditation Standards for Dental Therapy Education Programs (p. 101)
C. Consideration of Proposed Revision to Standard 2-24k of the Accreditation Standards for Dental Education Programs (p. 102)
D. Report on Dental Education Programs Annual Survey Curriculum Section (p. 103)

Policy Report

Review Committee Minutes

VII. Report of the Review Committee on Advanced Education on General Dentistry, General Practice Residency, Dental Anesthesia, Oral Medicine and Orofacial Pain Education: Dr. Jeffery Hicks, Chair, Dr. Douglas Barnes, Dr. Tracy Dellinger, Dr. Joseph Giovannitti, Dr. Gary Heir, Dr. Neal Henning, Dr. Yasser Khaled, Dr. Miriam Robbins, Dr. William Stewart, and Dr. Glenn Unser.

A. Informational Report on Frequency of Citings of Accreditation Standards for Advanced Dental Education Programs in Advanced Education in General Dentistry (p. 200)
B. Informational Report on Frequency of Citings of Accreditation Standards for Advanced Dental Education Programs in General Practice Residency (p. 201)
C. Informational Report on Frequency of Citings of Accreditation Standards for Advanced Dental Education Programs in Dental Anesthesiology (p. 202)
D. Informational Report on Frequency of Citings of Accreditation Standards for Advanced Dental Education Programs in Oral Medicine (p. 203)
E. Informational Report on Frequency of Citings of Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain Standards (p. 204)
F. Report on Advanced Education in General Dentistry, General Practice Residency, Dental Anesthesiology, Oral Medicine and Orofacial Pain Annual Survey Curriculum Section (p. 205)

Policy Report

Review Committee Minutes

VIII. Report of the Review Committee on Dental Public Health Education: Dr. Steven Levy, Chair, Dr. Victor Badner, Dr. Linda Kaste, Dr. James Leonard, and Dr. Michael Wajdowicz.

A. Informational Report on Frequency of Citings of Accreditation Standards for Advanced Dental Education Programs in Dental Public Health (p. 600)

Policy Report

Review Committee Minutes

New Business
IX. Report of the Review Committee on Pediatric Dentistry Education: Dr. Joel Berg, Chair, Dr. Martin Donaldson, Dr. Kevin Haubrick, Dr. Cynthia Hipp, Dr. Joseph Morales, and Dr. Janice Townsend.

A. Informational Report on Frequency of Citings of Accreditation Standards for Advanced Dental Education Programs Pediatric Dentistry (p. 1200)
B. Consideration of Proposed Revisions to Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry (p. 1201)

Policy Report

Review Committee Minutes

X. Miscellaneous Affairs – Consideration of Matters Relating to More than One Review Committee

A. Informational Report of Review Committee and Commission Meeting Dates (p.1500) (All Review Committees) Dr. DeVito

Policy Report

Review Committee Minutes

XI. Miscellaneous Affairs – Matters for the Commission as a Whole

A. Report of the Standing Committee on Finance (p. 1600) Commission Report Dr. Hicks

B. Report of the Standing Committee on Quality Assurance and Strategic Planning (p. 1601) Commission Report Dr. Jee


D. Report on Standing Committee on Communication and Technology (p. 1603) Commission Report Dr. Johnson


F. Consideration of CODA’s Ongoing Operations in Response to the COVID-19 Impact on Dental and Dental Related Educational Programs (p. 1605) Commission Report Dr. Hicks
G. Consideration of a Request to Establish a Review Committee for Oral Medicine (p. 1606)

Commission Report  
Dr. Casser

H. Report on Appointment of Commissioners and Appeal Board Members (p. 1607)

Commission Report  
Dr. Hicks

I. Election of Chair and Vice Chair of the Commission (p. 1608)

Commission Report  
Dr. Jee

J. Report of the Commission on Dental Accreditation of Canada (CDAC) (p. 1609)

CDAC Report  
Dr. Rihal

K. Update on USDE and Higher Education Accreditation Issues  
Dr. Tooks

L. Acknowledgement of Outgoing Commissioners  
Dr. Jee

M. Survey of Meeting (verbal)  
Dr. Tooks

XII. New Business

XIII. Adjourn
CONSENT AGENDA

Mail Ballots Approved Since the Last Commission Meeting:

- None

Review Committee Reports:

I. Report of the Review Committee on Dental Assisting Education: Ms. Deanna Stentiford, Chair, Ms. Julie Bera, Ms. Margaret Bowman-Pensel, Ms. Dorothea Cavallucci, Dr. James Day, Ms. Carol Johnson, Ms. Carol Little, and Ms. Nichole Magnuson, Ms. Martha McCaslin, and Dr. Debra Schneider.

A. Informational Report on Frequency of Citings of Accreditation Standards for Dental Assisting Education Programs (p. 300)

Policy Report

Review Committee Minutes and New Business

II. Report of the Review Committee on Dental Hygiene Education: Dr. Susan Kass, Chair, Ms. Laura Baus, Dr. Lynne Brodeur, Ms. Tami Grzesikowski, Ms. Carrie Hobbs, Ms. Lorie Holt, Dr. Tariq Javed, Ms. Betty Kabel, Dr. Barbara Krieg-Menning, Dr. Richard Leyba, and Dr. Sheila Vandenbush.

A. Informational Report on Frequency of Citings of Accreditation Standards for Dental Hygiene Education Programs (p. 400)

Policy Report

Review Committee Minutes

III. Report of the Review Committee on Dental Laboratory Technology Education: Mr. Charles McClemens, Chair, Ms. Arax Cohen, Dr. Stanley Frohlinger, Mr. Gary Gann, and Dr. Alice Warner-Mehlhorn.

A. Informational Report on Frequency of Citings of Accreditation Standards for Dental Laboratory Technology Education Programs (p. 500)

Policy Report

Review Committee Minutes

IV. Report of the Review Committee on Endodontics Education: Dr. Bradford Johnson, Chair, Dr. William Johnson, Dr. Scott McClanahan, Dr. Ankur Patel, and Dr. Roberta Pileggi.

A. Informational Report on Frequency of Citings of Accreditation Standards for Advanced Dental Education Programs in Endodontics (p. 700)
Policy Report

Review Committee Minutes

V. **Report of the Review Committee on Oral and Maxillofacial Pathology Education:** Dr. John Hellstein, Chair, Dr. Darren Cox, Mr. James Hinds, Dr. Kathryn Korff, and Dr. Vikki Noonan.

A. Informational Report on Frequency of Citings of Accreditation Standards for Advanced Dental Education Programs in Oral and Maxillofacial Pathology (p. 800)

Policy Report

Review Committee Minutes

VI. **Report of the Review Committee on Oral and Maxillofacial Radiology Education:** Dr. Sanjay Mallya, Chair, Dr. Boris Bicanurschi, Dr. Angela Broome Dr. Anita Gohel, Dr. Gene Kelber.


Policy Report

Review Committee Minutes

VII. **Report of the Review Committee on Oral and Maxillofacial Surgery Education:** Dr. William Nelson, Chair, Dr. George Kushner, Dr. Faisal Quereshy, Dr. Phillip Rinaudo, Dr. Martin Steed, and Ms. Cindy Stergar.

A. Informational Report on Frequency of Citings of Accreditation Standards for Advanced Dental Education Programs in Oral and Maxillofacial Surgery (p. 1000)
B. Informational Report on Frequency of Citings of Accreditation Standards for Clinical Fellowship Training Programs in Oral and Maxillofacial Surgery (p. 1001)
C. Informational Report on Oral and Maxillofacial Surgery Programs (Residency and Fellowship) Annual Survey Curriculum Data (p. 1002)

Policy Report

Review Committee Minutes
VIII. Report of the Review Committee on Orthodontics and Dentofacial Orthopedics: Dr. Eladio DeLeon, Chair, Mr. David Cushing, Dr. Patrick Foley, Dr. James Hartsfield, Dr. Steven Lindauer, and Dr. Wendy Woodall.

A. Informational Report on Frequency of Citings of Accreditation Standards for Advanced Dental Education Programs in Orthodontics and Dentofacial Orthopedics (p. 1100)
B. Informational Report on Frequency of Citings of Accreditation Standards for Clinical Fellowship Training Programs in Craniofacial and Special Care Orthodontics (p. 1101)

Policy Report

Review Committee Minutes

IX. Report of the Review Committee on Periodontics Education: Dr. James Katancik, Chair, Dr. Linda Hatzenbuehler, Dr. Georgia Johnson, Dr. Paul Luepke, Dr. Charles Powell and Dr. Jaqueline Sobota.

A. Informational Report on Frequency of Citings of Accreditation Standards for Advanced Dental Education Programs in Periodontics (p. 1300)

Policy Report

Review Committee Minutes

X. Report of the Review Committee on Prosthodontics Education: Dr. John Agar, Chair, Dr. Scott DeVito, Dr. Louis DiPede, Dr. Joseph Hagenbruch, Dr. Hiroshi Hirayama, and Dr. Kent Knoernschild.

A. Informational Report on Frequency of Citings of Accreditation Standards for Advanced Dental Education Programs Prosthodontics (p. 1400)

Policy Report

Review Committee Minutes
REPORT OF THE REVIEW COMMITTEE ON PREDOCTORAL DENTAL EDUCATION TO THE COMMISSION ON DENTAL ACCREDITATION

Committee Chair: Dr. Bruce Rotter. Committee Members: Dr. William Akey, Dr. Abby Brodie, Dr. Marcia Ditmyer, Dr. Carla Evans, Dr. Chester Evans, Dr. Susan Long, Dr. Karl Self, and Dr. John Valenza. Commissioner Trainees: Dr. Willie Keith Beasley, Dr. Maxine Feinberg, and Dr. Carol Anne Murdoch-Kinch observed the meeting as Commissioner trainees. Dr. Murdoch-Kinch is an active Commissioner fulfilling the remaining term of a vacated position and observed the Review Committee for training purposes. Guests (Open Session Only): Ms. Ann Lynch, director, Advocacy and Education, American Dental Hygienists’ Association and Dr. Anthony Palatta, chief learning officer, American Dental Education Association attended the policy portion of the meeting. Staff Members: Dr. Sherin Tooks, director, and Ms. Peggy Soeldner, manager, Advanced Dental Education, Commission on Dental Accreditation (CODA). The meeting of the Review Committee on Predoctoral Dental Education (PREDOC RC) was held on July 13, 2020 via a virtual conference meeting.

CONSIDERATION OF MATTERS RELATED TO PREDOCTORAL DENTAL AND DENTAL THERAPY EDUCATION

Informational Report on Frequency of Citings of Accreditation Standards for Dental Education Programs (p. 100): The Review Committee on Predoctoral Dental Education (PREDOC RC) reviewed the annual report on the frequency of citings for dental education programs, and noted the standards with the highest number of citings overall are: Standard 2 on Educational Program (80 citings) and Standard 5 on Patient Care Services (33 citings). The highest number of citings for a single area of compliance (with 10 citings) was Standard 2-24.h, regarding competency in the replacement of teeth including fixed, removable and dental implant prosthetic therapies. Overall, Standard 2-24.a-o totaled 34 citings and is the most frequently cited Standard within dental education. The second most frequently cited Standard (with 25 citings total) was Standard 5-3.a-e, which requires programs to conduct a formal system of continuous quality improvement for patient care. The PREDOC RC noted that these standards may warrant further review at the time of the next validity and reliability study of the Accreditation Standards.

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

Informational Report on Frequency of Citings of Accreditation Standards for Dental Therapy Education Programs (p. 101): The Review Committee on Predoctoral Dental Education (PREDOC RC) reviewed the annual report on frequency of citings for dental therapy education programs, noting there have been no site visits for dental therapy education programs since implementation of the Accreditation Standards in August 2015 through the period of this report ending October 31, 2019.

Recommendation: This report is informational in nature and no action is required.
Consideration of Proposed Revision to Standard 2-24k of the Accreditation Standards for Dental Education Programs (p. 102): The Review Committee on Predoctoral Dental Education (PREDOC RC) considered the proposed revision to Dental Education Standard 2-24k related to “temporomandibular” disorders (Appendix 1, Policy Report p. 102) and the comments received during the period of public comment (Appendix 2, Policy Report p. 102). The Review Committee noted that comments were generally supportive of the proposed revision. Related to the comment suggesting the “management” of temporomandibular disorder, the PREDOC RC noted that the program will define its scope of competence as it relates to general dentistry, which could include diagnosis and management, including referral and/or treatment, as applicable depending upon the resources of the program. The Review Committee also considered whether temporomandibular disorder should be considered in the broader category of orofacial pain; however, the Committee determined it should focus on the revision that was originally proposed. The Committee noted that a future proposed revision could be considered at a subsequent meeting, if one was received by the Commission. Further, the Review Committee believed that the intent statement for Standard 2-24 sufficiently addresses all aspects of this Standards, without need for further modification.

Following discussion, the PREDOC RC reiterated its support for inclusion of the proposed wording in its current location, Standard 2-24k, as “temporomandibular” disorders should be assessed along with oral mucosal and osseous disorders. The PREDOC RC believed that the proposed revision to Standard 2-24k (Appendix 1) should be adopted by the Commission with implementation July 1, 2022. The Review Committee believed a two-year implementation period should be granted, rather than the customary one-year implementation period, to ensure that programs have sufficient time to prepare for this requirement given the continued educational challenges as a result of the COVID-19 pandemic.

**Recommendation:** It is recommended that the Commission on Dental Accreditation adopt the proposed revision to Standard 2-24k of the Accreditation Standards for Dental Education Programs, found in Appendix 1, with an implementation date of July 1, 2022.

Report on Dental Education Programs Annual Survey Curriculum Section (p. 103): The Review Committee on Predoctoral Dental Education (PREDOC RC) considered the Curriculum Section of the Commission’s Annual Survey (Appendix 1, Policy Report p. 103), which is scheduled to be distributed in Fall 2020. The Review Committee also reviewed aggregate data of the most recent Curriculum Section of the Annual Survey, conducted in Fall 2018 (Appendix 2, Policy Report p. 103). The Committee noted that the Curriculum Section is distributed every other year to dental education programs.

The Review Committee discussed several aspects of the Annual Survey as well as questions from the Health Policy Institute (HPI), which assists the Commission in the distribution and compilation of the Commission’s Annual Survey.

**International Program Data:** The PREDOC RC noted that information must be collected from international programs accredited by the Commission, as this is CODA’s expectation for
programs within the United States. Further, international program data that can be anonymized will be published in the annual survey reports along with the data of CODA-accredited U.S.-based programs. However, in areas where the survey data is confidential and may identify the international program, there should be a notation that international data is not included due to the small number of programs and confidentiality. Similar to the Commission’s Frequency of Citings policy, the PREDOC RC believed that data must not be made available where a limited number (three or less) international programs are accredited and could be identified in a specific data set.

**Group I Survey - Educational Institution Sponsor:** The PREDOC RC considered whether the institutional sponsor categories should be modified or redefined to assist programs in determining which category to select. Following discussion, the Review Committee believed there should be no changes to the categories or definitions of institutional sponsor.

**Group II Survey - Student Information on Gender:** The PREDOC RC noted that the current gender options in the annual survey are “male,” “female,” and “other.” The Review Committee believed that the Commission may wish to consider these terms within all Annual Surveys, if these terms are used among all disciplines. Otherwise, the PREDOC RC will further consider this issue at a later date.

**Group IV Survey – Curriculum Section, Questions 80 to 83 on Use of Educational Activity Sites:** The PREDOC RC discussed several components of the Curriculum Section on the use of educational activity sites.

- The PREDOC RC noted that it may be helpful to add a question asking the program to define the age range for its child, adult and geriatric populations, just prior to the question on use of educational activity sites which asks for data on these categories of patients.
- Related to the “number of days that a typical dental student(s) renders care,” the Review Committee noted the following alternative language might be considered, “the number of days that a typical dental student(s) is assigned to renders care.” The Committee believed further discussion is warranted.
- Within Question 81 and Question 82, data is collected for the “adult” and “geriatric” patient population. The Committee considered whether combining these categories into the adult group would be appropriate, and determined further consideration is warranted.
- Related to Types of Services, it was noted that there may be confusion between “Emergency Care (Emerg Care)” and “Episodic and Urgent Care (Ep/Urg Care).” The Review Committee believed further consideration of these terms was warranted.

Following discussion, the PREDOC RC believed that revision to the Annual Survey Curriculum Section will be warranted, following further consideration by the Review Committee. Additionally, given the disruption to educational programs as a result of COVID-19, the PREDOC RC determined that the Annual Survey Curriculum Section should be delayed from Fall 2020 to Fall 2021 to allow time for the PREDOC RC to further study and propose revisions to the document, and to reduce the annual survey burden on dental education programs in Fall 2020.
**Recommendations:** It is recommended that the Commission on Dental Accreditation direct that international program data that can be anonymized be published in the annual survey reports along with the data of CODA-accredited U.S.-based programs, and that international data that cannot be anonymized will be excluded from the annual survey reports with a notation that where a limited number (three or less) international programs are accredited and could be identified in a specific data set, these data are not included.

It is further recommended that the Commission on Dental Accreditation postpone for one (1) year the distribution of the Annual Survey Curriculum Section for predoctoral dental education programs, from Fall 2020 to Fall 2021.

It is further recommended that the Commission on Dental Accreditation direct the Review Committee on Predoctoral Dental Education to review and make proposed revisions to the Annual Survey, as noted above, for consideration by the Commission no later than Summer 2021, and inclusion in the Annual Survey and Curriculum Section for all dental education programs in Fall 2021.

**CONSIDERATION OF MATTERS RELATING TO MORE THAN ONE REVIEW COMMITTEE**

Matters related to more than one review committee are included in a separate report.

**CONSIDERATION OF MATTERS RELATED TO ACCREDITATION STATUS**

Matters related to accreditation status of programs are included in a separate report.

Respectfully submitted,

Dr. Bruce Rotter  
Chair, Review Committee on Predoctoral Dental Education
Commission on Dental Accreditation

At its Summer 2019 meeting, the Commission directed that the proposed revision to Standard 2-24k of the Accreditation Standards for Dental Education Programs be distributed to the appropriate communities of interest for review and comment, with comment due June 1, 2020, for review at the Summer 2020 Commission meeting.

This document represents the proposed revisions based upon review of comment received from communities of interest from August 1, 2019 to December 1, 2020.

This document will be considered by the Commission in Summer 2020.

Additions are Underlined

Standard 2-24k of the Accreditation Standards For Dental Education Programs
STANDARD 2-EDUCATIONAL PROGRAM

Clinical Sciences

2-24  At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including:
   a. patient assessment, diagnosis, comprehensive treatment planning, prognosis, and informed consent;
   b. screening and risk assessment for head and neck cancer;
   c. recognizing the complexity of patient treatment and identifying when referral is indicated;
   d. health promotion and disease prevention;
   e. local anesthesia, and pain and anxiety control, including consideration of the impact of prescribing practices and substance use disorder;
   f. restoration of teeth;
   g. communicating and managing dental laboratory procedures in support of patient care;
   h. replacement of teeth including fixed, removable and dental implant prosthodontic therapies;
   i. periodontal therapy;
   j. pulpal therapy;
   k. oral mucosal, temporomandibular, and osseous disorders;
   l. hard and soft tissue surgery;
   m. dental emergencies;
   n. malocclusion and space management; and
   o. evaluation of the outcomes of treatment, recall strategies, and prognosis

Intent:
Graduates should be able to evaluate, assess, and apply current and emerging science and technology. Graduates should possess the basic knowledge, skills, and values to practice dentistry, independently, at the time of graduation. The school identifies the competencies that will be included in the curriculum based on the school’s goals, resources, accepted general practitioner responsibilities and other influencing factors. Programs should define overall competency, in order to measure the graduate’s readiness to enter the practice of general dentistry.
REPORT OF THE REVIEW COMMITTEE ON ADVANCED EDUCATION IN GENERAL DENTISTRY, GENERAL PRACTICE RESIDENCY, DENTAL ANESTHESIOLOGY, ORAL MEDICINE AND OROFACIAL PAIN EDUCATION TO THE COMMISSION ON DENTAL ACCREDITATION

Committee Chair: Dr. Jeffery Hicks. Committee Members: Dr. Douglas Barnes, Dr. Michael Brennan, Dr. Tracy Dellinger, Dr. Joseph Giovannitti, Dr. Gary Heir, Dr. Neal Henning, Dr. Miriam Robbins, Dr. Yasser Khaled, Dr. William Stewart, Mr. Glenn Unser, and Dr. Michael Webb. Guest (Open Session Only): Dr. Zakaria Messieha, president-elect, American Society of Dentists Anesthesiologists, attended the policy portion of the meeting. Staff Members: Ms. Peggy Soeldner, manager, Advanced Dental Education, and Ms. Bridget Blackwood, senior project assistant, Commission on Dental Accreditation (CODA). Dr. Sherin Tooks, director, CODA, attended a portion of the meeting. The meeting of the Review Committee on Advanced Education in General Dentistry, General Practice Residency, Dental Anesthesiology, Oral Medicine and Orofacial Pain Education (AGDOO RC) was held July 16-17, 2020 via a video conference meeting.

CONSIDERATION OF MATTERS RELATED TO ADVANCED EDUCATION IN GENERAL DENTISTRY, GENERAL PRACTICE RESIDENCY, DENTAL ANESTHESIOLOGY, ORAL MEDICINE AND OROFACIAL PAIN EDUCATION

Informational Report on Frequency of Citings of Accreditation Standards for Advanced Dental Education Programs in Advanced Education in General Dentistry (p. 200): The Committee considered a summary report of the number of “must” statement citings and their distribution among the “must” statements in the current Advanced Dental Education Programs in Advanced Education in General Dentistry Accreditation Standards. This report presented the number of times areas of non-compliance were cited by visiting committees conducting site visits from August 1, 2018 through October 31, 2019. During this time, 31 site visits were conducted utilizing the August 2018 Standards. Analysis of the data indicated that a total of 20 citings of non-compliance were made. Of these, 3 were related to Standard 1 – Institutional and Program Effectiveness; 13 were related to Standard 2 – Educational Program; 2 were related to Standard 3 – Faculty and Staff; and 2 were related to Standard 5 – Patient Care Services. No citings were related to Standard 4 – Educational Support Services. Further analysis of the data indicated that the most frequently cited areas of non-compliance, with 2 citations each, are Standards 1-9 (outcomes assessment process), 2-2d (advanced training in endodontic therapy), 2-3 (written curriculum plan), and 3-9 (adequacy of allied dental personnel and clerical staff). The Commission will continue to receive reports annually summarizing the updated data on the frequency of citings of individual Standards.

**Recommendation:** This report is informational in nature and no action is required.
Informational Report on Frequency of Citings of Accreditation Standards for Advanced Dental Education Programs in General Practice Residency (p. 201): The Committee considered a summary report of the number of “must” statement citings and their distribution among the “must” statements in the current Advanced Dental Education Programs in General Practice Residency (GPR). This report presented the number of times areas of non-compliance were cited by visiting committees conducting site visits August 1, 2018 through October 31, 2019. During that time period, 31 GPR site visits were conducted by visiting committees of the Commission utilizing the August 2018 Standards. Analysis of the data indicated that a total of 23 citings of non-compliance were made. Of these, 4 were related to Standard 1 – Institutional and Program Effectiveness; 14 were related to Standard 2 – Educational Program; 2 were related to Standard 3 – Faculty and Staff; 2 were related to Standard 4 – Educational Support Services; and 1 was related to Standard 5 – Patient Care Services. Further analysis of the data indicated that the most frequently cited areas of non-compliance, with 2 citations each, are Standards 1-5 (written agreements), 2-2c (advanced training in periodontal therapy), and 4-5 b (program’s description of educational experience). The Commission will continue to receive reports annually summarizing the updated data on the frequency of citings of individual Standards.

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

Informational Report on Frequency of Citings of Accreditation Standards for Advanced Dental Education Programs in Dental Anesthesiology (p. 202): The Committee considered a summary report of the number of “must” statement citings and their distribution among the “must” statements in the current Advanced Dental Education Programs in Dental Anesthesiology Accreditation Standards. This report presented the number of times areas of non-compliance were cited by visiting committees conducting site visits from January 2007 through October 2019. During this time, 28 Dental Anesthesiology site visits were conducted. An analysis of the site visit reports indicated a total of ten (10) citings of non-compliance were noted in the reports. Analysis of the data indicated that the most recently cited Standard is Standard 1-5, written agreements, with four (4) citations. The Commission will continue to receive reports annually summarizing the updated data on the frequency of citings of individual Standards.

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

Informational Report on Frequency of Citings of Accreditation Standards for Advanced Dental Education Programs in Oral Medicine (p. 203): The Committee considered a summary report of the number of “must” statement citings and their distribution among the “must” statements in the current Advanced Dental Education Programs in Oral Medicine Accreditation Standards. This report presents the number of times areas of non-compliance were cited by visiting committees conducting site visits from July 2014 through October 2019. During that time period six (6) Oral Medicine site visits were conducted. Analysis of the data indicated seven (7) areas of non-compliance were cited during the reporting period. The most frequently cited Standard is Standard 1, Institutional and Program Effectiveness, with a total of three (3) citings. Specifically, Standard 1-11, Standard 1-5 and 1-8 were each cited one (1) time.
The Commission will continue to receive reports annually summarizing the updated data on the frequency of citings of individual Standards.

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

**Informational Report on Frequency of Citings of Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain (p. 204):** The Committee considered a summary report of the number of “must” statement citings and their distribution among the “must” statements in the current Advanced Dental Education Programs in Orofacial Pain Accreditation Standards. This report presents the number of times areas of non-compliance were cited by visiting committees conducting site visits from July 2017 through October 2019. During this time, six (6) Orofacial Pain site visits were conducted. At the time of this report, there were no (0) areas of non-compliance cited. Due to the limited number of site visits, a trend in the data cannot be identified. The Commission will continue to receive reports annually summarizing the updated data on the frequency of citings of individual Standards.

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

**Report on Advanced Education in General Dentistry, General Practice Residency, Dental Anesthesiology, Oral Medicine and Orofacial Pain Annual Survey Curriculum Section (p. 205):** At its Winter 2020 meeting, the Review Committee on Advanced Education in General Dentistry, General Practice Residency, Dental Anesthesiology, Oral Medicine and Orofacial Pain (AGDOO RC) noted that the questions on the Annual Survey Curriculum Sections for the disciplines under its purview generally correlate to each discipline’s Accreditation Standards and should be retained with no changes for use in Fall 2020. For distribution beyond Fall 2020, the AGDOO RC believed the Annual Survey Curriculum Section questions should be more specifically linked to the correlating Accreditation Standards, including the addition of the correlating Accreditation Standard number, which would assist programs in completing the Annual Survey Curriculum Section questions. The AGDOO RC also noted some of the questions in the Annual Survey Curriculum Section may not clearly reflect the current Accreditation Standards and believed a more general review of the questions in the Annual Survey Curriculum Section should also be conducted. Therefore, the AGDOO RC recommended a small workgroup be formed to further study the Annual Survey Curriculum Sections, with a report for consideration at the Summer 2020 meeting of the RC and Commission. At its Winter 2020 meeting, the Commission concurred with the recommendation of the AGDOO RC.

At this meeting, the AGDOO RC considered the proposed revisions to the Annual Survey Curriculum Section for each discipline under its purview (**Appendices 1, 2, 3, and 4, Policy Report p. 200**) and believed the revisions adequately address the concerns related to linkage to the Accreditation Standard number and more clearly reflect the current Accreditation Standards and should be approved for implementation in Fall 2022.
**Recommendation:** It is recommended that the Commission on Dental Accreditation approve the proposed revisions to the Annual Survey Curriculum Section for each discipline under its purview (*Appendices 1, 2, 3, and 4, Policy Report p. 200*) for implementation in Fall 2022.

**CONSIDERATION OF MATTERS RELATING TO MORE THAN ONE REVIEW COMMITTEE**

Matters related to more than one review committee are included in a separate report.

**CONSIDERATION OF MATTERS RELATED TO ACCREDITATION STATUS**

Matters related to accreditation status of programs are included in a separate report.

Respectfully submitted,

Dr. Jeffery Hicks

Chair, Review Committee on Advanced Education in General Dentistry, General Practice Residency, Dental Anesthesiology, Oral Medicine and Orofacial Pain Education
Part II - General Practice Residency/Advanced Education in General Dentistry (GPR/AEGD) Curriculum Section

Part II of the survey is confidential. Any reports from this section will not identify individual programs by name.

21. What percentage of time did FIRST-YEAR students/residents spend in each of the following areas during the 2017-18 2021-22 residency year?

Column must add up to 100%. Do not enter percent signs.

a. Ambulatory dental care (treatment provided in the dental clinic, includes dental rotations) : ______
b. Dental inpatient care (management of dental inpatients) : ______
c. Management of dental inpatients or same-day surgery patients in the hospital operating room suite : ______
d. Rotations/Assignments to other services (non-dental) : ______
e. Didactics: courses/lectures/conferences/seminars : ______
f. Responding to consults : ______
g. Other, please specify : ______
Total : ______

21 (continued). What percentage of time did SECOND-YEAR students/residents spend in each of the following areas during the 2017-18 residency year?

Column must add up to 100%. Do not enter percent signs.

h. Ambulatory dental care (treatment provided in the dental clinic, includes dental rotations) : ______
i. Dental inpatient care (management of dental inpatients) : ______
j. Management of dental inpatients or same-day surgery patients in the hospital operating room suite : ______
k. Rotations/Assignments to other services (non-dental) : ______
l. Didactics: courses/lectures/conferences/seminars : ______
m. Responding to consults : ______
n. Other, please specify : ______
Total : ______
22. Please indicate the total number of clock hours residents spent in formal courses, lectures and seminars receiving instruction in the following subject areas during the 2017-18 2021-22 residency year.
If none, enter zero.
<table>
<thead>
<tr>
<th>Clock hours</th>
</tr>
</thead>
</table>
| a. Applied pharmacology  
  *(Standard 2-2)* |
| b. Endodontics  
  *(Standard 2-2)* |
| c. Hospital organization and function  
  *(Standard 2-10)* |
| d. Medical risk assessment  
  *(Standard 2-6)* |
| e. Restorative/Operative dentistry  
  *(Standard 2-2)* |
| f. Oral diagnosis/treatment planning  
  *(Standard 2-1)* |
| g. Oral and maxillofacial pathology  
  *(Standard 2-4)* |
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>h. Oral and maxillofacial radiology/imaging <strong>(Standard 2-1)</strong></td>
<td></td>
</tr>
<tr>
<td>i. Oral and maxillofacial surgery <strong>(Standard 2-2)</strong></td>
<td></td>
</tr>
<tr>
<td>j. Orthodontics and dentofacial orthopedics</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>k. Pain and anxiety control <strong>(Standard 2-2)</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>l. Pediatric dentistry</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>m. Patients with special needs <strong>(Standard 2-1)</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>n. Periodontics <strong>(Standard 2-2)</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>o. Physical evaluation <strong>(Standards 2-6, 2-7)</strong></td>
<td></td>
</tr>
</tbody>
</table>
23. Indicate all rotations/assignments to non-dental services in either the sponsoring or affiliated institution(s) required of the residents. Give the length in weeks and hours per week for each assignment.

<table>
<thead>
<tr>
<th>Length of rotation/assignment</th>
<th>Average hours</th>
</tr>
</thead>
</table>

p. Practice management  
(Standard 2-10)

q. Preventive dentistry  
(Standard 2-1)

r. Restoration of edentulous space  
(Standard 2-2)

s. Other, please specify
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>Anesthesia</td>
</tr>
<tr>
<td></td>
<td><em>(GPR Standard 2-5)</em></td>
</tr>
<tr>
<td>b.</td>
<td>Medicine</td>
</tr>
<tr>
<td></td>
<td><em>(GPR Standard 2-6)</em></td>
</tr>
<tr>
<td>c.</td>
<td>Emergency Department</td>
</tr>
<tr>
<td></td>
<td><em>(Standard 2-6)</em></td>
</tr>
<tr>
<td>d.</td>
<td>Other, please specify</td>
</tr>
<tr>
<td></td>
<td><em>(GPR Standard 2-8; AEGD Standard 2-5)</em></td>
</tr>
</tbody>
</table>

Use this space to enter comments or clarifications for your answers on this page.

________________________________________________________________
________________________________________________________________
________________________________________________________________

Part II - General Practice Residency/Advanced Education in General Dentistry (GPR/AEGD) Curriculum Section (continued)
Part II of the survey is confidential. Any reports from this section will not identify individual programs by name.

24. Provide the following dental clinic statistics related to outpatient visits for the 2017-18 2021-22 residency year. Include statistics for both sponsoring and affiliated institution(s).

<table>
<thead>
<tr>
<th>Number of visits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>a.</strong> Total number of outpatient visits to the dental clinic (include screening/consultative visits) <em>(Standard 2-1)</em></td>
</tr>
<tr>
<td><strong>b.</strong> Total number of outpatient visits managed by the residents <em>(Standard 2-1)</em></td>
</tr>
</tbody>
</table>

25. How many patients with special needs did the residents treat during the 2017-18 2021-22 residency year?

These are defined as patients whose medical, physical, psychological, or social situations make it necessary to modify normal dental routines in order to provide dental treatment for that individual. These individuals include, but are not limited to, people with developmental disabilities, complex medical problems, and significant physical limitations. *(Standard 2-1)*
26. How many patients did residents provide comprehensive care to, from treatment plan to completion (as opposed to episodic or emergency care), during the 2017-18 2021-22 residency year? (Standard 2-1)

27. Provide the following emergency care statistics for the 2017-18 2021-22 residency year identifying the activity level(s) at both the sponsoring and affiliated institution(s).

<table>
<thead>
<tr>
<th>Sponsoring institution</th>
<th>Affiliated institution(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. The number of dental emergencies treated in the dental clinic by residents (Standard 2-1)</td>
<td></td>
</tr>
<tr>
<td>b. The number of dental emergencies treated in the hospital emergency department by all residents (Standard 2-1)</td>
<td></td>
</tr>
</tbody>
</table>
28. How was emergency care experience provided to the residents during the 2017-18 residency year? (Standard 2-1)

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Block assignment to the Emergency Department</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. On-going/on-call, with resident on premises</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. On-going/on-call with resident off premises</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

29. In which of the following conscious sedation techniques did residents receive instruction and clinical experience during the 2017-18 2021-22 residency year? (Standard 2-2g)

<table>
<thead>
<tr>
<th>Technique</th>
<th>Instruction provided?</th>
<th>Clinical experience provided?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>a. Oral</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Inhalation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Intramuscular</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Intravenous</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Intranasal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Other, please specify</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Part II - General Practice Residency/Advanced Education in General Dentistry (GPR/AEGD) Curriculum Section (continued)  (Standard 5-1) OR (Standard 2-2)

Part II of the survey is confidential. Any reports from this section will not identify individual programs by name.

NOTE: The procedures listed in Questions 30-33 have been selected as indicators of the amount, variety, and complexity of clinical experience provided to residents. They are not intended to summarize students’/residents’ total experience or to imply that all listed procedures are required for accreditation.
30. Indicate the total number of each of the following procedures in **Preventive Dentistry** completed by residents during the 2017-18 to 2021-22 residency year.

<table>
<thead>
<tr>
<th>Number of procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Prophylaxis (D1110, D1120, D4346, D4355)</td>
</tr>
<tr>
<td>b. Topical fluoride treatments (D1203 – D1208)</td>
</tr>
<tr>
<td>c. Sealants (D1351)</td>
</tr>
</tbody>
</table>
31. Indicate the total number of each of the following procedures in **Restorative/Operative Dentistry** completed by residents during the 2017-18-2021-22 residency year.

<table>
<thead>
<tr>
<th>Number of procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>a. Amalgam Restorations (D2140, D2150, D2160, D2161)</strong></td>
</tr>
<tr>
<td><strong>b. Anterior composites (D2330, D2331, D2332 and D2335)</strong></td>
</tr>
<tr>
<td><strong>c. Posterior composites (D2391, D2392, D2393, &amp; D2394)</strong></td>
</tr>
<tr>
<td><strong>d. Single unit crowns (D2710, D2712, D2720-D2722, D2740, D2750-D2752, D2780-D2783, D2790-D2792, D2794)</strong></td>
</tr>
<tr>
<td><strong>e. Crown cores (cast or prefabricated) (D2952-D2954, D2957)</strong></td>
</tr>
<tr>
<td><strong>f. Crown core build-up, including pins (preparatory work before crown) (D2950)</strong></td>
</tr>
<tr>
<td><strong>g. Inlay/Onlay (D2510-D2664)</strong></td>
</tr>
</tbody>
</table>
32. Indicate the total number of each of the following procedures in Endodontics completed by residents during the 2017-18 2021-22 residency year.

<table>
<thead>
<tr>
<th>Procedure Description</th>
<th>Number of procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Single canals (anterior) (D3310, D3346)</td>
<td></td>
</tr>
<tr>
<td>b. Double canals (bicusp)id (D3320, D3347)</td>
<td></td>
</tr>
<tr>
<td>c. Molars (D3330, D3348)</td>
<td></td>
</tr>
<tr>
<td>d. Apicoectomies (D3410, D3421, D3425, D3426)</td>
<td></td>
</tr>
</tbody>
</table>
33. Indicate the total number of each of the following procedures in Periodontics completed by residents during the 2017-18 2021-22 residency year.
<table>
<thead>
<tr>
<th>Number of procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Scaling, root planing and curettage (D4341, D4342, D4910)</td>
</tr>
<tr>
<td>b. Gingivectomies (D4210-D4211, D4212)</td>
</tr>
<tr>
<td>c. Soft tissue grafts/gingival flap procedures (D4240, D4241, D4270, D4273, D4275, D4276)</td>
</tr>
<tr>
<td>d. Crown lengthening/Bone grafts/osseous surgery/guided tissue regeneration (D4249, D4260, D4261, D4266, D4267)</td>
</tr>
<tr>
<td>e. Apically repositioned flap (D4245)</td>
</tr>
<tr>
<td>f. Bone graft replacement graft – first site in quadrant (D4263)</td>
</tr>
<tr>
<td>g. Bone replacement graft – each additional site in quadrant (D4264)</td>
</tr>
</tbody>
</table>
h. Biologic materials to aid in soft tissue and osseous tissue regeneration (D4265)

---

Use this space to enter comments or clarifications for your answers on this page.

__________________________

__________________________

__________________________

__________________________

Page Break

Part II - General Practice Residency/Advanced Education in General Dentistry (GPR/AEGD) Curriculum Section (continued)

Part II of the survey is confidential. Any reports from this section will not identify individual programs by name.

NOTE: The procedures listed in Questions 34-37 have been selected as indicators of the amount, variety, and complexity of clinical experience provided to residents. They are not intended to summarize students'/residents’ total experience or to imply that all listed procedures are required for accreditation.

34. Indicate the total number of each of the following procedures in Removable Prosthodontics completed by residents during the 2017-18 to 2021-22 residency year.
<table>
<thead>
<tr>
<th>Number of procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Units/complete dentures (D5110-D5120)</td>
</tr>
<tr>
<td>b. Units/immediate dentures (D5130-D5140)</td>
</tr>
<tr>
<td>c. Units/overdentures (D5863-D5866)</td>
</tr>
<tr>
<td>d. Interim complete dentures (D5810, D5811)</td>
</tr>
<tr>
<td>e. Adjustment to dentures and partials (D5410-D5422)</td>
</tr>
<tr>
<td>f. Complete denture repairs (D5511, D5512, D5520)</td>
</tr>
<tr>
<td>g. Repairs to partials (D5511-D5671)</td>
</tr>
<tr>
<td>h. Acrylic partial dentures (D5211-D5212, D5221, D5222, D5225, D5226, D5820-D5821)</td>
</tr>
</tbody>
</table>
i. Conventional cast frame partial frame dentures (D5213-D5214, D5223, D5224)

j. Precision or semi-precision partial dentures attachments (D5862)
35. Indicate the total number of each of the following procedures in **Implant Services** completed by residents during the 2017-18 **2021-22** residency year.

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Number of procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Surgical placement of implant body (D6010, D6013)</td>
<td></td>
</tr>
<tr>
<td>b. Prefabricated abutment (including placement) (D6056)</td>
<td></td>
</tr>
<tr>
<td>c. Custom abutment (including placement) (D6057)</td>
<td></td>
</tr>
<tr>
<td>d. Implant retained Removable Prosthodontics (D6110-D6113)</td>
<td></td>
</tr>
<tr>
<td>e. Implant retained Fixed Prosthodontics (D6058 –D6077, D6114-D6117)</td>
<td></td>
</tr>
</tbody>
</table>
36. Indicate the total number of each of the following procedures in **Fixed Prosthodontics** completed by residents during the **2017-18 2021-22** residency year.

<table>
<thead>
<tr>
<th>Number of procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Units/fixed bridgework (D6205-D6794)</td>
</tr>
</tbody>
</table>

37. Indicate the total number of each of the following procedures in Oral and Maxillofacial Surgery completed by residents during the **2017-18 2021-22** residency year.
<table>
<thead>
<tr>
<th></th>
<th>Number of procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Uncomplicated extractions (D7111, D7140, D7210, D7250)</td>
<td></td>
</tr>
<tr>
<td>b. Extractions of impacted teeth (D7220, D7230, D7240, D7241)</td>
<td></td>
</tr>
<tr>
<td>c. Oral Tissue biopsy (D7285, D7286)</td>
<td></td>
</tr>
<tr>
<td>d. Brush biopsy (D7288)</td>
<td></td>
</tr>
<tr>
<td>e. Surgical removal of lateral exostosis (maxilla or mandible) (D7471)</td>
<td></td>
</tr>
<tr>
<td>f. Surgical reduction of osseous tuberosity (D7485)</td>
<td></td>
</tr>
<tr>
<td>g. Surgical reduction of fibrous tuberosity (D7972)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>h. Incision and drainage (D7510, D7511, D7520, D7521)</td>
<td></td>
</tr>
<tr>
<td>i. Tooth reimplantation and/or stabilization of accidentally avulsed or displaced tooth (D7270)</td>
<td></td>
</tr>
<tr>
<td>j. Alveoplasties (D7310, 7311, 7320, 7321)</td>
<td></td>
</tr>
<tr>
<td>k. Removal of torus palatinus (D7472)</td>
<td></td>
</tr>
<tr>
<td>l. Removal of torus mandibularis (D7473)</td>
<td></td>
</tr>
<tr>
<td>m. Suture of recent small wounds up to 5 cm (D7910)</td>
<td></td>
</tr>
<tr>
<td>n. Complicated suture, up to 5 cm (D7911)</td>
<td></td>
</tr>
<tr>
<td>o. Complicated suture, greater than 5 cm (D7912)</td>
<td></td>
</tr>
<tr>
<td>p. Frenectomy (D7960)</td>
<td></td>
</tr>
</tbody>
</table>
q. Excision of hyperplastic tissue – per arch (D7970)

r. Excision of pericoronal gingiva (D7971)

Use this space to enter comments or clarifications for your answers on this page.
Part II - General Practice Residency/Advanced Education in General Dentistry (GPR/AEGD) Curriculum Section (continued)

Part II of the survey is confidential. Any reports from this section will not identify individual programs by name.

NOTE: The procedures listed in Question 38 have been selected as indicators of the amount, variety, and complexity of clinical experience provided to residents. They are not intended to summarize students’/residents’ total experience or to imply that all listed procedures are required for accreditation.

38. Indicate the total number of each of the following procedures in Pediatric Dentistry and Orthodontics completed by residents during the 2017-18 residency year.
<table>
<thead>
<tr>
<th>Number of procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>a.</strong> Resin-based Composite posterior (D2391-D2394)</td>
</tr>
<tr>
<td><strong>b.</strong> Resin-based Composite anterior (D2330-D2335)</td>
</tr>
<tr>
<td><strong>c.</strong> Amalgam restoration (primary or permanent) (D2140-D2161)</td>
</tr>
<tr>
<td><strong>d.</strong> Limited ortho treatment of adult dentition (Upright tilted teeth) (D8040)</td>
</tr>
<tr>
<td><strong>e.</strong> Limited treatment of primary dentition (Moyer’s or equivalent space analysis) (D8010)</td>
</tr>
<tr>
<td><strong>f.</strong> Space maintenance (D1510, D1515, D1520, D1525, D1550, D1555)</td>
</tr>
<tr>
<td><strong>g.</strong> Comprehensive ortho treatment (space closures) (D8070, D8080, D8090)</td>
</tr>
<tr>
<td>h. Interceptive ortho treatment/crossbite corrections (D8050, D8060)</td>
</tr>
<tr>
<td>----------------------------------------------------------</td>
</tr>
<tr>
<td>i. Occlusal orthotic device (TMJ) (D7880)</td>
</tr>
<tr>
<td>j. Stainless steel crowns (D2930, D2931, D2933, D2934)</td>
</tr>
<tr>
<td>k. Prefabricated resin crowns/polycarbonate crowns (D2932)</td>
</tr>
<tr>
<td>l. Pulpotomies (D3220)</td>
</tr>
</tbody>
</table>

39. How many times during the 2017-18 2021-22 residency year were formal documented evaluations of resident performance conducted? (Standard 2-15)

________________________________________________________________

40. Please select the response below that best describes the intended outcomes of residents’ education. (Standards 1-8, 1-9, 2-2, 2-3)

- [ ] Goals and objectives
- [ ] Competencies and proficiencies
Use this space to enter comments or clarifications for your answers on this page.

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

End of Block: AEGD/GPR Curriculum (Q21-40)
Start of Block: DentAnes Curriculum (Q21-26)

Part II - Dental Anesthesiology Curriculum Section

Part II of the survey is confidential. Any reports from this section will not identify individual programs by name.

21. What percentage of time did residents spend in each of the following areas during the 2017-18 2021-22 residency year?
Column must add up to 100%. Do not enter percent signs.
<table>
<thead>
<tr>
<th>First Year</th>
<th>Second Year</th>
<th>Third Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Anesthesia for ambulatory dental procedures provided in a dental clinic or in a facility outside the hospital operating rooms including office-based venues (Standards 2-6; 2-7; and 2-9)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Anesthesia for dental inpatient or same-day surgery within the hospital operating rooms</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Rotation/assignments to other services (Standard 2-10)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Didactics: conferences/seminars (Standards 2-1; 2-2; 2-3; 2-4)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td></td>
</tr>
</tbody>
</table>
| e. Teaching  
(Standard 2-15) |  |
| f. Investigative work  
(Standard 6-1) |  |
| g. Other, please specify  
(Standards 2-12 and 2-13) |  |
| **Total** |  |
22. Please indicate the number of clock hours residents spent in lectures, seminars or formal courses when on the medical/dental service during the 2017-18 to 2021-22 residency year. (Standards 2-2 and 2-3)
<table>
<thead>
<tr>
<th>First Year Clock Hours</th>
<th>Second Year Clock Hours</th>
<th>Third Year Clock Hours</th>
</tr>
</thead>
</table>
| a. Applied biomedical sciences  
(Standard 2-4 a) | | |
| b. Physical diagnosis and evaluation  
(Standard 2-4 b) | | |
| c. Behavioral medicine  
(Standard 2-4 c) | | |
| d. Techniques of anxiety and pain control  
(Standard 2-4 d) | | |
| e. Complications and emergencies  
(Standard 2-4 e) | | |
| f. Pain management  
(Standard 2-4 f) | | |
g. Critical evaluation of literature

*(Standard 2-4 g)*
23. Please indicate the number of weeks residents spent on the following clinical rotations/assignments during the 2017-18 2021-22 residency year.
<table>
<thead>
<tr>
<th>First Year: Number of weeks</th>
<th>Second Year: Number of weeks</th>
<th>Third Year: Number of weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Cardiology (Standard 2-10 a)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Emergency medicine (Standard 2-10 b)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. General/Internal medicine (Standard 2-10 c)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Intensive care (Standard 2-10 d)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Pain clinic/service (Standard 2-10 e)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Pediatrics (Standard 2-10 f)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
</tbody>
</table>
| g. Other, please specify  
(Standard 2-10 g) |   |   |
| h. Other, please specify  
(Standard 2-10 h) |   |   |
| i. Other, please specify |   |   |

Use this space to enter comments or clarifications for your answers on this page.

____________________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________________

Page Break

Page 9 of 13
Part II - Dental Anesthesiology Curriculum Section (continued)

Part II of the survey is confidential. Any reports from this section will not identify individual programs by name.

24. Please provide the number of cases/procedures the 2018-2022 graduates completed/performed throughout the entire three-year residency program.
<table>
<thead>
<tr>
<th></th>
<th>Highest number</th>
<th>Lowest number</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Deep sedation/general anesthesia cases (Standard 2-6 a)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Intubated general anesthetics cases (Standard 2-6 a.1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Nasal intubations (Standard 2-6 a.1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Advanced airway management techniques (Standard 2-6 a.1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Cases of children age 7 and under (Standard 2-6 a.2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Patients with special needs (Standard 2-6 a.3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Ambulatory patients</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>---</td>
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<td></td>
</tr>
<tr>
<td>h. Patients over age 65</td>
<td>(Standard 2-6 b)</td>
<td></td>
</tr>
<tr>
<td>i. Patients with physical status ASA III or greater</td>
<td>(Standard 2-6 b)</td>
<td></td>
</tr>
<tr>
<td>j. Patients requiring moderate sedation</td>
<td>(Standard 2-6 b)</td>
<td></td>
</tr>
<tr>
<td>k. Patients with chronic orofacial pain</td>
<td>(Standard 2-6 c)</td>
<td></td>
</tr>
</tbody>
</table>

25. How many months, over their entire three-year residency, do the residents devote exclusively to clinical training in anesthesiology? (Standard 2-7)

________________________________________________________________

26. How many months, over their entire three-year residency, are the residents assigned to a hospital anesthesia service that provides trauma and/or emergency surgical care? (Standard 2-8)

________________________________________________________________
Use this space to enter comments or clarifications for your answers on this page.

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
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________________________________________________________________

End of Block: DentAnes Curriculum (Q21-26)
Part II - Oral Medicine Curriculum Section

Part II of the survey is confidential. Any reports from this section will not identify individual programs by name.

21. What percentage of time did residents spend in each of the following areas during the 2017-2018 2021-22 residency year?
Column must add up to 100%. Do not enter percent signs.

<table>
<thead>
<tr>
<th></th>
<th>First Year</th>
<th>Second Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Didactics:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>conferences/seminars</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Clinical activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Rotation/assignments to other services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Teaching</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Research and/or scholarly activity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Other, please specify</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
22. Please indicate the number of clock hours residents spent in formal courses, lectures, and seminars receiving instruction in the following subject areas during the 2017-18 2021-22 residency
year.
If none, enter zero.
<table>
<thead>
<tr>
<th>First Year Clock Hours</th>
<th>Second Year Clock Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>a.</strong> Physical evaluation and medical risk assessment (Standard 2-12a)</td>
<td></td>
</tr>
<tr>
<td><strong>a.b.</strong> Detecting and diagnosing patients with complex medical problems that affect various organ systems and/or the orofacial region (Standard 2-10a)</td>
<td></td>
</tr>
<tr>
<td><strong>c.</strong> Selecting appropriate diagnostic procedures (Standard 2-12b)</td>
<td></td>
</tr>
<tr>
<td><strong>b.d.</strong> Suitable preventive and/or management strategies to resolve oral manifestations of medical conditions or orofacial problems (Standard 2-10-b)</td>
<td></td>
</tr>
<tr>
<td><strong>c.e.</strong> Critical evaluation of the scientific literature (Standard 2-10c)</td>
<td></td>
</tr>
<tr>
<td></td>
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</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
</tbody>
</table>
| **d f.** Anatomy, physiology, microbiology, immunology, biochemistry, neuroscience and pathology  
  *(Standard 2-11a)* |   |   |
| **e g.** Pathogenesis and epidemiology of orofacial diseases and disorders  
  *(Standard 2-11b)* |   |   |
| **f h.** Concepts of molecular biology and molecular basis of genetics  
  *(Standard 2-11c)* |   |   |
| **g i.** Aspects of internal medicine and pathology  
  *(Standard 2-11d)* |   |   |
| **h j.** Concepts of pharmacology mechanisms, actions, interactions and effects of prescription and over-the-counter drugs  
  *(Standard 2-11e)* |   |   |
k. Ameliorating the adverse effects of prescription/over-the-counter products and medical/dental therapy (Standard 2-12e)

j. Principles of nutrition (Standard 2-11f)

j m. Principles of research (Standard 2-11g)

k n. Behavioral science (Standard 2-11h)

23. Please indicate the number of clock hours the residents spent in didactic instruction and clinical training during the 2017-18 2021-22 residency year related to establishing a differential
diagnosis and formulating a working diagnosis prognosis and management plan pertaining to each of the following.
<table>
<thead>
<tr>
<th>First Year: Didactic</th>
<th>First Year: Clinical</th>
<th>Second Year: Didactic</th>
<th>Second Year: Clinical</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Oral mucosal disorders <em>(Standard 2-12c.1)</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Medically complex patients <em>(Standard 2-12c.2)</em></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>c. Salivary gland disorders <em>(Standard 2-12c.3)</em></td>
<td></td>
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<td></td>
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<tr>
<td>d. Acute and chronic orofacial pain <em>(Standard 2-12c.4)</em></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>e. Orofacial neurosensory disorders <em>(Standard 2-12c.5)</em></td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>f. Physical evaluation and medical risk assessment</strong> (Standard 2-12a)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>g. Selecting appropriate diagnostic procedures</strong> (Standard 2-12b)</td>
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</tr>
<tr>
<td><strong>h. Ameliorating the adverse effects of prescription/over-the-counter products and medical/dental therapy</strong> (Standard 2-12e)</td>
<td></td>
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</tr>
</tbody>
</table>
24. Please indicate the clinical rotations/assignment, length in weeks and number of hours per week where the residents gained clinical medical experiences during the 2017-18 2021-22 residency year. (Standard 2-17)
<table>
<thead>
<tr>
<th></th>
<th>First Year: Length in weeks</th>
<th>First Year: Hours per week</th>
<th>Second Year: Length in weeks</th>
<th>Second Year: Hours per week</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Internal medicine</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Cardiology</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>c. Hematology</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Oncology</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Infectious diseases</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Dermatology</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Nephrology</td>
<td></td>
<td></td>
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<tr>
<td>h. Hepatology</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>i. Endocrinology</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>j. Otolaryngology</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>k. Oral and maxillofacial radiology/Advanced imaging</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>l. Other, please specify</td>
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<tr>
<td>m. Other, please specify</td>
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<tr>
<td>n. Other, please specify</td>
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<td></td>
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<td></td>
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</tr>
</tbody>
</table>

25. If applicable, please indicate the number of hours students/residents participated in teaching activities during the 2017-18 2021-22 residency year. [Standard 2-18](#)

__________________________________________________________

Use this space to enter comments or clarifications for your answers on this page.

__________________________________________________________

__________________________________________________________
End of Block: OralMed Curriculum (Q21-25)
Start of Block: OrofacPain Curriculum (Q21-25)

Part II - Orofacial Pain Curriculum Section

**Underline** indicates addition; **Strikethrough** indicates deletion

Part II of the survey is confidential. Any reports from this section will not identify individual programs by name.

21. **A majority of the total program time must be devoted to providing orofacial pain patient services, including direct patient care and clinical rotation.** What percentage of time did residents spend in each of
the following areas during the 2017-18 residency year entire program? Columns must add up to 100%. Do not enter percent signs.

<table>
<thead>
<tr>
<th>Didactics: conferences/seminars</th>
<th>Percent total time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Activities: Orofacial pain</td>
<td></td>
</tr>
<tr>
<td>Clinical Activities: Other (please specify)</td>
<td></td>
</tr>
<tr>
<td>Rotations/assignment to other services</td>
<td></td>
</tr>
<tr>
<td>Teaching</td>
<td></td>
</tr>
<tr>
<td>Research</td>
<td></td>
</tr>
<tr>
<td>Other, please specify</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
</tr>
<tr>
<td>First Year</td>
<td>Second Year</td>
</tr>
<tr>
<td>------------</td>
<td>-------------</td>
</tr>
<tr>
<td><strong>a. Didactics:</strong> conferences/seminars</td>
<td></td>
</tr>
<tr>
<td><strong>b. Clinical Activities:</strong> Orofacial pain</td>
<td></td>
</tr>
<tr>
<td><strong>c. Clinical Activities:</strong> Other (please specify)</td>
<td></td>
</tr>
<tr>
<td><strong>d. Rotations/assignment to other services</strong></td>
<td></td>
</tr>
<tr>
<td><strong>e. Teaching</strong></td>
<td></td>
</tr>
<tr>
<td><strong>f. Research</strong></td>
<td></td>
</tr>
<tr>
<td><strong>g. Other, please specify</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
</tr>
</tbody>
</table>
22. **Formal instruction must be provided in each of the following biomedical sciences areas.** Please indicate the number of clock hours resident spent in formal courses, lectures and seminars receiving instruction in the following subject areas during the 2017-18 residency entire program. *(Standard 2-5)*

<table>
<thead>
<tr>
<th></th>
<th>Clock Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>Gross and functional anatomy and physiology including the musculoskeletal and articular system of the orofacial, head, and cervical structures;</td>
</tr>
<tr>
<td>b.</td>
<td>Growth, development, and aging of the masticatory system;</td>
</tr>
<tr>
<td>c.</td>
<td>Head and neck pathology and pathophysiology with an emphasis on pain;</td>
</tr>
<tr>
<td>d.</td>
<td>Applied rheumatology with emphasis on the temporomandibular joint (TMJ) and related structures;</td>
</tr>
<tr>
<td>e.</td>
<td>Sleep physiology and dysfunction;</td>
</tr>
<tr>
<td>f.</td>
<td>Oromotor disorders including dystonias, dyskinesias, and bruxism;</td>
</tr>
<tr>
<td>g.</td>
<td>Epidemiology of orofacial pain disorders;</td>
</tr>
<tr>
<td>h.</td>
<td>Pharmacology and pharmacotherapeutics; and</td>
</tr>
<tr>
<td>i.</td>
<td>Principals of biostatistics, research design and methodology, scientific writing, and critique of literature.</td>
</tr>
<tr>
<td>First Year Clock Hours</td>
<td>Second Year Clock Hours</td>
</tr>
<tr>
<td>------------------------</td>
<td>-------------------------</td>
</tr>
<tr>
<td>a. Gross and functional anatomy and physiology including the musculoskeletal and articular systems of the orofacial, cranio/orofacial, and cervical structures</td>
<td></td>
</tr>
<tr>
<td>b. Growth, development, and aging of the masticatory system</td>
<td></td>
</tr>
<tr>
<td>c. Head and neck pathology and pathophysiology with an emphasis on pain</td>
<td></td>
</tr>
<tr>
<td>d. Applied rheumatology with emphasis on the temporomandibular joint (TMJ) and related structures</td>
<td></td>
</tr>
<tr>
<td>e. Sleep physiology and dysfunction</td>
<td></td>
</tr>
<tr>
<td>f. Oromotor disorders including dystonias, dyskinesias, and bruxism</td>
<td></td>
</tr>
<tr>
<td>g. Epidemiology of orofacial pain disorders</td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>h. Pharmacology and pharmacotherapeutics</td>
<td></td>
</tr>
<tr>
<td>i. Principles of biostatistics, research design and methodology, scientific writing, and critique of literature</td>
<td></td>
</tr>
<tr>
<td>j. The neurobiology of pain transmission and pain mechanisms in the central and peripheral nervous systems</td>
<td></td>
</tr>
<tr>
<td>k. Mechanisms associated with pain referral to and from the orofacial region</td>
<td></td>
</tr>
<tr>
<td>l. Pharmacotherapeutic principles related to sites of neuronal receptor-specific action pain</td>
<td></td>
</tr>
<tr>
<td>m. Pain classification systems</td>
<td></td>
</tr>
<tr>
<td>n. Psychoneuroimmunology and its relation to chronic pain syndromes</td>
<td></td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>o. Primary and secondary headache mechanisms</td>
<td></td>
</tr>
<tr>
<td>p. Pain of odontogenic origin and pain that mimics odontogenic pain</td>
<td></td>
</tr>
<tr>
<td>q. The contribution and interpretation of orofacial structural variation (occlusal and skeletal) to orofacial pain, headache, and dysfunction</td>
<td></td>
</tr>
<tr>
<td>r. Cognitive-behavioral therapies including habit reversal for oral habits, stress management, sleep problems, muscle tension habits and other behavioral factors</td>
<td></td>
</tr>
<tr>
<td>s. The recognition of pain behavior and secondary gain behavior</td>
<td></td>
</tr>
</tbody>
</table>
t. Psychologic disorders including depression, anxiety, somatization and others as they relate to orofacial pain disorders

u. Conducting and applying the results of psychometric tests

Use this space to enter comments or clarifications for your answers on this page.
Part II - Orofacial Pain Curriculum Section (continued)

Part II of the survey is confidential. Any reports from this section will not identify individual programs by name.

23. Please indicate the number of clock hours the residents spent in didactic instruction and clinical training addressing the following areas during the 2017-18 residency year.

23. The program must provide a foundation of basic and applied pain sciences to develop knowledge in functional neuroanatomy and neurophysiology of pain. Please indicate the method of instruction (courses, lectures, seminars) and the number of clock hours resident spend receiving instruction in the following subject areas during the entire program. (Standard 2-6)

<table>
<thead>
<tr>
<th></th>
<th>Method of Instruction</th>
<th>Clock hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>The neurobiology of pain transmission and pain mechanisms in the central and peripheral nervous systems;</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Mechanisms associated with pain referral to and from the orofacial region;</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Pharmacotherapeutic principles related to sites of neuronal receptor specific action pain;</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Pain classification systems;</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Psychoneuroimmunology and its relation to chronic pain syndromes;</td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Primary and secondary headache mechanisms;</td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Pain of odontogenic origin and pain that mimics odontogenic pain; and</td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>The contribution and interpretation of orofacial structural variation (occlusal and skeletal) to orofacial pain, headache, and dysfunction.</td>
<td></td>
</tr>
<tr>
<td>First Year: Didactic</td>
<td>First Year: Clinical</td>
<td>Second Year: Didactic</td>
</tr>
<tr>
<td>---------------------</td>
<td>----------------------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>a. Develop an appropriate treatment plan addressing each diagnostic component on the problem list with consideration of cost/risk benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Obtain informed consent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Intraoral appliance therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Physical medicine modalities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Sleep-related breathing disorder intraoral appliances</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
24. Please indicate the clinical rotations/assignment, length in weeks and number of hours per week where the residents gained clinical experiences in other healthcare services during the 2017-18 residency year.

24. Formal instruction must be provided in each of the following behavioral sciences areas as it relates to orofacial pain disorders and pain behavior. Please indicate the number of clock hours resident spent in formal courses, lectures and seminars receiving instruction in the following subject areas during the entire program. (Standard 2-7)

<table>
<thead>
<tr>
<th></th>
<th>Clock hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>cognitive-behavioral therapies including habit reversal for oral habits, stress management, sleep problems, muscle tension habits and other behavioral factors.</td>
</tr>
<tr>
<td>b.</td>
<td>the recognition of pain behavior and secondary gain behavior;</td>
</tr>
<tr>
<td>c.</td>
<td>psychologic disorders including depression, anxiety, somatization and others as they relate to orofacial pain, sleep disorders, and sleep medicine; and</td>
</tr>
<tr>
<td>d.</td>
<td>conducting and applying the results of psychometric tests.</td>
</tr>
<tr>
<td></td>
<td>First Year: Length in weeks</td>
</tr>
<tr>
<td>--------------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>a. Oral and maxillofacial surgery</td>
<td></td>
</tr>
<tr>
<td>b. Oral and maxillofacial surgery for intracapsular TMJ disorders</td>
<td></td>
</tr>
<tr>
<td>c. Outpatient anesthesia pain service</td>
<td></td>
</tr>
<tr>
<td>d. Rheumatology</td>
<td></td>
</tr>
<tr>
<td>e. Neurology</td>
<td></td>
</tr>
<tr>
<td>f. Oncology</td>
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</tr>
<tr>
<td>9.</td>
<td>Otolaryngology</td>
</tr>
<tr>
<td>h.</td>
<td>Rehabilitation medicine</td>
</tr>
<tr>
<td>i.</td>
<td>Headache clinic</td>
</tr>
<tr>
<td>j.</td>
<td>Radiology</td>
</tr>
<tr>
<td>k.</td>
<td>Oral Medicine</td>
</tr>
<tr>
<td>l.</td>
<td>Sleep Disorder clinic</td>
</tr>
<tr>
<td>m.</td>
<td>Other, please specify</td>
</tr>
<tr>
<td>n.</td>
<td>Other, please specify</td>
</tr>
</tbody>
</table>
25. The program must provide instruction and clinical training for the clinical assessment and diagnosis of complex orofacial pain disorders. Please indicate the number of clock hours the residents spent in didactic instruction and clinical training addressing the following areas during the entire program. (Standard 2-9)

<table>
<thead>
<tr>
<th>Area</th>
<th>Clinical Clock hours</th>
<th>Didactic Clock hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Conduct a comprehensive pain history interview;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Collect, organize, analyze, and interpret data from medical, dental, behavioral, and psychosocial histories and clinical evaluation to determine their relationship to the patient’s orofacial pain and/or sleep disorder complaints;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Perform clinical examinations and tests and interpret the significance of the data;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Function effectively within interdisciplinary health care teams, including the recognition for the need of additional tests or consultation and referral; and</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Establish a differential diagnosis and a prioritized problem list.</td>
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<td></td>
</tr>
</tbody>
</table>

26. The program must provide instruction and clinical training in multidisciplinary pain management for the orofacial pain patient. Please indicate the number of clock hours the residents spent in didactic instruction and clinical training addressing the following areas during the entire program. (Standard 2-10)

<table>
<thead>
<tr>
<th>Area</th>
<th>Clinical clock hours</th>
<th>Didactic Clock hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Develop an appropriate treatment plan addressing each diagnostic component on the problem list with consideration of cost/risk benefits;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Incorporate risk assessment of psychosocial and medical factors into the development of the individualized plan of care;</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
c. Obtain informed consent;

d. Establish a verbal or written agreement, as appropriate, with the patient emphasizing the patient’s treatment responsibilities;

e. Intraoral appliance therapy;

   Physical medicine modalities;

   Sleep-related breathing disorder intraoral appliances;

   Non-surgical management of orofacial trauma;

   Behavioral therapies beneficial to orofacial pain; and

   Pharmacotherapeutic treatment of orofacial pain including systemic and topical medications and diagnostic/therapeutic injections.

27. Residents must participate in clinical experiences in other healthcare services (not to exceed 30% of the total training period). Please indicate the clinical rotations/assignment, length in weeks and number of hours per week where the residents gained clinical experiences in other healthcare services during the entire program. (Standard 2-11)

<table>
<thead>
<tr>
<th>Rotation/Service/Assignment</th>
<th>Number of weeks</th>
<th>Hours per week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral and maxillofacial surgery (to include procedures for intracapsular TMJ disorders)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outpatient anesthesia pain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In-patient pain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rheumatology</td>
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<tr>
<td>Neurology</td>
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<tr>
<td>Oncology</td>
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<tr>
<td>Otolaryngology</td>
<td></td>
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<tr>
<td>Rehabilitation medicine</td>
<td></td>
<td></td>
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<tr>
<td>Headache</td>
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<tr>
<td>Radiology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral medicine</td>
<td></td>
<td></td>
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<tr>
<td>Sleep disorder clinics</td>
<td></td>
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<tr>
<td>Other, please specify</td>
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<tr>
<td>Other, please specify</td>
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<tr>
<td>Other, please specify</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other, please specify</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
25-28. If applicable, please indicate the number of hours residents participated in teaching orofacial pain during the 2017-18 residency year **entire program.**

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Use this space to enter comments or clarifications for your answers on this page.
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End of Block: OrofacPain Curriculum (Q21-25)
CONSIDERATION OF MATTERS RELATED TO DENTAL ASSISTING EDUCATION

Informational Report on Frequency of Citings of Accreditation Standards for Dental Assisting Education Programs (p. 300): The Review Committee on Dental Assisting Education (DA RC) considered the annual report of the frequency of citings of Accreditation Standards for Dental Assisting Education Programs (Appendix 1, Policy Report p. 300) and noted the most frequently cited areas of non-compliance for site visits conducted between January 1, 2014 and October 31, 2019.

The data indicates that a total of 1,568 citings of non-compliance were made. Of these, 115 (7.3%) were related to Standard 1–Institutional Effectiveness; 1,091 (69.6%) were related to Standard 2–Educational Program; 199 (12.7%) were related to Standard 3–Administration, Faculty and Staff; 69 (4.4%) were related to Standard 4–Educational Support Services; 80 (5.1%) were related to Standard 5–Health and Safety Provisions; and 14 (0.9%) were related to Standard 6–Patient Care Services.

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

NEW BUSINESS

Discussion on Dental Assisting Standard 2-11: The Dental Assisting Review Committee (DA RC) has observed an increase in dental assisting programs adding certificates and/or additional degree tracks for expanded functions training, beyond the entry-level dental assisting program accredited by the Commission. The Committee noted that there appears to be confusion as to when the Commission will evaluate a program’s curriculum related to additional functions delegable within a state. As such, the DA RC reviewed Standard 2-11 with regard to the additional functions defined by the program’s state-specific dental board or regulatory agency
that graduates are authorized to perform. The DA RC noted that programs may provide training in expanded (delegable) state-specific functions outside of the entry-level CODA-accredited program’s curriculum. The Review Committee further noted that enrollment in expanded functions training programs may require completion of the CODA-accredited program, credentialing by the Dental Assisting National Board, or other requirements prior to admittance into the expanded functions component, which suggests these training courses are beyond the CODA-accredited program that is considered entry-level into the profession of dental assisting.

The DA RC recalled that at the Winter 2020 meeting, the Review Committee discussed Standard 2-11 due to confusion among site visitors, dental assisting programs, and state dental boards, and the Committee proposed revisions to the standard for clarity, which were approved by the Commission and implemented on July 1, 2020. The DA RC noted that the Commission’s oversight of training in expanded (delegable) functions extends only to those functions that are taught within a CODA-accredited entry-level dental assisting program and not to additional programs or courses that a student may complete. Dental Assisting Standard 2-11 affirms that when a CODA-accredited dental assisting program includes advanced/expanded functions in the program’s curriculum, the program must include content at the level, depth, and scope required by the state. Students must demonstrate competence in these skills in the program facility prior to clinical practice, and students must be informed of the duties for which they are training in the educational program. Since this Standard was recently implemented, the DA RC believed that further monitoring of its application and citation is warranted. Additionally, the Review Committee felt that site visitors should be informed of the revisions to Standard 2-11 at future mandatory annual training sessions for calibration purposes in order to properly evaluate programs that may incorporate expanded functions within their CODA-accredited program’s curriculum.

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

**CONSIDERATION OF MATTERS RELATING TO MORE THAN ONE REVIEW COMMITTEE**

Matters related to more than one review committee are included in a separate report.

**CONSIDERATION OF MATTERS RELATED TO ACCREDITATION STATUS**

Matters related to accreditation status of programs are included in a separate report.

Respectfully submitted,

Ms. Deanna Stentiford
Chair, Review Committee on Dental Assisting Education
REPORT OF THE REVIEW COMMITTEE ON DENTAL HYGIENE EDUCATION TO
THE COMMISSION ON DENTAL ACCREDITATION

Committee Chair: Dr. Susan Kass. Committee Members: Ms. Laura Baus, Ms. Lynne Brodeur, Ms. Tami Grzesikowski, Ms. Carrie Hobbs, Ms. Lorie Holt, Ms. Betty Kabel, Dr. Richard Leyba, Dr. Barbara Krieg-Menning, and Dr. Sheila Vandenbush. Dr. Tariq Javed attended a portion of the meeting. Guests (Open Session Only): Ms. Ann Lynch, director, Education and Advocacy, American Dental Hygienists’ Association attended the policy portion of the meeting. Commission Staff: Ms. Michelle Smith, manager, Allied Dental Education, Mr. Daniel Sloyan, senior project assistant, Allied Dental Education, and Ms. Marjorie Hooper, coordinator, Operations, Commission on Dental Accreditation (CODA). Dr. Sherin Tooks, director, CODA, attended a portion of the meeting. The meeting of the Review Committee on Dental Hygiene Education (DH RC) was held on July 14-15, 2020 via video conference meetings.

CONSIDERATION OF MATTERS RELATED TO DENTAL HYGIENE EDUCATION

Informational Report on Frequency of Citings of Accreditation Standards for Dental Hygiene Education Programs (p. 400): The Dental Hygiene Review Committee (DH RC) considered the analysis of the frequency of citings data for dental hygiene education programs (Appendix 1, Policy Report p. 400) and noted the most frequently cited areas of non-compliance for site visits conducted between January 1, 2009 and October 31, 2019.

The data indicates that a total of 2,057 citings of non-compliance were made. Of these, 154 (7.5%) were related to Standard 1–Institutional Effectiveness; 1,082 (52.6%) were related to Standard 2–Educational Program; 349 (17%) were related to Standard 3–Administration, Faculty and Staff; 178 (8.7%) were related to Standard 4–Educational Support Services; 94 (4.6%) were related to Standard 5–Health and Safety Provisions; and 200 (9.6%) were related to Standard 6–Patient Care Services. The DH RC noted that the proposed revisions to the Accreditation Standards for Dental Hygiene Education Programs may provide clarity to the Standards and improve the number of citations in future years.

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

CONSIDERATION OF MATTERS RELATING TO MORE THAN ONE REVIEW COMMITTEE

Matters related to more than one review committee are included in a separate report.

CONSIDERATION OF MATTERS RELATED TO ACCREDITATION STATUS

Matters related to accreditation status of programs are included in a separate report.

Respectfully submitted,

Dr. Susan Kass
Chair, Review Committee on Dental Hygiene Education
REPORT OF THE REVIEW COMMITTEE ON DENTAL LABORATORY TECHNOLOGY EDUCATION TO THE COMMISSION ON DENTAL ACCREDITATION

Committee Chair: Mr. Charles McClemens. Committee Members: Ms. Arax Cohen, Dr. Stan Frohlinger, and Dr. Alice Mehlhorn. Mr. Gary Gann attended a portion of the meeting. Guests (Open Session Only): Mr. Bennett Napier, chief staff executive, National Association for Dental Laboratories. Commission Staff: Ms. Michelle Smith, manager, Allied Dental Education, Mr. Daniel Sloyan, senior project assistant, Allied Dental Education, and Ms. Marjorie Hooper, coordinator, Operations, Commission on Dental Accreditation (CODA). The meeting of the Review Committee on Dental Laboratory Technology Education (DLT RC) was held on July 13, 2020 via video conference meeting.

CONSIDERATION OF MATTERS RELATED TO DENTAL LABORATORY TECHNOLOGY EDUCATION

Informational Report on Frequency of Citings of Accreditation Standards for Dental Laboratory Technology Education Programs (p. 500): The Review Committee on Dental Laboratory Technology Education (DLT RC) considered the annual report of the frequency of citings of Accreditation Standards for Dental Laboratory Technology Education Programs and noted the most frequently cited areas of non-compliance for site visits conducted between January 1, 2014 and October 31, 2019.

The data indicates that a total of 18 citings of non-compliance were made. Of these, 2 (11.1%) were related to Standard 1–Institutional Effectiveness; 8 (44.4%) were related to Standard 2–Educational Program; 6 (33.3%) were related to Standard 3–Administration, Faculty and Staff; 1 (5.6%) were related to Standard 4–Educational Support Services; and 1 (5.6%) were related to Standard 5–Health and Safety Provisions. Due to the limited number of site visits, a trend in the data cannot be identified.

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

CONSIDERATION OF MATTERS RELATING TO MORE THAN ONE REVIEW COMMITTEE

Matters related to more than one review committee are included in a separate report.

CONSIDERATION OF MATTERS RELATED TO ACCREDITATION STATUS

Matters related to accreditation status of programs are included in a separate report.

Respectfully submitted,

Mr. Charles McClemens
Chair, Review Committee on Dental Laboratory Technology Education
REPORT OF THE REVIEW COMMITTEE ON DENTAL PUBLIC HEALTH EDUCATION TO THE COMMISSION ON DENTAL ACCREDITATION

Committee Chair: Dr. Steven Levy. Committee Members: Dr. Victor Badner, Dr. Linda Kaste, and Dr. James Leonard. Dr. Michael Wajdowicz was unable to attend the meeting. Guests (Open Session Only): Dr. Frances Kim, executive director, American Association of Public Health Dentistry and Dr. Ana Karina Mascarenhas, executive director, American Board of Dental Public Health attended the policy portion of the meeting. Staff Members: Ms. Peggy Soeldner, manager, Advanced Dental Education, Dr. Sherin Tookes, director, and Ms. Bridget Blackwood, senior project assistant, Commission on Dental Accreditation (CODA). The meeting of the Review Committee on Dental Public Health Education (DPH RC) was held July 17, 2020 via a video conference meeting.

CONSIDERATION OF MATTERS RELATED TO DENTAL PUBLIC HEALTH EDUCATION

Informational Report of Frequency of Citings of Accreditation Standards for Advanced Dental Education Programs in Dental Public Health (p. 600): The Review Committee on Dental Public Health Education (DPH RC) reviewed the summary report of the number of “must” statement citings and their distribution among the “must” statement in the current Advanced Dental Education Programs in Dental Public Health Accreditation Standards. The report presented the number of times areas of non-compliance were cited by visiting committees conducting site visits from August 2018 through October 2019. Since that date, five (5) dental public health site visits have been conducted. At the time of this report, no (0) areas of non-compliance were cited. The Commission will continue to receive reports annually summarizing the updated data on the frequency of citings of individual Standards.

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

NEW BUSINESS

Proposed Revision to Accreditation Standards for Advanced Dental Education Programs in Dental Public Health: At this meeting, the Dental Public Health Review Committee (DPH RC) revisited its informal discussion from the Winter 2020 meeting related to the use of “Should” in the Accreditation Standards for Advanced Dental Education Programs in Dental Public Health. At that time, the DPH RC concluded that since the new definition of “Should” was very similar to the existing definition in the Accreditation Standards for dental public health no changes to the Accreditation Standards related to the “Should” statement was warranted, beyond updating the definition of “Should” within the Definition of Terms, as follows: Should: Indicates a method to achieve the standard; highly desirable, but not mandatory. The DPH RC proposed an update to the definition and the Commission adopted this revision.

Since that time, through further review of the use of “Should” in DPH-specific intent statements, the DPH RC determined that revision to the intent statement for Standard 4-1, specifically the
use of “should” is warranted. The DPH RC believes changing “Should” to “are expected to” strengthens the intent statement and further conveys to the educational programs the importance of the expected outcomes of the instruction. Therefore, the DPH RC recommends the intent statement of Standard 4-1 of the Accreditation Standards for Advanced Dental Education Programs in Dental Public Health be revised, as noted below, with immediate implementation:

**INSTRUCTION IN ETHICS AND PROFESSIONALISM**

4-1 Graduates **must** receive instruction in and be able to apply the principles of ethical reasoning, ethical decision making and professional responsibility as they pertain to the academic environment, research, patient care, practice management, and programs to promote the oral health of individuals and communities.

**Intent:** Graduates should **are expected to** know how to draw on a range of resources such as professional codes, regulatory law, and ethical theories to guide judgment and action for issues that are complex, novel, ethically arguable, divisive, or of public concern. Graduates should **are expected to** respect the culture, diversity, beliefs and values in the community.

**Recommendation:** It is recommended that the Commission on Dental Accreditation adopt the proposed revision to the intent statement of Standard 4-1 of the Accreditation Standards for Advanced Dental Education Programs in Dental Public Health, as noted above, with immediate implementation.

**CONSIDERATION OF MATTERS RELATING TO MORE THAN ONE REVIEW COMMITTEE**

Matters related to more than one review committee are included in a separate report.

**CONSIDERATION OF MATTERS RELATED TO ACCREDITATION STATUS**

Matters related to accreditation status of programs are included in a separate report.

Respectfully submitted,

Dr. Steven Levy
Chair, Review Committee on Dental Public Health Education
REPORT OF THE REVIEW COMMITTEE ON ENDODONTICS EDUCATION TO THE COMMISSION ON DENTAL ACCREDITATION

Committee Chair: Dr. Bradford Johnson. Committee Members: Dr. William Johnson, Dr. Scott McClanahan, Dr. Garry Myers (Commissioner Trainee), Dr. Ankur Patel, and Dr. Roberta Pileggi. Guest (Open Session Only): Mr. Srini Varadarajan, assistant executive director of advocacy, American Association of Endodontics attended the policy portion of the meeting. Staff Members: Ms. Jennifer Snow, manager, Advanced Dental Education; Mr. Christopher Castaneda, senior project assistant; and Mr. Gregg Marquardt, manager, Communication and Technology Strategies, Commission on Dental Accreditation (CODA). The meeting of the Review Committee on Endodontics Education (ENDO RC) was held on July 13, 2020 via a videoconference meeting.

CONSIDERATION OF MATTERS RELATED TO ENDODONTICS EDUCATION

Informational Report on Frequency of Citings of Accreditation Standards for Advanced Dental Education Programs in Endodontics (p. 700): The Review Committee on Endodontics Education (ENDO RC) considered the annual report on the frequency of citings of Accreditation Standards for Advanced Dental Education Programs in Endodontics implemented January 1, 2014. The ENDO RC noted that there was one (1) citing during the period covered by this report (January 1, 2014 through October 31, 2019).

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

CONSIDERATION OF MATTERS RELATING TO MORE THAN ONE REVIEW COMMITTEE

Matters related to more than one review committee are included in a separate report.

CONSIDERATION OF MATTERS RELATED TO ACCREDITATION STATUS

Matters related to accreditation status of programs are included in a separate report.

Respectfully submitted,

Dr. Bradford Johnson
Chair, Review Committee on Endodontics Education
REPORT OF THE REVIEW COMMITTEE ON ORAL AND MAXILLOFACIAL PATHOLOGY EDUCATION TO THE COMMISSION ON DENTAL ACCREDITATION

Committee Chair: Dr. John Hellstein. Committee Members: Dr. Darren Cox, Mr. Jim Hinds, Dr. Kathryn Korff, and Dr. Vikki Noonan. Guests (Open Session Only): Ms. Lisa Mikita, executive director, American Academy of Oral and Maxillofacial Pathology and Dr. Duane Schafer, secretary/treasurer, American Board of Oral and Maxillofacial Pathology, attended the policy portion of the meeting. Staff Members: Ms. Peggy Soeldner, manager, Advanced Dental Education, Ms. Marjorie Hooper, operations coordinator, and Ms. Bridget Blackwood, senior project assistant, Commission on Dental Accreditation (CODA). The meeting of the Review Committee on Oral and Maxillofacial Pathology Education (OMP RC) was held on July 16, 2020 via a video conference meeting.

CONSIDERATION OF MATTERS RELATED TO ORAL AND MAXILLOFACIAL PATHOLOGY EDUCATION

Informational Report of Frequency of Citings of Accreditation Standards for Advanced Dental Education Programs in Oral and Maxillofacial Pathology (p. 800): The Review Committee on Oral and Maxillofacial Pathology Education (OMP RC) considered the frequency of citings report, which presented the number of times areas of non-compliance were cited by visiting committees conducting the 13 oral and maxillofacial pathology site visits from January 2014 through October 2019. The data indicated one (1) area of non-compliance was cited under Standard 4-5.3 related to trainees actively participating in the gross and microscopic examination of surgical and necropsy specimens. Due to the limited number of citings, a trend in the data cannot be identified. The Commission will continue to receive reports annually summarizing the updated data on the frequency of citings of individual Standards.

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

CONSIDERATION OF MATTERS RELATING TO MORE THAN ONE REVIEW COMMITTEE

Matters related to more than one review committee are included in a separate report.

CONSIDERATION OF MATTERS RELATED TO ACCREDITATION STATUS

Matters related to accreditation status of programs are included in a separate report.

Respectfully submitted,

Dr. John Hellstein,
Chair, Review Committee on Oral and Maxillofacial Pathology Education
REPORT OF THE REVIEW COMMITTEE ON ORAL AND MAXILLOFACIAL RADIOLOGY EDUCATION TO THE COMMISSION ON DENTAL ACCREDITATION

Committee Chair: Dr. Sanjay Mallya. Committee Members: Dr. Boris Bucanurschi, Dr. Angela Broome, Dr. Anita Gohel, and Dr. Gene Kelber. Guest (Open Session Only): Ms. Lisa Mikita, executive director, American Academy of Oral and Maxillofacial Radiology attended the policy portion of the meeting. Staff Members: Ms. Peggy Soeldner, manager, Advanced Dental Education and Dr. Sherin Tooks, director, Commission on Dental Accreditation (CODA). The meeting of the Review Committee on Oral and Maxillofacial Radiology Education (OMR RC) was held on July 13, 2020 via a video conference meeting.

CONSIDERATION OF MATTERS RELATED TO ORAL AND MAXILLOFACIAL RADIOLOGY EDUCATION

The Accreditation Standards for Advanced Dental Education Programs in Oral and Maxillofacial Radiology were approved by the Commission on Dental Accreditation on August 9, 2013, with implementation on July 1, 2014. Since that date, eight (8) oral and maxillofacial radiology site visits have been conducted by visiting committees of the Commission utilizing the July 2014 Standards. This report presents the number of times areas of non-compliance were cited by visiting committees conducting site visits from July 2014 through July 2019. At the time of this report, there were no (0) areas of non-compliance cited. Revised Accreditation Standards for Advanced Dental Education Programs in Oral and Maxillofacial Radiology were adopted and implemented in August 2019. Therefore, this report concludes the Frequency of Citings for the July 2014 Accreditation Standards for Advanced Dental Education Programs in Oral and Maxillofacial Radiology.

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

The Accreditation Standards for Advanced Dental Education Programs in Oral and Maxillofacial Radiology were approved by the Commission on Dental Accreditation at its August 2, 2019 meeting with immediate implementation. Since that date, no (0) oral and maxillofacial radiology site visits have been conducted by visiting committees of the Commission utilizing the August 2019 Standards. The Commission will continue to receive reports annually summarizing the updated data on the frequency of citings of individual Standards.

Recommendation: This report is informational in nature and no action is required.
CONSIDERATION OF MATTERS RELATING TO MORE THAN ONE REVIEW COMMITTEE

Matters related to more than one review committee are included in a separate report.

CONSIDERATION OF MATTERS RELATED TO ACCREDITATION STATUS

Matters related to accreditation status of programs are included in a separate report.

Respectfully submitted,

Dr. Sanjay Mallya
Chair, Review Committee on Oral and Maxillofacial Radiology Education
REPORT OF THE REVIEW COMMITTEE ON ORAL AND MAXILLOFACIAL SURGERY EDUCATION TO THE COMMISSION ON DENTAL ACCREDITATION

Committee Chair: Dr. William Nelson. Committee Members: Dr. George Kushner, Dr. Faisal Quereshy, Dr. Philip Rinaudo, Dr. Martin Steed, and Ms. Cindy Stergar. Guests (Open Session Only): Ms. Mary Allaire-Schnitzer, associate executive director, American Association of Oral and Maxillofacial Surgeons (AAOMS); Dr. James David Johnson, vice-president, AAOMS; and Dr. Victor Nannini, president, AAOMS attended the policy portion of the meeting. Staff Members: Ms. Jennifer Snow, manager, Advanced Dental Education; Mr. Christopher Castaneda, senior project assistant; Ms. Marjorie Hooper, operations coordinator; and Dr. Sherin Tooks, director, Commission on Dental Accreditation (CODA). The meeting of the Review Committee on Oral and Maxillofacial Surgery Education (OMS RC) was held on July 14, 2020 via a videoconference meeting.

CONSIDERATION OF MATTERS RELATED TO ORAL AND MAXILLOFACIAL SURGERY EDUCATION

Informational Report on Frequency of Citings of Accreditation Standards for Advanced Dental Education Programs in Oral and Maxillofacial Surgery (p. 1000): The Review Committee on Oral and Maxillofacial Surgery Education (OMS RC) considered the annual report on the frequency of citings of Accreditation Standards for Advanced Dental Education Programs in Oral and Maxillofacial Surgery, and noted the most frequently cited areas of non-compliance for site visits conducted January 1, 2000 through October 31, 2019, including: Standard 4-9, on adequate training in both general anesthesia and deep sedation for outpatient oral and maxillofacial surgery procedures on pediatric patients, with 26 citings; and Standard 6, on Research, with 19 citings. Neither Standard was cited in the last year. The Committee noted that Standard 4-9 has been revised, and now specifically relates to the ambulatory oral and maxillofacial anesthetic experience to include the administration of general anesthesia/deep sedation for oral and maxillofacial surgery procedures to pediatric, adult, and geriatric populations, including the demonstration of competency in airway management. No (0) citings have been made under Standard 4-9 in its current format.

The OMS RC also noted that Standard 4-9.1 on general anesthesia and deep sedation had 17 citings in its prior format. Standard 4-9.1 has been cited 11 times in its current format, which requires that “the cumulative anesthetic experience of each graduating resident must include administration of general anesthesia/deep sedation for a minimum of 300 cases. This experience must involve care for 50 patients younger than 13. A minimum of 150 of the 300 cases must be ambulatory anesthetics for oral and maxillofacial surgery outside of the operating room.” Therefore, Standard 4-9.1 has separate tallies for the former and current versions, but continues to be cited.

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

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

Informational Report on Oral and Maxillofacial Surgery Programs (Residency and Fellowship) Annual Survey Curriculum Data (p. 1002): The Review Committee on Oral and Maxillofacial Surgery Education (OMS RC) considered the informational report on aggregate data of its advanced dental education programs in oral and maxillofacial surgery-specific Annual Survey Curriculum Section. The OMS RC also considered the informational report on aggregate data of its clinical fellowship training programs in oral and maxillofacial surgery-specific Annual Survey Curriculum Section.

The Committee noted that the mean anesthesia numbers within the residency report appeared to correlate with the frequency of citings report data related to anesthesia requirements. In addition, the OMS RC also found the fellowship procedures numbers to be somewhat lower than expected.

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

CONSIDERATION OF MATTERS RELATING TO MORE THAN ONE REVIEW COMMITTEE

Matters related to more than one review committee are included in a separate report.

CONSIDERATION OF MATTERS RELATED TO ACCREDITATION STATUS

Matters related to accreditation status of programs are included in a separate report.

Respectfully submitted,

Dr. William Nelson
Chair, Review Committee on Oral and Maxillofacial Surgery Education
REPORT OF THE REVIEW COMMITTEE ON ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS EDUCATION TO THE COMMISSION ON DENTAL ACCREDITATION

Committee Chair: Dr. Eladio DeLeon. Committee Members: Mr. David Cushing, Dr. Patrick Foley, Dr. James Hartsfield, Dr. Steven Lindauer, and Dr. Wendy Woodall. Staff Members: Ms. Jennifer Snow, manager, Advanced Dental Education; Dr. Sherin Tooks, director; and Mr. Christopher Castaneda, senior project assistant, Commission on Dental Accreditation (CODA). Ms. Cathryn Albrecht, senior associate general counsel, CODA attended a portion of the meeting. The meeting of the Review Committee on Orthodontics and Dentofacial Orthopedics Education (ORTHO RC) was held on July 17, 2020 via a videoconference meeting.

CONSIDERATION OF MATTERS RELATED TO ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS EDUCATION

Informational Report on Frequency of Citings of Accreditation Standards for Advanced Dental Education Programs in Orthodontics and Dentofacial Orthopedics (p. 1100): The Review Committee on Orthodontics and Dentofacial Orthopedics Education (ORTHO RC) considered the annual report on the frequency of citings of Accreditation Standards for Advanced Dental Education Programs in Orthodontics and Dentofacial Orthopedics implemented January 1, 2014. The ORTHO RC noted that of the 63 site visits occurring January 1, 2014 through October 31, 2019, the following 10 Standards were each cited once: 1, Affiliations; 2-8; 3 (recognition/certification in basic life support procedures including cardiopulmonary resuscitation); 3 (documentation of compliance with the institution’s policy and applicable regulations of local, state and federal agencies, including but not limited to radiation hygiene and protection, ionizing radiation, hazardous materials, and bloodborne and infectious diseases); 3-1; 3-2; 4-2a; 4-3.4i; 5a, Evaluation; and 5b, Evaluation. Standard 3-5 requires facilities to permit students/residents to work effectively with trained allied dental personnel and, with two (2) citings, is the most frequently cited. Due to the small number of citings (12 total), no further analysis can be made at this time.

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

Informational Report on Frequency of Citings of Accreditation Standards for Clinical Fellowship Training Programs in Craniofacial and Special Care Orthodontics (p. 1101): The Review Committee on Orthodontics and Dentofacial Orthopedics Education (ORTHO RC) considered the annual report on the frequency of citings of Accreditation Standards for Clinical Fellowship Training Programs in Craniofacial and Special Care Orthodontics implemented August 7, 2015. The ORTHO RC noted that there were four (4) site visits during the period covered by this report (August 7, 2015 through October 31, 2019). There were no (0) citings during the period covered by this report.

Recommendation: This report is informational in nature and no action is required.
CONSIDERATION OF MATTERS RELATING TO MORE THAN ONE REVIEW COMMITTEE

Matters related to more than one review committee are included in a separate report.

CONSIDERATION OF MATTERS RELATED TO ACCREDITATION STATUS

Matters related to accreditation status of programs are included in a separate report.

Respectfully submitted,

Dr. Eladio DeLeon
Chair, Review Committee on Orthodontics and Dentofacial Orthopedics Education
REPORT OF THE REVIEW COMMITTEE ON PEDIATRIC DENTISTRY EDUCATION TO THE COMMISSION ON DENTAL ACCREDITATION

Committee Chair: Dr. Joel Berg. Committee Members: Dr. Martin Donaldson, Dr. Kevin Haubrick, Dr. Cynthia Hipp, and Dr. Janice Townsend. Dr. Joseph Morales was unable to participate in the meeting. Guests (Open Session Only): Ms. Leola Royston, manager, Education Development and Academic Support, American Academy of Pediatric Dentistry, attended a portion of the policy portion of the meeting. Staff Members: Ms. Peggy Soeldner, manager, Advanced Dental Education, Dr. Sherin Tooks, director, Ms. Bridget Blackwood, senior project assistant, and Mr. Gregg Marquardt, manager, Communications and Technology, Commission on Dental Accreditation (CODA). The meeting of the Review Committee on Pediatric Dentistry Education (PED RC) was held on July 14, 2020 via a videoconference meeting.

CONSIDERATION OF MATTERS RELATED TO PEDIATRIC DENTISTRY EDUCATION

Informational Report of Frequency of Citings of Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry (p. 1200): The Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry were approved by the Commission on Dental Accreditation in February 2012, with implementation on July 1, 2013. Since that time 95 site visits have been conducted. This report represents citings from site visits conducted from July 2013 through October 2019. Analysis of the data indicated that the most frequently cited pediatric dentistry-specific area of non-compliance, with 20 citings, is found in Standard 4 (Standards 4-26, 4-27 and 4-28) related to advocacy. Standard 4-26, related to didactic instruction was cited a total of 9 times and Standard 4-27, related to clinical experiences in advocacy, was cited a total of 11 times. The second most frequently cited pediatric dentistry-specific standard falls under Standard 4-6 related to clinical experiences in patient management using behavior guidance with a total of 16 citings. The Commission will continue to receive reports annually summarizing the updated data on the frequency of citings of individual Standards.

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

Consideration of Proposed Revisions to the Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry (p. 1201): The Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry were adopted by the Commission on Dental Accreditation at its February 3, 2012 meeting for implementation July 1, 2013. In Summer 2018, the Pediatric Dentistry Review Committee (PED RC) conducted an initial review of the Validity and Reliability Study report related to these standards. The Review Committee concluded that further study of the survey data was warranted through a small workgroup. The Commission concurred and directed the appointment of a workgroup composed of individuals representing the Review Committee along with the American Academy of Pediatric Dentistry
(AAPD) and the American Board of Pediatric Dentistry (ABPD), to further study the findings of the Pediatric Dentistry Validity and Reliability Study and identify Accreditation Standards, if any, which warrant revision.

At the Winter 2019 meeting, the PED RC considered the progress of the workgroup and determined that the next step was to compile a comprehensive document that reflected all proposed revisions so that the workgroup could consider the changes in totality, look for redundancy, and ensure all current and proposed required components were addressed. To that end, the PED RC recommended that the workgroup continue its work in spring 2019 with a report and proposed revised Standards document submitted for consideration at the Commission’s Summer 2019 PED RC and Commission meetings. The Commission concurred.

At the Summer 2019 meeting, the PED RC further considered the proposed revisions to the Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry submitted by the workgroup. Following discussion, the PED RC recommended the proposed revisions to the Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry be circulated to the communities of interest, without further edits by the PED RC, for review and comment until June 1, 2020 with hearings conducted at the 2019 American Dental Association (ADA) Annual Meeting, the 2020 American Dental Education Association (ADEA) Annual Session, and the 2020 Annual Meeting of the American Academy of Pediatric Dentistry (AAPD). At its August 2, 2019 meeting, the Commission concurred, and, as directed by the Commission, the proposed revised Standards were circulated for comment through June 1, 2020.

At this meeting, the PED RC considered the proposed revisions (Appendix 1, Policy Report p. 1201) and all of the comments received prior to the June 1, 2020 deadline (Appendices 2 and 3, Policy Report p. 1201). The PED RC noted that due to the COVID-19 pandemic, the 2020 Annual Meeting of the American Dental Education Association (ADEA) was canceled and the 2020 Annual Meeting of the American Academy of Pediatric Dentistry (AAPD) was conducted virtually. Therefore, the Commission’s hearings on accreditation standards were held virtually.

The Review Committee carefully reviewed the written comments and the corresponding proposed Standards revisions. The PED RC noted that the written comments generally focused around three (3) areas: 1) the use of the word “appropriate;” 2) experiences in behavior management, specifically sedation; and 3) experiences in the operating room.

The comments suggested the use of the word “appropriate” is ambiguous and provides little direction to educational programs or clarification to the Standard or intent statement. Following review of the use and placement of the word “appropriate,” the Review Committee concluded there were instances where the removal of the word “appropriate” did not change the intent of the Standard or intent statement.

The Review Committee discussed the comments related to the sedation requirements and found that, overall, they are not supportive of the proposed revision to increase the required nitrous
oxide analgesia patient encounters as primary operator from 20 to 50. Comments received suggested such a large increase is not warranted due to the lack of evidence that completing more cases results in a more competent graduate. Following lengthy discussion, the PED RC concurred that the Standards are competency-based with the quantities noted as a minimum benchmark of experiences in various clinical procedures. Further, there is little data to suggest that the current number of experiences required is insufficient to demonstrate competence. Therefore, the PED RC determined the current requirement of 20 experiences should be retained.

Comments about the proposed revisions to the Standards related to dental treatment in the operating room suggested the proposed increase in the required number of operating room experiences from 20 to 25 was also not warranted, due to a lack of evidence demonstrating that an increased number of experiences results in better prepared graduates. Following careful consideration, the PED RC determined the current requirement of 20 operating room cases should be retained.

Upon conclusion of the discussion and review of all written comments received, the Review Committee determined the proposed revisions found in Appendix 1 should be adopted for implementation on July 1, 2021. The PED RC considered whether a longer implementation period was warranted given the COVID-19 pandemic; however, the Review Committee believes it is important to implement the revised Standards within one year.

**Recommendation:** It is recommended that the Commission on Dental Accreditation adopt the proposed revisions to the Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry found in Appendix 1, with implementation July 1, 2021.

**CONSIDERATION OF MATTERS RELATING TO MORE THAN ONE REVIEW COMMITTEE**

Matters related to more than one review committee are included in a separate report.

**CONSIDERATION OF MATTERS RELATED TO ACCREDITATION STATUS**

Matters related to accreditation status of programs are included in a separate report.

Respectfully submitted,

Dr. Joel Berg
Chair, Review Committee on Pediatric Dentistry Education
At its Summer 2019 meeting, the Commission directed that the proposed revisions to Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry be distributed to the appropriate communities of interest for review and comment, with comment due June 1, 2020, for review at the Summer 2020 Commission meeting.

This document represents the proposed changes made based upon review of comment received from communities of interest from August 2, 2019 through June 1, 2020. This document will be considered by the Commission in Summer 2020.

Proposed Revised Standards Additions are Underlined; Deletions are Strikethrough
Accreditation Standards for
Advanced Dental Education Programs in
Pediatric Dentistry

Commission on Dental Accreditation
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## Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry

### Document Revision History

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<td>Accreditation Standards for Advanced Specialty Education Programs in Pediatric Dentistry</td>
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<td>August 10, 2012</td>
<td>Revised Mission Statement</td>
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<td>Revision to Policy on Accreditation of Off-Campus sites</td>
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Mission Statement of the Commission on Dental Accreditation

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.

Commission on Dental Accreditation
Adopted: August 5, 2016
ACCREDITATION STATUS DEFINITIONS

PROGRAMS THAT ARE FULLY OPERATIONAL:

Approval (without reporting requirements): An accreditation classification granted to an educational program indicating that the program achieves or exceeds the basic requirements for accreditation.

Approval (with reporting requirements): An accreditation classification granted to an educational program indicating that specific deficiencies or weaknesses exist in one or more areas of the program. Evidence of compliance with the cited standards or policies must be demonstrated within a timeframe not to exceed eighteen (18) months if the program is between one and two years in length or two years if the program is at least two years in length. If the deficiencies are not corrected within the specified time period, accreditation will be withdrawn, unless the Commission extends the period for achieving compliance for good cause. Identification of new deficiencies during the reporting time period will not result in a modification of the specified deadline for compliance with prior deficiencies.

Circumstances under which an extension for good cause would be granted include, but are not limited to:

• sudden changes in institutional commitment;
• natural disaster which affects affiliated agreements between institutions; faculty support; or facilities;
• changes in institutional accreditation;
• interruption of an educational program due to unforeseen circumstances that take faculty, administrators or students away from the program.

Initial Accreditation is the accreditation classification granted to any dental, advanced dental or allied dental education program which is not yet fully operational. This accreditation classification
provides evidence to educational institutions, licensing bodies, government or other granting agencies that, at the time of initial evaluation(s), the developing education program has the potential for meeting the standards set forth in the requirements for an accredited educational program for the specific occupational area. The classification “initial accreditation” is granted based upon one or more site evaluation visit(s).

Revised: 7/08; Reaffirmed: 8/13; 8/10; Adopted: 2/02
Preface

Maintaining and improving the quality of advanced dental education programs is a primary aim of the Commission on Dental Accreditation. The Commission is recognized by the public, the profession, and the United States Department of Education as the specialized accrediting agency in dentistry.

Accreditation of advanced dental education programs is a voluntary effort of all parties involved. The process of accreditation assures students/residents, the dental profession, specialty boards and the public that accredited training programs are in compliance with published standards.

Accreditation is extended to institutions offering acceptable programs in the following disciplines of advanced dental education: dental public health, endodontics, oral and maxillofacial pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, orthodontics and dentofacial orthopedics, pediatric dentistry, periodontics, prosthodontics, advanced education in general dentistry, general practice residency, dental anesthesiology, oral medicine, and orofacial pain. Program accreditation will be withdrawn when the training program no longer conforms to the standards as specified in this document, when all first-year positions remain vacant for a period of two years or when a program fails to respond to requests for program information. Exceptions for non-enrollment may be made by the Commission for programs with “approval without reporting requirements” status upon receipt of a formal request from an institution stating reasons why the status of the program should not be withdrawn.

Advanced dental education may be offered on either a certificate-only or certificate and degree-granting basis.

Accreditation actions by the Commission on Dental Accreditation are based upon information gained through written submissions by program directors and evaluations made on site by assigned site visitors. The Commission has established review committees to review site visit and progress reports and make recommendations to the Commission. Review committees are composed of representatives nominated by dental organizations and nationally accepted certifying boards. The Commission has the ultimate responsibility for determining a program’s accreditation status. The Commission is also responsible for adjudication of appeals of adverse decisions and has established policies and procedures for appeal. A copy of policies and procedures may be obtained from the Director, Commission on Dental Accreditation, 211 East Chicago Avenue, Chicago, Illinois 60611.

This document constitutes the standards by which the Commission on Dental Accreditation and its site visitors will evaluate advanced dental education programs in each discipline for accreditation purposes. The Commission on Dental Accreditation establishes general standards which are common to all disciplines of advanced dental education, institution and programs. Each discipline develops discipline-specific standards for education programs in its discipline. The general and discipline-specific standards, subsequent to approval by the Commission on Dental Accreditation,
set forth the standards for the education content, instructional activities, patient care responsibilities, supervision and facilities that should be provided by programs in the particular discipline.

As a learned profession entrusted by the public to provide for its oral health and general well-being, the profession provides care without regard to race, color, religion, national origin, age, disability, sexual orientation, status with respect to public assistance or marital status.

The profession has a duty to consider patients’ preferences, and their social, economic and emotional circumstances when providing care, as well as to attend to patients whose medical, physical and psychological or social situation make it necessary to modify normal dental routines in order to provide dental treatment. These individuals include, but are not limited to, people with developmental disabilities, cognitive impairments, complex medical problems, significant physical limitations, and the vulnerable elderly. The Standards reconfirm and emphasize the importance of educational processes and goals for comprehensive patient care and encourage patient-centered approaches in teaching, research and oral health care delivery.

The profession adheres to ethical principles of honesty, compassion, kindness, respect, integrity, fairness and charity, as exemplified in the ADA Principles of Ethics and Code of Professional Conduct and the ADEA Statement on Professionalism in Dental Education.

General standards are identified by the use of a single numerical listing (e.g., 1). Discipline-specific standards are identified by the use of multiple numerical listings (e.g. 1-1, 1-1.2, 1-2).
Definitions of Terms Used in Pediatric Dentistry Accreditation Standards

The terms used in this document (i.e. shall, must, should, can and may) were selected carefully and indicate the relative weight that the Commission attaches to each statement. The definitions of these words used in the Standards are as follows:

**Must** or **Shall**: Indicates an imperative need and/or duty; an essential or indispensable item; mandatory.

**Intent**: Intent statements are presented to provide clarification to the advanced dental education programs in pediatric dentistry in the application of and in connection with compliance with the Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry. The statements of intent set forth some of the reasons and purposes for the particular Standards. As such, these statements are not exclusive or exhaustive. Other purposes may apply.

**Examples of evidence to demonstrate compliance include**: Desirable condition, practice or documentation indicating the freedom or liberty to follow a suggested alternative.

**Should**: Indicates a method to achieve the standards.

**May or Could**: Indicates freedom or liberty to follow a suggested alternative.

Graduates of discipline-specific advanced dental education programs provide unique services to the public. While there is some commonality with services provided by specialists and general dentists, as well as commonalities among the specialties, the educational standards developed to prepare graduates of discipline-specific advanced dental education programs for independent practice should not be viewed as a continuum from general dentistry. Each discipline defines the educational experience best suited to prepare its graduates to provide that unique service.

**Competencies**: Statements in the advanced dental education standards describing the knowledge, skills and values expected of graduates of discipline-specific advanced dental education programs.

**Competent**: Having the knowledge, skills and values required of the graduates to begin independent, unsupervised discipline-specific practice.

**In-depth**: Characterized by thorough knowledge of concepts and theories for the purpose of critical analysis and synthesis.

**Understanding**: Knowledge and recognition of the principles and procedures involved in a particular concept or activity.
Other Terms:

Institution (or organizational unit of an institution): a dental, medical or public health school, patient care facility or other entity that engages in advanced dental education.

Sponsoring institution: primary responsibility for advanced dental education programs.

Affiliated institution: support responsibility for advanced dental education programs.

Advanced dental education student/resident: a student/resident enrolled in an accredited advanced dental education program.

A degree-granting program is a planned sequence of advanced courses leading to a master’s or doctoral degree granted by a recognized and accredited educational institution.

A certificate program is a planned sequence of advanced courses that leads to a certificate of completion in an advanced dental education program.

Student/Resident: The individual enrolled in an accredited advanced dental education program.

International Dental School: A dental school located outside the United States and Canada.

Evidence-based dentistry: Evidence-based dentistry is an approach to oral health care that requires the judicious integration of systematic assessments of clinically relevant scientific evidence, relating to the patient’s oral and medical condition and history, with the dentist’s clinical expertise and the patient’s treatment needs and preferences.

Formative Assessment*: guiding future learning, providing reassurance, promoting reflection, and shaping values; providing benchmarks to orient the learner who is approaching a relatively unstructured body of knowledge; and reinforcing students’ intrinsic motivation to learn and inspire them to set higher standards for themselves.

Summative Assessment*: making an overall judgment about competence, fitness to practice, or qualification for advancement to higher levels of responsibility; and providing professional self-regulation and accountability.

Resident Clinical Log (RCL): A secure and valid account of procedures and experiences of a student/resident maintained by the program for use in evaluation, accreditation, quality assurance and other purposes.

Treatment: Refers to direct care provided by the student/resident for that condition or clinical problem.
Management: Refers to provision of appropriate care and/or referral for a condition consistent with contemporary practice and in the best interest of the patient.


Interprofessional Education**: When students/residents and/or professionals from two or more professions learn about, from and with each other to enable effective collaboration to improve health outcomes. *(Adapted from the WHO 2010)*

Social Determinants of Health***: The social determinants of health are the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries. *(From the WHO)*


*** Definition from the World Health Organization (WHO). (Retrieved from [https://www.who.int/social_determinants/sdh_definition/en/, 2019])
STANDARD 1 - INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS

The program must develop clearly stated goals and objectives appropriate to advanced dental education, addressing education, patient care, research and service. Planning for, evaluation of and improvement of educational quality for the program must be broad-based, systematic, continuous and designed to promote achievement of program goals related to education, patient care, research and service.

The program must document its effectiveness using a formal and ongoing outcomes assessment process to include measures of advanced education student/resident achievement.

**Intent:** The Commission on Dental Accreditation expects each program to define its own goals and objectives for preparing individuals for the practice of pediatric dentistry and that one of the program goals is to comprehensively prepare competent individuals to initially practice pediatric dentistry. The outcomes process includes steps to: (a) develop clear, measurable goals and objectives consistent with the program’s purpose/mission; (b) develop procedures for evaluating the extent to which the goals and objectives are met; (c) collect and maintain data in an ongoing and systematic manner; (d) analyze the data collected and share the results with appropriate audiences; (e) identify and implement corrective actions to strengthen the program; and (f) review the assessment plan, revise as appropriate, and continue the cyclical process.

The financial resources must be sufficient to support the program’s stated goals and objectives.

**Intent:** The institution should have the financial resources required to develop and sustain the program on a continuing basis. The program should have the ability to employ an adequate number of full-time faculty, purchase and maintain equipment, procure supplies, reference material and teaching aids as reflected in annual budget appropriations. Financial allocations should ensure that the program will be in a competitive position to recruit and retain qualified faculty. Annual appropriations should provide for innovations and changes necessary to reflect current concepts of education in the advanced dental education discipline. The Commission will assess the adequacy of financial support on the basis of current appropriations and the stability of sources of funding for the program.

The sponsoring institution must ensure that support from entities outside of the institution does not compromise the teaching, clinical and research components of the program.

**Examples of evidence to demonstrate compliance may include:**

- Written agreement(s)
- Contract(s)/Agreement(s) between the institution/program and sponsor(s) related to facilities, funding, and faculty financial support.
Advanced dental education programs **must** be sponsored by institutions, which are properly chartered, and licensed to operate and offer instruction leading to degrees, diplomas or certificates with recognized education validity. Hospitals that sponsor advanced dental education programs **must** be accredited by an accreditation organization recognized by the Centers for Medicare and Medicaid Services (CMS). Educational institutions that sponsor advanced dental education programs **must** be accredited by an agency recognized by the United States Department of Education. The bylaws, rules and regulations of hospitals that sponsor or provide a substantial portion of advanced dental education programs **must** ensure that dentists are eligible for medical staff membership and privileges including the right to vote, hold office, serve on medical staff committees and admit, manage and discharge patients.

United States military programs not sponsored or co-sponsored by military medical treatment facilities, United States-based educational institutions, hospitals or health care organizations accredited by an agency recognized by the United States Department of Education or accredited by an accreditation organization recognized by the Centers for Medicare and Medicaid Services (CMS) **must** demonstrate successful achievement of Service-specific organizational inspection criteria.

The authority and final responsibility for curriculum development and approval, student/resident selection, faculty selection and administrative matters **must** rest within the sponsoring institution.

The institution/program **must** have a formal system of quality assurance for programs that provide patient care.

The position of the program in the administrative structure **must** be consistent with that of other parallel programs within the institution and the program director **must** have the authority, responsibility, and privileges necessary to manage the program.

**USE OF SITES WHERE EDUCATIONAL ACTIVITY OCCURS**

The primary sponsor of the educational program **must** accept full responsibility for the quality of education provided in all sites where educational activity occurs.

**1-1** All arrangements with sites where educational activity occurs, not owned by the sponsoring institution, **must** be formalized by means of current written agreements that clearly define the roles and responsibilities of the parties involved. The following items **must** be covered in such inter-institutional agreements:

a. Designation of a single program director;
b. The teaching staff;
c. The educational objectives of the program;
d. The period of assignment of students/residents; and
e. Each institution's financial commitment.
f. Documentation of the liability coverage
Intent: The items that are covered in inter-institutional agreements do not have to be contained in a single document. They may be included in multiple agreements, both formal and informal (e.g., addenda and letters of mutual understanding).

1-2 A Commission-accredited advanced education program in pediatric dentistry must use, among other outcomes measures, the successful completion by its graduates of the American Board of Pediatric Dentistry certification process.

Intent: This is one of the many measures of outcomes assessment that a program may use in their outcomes assessment process.

1-3 For each site where educational activity occurs, there must be an on-site clinical supervisor who is qualified by education and/or clinical experience in the curriculum areas for which he/she is responsible.

Intent: All pediatric dental faculty are educationally qualified pediatric dentists. All non-pediatric dentistry members of the teaching staff are educationally qualified or have special expertise in their area(s) of instruction.

If the program utilizes educational activity sites for clinical experiences or didactic instruction, please review the Commission’s Policy on Reporting and Approval of Sites Where Educational Activity Occurs in the Evaluation and Operational Policies and Procedures manual (EOPP).
STANDARD 2 - PROGRAM DIRECTOR AND TEACHING STAFF

The program must be administered by one director who is board certified in the respective advanced dental education discipline of the program. (All program directors appointed after January 1, 1997, who have not previously served as program directors, must be board certified.)

Intent: The director of an advanced dental education program is to be certified by a nationally accepted certifying board in the advanced dental education discipline. Board certification is to be active. The board certification requirement of Standard 2 is also applicable to an interim/acting program director. A program with a director who is not board certified but who has previous experience as an interim/acting program director in a Commission-accredited program prior to 1997 is not considered in compliance with Standard 2.

Examples of evidence to demonstrate compliance may include:

For board certified directors: Copy of board certification certificate; letter from board attesting to current/active board certification.

(For non-board certified directors who served prior to January 1, 1997: Current Biosketch identifying previous directorship in a Commission on Dental Accreditation- or Commission on Dental Accreditation of Canada-accredited advanced dental education program in the respective discipline; letter from the previous employing institution verifying service.)

The program director must be appointed to the sponsoring institution and have sufficient authority and time to achieve the educational goals of the program and assess the program’s effectiveness in meeting its goals.

Documentation of all program activities must be ensured by the program director and available for review.

2-1 The program director must be evaluated annually.

2-2 Administrative Responsibilities: The program director must have sufficient authority and time to fulfill administrative program assessment and teaching responsibilities in order to achieve the educational goals of the program including:

Intent: Program directors with remote programs have resources to visit these programs.

2-2.1 Student/resident selection, unless the program is sponsored by federal services utilizing a centralized student/resident selection process.

2-2.2 Curriculum development and implementation.
2-2.3 Ongoing evaluation of program goals, objectives and content and outcomes assessment.

**Intent:** The program uses a formal and ongoing outcomes assessment process to include measures of advanced education student/resident achievement that relate directly to the stated program goals and objectives.

2-2.4 Annual evaluations of faculty performance by the program director or department chair; including a discussion of the evaluation with each faculty member.

2-2.5 Evaluation of student/resident performance.

2-2.6 Participation with institutional leadership in planning for and operation of facilities used in the educational program.

2-2.7 Evaluation of student’s/resident’s training and supervision in affiliated institutions.

2-2.8 Maintenance of records related to the educational program, including written instructional objectives, course outlines and student/resident clinical logs (RCLs) documenting the completion of for specified procedures and/or patient complexity, including:

a) nitrous oxide analgesia patient encounters as primary operator
b) patient encounters in which sedative agents other than nitrous oxide (but may include nitrous oxide in combination with other agents) are used
c) operating room cases
d) clinical procedures (e.g. emergency, trauma, restorative, preventative, orthodontic, multi-disciplinary, etc.)
e) patient diversity/complexity (e.g. well-patient, medically complex, special needs, hospital based, etc.)

**Intent:** These records are to be available for on-site review: overall program objectives, objectives of student/resident rotations, specific student/resident schedules by semester or year, completed student/resident evaluation forms for current students/residents and recent alumni, self-assessment process, curricula vitae of faculty responsible for instruction. The RCL provides programs with data required for program improvement and gives students/residents and official record of clinical procedures required by regulatory boards and hospitals. The RCL may be comprised of a HIPAA-compliant patient and procedure log and/or a printout of procedure codes, for example, and may be compiled by the program, student/resident, and/or staff.
2-2.9 Responsibility for overall continuity and quality of patient care.

2-2.10 Oversight responsibility for student/resident research.

2-2.11 Responsibility for determining the roles and responsibilities of associate program director(s) and their regular evaluation.

2-3 Activities of Teaching Staff:

2-3.1 Pediatric dentistry members of the teaching staff, including those at sites where educational activity occurs, appointed after January 1, 2000, who have not previously served as teaching staff, must be certified by the American Board of Pediatric Dentistry or have completed the educational requirements to pursue board certification.

For clinical disciplines other than pediatric dentistry, the supervising faculty member responsible for the specific discipline must be credentialed in that discipline within the institution.

Intent: The clinical curriculum is taught by educationally qualified pediatric dentists and, when necessary to enhance training, by credentialed faculty members for the curriculum areas for which they are responsible.

2-3.2 Foreign trained faculty members must be comparably qualified.

2-3.2 Internationally trained pediatric dentists must demonstrate evidence of educational qualifications, licensure and credentialing as required by the institution.

Intent: Individuals who are graduates of Commission on Dental Accreditation accredited programs or those with which the Commission on Dental Accreditation has reciprocity are exempt from this requirement.

2-3.3 The program clinical faculty and attending staff must have specific and regularly scheduled clinic assignments to ensure the continuity of the program.

2-3.4 Clinical faculty must be immediately available to provide direct supervision to students/residents for all clinical sessions.

Intent: Clinical faculty are physically on-site in the treatment area for clinical sessions with scheduled patients and physically present in the clinic, immediately available within one minute, for all conscious/deep sedation patients. Indirect supervision should only be used after careful consideration of the competence of the
student/resident and also based on the delineation of privileges and procedure types. Clinical faculty are held accountable for responsibilities and attendance. Certain funding sources require specific faculty-to-student/resident ratios which should be observed.

2-3.5 The faculty includes members who are engaged in scholarly activity.

2-4 The program must show evidence of an ongoing faculty development process.

**Intent:** Ongoing faculty development is a requirement to improve teaching and learning, to foster curricular change, to enhance retention and job satisfaction of faculty, and to maintain the vitality of academic dentistry as the wellspring of a learned profession.

**Examples of evidence to demonstrate compliance may include:**
- Participation in development activities related to teaching, learning, and assessment
- Attendance at regional and national meetings that address contemporary issues in education and patient care
- Mentored experiences for new faculty
- Scholarly productivity
- Presentations at regional and national meetings
- Examples of curriculum innovation
- Maintenance of existing and development of new and/or emerging clinical skills
- Documented understanding of relevant aspects of teaching methodology
- Curriculum design and development
- Curriculum evaluation
- Student/Resident assessment
- Cultural, gender, and generational competency
- Ability to work with students/residents of varying ages and backgrounds
- Use of technology in didactic and clinical components of the curriculum
- Evidence of participation in continuing education activities

2-5 All faculty, including those at major and minor educational activity sites, must be calibrated to ensure consistency in training and evaluation of students/residents that supports the goals and objectives of the program.

**Intent:** The students/residents receive comparable training and evaluation by all faculty.

**Examples of evidence to demonstrate compliance may include:**
- Ongoing faculty training
- Documentation of faculty participation in calibration exercises
- Calibration training manuals
- Periodic monitoring for compliance
STANDARD 3 - FACILITIES AND RESOURCES

Institutional facilities and resources must be adequate to provide the educational experiences and opportunities required to fulfill the needs of the educational program as specified in these Standards. Equipment and supplies for use in managing medical emergencies must be readily accessible and functional.

Intent: The facilities and resources (e.g., support/secretarial administrative staff, allied personnel and/or technical staff) should permit the attainment of program goals and objectives. To ensure health and safety for patients, students/residents, faculty and staff, the physical facilities and equipment should effectively accommodate the clinic and/or laboratory schedule.

The program must document its compliance with the institution’s policy and applicable regulations of local, state and federal agencies, including but not limited to radiation hygiene and protection, ionizing radiation, hazardous materials, and bloodborne and infectious diseases. Policies must be provided to all students/residents, faculty and appropriate support staff and continuously monitored for compliance. Additionally, policies on bloodborne and infectious diseases must be made available to applicants for admission and patients.

Intent: The program may document compliance by including the applicable program policies. The program demonstrates how the policies are provided to the students/residents, faculty and appropriate support staff and who is responsible for monitoring compliance. Applicable policy states how it is made available to applicants for admission and patients should a request to review the policy be made.

Students/Residents, faculty and appropriate support staff must be encouraged to be immunized against and/or tested for infectious diseases, such as mumps, measles, rubella hepatitis B, prior to contact with patients and/or infectious objects or materials, in an effort to minimize the risk to patients and dental personnel.

Intent: The program should have written policy that encourages (e.g., delineates the advantages of) immunization for students/residents, faculty and appropriate support staff.

All students/residents, faculty and support staff involved in the direct provision of patient care must be continuously recognized/certified in basic life support procedures, including cardiopulmonary resuscitation.

Intent: Continuously recognized/certified in basic life support procedures means the appropriate individuals are currently recognized/certified.

The use of private office facilities as a means of providing clinical experiences in advanced dental education is only approved when the discipline has included language that defines the use of such facilities in its discipline-specific standards.
Students/Residents and faculty and staff engaged in the provision of pharmacologic behavior guidance sedation in which sedative agents other than nitrous oxide (but may include nitrous oxide in combination with other agents) are used must be certified in PALS or ACLS have training in and maintenance of age-specific advanced life support (e.g., PALS, ACLS, PEARS), in accordance with guidelines current recommendations of the American Academy of Pediatric Dentistry REFERENCE MANUAL, and institutional and state regulations.

**Intent:** Guidelines require that providers of sedation have these credentials.

Private practitioners who provide training must have faculty appointments.

**Intent:** Private offices can be used for training and should meet the same facility standards as institutional facilities.

The program must have access to clinical facilities that include:

- **3-3.1** Space designated specifically for the advanced dental education program in pediatric dentistry.
- **3-3.2** Flexibility to allow for changes in equipment location and for additions or deletions to improve operating efficiency, and promote efficient use of dental instrumentation and allied personnel.
- **3-3.3** Adequate radiographic Diagnostic imaging and laboratory facilities in close proximity to the patient treatment area.
- **3-3.4** Accessibility for patients with special health care needs.
- **3-3.5** Recovery area facilities.

**Intent:** A recovery area is defined as a designated space equipped properly for patients recovering from sedation. This space must provide for observation/monitoring by appropriately trained personnel. This could be the operatory where the child was sedated.

- **3-3.6** Reception and patient education areas.

**Intent:** It is recognized that patient education may also occur in treatment areas.

- **3-3.7** A suite equipped for carrying out comprehensive oral health care procedures under general anesthesia and/or sedation.

**Intent:** The operation treatment facility could be an appropriately-equipped ambulatory suite in a non-hospital setting.
3-3.8 Inpatient facilities to permit management of general and oral health problems for patients individuals with special health care needs.

**Intent:** Students/Residents have the opportunity to manage oral health problems of inpatients with serious medical problems. Patients Individuals with special health care needs include those with medical, physical, psychological or social circumstances that require modification in normal dental routines to provide of dental treatment. These individuals include (but are not limited to) people with developmental disabilities, complex medical problems and significant physical limitations.

3-3.9 A sufficient number of operatories to accommodate the number of students/residents enrolled.

3-4 Personnel resources must include:

3-4.1 Adequate administrative and clerical personnel.

3-4.2 Adequate allied dental personnel assigned to the program to ensure clinical and laboratory technical support are suitably trained and credentialed.

**Intent:** Allied dental personnel are expected to be available for operating room cases, conscious/deep sedation patients, surgical procedures and behavior management situations. There are instances when a student/resident assisting another student/resident may be beneficial as long as the experience does not negatively impact the students’/residents’ education. Clinic scheduling and off-service rotations will be considered in assessing adequacy of allied dental personnel.

3-5 Research Facilities: Facilities must be available for students/residents to conduct basic and/or applied (clinical) research.

3-6 Information Resources: Appropriate information resources must be available including access to biomedical textbooks, dental journals, online resources, and other sources pertinent to the area of pediatric dentistry practice and research.

**Intent:** Students/Residents have access to electronic-based information resources in the program.

3-7 Patient Availability: A sufficient An adequate and diverse pool of patients requiring a sufficient scope, volume and variety of oral health care needs and a delivery system to provide ample opportunity for training must be available, including healthy individuals as well as patients individuals with special health care needs. These health care needs must
include, but are not limited to, medical, physical, psychological, or social situations that make consideration of a wide range of assessment and care options necessary.

**Intent:** Documentation of the scope, volume and variety of patients and procedures completed by the students/residents, including those with complex impairment who require substantial functional support and modifications to dental treatment, will be provided via the RCLs as described in Standard 2-2.8. These records are to be available for on-site review.
STANDARD 4 – CURRICULUM AND PROGRAM DURATION

The advanced dental education program must be designed to provide special knowledge and skills beyond the D.D.S. or D.M.D. training and be oriented to the accepted standards of the discipline’s practice as set forth in specific standards contained in this document.

Intent: The intent is to ensure that the didactic rigor and extent of clinical experience exceeds pre-doctoral, entry level dental training or continuing education requirements and the material and experience satisfies standards for the discipline.

Advanced dental education programs must include instruction or learning experiences in evidence-based practice. Evidence-based dentistry is an approach to oral health care that requires the judicious integration of systematic assessments of clinically relevant scientific evidence, relating to the patient’s oral and medical condition and history, with the dentist’s clinical expertise and the patient’s treatment needs and preferences.

Examples of evidence to demonstrate compliance may include:

- Formal instruction (a module/lecture materials or course syllabi) in evidence-based practice
- Didactic program course syllabi, course content outlines, or lecture materials that integrate aspects of evidence-based practice
- Literature review seminar(s)
- Multidisciplinary grand rounds to illustrate evidence-based practice
- Projects/portfolios that include critical reviews of the literature using evidence-based practice principles (or “searching publication databases and appraisal of the evidence”)
- Assignments that include publication database searches and literature appraisal for best evidence to answer patient-focused clinical questions.

The level of discipline-specific instruction in certificate and degree-granting programs must be comparable.

Intent: The intent is to ensure that the students/residents of these programs receive the same educational requirements as set forth in these Standards.

If an institution and/or program enrolls part-time students/residents, the institution/program must have guidelines regarding enrollment of part-time students/residents. Part-time students/residents must start and complete the program within a single institution, except when the program is discontinued. The director of an accredited program who enrolls students/residents on a part-time basis must ensure that: (1) the educational experiences, including the clinical experiences and responsibilities, are the same as required by full-time students/residents; and (2) there are an equivalent number of months spent in the program.
GOALS OF ADVANCED EDUCATION IN PEDIATRIC DENTISTRY

4-1 An advanced dental education program in pediatric dentistry must prepare a graduate who is competent in providing both primary and comprehensive preventive and therapeutic oral health care for infants and children through adolescence, including those individuals with special health care needs. The program educates future pediatric dentists to be competent in communicating and collaborating with other members of healthcare and social disciplines, to facilitate the provision of health care.

Intent: Students/Residents are trained to provide services in institutional, private, and/or public health settings. The program should encourage the development of a critical and inquiring attitude that is necessary for the advancement of practice, research, and teaching in pediatric dentistry.

This individual is trained to provide services in institutional, private, or public health settings. The program encourages the development of a critical and inquiring attitude that is necessary for the advancement of practice, research, and teaching in pediatric dentistry. The program educates future pediatric dentists to work in coordination with members of other health care and social disciplines.

All curricula must be formulated in accordance with current American Academy of Pediatric Dentistry Guidelines the REFERENCE MANUAL, if applicable.

4-2 Students/Residents must participate in interprofessional education and collaborative practice programs and receive training to assume a leadership role as a care team member in oral healthcare initiatives.

Intent: Students/Residents should understand the roles of members of the healthcare team and have educational experiences, particularly clinical experiences that involve working with other healthcare professional students and practitioners. Students/Residents should have educational experiences in which they coordinate patient care within the healthcare system relevant to dentistry.

PROGRAM DURATION

4-2-4-3 The duration of an advanced dental education program in pediatric dentistry must be a minimum of 24 months of full-time formal training.
CURRICULUM

4-34-4 The program must provide the opportunity to extend the student’s/resident’s diagnostic ability, basic and advanced clinical knowledge and skills, and critical judgment beyond that provided in predoctoral education. The program must also provide experience in closely related areas to ensure that students/residents become competent in comprehensive care.

Intent: A supporting portion of the curriculum extends the student’s/resident’s educational experience and enhances his/her ability to think critically and independently and to communicate information clearly, effectively and accurately.

BIOMEDICAL SCIENCES

4-4-4-5 Biomedical sciences must be included to support the clinical, didactic and research portions of the curriculum. The biomedical sciences may be integrated into existing curriculum designed especially for the pediatric dentistry program.

Intent: Instruction in biomedical sciences need not occur only in formal courses. Such instruction may be acquired through clinical activities, off-service rotations and other educational activities.

Instruction must be provided at the understanding level in the following biomedical sciences with an emphasis on the infant, child and adolescent, including individuals with special health care needs:

a. BIOSTATISTICS, HEALTH INFORMATICS and CLINICAL EPIDEMIOLOGY: Including probability theory, descriptive statistics, hypothesis testing, inferential statistics, meta-analysis, systematic review, principles of clinical epidemiology and research design;

b. PHARMACOLOGY: Including pharmacokinetics, pharmacogenetics, potential drug interactions and adverse side effects with emphasis on oral manifestations of chemotherapeutic regimens, pain and anxiety control, and drug dependency and substance use disorders;

c. MICROBIOLOGY: Including virology, immunology, and cariology oral microbiome, infectious disease with emphasis on head and neck manifestations, including dental caries and periodontal disease;

d. EMBRYOLOGY: Including principles of embryology with a focus on the developing head and neck, and craniofacial anomalies;

e. GENETICS: Including human chromosomes, chromosomal anomalies/syndromes, Mendelian, and polygenic and epigenetic patterns of inheritance, expressivity, basis for genetic disease, pedigree construction, physical examination and laboratory evaluation methods,
genetic factors in craniofacial disease and formation and management of genetic diseases;

f. ANATOMY: Including a review of general anatomy and as well as head and neck anatomy with an emphasis on the infant, child and adolescent; and

g. ORAL PATHOLOGY: Including a review of the epidemiology, pathogenesis, clinical characteristics, diagnostic methods, formulation of differential diagnoses and management of oral and perioral lesions and anomalies with emphasis on the infant, child, and adolescent.

PATHOPHYSIOLOGY: Including a review of major organ diseases with emphasis on head and neck manifestations and the modification of the delivery of oral health care. There will be an understanding of the epidemiology, etiopathogenesis, clinical presentation, diagnostic imaging and laboratory studies, differential diagnosis, treatment and prognosis for these diseases.

CLINICAL SCIENCES

BEHAVIOR GUIDANCE

4-54-6 Didactic Instruction: Didactic instruction in behavior guidance must be at the in-depth level and include:

a. Physical, psychological and social development. This includes the basic principles and theories of child development and the age-appropriate behavior responses in the dental setting;

b. Child behavior guidance in the dental setting and the objectives of various guidance methods;

c. Principles of communication, including listening techniques, including the descriptions of and recommendations for the use of specific techniques; and

d. Principles of informed consent relative to behavior guidance and treatment options;

e. Principles and objectives of sedation and general anesthesia as behavior guidance techniques, including indications and contraindications for their use in accordance with the AAPD REFERENCE MANUAL guidelines and The Teaching of Pain Control and Sedation to Dentists and Dental Students of the American Dental Association (ADA); and

f. Recognition, treatment and management of pharmacologically related emergencies adverse events related to sedation and general anesthesia, including airway problems.

Intent: The term “treatment” refers to direct care provided by the residents/student for that condition or clinical problem. The term “management” refers to provision of appropriate
care and/or referral for a condition consistent with contemporary practice and in the best interest of the patient.

**4-64-7 Clinical Experiences:** Clinical experiences in behavior guidance must enable students/residents to achieve competency in patient management using behavior guidance:

a. Experiences must include infants, children and adolescents including patients individuals with special health care needs, using:
   1. Non-pharmacological techniques;
   2. Sedation; and
   3. Inhalation analgesia.

b. Students/Residents must perform adequate patient encounters to achieve competency:

   1. Students/Residents must complete a minimum of 20 nitrous oxide analgesia patient encounters as primary operator; and

   2. Students/Residents must complete a minimum of 50 patient encounters in which sedative agents other than nitrous oxide (but may include nitrous oxide in combination with other agents) are used. The agents may be administered by any route.

   a. Of the 50 patient encounters, each student/resident must act as sole primary operator in a minimum of 25 sedation cases.

   b. Of the remaining sedation cases (those not performed as the sole primary operator), each student/resident must gain clinical experience, which can be in a variety of activities or settings, including individual or functional group monitoring and human simulation.

   c. All sedation cases must be completed in accordance with the recommendations and guidelines of AAPD the REFERENCE MANUAL /AAP, the ADA’s Teaching of Pain Control and Sedation to Dentists and Dental Students, and/or relevant applicable institutional policies and state regulations.

**Intent:** Programs will provide or make available adequate opportunities to meet the above requirements which are consistent with those experiences required by jurisdictions with policies regulating pediatric sedation in dental practice. The numbers of encounters cited in the Standard represents the minimal number of experiences required for a student/resident. In the sole primary operator role, the student/resident is expected to provide the assessment,
drug delivery, treatment, monitoring, discharge and emergency prevention/management in conjunction with other medical personnel as required by institutional policies.

In the remaining sedation cases, where the student/resident is not the primary operator, the supplemental cases provide the student/resident with:

1. direct clinical participation in patient care in an observational, data-gathering, monitoring, and/or recording capacity,
2. simulation experiences with direct clinical application to elements of the AAP/AAPD REFERENCE MANUAL sedation guidelines, or
3. participation in ongoing activities related to specific patient care episodes such as quality improvement and safety initiatives, apparent cause analysis, Morbidity & Mortality conferences, and/or clinical rounds that review essential elements of an actual patient sedative sedation visit.

These experiences require documentation and inclusion in the student/resident clinical log RCL. It is not an appropriate learning experience for groups of students/residents to passively observe a single sedative treatment sedation being performed. The intent of this standard is not for multiple operators to provide limited treatment on the same sedated patient in order to fulfill the sedation requirement.

GROWTH & DEVELOPMENT

Didactic Instruction: Didactic instruction in craniofacial growth and development must be at the in-depth level with content to enable the student/resident to understand and manage the diagnosis and appropriate treatment modalities for malocclusion problems affecting orofacial form, function, and esthetics in infants, children, and adolescents, and individuals with special health care needs. This includes, but is not limited to, an understanding of:

a. Theories of normative dentofacial growth mechanisms;
b. Principles of diagnosis and treatment planning to identify normal and abnormal dentofacial growth and development;
c. Differential classification of skeletal and dental malocclusion in children and adolescents;
d. The indications, contraindications, and fundamental treatment modalities in guidance of eruption and space supervision procedures during the developing dentition that can be utilized to obtain an optimally functional, esthetic, and stable occlusion;
e. Basic biomechanical principles and the biology of tooth movement. Growth modification and dental compensation for skeletal problems including limitations; and
f. Appropriate consultation with and/or timely referral to other specialists when indicated to achieve optimal outcomes in the developing occlusion.
Clinical Experiences: Clinical experiences must enable students/residents to achieve competency in:

a. Diagnosis and management of dental, skeletal, and functional abnormalities in the primary, mixed, and young permanent dentition stages of the developing occlusion; and

b. Treatment of those conditions that can be corrected or significantly improved by evidence-based early interventions which might require guidance of eruption, space supervision, and interceptive orthodontic treatments. These transitional malocclusion conditions include, the recognition, diagnosis, appropriate referral and/or focused management of:

1. Space maintenance and arch perimeter control associated with the early loss of primary and young permanent teeth;  
2. Transverse arch dimensional problems involving simple posterior crossbites;  
3. Anterior crossbite discrepancies associated with localized dentoalveolar crossbite displacement and functional anterior shifts (e.g. pseudo-Class III);  
4. Anterior spacing with or without dental protrusion;  
5. Deleterious oral habits;  
6. Preservation of leeway space for the resolution of moderate levels of crowding;  
7. Ectopic eruption, ankylosis and tooth impaction problems; and  
8. The effects of supernumerary (e.g. mesiodens) and/or missing teeth.

ORAL FACIAL INJURY AND EMERGENCY CARE

Didactic Instruction: Didactic instruction in oral facial injury and emergency care in infants, children, adolescents, and individuals with special health care needs must be at the in-depth level and include:

Care of orofacial injuries in infants, children and adolescents as follows:

a. Evaluation, diagnosis and management/treatment of dentoalveolar trauma to the primary, mixed and permanent dentitions, such as repositioning, replantation, treatment of fractured teeth, and stabilization of intruded, extruded, luxated, and avulsed teeth;  
b. Evaluation, diagnosis, and management/treatment of the pulpal, periodontal and associated soft and hard tissues following traumatic injury;  
c. Recognition Evaluation of injuries including fractures of the maxilla and mandible and referral for treatment by the appropriate specialist; and  
d. Recognition Assessment, evaluation, management and reporting of child abuse and neglect and non-accidental trauma.
Clinical Experiences: Clinical experiences in oral facial injury and emergency care must enable students/residents to achieve competency in:

a. Diagnosis Evaluation, diagnosis and management of traumatic injuries of the oral and perioral structures including the soft tissues, and the primary and permanent dentition and in infants, children and adolescents; and

b. Emergency services including assessment and management/treatment of dental pain and infections.; and

c. Interprofessional and collaborative care management for patients with complex orofacial/dentoalveolar injuries.

ORAL DIAGNOSIS, ORAL PATHOLOGY, ORAL RADIOLOGY AND ORAL MEDICINE

Didactic Instruction: Didactic instruction in oral diagnosis, oral pathology oral radiology and oral medicine with emphasis on the most frequently encountered and important anomalies, diseases and lesions that affect the infant, child, adolescent and individuals with special health care needs must be at the in-depth level and include:

a. The epidemiology of oral diseases encountered in infants, children and adolescents including those with special health care needs including prevalence and severity;

b. The oral diseases of hard and soft tissue encountered in infants, children and adolescents including those pediatric patients with special health care needs;

c. The diagnosis of oral and perioral lesions and anomalies in infants, children, and adolescents;

d. Gingival, periodontal and other mucosal disorders in infants, children and adolescents; and

e. Treatment of common oral diseases in infants, children and adolescents.

a. Epidemiology, etiology, clinical and radiographic findings, differential diagnosis, management/treatment, and prognosis of entities affecting the oral and maxillofacial region, including gingival and periodontal diseases;

b. Head and neck manifestations of systemic diseases, behavioral disorders and genetic conditions;

c. Referral requirements to appropriate professionals;

d. Radiation theory, hygiene and safety;

e. Radiographic imaging selection and technique for oral diagnosis including modifications for individuals with special health care needs; and

f. Radiographic interpretation of normal anatomy, anomalies and oral and maxillofacial lesions/diseases.

Didactic instruction must be at the understanding level in:
Ordering and performing uncomplicated oral biopsies, and adjunctive diagnostic tests including exfoliative cytology, salivary gland function, microbial cultures, and other commercially available tests, common, baseline laboratory studies; and

Referring persistent lesions and/or extensive surgical management cases to appropriate specialists. Ordering advanced head and neck imaging, including CBCT and MRI and recognizing deviations from normal.

Clinical Experiences: Clinical experiences in oral diagnosis, oral pathology, oral radiology, and oral medicine must enable students/residents to achieve competency in:

Detecting and providing differential diagnoses of common and important oral and maxillofacial lesions, including gingival and periodontal diseases;

Pediatric Obtaining and interpreting oral and maxillofacial images radiology and appropriate procedures of radiation hygiene; and

Using radiation hygiene and recommended radiographic images; and

Managing/Treating Treatment of common oral and maxillofacial lesions and diseases, including gingival and periodontal diseases, in infants, children and adolescents.

COMPREHENSIVE ORAL HEALTH CARE

PREVENTION AND HEALTH PROMOTION

Didactic Instruction: Didactic instruction in prevention must be at the in-depth level and include:

Characteristics and role of the dental home;

Perinatal oral health and infant oral health;

Assessment of the risk of dental caries manifestations, periodontal disease, dental trauma and malocclusion;

Anticipatory guidance;

Patient/parent/caregiver education on home care;

Communication strategies to help patients/parents/caregivers guide behavior change, such as teach back and motivational interviewing;

Prevention of dental disease strategies including:

1. Fluorides and non-fluoride caries preventive and remineralizing agents;

2. Diet, nutrition and sugars, and their role in oral health and disease;

3. Pit and fissure sealants;

Trauma prevention;

The scientific basis for the etiology, detection, diagnosis, prevention, management and restorative treatment of dental caries manifestations and periodontal and pulpal diseases, traumatic injuries, and developmental anomalies; and

The provision of a risk-based, patient/family-centered comprehensive treatment plan that includes a prevention and health promotion plan.
b. The effects of proper diet nutrition, fluoride therapy and sealants in the prevention of oral disease;

e. Perinatal oral health and infant oral health supervision;

d. Scientific principles, techniques and treatment planning for the prevention of oral diseases, including diet management, chemotherapeutics, and other approaches;

e. Dental health education programs, materials and personnel to assist in the delivery of preventive care; and

f. Diagnosis of periodontal diseases of childhood and adolescence, treatment and/or refer cases of periodontal diseases to the appropriate specialist.

Didactic Instruction: Didactic instruction in prevention must be at the understanding level and include:

a. Social determinants of health; and

b. Relationship between oral health and systemic conditions.

Clinical Experiences: Clinical experiences must be of sufficient scope, volume and variety to enable students/residents to achieve competency in the provision of application of prevention in clinical practice.

a. Risk-based, patient/family-centered prevention and health promotion plans for patients and families in the context of a dental home;

b. Infant oral health;

c. Anticipatory guidance;

d. Dental caries risk assessment and related risk of caries lesion progression;

e. Risk-based dental caries management protocols including risk reduction methods and early management of dental caries lesions;

f. Patient/Parent/Caregiver education on oral hygiene practices, diet and nutrition;

g. Effective communication strategies to help guide behavior change;

h. Prevention of dental disease strategies including the use risk-based dental caries management protocol; and

i. Use of fluoride and non-fluoride dental caries lesion preventive and remineralizing agents.

**COMPREHENSIVE DENTAL CARE**
**DIAGNOSIS OF CARIES, NON-RESTORATIVE MANAGEMENT AND RESTORATIVE TREATMENT**

Didactic Instruction: Didactic instruction must be at the in-depth level and include:

a. Restorative and prosthetic techniques and dental materials for the primary, mixed and permanent dentitions;

b. Management of comprehensive restorative care for pediatric patients;

e. Treatment planning for infants, children, adolescents and those with special health care needs; and

d. Characteristics of the dental home.
a. Caries lesion detection and diagnosis techniques; and
b. Caries lesion management strategies.

**Intent:** Dental caries management strategies may include active surveillance to assess disease and lesion progression; minimally invasive restorative treatment and determination of when to restore; deep caries lesion excavation and partial decay excavation; pit and fissure sealant indications, technique and materials; resin infiltration; restorative and prosthetic therapy indications, techniques and dental materials, including conventional restorations, interim therapeutic restorations, alternative restorative techniques and esthetic restorations; and remineralization and dental caries lesion arresting strategies.

**Clinical Experiences:** Clinical experiences **must** enable students/residents to achieve competency in:

a. Diagnosis and treatment planning for infants, children, adolescents and those with special health care needs; and
b. Provision of comprehensive dental care to infants, children, adolescents and those with special health care needs in a manner consistent with the dental home.

c. Caries lesion detection and diagnosis.
d. Caries management strategies that include:
   1. Active surveillance to assess disease progression;
   2. Minimally invasive restorative treatment and determination of when to restore;
   3. Deep decay excavation and partial decay excavation;
   4. Pit and fissure sealant indications, technique and materials;
   5. Restorative and prosthetic therapy indications, techniques and dental materials, including conventional restorations, interim therapeutic restorations, alternative restorative techniques and esthetic restorations; and
   6. Remineralization and dental caries lesion arresting strategies.

**PULP THERAPY**

**Didactic Instruction:** Didactic instruction **must** be at the in-depth level and include:

a. Pulp histology and pathology of primary and young permanent teeth, including indications and rationale for various types of indirect and direct pulp therapy; and
b. Management of pulpal and periradicular tissues in the primary and developing permanent dentition.

**Intent:** Pulp therapy management strategies may include vital pulp therapy for primary teeth, including indirect pulp treatment, direct pulp cap, pulpotomy; non-vital pulp treatment...
for primary teeth including pulpectomy; vital pulp therapy for young permanent teeth including apexogenesis, indirect pulp treatment, direct pulp cap, partial pulpotomy for carious exposures, partial pulpotomy for traumatic exposures; and non-vital pulp therapy for young permanent teeth including apexification, pulpal regeneration and decoronation.

4-234-19 Clinical Experiences: Clinical experiences must enable students/residents to achieve competency in:

a. Diagnosis of pulpal disease in primary and permanent teeth;
b. Treatment of pulpal disease - Vital and non-vital pulp therapy in primary teeth;
c. Treatment of pulpal disease - Vital pulp therapy in immature permanent teeth; and
d. Management of non-vital pulp therapy in immature permanent teeth; and
e. Treatment/Management of pulpal disease in mature permanent teeth, including emergency care, stabilization and referral to specialists.

MANAGEMENT OF A CONTEMPORARY DENTAL PRACTICE

4-174-20 Didactic Instruction: Didactic instruction must be at the understanding level and include:

a. The design, implementation and management of a contemporary practice of pediatric dentistry, emphasizing business skills for proper and efficient practice;
b. Jurisprudence and risk management specific to the practice of Pediatric Dentistry;
c. Use of computers technology in didactic, clinical and research endeavors, as well as in practice management and telehealth systems;
d. Principles of ethical and biomedical ethical reasoning, ethical decision making and professional responsibility as they pertain to the academic environment, research, patient care and practice management; and
e. Working cooperatively with consultants and clinicians in other dental specialties and health fields, including interprofessional education activities.

Didactic instruction must be at the in-depth level for the following:

f. The development and monitoring of systems for prevention and management of adverse events and medical emergencies in the dental setting;
g. Exposure to the principles of quality management systems and the role of continuous process improvement in achieving overall quality in the dental practice setting;
h. Exposure to the principles of ethics and professionalism in dental practice is an integral component of all aspects of this process improvement experience; and
i. Employing principles of quality improvement, infection control, and safety, including an understanding of the mechanisms to ensure a safe practice environment.
**Intent:** (d) Graduates should know how to draw on a range of resources such as professional codes, regulatory law, and ethical theories to guide judgment and action for issues that are complex, novel, ethically arguable, divisive, or of public concern, and (e) The student/resident learns to prevent, recognize and manage common medical emergencies for infants and children through adolescence and when to refer to other health care professionals and (g) Graduates should experience the elements of process improvement and the manner in which to involve the entire team.

Examples of evidence may include (d and g):

- Participation in courses or seminars involving biomedical ethics and/or informed consent issues;
- Institutional review boards; and
- Literature reviews; and
- Discussion of case scenarios;
- Emergency drills;
- Quality improvement projects;
- Interprofessional education and practice experiences;
- Standardized simulations;
- Standardized case studies; and
- Standardized clinical scenarios.

**4-21 Clinical Experiences:** Clinical experiences must enable students/residents to be involved in a structured system of continuous quality improvement for patient care.

**Intent:** Programs are expected to involve students/residents in quality improvement activities to understand the process and contribute to patient care improvement.

**PATIENTS INDIVIDUALS WITH SPECIAL HEALTH CARE NEEDS**

**4-184-22** Didactic Instruction: Didactic instruction must be at the in-depth level and include:

- Formulation of treatment plans for patients individuals with special health care needs.
- Medical conditions and the alternatives in the delivery of dental care that those conditions might require.
- Management of the oral health of patients individuals with special health care needs, i.e.:
  1. Medically compromised;
  2. Physically compromised or disabled; and diagnosed to have developmental disabilities, psychiatric disorders or psychological disorders.
  3. Transition to adult practices

**Intent:** (a) The student/resident learns how and when to modify dental care options as required by a patient’s medical condition; and (c.4) Patients Individuals with special health care needs include
those with medical, physical, psychological or social circumstances that require modification in normal dental routines to provide dental treatment. These individuals include (but are not limited to) people with developmental disabilities, complex medical problems and significant physical limitations. Management should be understood to include consideration of social, educational, vocational and other aspects of special health care needs.

4-19 4-23 Clinical Experiences: Clinical experiences must enable advanced students/residents to achieve competency in:

a. Examination, treatment and management of infants, children, adolescents and adults with special health care needs; and
b. Participation in interprofessional experiences and collaborative care, including craniofacial teams.

Intent: Pediatric dentists often remain providers of oral health care for individuals with special health care needs patients into adulthood and should be able to render basic dental services to adults with special health care needs. These individuals include (but are not limited to) individuals with developmental disabilities, craniofacial anomalies, complex medical problems and significant physical limitations. Management should be understood to include consideration of social, educational, vocational and other aspects of special health care needs.

HOSPITAL DENTISTRY

4-20 4-24 Didactic Instruction: Didactic instruction must be at the understanding level and include:

a. hospital policies and procedures; Hospital experiences intended to expose students/residents to hospital function which may include attendance at conferences, seminars, clinic participation, and, if applicable, clinical inpatient rounds;
b. medical/dental staff organization; and Hospital policies and procedures, including organization of the medical/dental staff and medical staff/dental staff member responsibilities; and
c. medical/dental staff member responsibilities. The scope of practice of other healthcare professionals in relationship to the overall health and wellbeing of infants, children, adolescents and individuals with special health care needs.

4-24 4-25 Clinical Experiences: Clinical experiences must enable students/residents to acquire knowledge and skills to function as health care providers within the hospital setting.

The program must provide the following clinical experiences:

a. Dental treatment in the Operating Room Setting:
   1. Each student/resident must participates in the treatment of pediatric patients under general anesthesia in the operating room.
2.  a. Each student/resident **must** participate in a minimum of twenty (20) operating room cases; and these are documented in the RCL (Resident Clinical Log). In ten (10) of the operating room cases above, each student/resident provides the pre-operative workup and assessment, conducting medical risk assessment, admitting procedures, informed consent, and intra-operative management including completion of the dental procedures, post-operative care, discharge and follow up and completion of the medical records.

**Intent:** *(a.1) Each student/resident participates in and directly provides dental treatment to pediatric patients under general anesthesia in the operating room. This might Experiences may occur in an out-patient ambulatory care facility.*

b. Inpatient Care:
1. Each student/resident **must** participate **collaborate** in the evaluation and medical management of pediatric patients admitted to the hospital; and
2. Each student/resident **must** demonstrate understanding of **collaborate in** admitting procedures, completing completion of consultations requests, obtaining and evaluating patient/family history, orofacial examination and diagnosis, ordering radiological and laboratory tests, writing patient management orders, pediatric patient monitoring, discharging and chart completion.

c. Anesthesiology Rotation:
1. Students/residents **must** complete a rotation under the supervision of an anesthesiologist in a facility approved to provide general anesthesia;
2. This rotation **must** be at least four (4) weeks in length, which does not have to be consecutive, and is the principal activity of the student/resident during this scheduled time;
3. The anesthesiology rotation in pediatric dentistry **must** provide be structured to provide the advanced dental education the student/resident with knowledge and experience in the management of infants, children and adolescents and adolescents undergoing general anesthesia; and
4. The rotation **must** provide and document experiences in: (1) pre-operative evaluation, (2) risk assessment, (3) assessing the effects of pharmacologic agents, (4) venipuncture techniques, (5) airway assessment and management, (6) general anesthetic induction and intubation, (7) administration of anesthetic agents, (8) patient monitoring, (9) prevention and management of anesthetic emergencies and adverse events, (10) recovery room post anesthesia recovery management, and (11) postoperative appraisal and follow up.
d. Hospital experiences intended to expose students/residents to hospital function which may include attendance at conferences, seminars, clinic participation, and, if applicable, clinical inpatient rounds.

d. Additional Hospital Experiences:
1. Each student/resident must participate in continually accessible call through the hospital emergency department and provide treatment in collaboration with other disciplines.
2. Each student/resident must participate on interdisciplinary/multidisciplinary teams, including participation on a Craniofacial Team.
3. Each student/resident must participate in interprofessional education to other health care professionals within the hospital setting.

PULP THERAPY

4-22 Didactic Instruction: Didactic instruction must be at the in-depth level and include:

a. Pulp histology and pathology of primary and young permanent teeth, including indications and rationale for various types of indirect and direct pulp therapy; and
b. Management of pulpal and periradicular tissues in the primary and developing permanent dentition.

4-23 Clinical Experiences: Clinical experiences must enable students/residents to achieve competency in:

a. Diagnosis of pulpal disease in primary and permanent teeth;
b. Treatment of pulpal disease in primary teeth;
e. Treatment of pulpal disease in immature permanent teeth; and
d. Management of pulpal disease in mature permanent teeth including emergency care, stabilization and referral to specialists.

PEDIATRIC MEDICINE

4-24-26 Didactic Instruction: Didactic instruction must be at the understanding level and include:

a. Fundamentals of pediatric medicine, including those related to healthy pediatric patients and those with special health care needs such as:
   1. Well child care and anticipatory guidance
   2. Developmental milestones; and
   3. Acute and chronic disease/disorders.

a-b. Normal speech and language development and the recognition of speech and language delays/disorders; the anatomy and physiology of articulation and normal
articulation development; causes of defective articulation with emphasis on oral anomalies, craniofacial anomalies, dental or occlusal abnormalities, velopharyngeal insufficiency (VPI), history of cleft lip/palate and normal velopharyngeal function and the effect of VPI on resonance; and

b. Fundamentals of pediatric medicine including those related to pediatric patients with special health care needs such as:
   1. Developmental disabilities;
   2. Genetic/metabolic disorders;
   3. Infectious disease;
   4. Sensory impairments; and
   5. Chronic disease.

c. The anatomy and physiology of articulation and normal articulation development; causes of defective articulation with emphasis on oral anomalies, craniofacial anomalies, dental or occlusal abnormalities, velopharyngeal insufficiency (VPI), history of cleft lip/palate and normal velopharyngeal function and the effect of VPI on resonance.

Clinical Experiences: Clinical experiences must expose students/residents to pediatric medicine:

a. Advanced education students/residents in pediatric dentistry Students/Residents must participate in a pediatric medicine rotation of at least two (2) weeks duration in length, which does not have to be consecutive and which is the student’s/resident’s principal activity during this scheduled period.
   1. This rotation may occur in a variety of settings i.e., Emergency Department, subspecialty clinics, multi-disciplinary team clinics and general pediatrics; and

b. The rotation must include exposure to obtaining and evaluating complete medical histories, parental interviews, system-oriented physical examinations, clinical assessments of healthy and ill patients, selection of laboratory tests and evaluation of data, evaluation of physical, motor and sensory development, genetic implications of childhood diseases, the use of drug therapy in the management of diseases, and parental management through discussions and explanation.

Intent: This rotation may occur in a variety of settings i.e., Emergency Department, subspecialty clinics, multi-disciplinary team clinics, and general pediatrics. When appropriate, and to a limited extent, pediatric medicine clinical experiences may be supplemented by clinical simulation.

Examples of Evidence to demonstrate compliance may include:
   • Observe management of acute asthma attack;
• Identify child abuse/neglect and referral to social services;
• Observe management of seizure;
• Observe management of acute abdominal pain;
• Observe management of shock;
• Listen to heart and lung sounds;
• Observe rapid sequence intubation for pediatric emergency airway management;
• Recognize possible causes and treatment for unconsciousness;
• Understand triage procedures for medical emergencies;
• Observe a cranial-nerve exam; and
• Discuss the selection of laboratory tests.

ADVOCACY AND EDUCATION

4-264-28 Didactic Instruction: Didactic instruction must be at the understanding level and include:

a. The fundamental domains of child advocacy including knowledge about the disparities in the delivery of dental care, issues around pertaining to access to dental care and possible solutions;

b. The social determinants of health and the impact on general and oral health;

c. Federally and state funded programs like Medicaid and SCHIP that provide dental care to poor populations. Services available through healthcare and oral healthcare programs for at-risk populations, such as U.S. governmental programs (e.g., Medicaid and SCHIP); and

d. Principles of education learning and teaching to diverse audiences.

Intent: Pediatric dentists serve as the primary advocates for the oral health of children in America. The intent of the competency standards is to ensure that the student/resident is adequately trained to assume this role. Such training includes enhancing knowledge about the oral health disparities and available services that exist and within the state and federal programs directed at meeting those needs. It also includes knowledge about their role as advisors to policy makers and organized dentistry.

4-27 4-29 Clinical Experiences: Clinical experiences must provide exposure of the advance education student/resident to:

a. Communicating, teaching, and collaborating with groups and individuals on children’s oral health issues; and/or

b. Advocating and advising public health policy legislation and regulations to protect and promote the oral health of children; and/or
c. Participating at the local, state and/or national level in organized dentistry and child advocacy groups/organizations to represent the oral health needs of children, particularly the underserved.

4-28 4-30 Advanced education students/residents. Students/Residents must engage in teaching activities which may include peers, predoctoral students, community based programs and activities, and other health professionals, including interprofessional education programs.
STANDARD 5 - ADVANCED EDUCATION STUDENTS/RESIDENTS

ELIGIBILITY AND SELECTION

Eligible applicants to advanced dental education programs accredited by the Commission on Dental Accreditation must be graduates from:

- a. Predoctoral dental programs in the U.S. accredited by the Commission on Dental Accreditation; or
- b. Predoctoral dental programs in Canada accredited by the Commission on Dental Accreditation of Canada; or
- c. International dental schools that provide equivalent educational background and standing as determined by the program.

Specific written criteria, policies and procedures must be followed when admitting students/residents.

**Intent:** Written non-discriminatory policies are to be followed in selecting students/residents. These policies should make clear the methods and criteria used in recruiting and selecting students/residents and how applicants are informed of their status throughout the selection process.

Admission of students/residents with advanced standing must be based on the same standards of achievement required by students/residents regularly enrolled in the program. Students/Residents with advanced standing must receive an appropriate curriculum that results in the same standards of competence required by students/residents regularly enrolled in the program.

Examples of evidence to demonstrate compliance may include:
- Policies and procedures on advanced standing,
- Results of appropriate qualifying examinations,
- Course equivalency or other measures to demonstrate equal scope and level of knowledge.

**Intent:** Advanced standing refers to applicants that may be considered for admission to a training program whose curriculum has been modified after taking into account the applicant’s past experience. Examples include transfer from a similar program at another institution, completion of training at a non-CODA accredited program, or documented practice experience in the given discipline. Acceptance of advanced standing students/residents will not result in an increase of the program’s approved number of enrollees. Applicants for advanced standing are expected to fulfill all of the admission requirements mandated for students/residents in the conventional program and be held to the same academic standards. Advanced standing students/residents, to be certified for completion, are expected to demonstrate the same standards of competence as those in the conventional program.
EVALUATION

A system of ongoing evaluation and advancement must ensure that, through the director and faculty, each program:

a. Periodically, but at least semiannually, assesses the progress toward (formative assessment) and achievement of (summative assessment) the competencies for the discipline using formal evaluation methods;
b. Provides to students/residents an assessment of their performance, at least semiannually;
c. Advances students/residents to positions of higher responsibility only on the basis of an evaluation of their readiness for advancement; and
d. Maintains a personal record of evaluation for each student/resident which is accessible to the student/resident and available for review during site visits.

Intent: (a) The evaluation of competence is an ongoing process that requires a variety of assessments that can measure the acquisition of knowledge, skills and values necessary for discipline-specific level practice. It is expected that programs develop and periodically review evaluation methods that include both formative and summative assessments. (b) Student/Resident evaluations should be recorded and available in written form. (c) Deficiencies should be identified in order to institute corrective measures. (d) Student/Resident evaluation is documented in writing and is shared with the student/resident.

DUE PROCESS

There must be specific written due process policies and procedures for adjudication of academic and disciplinary complaints, which parallel those established by the sponsoring institution.

RIGHTS AND RESPONSIBILITIES

At the time of enrollment, the advanced dental education students/residents must be apprised in writing of the educational experience to be provided, including the nature of assignments to other departments or institutions and teaching commitments. Additionally, all advanced dental education students/residents must be provided with written information which affirms their obligations and responsibilities to the institution, the program and program faculty.

Intent: Adjudication procedures should include institutional policy which provides due process for all individuals who may potentially be involved when actions are contemplated or initiated which could result in disciplinary actions, including dismissal of a student/resident (for academic or disciplinary reasons). In addition to information on the program, students/residents should also be provided with written information which affirms their obligations and responsibilities to the institution, the program, and the faculty. The program information provided to the student/residents should include, but not necessarily be limited to, information about tuition, stipend or
other compensation; vacation and sick leave; practice privileges and other activity outside the
educational program; professional liability coverage; and due process policy and current
accreditation status of the program.

5-1 Programs **must** define the scope of supervision and responsibility for students/residents
in the various components of their program for various stages of their education.

**Intent:** As students/residents advance in the program, they may and should assume differing levels
of responsibility defined by their educational progress and skill acquisition. Programs, by their
individual institutional rules and policies may grant independence to students/residents for specific
procedures and situations. Programs should be able to demonstrate changes in roles of advanced
students/residents.
STANDARD 6 - RESEARCH

Advanced dental education students/residents must engage in scholarly activity.

6-1 Advanced dental education students/residents Students/Residents must:
   a. Participate in and complete a research project;
   b. Uses data collection and analysis;
   c. Uses elements of scientific method; and
   d. Reports results in a scientific forum.

Intent: Students/Residents gain an understanding of the scientific method such that they will be able to critically analyze the scientific literature and, independently, conduct a fundamental research project. An understanding of the scientific method requires knowledge and experiences in literature review, experimental design, statistical analysis, and accurate reporting of findings. Due to the complexity of some projects and need for prolonged follow-up periods, a team approach may be utilized with each student/resident defining his or her own research hypothesis, methods, data analysis, reporting of results and discussion in accordance with Standard 6-1 a through d.

Examples of evidence to demonstrate compliance may include:

- Systematic review
- Quality improvement research
- Survey research
- Basic and translational research
- Educational methodology and assessment research
- Clinical research
REPORT OF THE REVIEW COMMITTEE ON PERIODONTICS EDUCATION TO THE COMMISSION ON DENTAL ACCREDITATION

Committee Chair: Dr. James Katancik. Committee Members: Dr. Linda Hatzenbuehler, Dr. Georgia Johnson, Dr. Paul Luepke, Dr. Charles Powell, and Dr. Jaqueline Sobota. Guest (Open Session Only): Ms. Tameisha Williams, manager, Academic Affairs and Governance, American Academy of Periodontology attended the policy portion of the meeting. Staff Members: Ms. Jennifer Snow, manager, Advanced Dental Education; Mr. Christopher Castaneda, senior project assistant; and Ms. Marjorie Hooper, operations coordinator, Commission on Dental Accreditation (CODA). The meeting of the Review Committee on Periodontics Education (PERIO RC) was held on July 16, 2020 via a videoconference meeting.

CONSIDERATION OF MATTERS RELATED TO PERIODONTICS EDUCATION

Informational Report on Frequency of Citings of Accreditation Standards for Advanced Dental Education Programs in Periodontics (p. 1300): The Review Committee on Periodontics Education (PERIO RC) considered the annual report on the frequency of citings of Accreditation Standards for Advanced Dental Education Programs in Periodontics implemented January 1, 2014. The PERIO RC noted there were 16 citings total for the 53 site visits conducted from January 1, 2014 through October 31, 2019. Seven (7) citings occurred under Standard 4-11b, related to clinical training to the level of competency in adult minimal enteral and moderate parenteral sedation as prescribed by the Accreditation Standards using the ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students. Two (2) citings occurred under Standard 4-13.1, which states that the use of private office facilities not affiliated with a university as a means of providing clinical experiences is not approved. The remaining citings occurred in the area of Standard 5, Evaluation.

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

CONSIDERATION OF MATTERS RELATING TO MORE THAN ONE REVIEW COMMITTEE

Matters related to more than one review committee are included in a separate report.

CONSIDERATION OF MATTERS RELATED TO ACCREDITATION STATUS

Matters related to accreditation status of programs are included in a separate report.

Respectfully submitted,

Dr. James Katancik
Chair, Review Committee on Periodontics Education
REPORT OF THE REVIEW COMMITTEE ON PROSTHODONTICS EDUCATION TO THE COMMISSION ON DENTAL ACCREDITATION

Committee Chair: Dr. John Agar. Committee Members: Dr. Scott DeVito, Dr. Louis DiPede, Dr. Joseph Hagenbruch, Dr. Hiroshi Hirayama, and Dr. Kent Knoernschild. Guest (Open Session Only): Mr. Adam Reshan, director, Membership Services and Academic Relations, American College of Prosthodontists, attended the policy portion of the meeting. Staff Members: Ms. Peggy Soeldner, manager, Advanced Dental Education, Ms. Bridget Blackwood, senior project assistant, and Mr. Gregg Marquardt, manager, Communications and Technology, Commission on Dental Accreditation (CODA). The meeting of the Review Committee on Prosthodontics Education (PROS RC) was held on July 15, 2020 via a video conference meeting.

CONSIDERATION OF MATTERS RELATED TO PROSTHODONTICS EDUCATION

Informational Report of Frequency of Citings of Accreditation Standards for Advanced Dental Education Programs in Prosthodontics (p. 1400): The Accreditation Standards for Advanced Dental Education Programs in Prosthodontics were approved by the Commission on Dental Accreditation August 7, 2015, with implementation on July 1, 2016. Since that date, the Commission has reviewed 29 site visit reports on prosthodontics programs (including maxillofacial prosthetics) conducted by visiting committees of the Commission utilizing the July 2016 Standards between July 2016 through October 2019. Analysis of the data indicated two (2) areas of non-compliance were cited during the reporting period, one (1) in Standard 2-1 related program director responsibilities and one (1) in Standard 5, related to a system of ongoing evaluation of student/resident achievement. Due to the limited number of citings, a trend in the data cannot be identified. The Commission will continue to receive reports annually summarizing the updated data on the frequency of citings of individual Standards.

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

CONSIDERATION OF MATTERS RELATING TO MORE THAN ONE REVIEW COMMITTEE

Matters related to more than one review committee are included in a separate report.

CONSIDERATION OF MATTERS RELATED TO ACCREDITATION STATUS

Matters related to accreditation status of programs are included in a separate report.

Respectfully submitted,

Dr. John Agar
Chair, Review Committee on Prosthodontics Education
REPORT OF THE STANDING COMMITTEE ON FINANCE

Background: In January 2001, the Commission on Dental Accreditation (CODA) established a Standing Committee on Finance to assist the Chair in planning the Commission’s annual budget. In 2010, CODA reaffirmed the Finance Committee as a standing committee of the Commission. In Summer 2014, the Commission modified the charge of the Finance Committee to include oversight of the Commission’s Research and Development Fund. In Winter 2019, the Commission modified the charge of the Finance Committee to include review and recommendations regarding the Intercompany Memorandum of Understanding and Shared Services. In January 2020, the Commission modified the charge of the Finance Committee to replace “Research and Development Fund” with “Administrative Fund” as an oversight responsibility of the Finance Committee.

The Finance Committee’s charge is to: Monitor, review and make recommendations to the Commission concerning the annual budget, provide administrative oversight of the administrative fund, and review and make recommendations regarding the Intercompany Memorandum of Understanding and Services Agreement.

June 12, 2020 Finance Committee Videoconference Meeting: The Standing Committee on Finance met on June 12, 2020 via videoconference. Dr. Jeffery Hicks, chair, Finance Committee and vice chair, CODA, Dr. John Agar, Dr. Kevin Haubrick, Dr. Monica Hebl, Dr. Steven Levy, Mr. Charles McClemens, Dr. Bruce Rotter, and Dr. Marybeth Shafer were in attendance. Dr. Sherin Tooks, director, CODA; Ms. Michelle Smith, Ms. Jennifer Snow, and Ms. Peggy Soeldner, managers, CODA; and Mr. Naveed Mughal, budget manager, Education and Professional Affairs, ADA, were also in attendance.

The Standing Committee reviewed its charge as its first order of business.

Update on 2019-2020 Budget Activity and Update on 2021 Budget: The Standing Committee on Finance reviewed the Commission’s 2020 budget activity for CODA’s U.S.-based program, CODA’s international program, and CODA’s Preliminary Accreditation Consultation Visit (PACV) program, including year-end 2019 actuals. The Committee also discussed the 2021 Budget process along with a comparison of the CODA 2020 and 2021 budget for all three (3) programs within CODA. The Finance Committee noted that for its Winter 2021 meeting it would be helpful to have information on the year-end revenue and expenses for 2020 and 2021 in order to further assess CODA’s operational needs when establishing the 2022 budget. Additionally, the Finance Committee discussed the impact that COVID-19 may have on program closures. The Finance Committee noted that no trend in program closures could be identified at this time; however, CODA should monitor the impact of COVID-19 on program closures as it may relate to CODA’s future budget projections.

Finance Committee Recommendation: This report is informational in nature and no action is required.
Review of CODA Administrative Fund: The Finance Committee noted that the Commission, at its Winter 2020 meeting, renamed the CODA Research and Development Fund to the CODA Administrative Fund. The Committee noted that the prior fund (aka Research and Development) was uncapped in 2014, through an action by the ADA Board of Trustees to remove the monetary cap on the Commission’s Research and Development Fund and granted CODA administrative oversight of the Fund, with an annual informational report to the Board.

At its Winter 2020 meeting, and under the advice of the American Dental Association (ADA) and ADA-CODA Relationship Workgroup members, the Commission renamed its uncapped Research and Development Fund to the CODA Administrative Fund, with only two changes to the policy on use of this fund, which expanded its use for the following: 1) Expenses related to the Shared Services Agreement with the American Dental Association not previously budgeted, and 2) Other business purposes as applicable to the work of the Commission on Dental Accreditation.

The Commission reviewed the April 30, 2020 and May 27, 2020 letters from the ADA as well as the June ADA-CODA Relationship Workgroup Report (Commission Only, Appendix 1) stating that the pre-existing fund had been altered by the ADA-BOT during its April 3, 2020 meeting (B-56-2020) to impose a $300,000.00 cap on CODA’s Administrative Fund. The Finance Committee noted that the Administrative Fund is no different from the Research and Development Fund. Further, there was no indication to CODA that such a change would be mandated, and there was no discussion among the ADA-CODA Relationship Workgroup related to such a mandate. The Finance Committee also noted that another ADA Commission, whose Research and Development Fund CODA used as a model for its own fund, currently retains an uncapped Research and Development Fund while CODA’s Administrative Fund has been capped.

The Finance Committee believed that the cap does not demonstrate equity among the ADA’s Commissions. The Committee also noted that prior to renaming the Administrative Fund, the fund was uncapped. Additionally, the primary concern and rationale provided by the ADA for the cap (potential impact on student/resident/fellow tuition) appeared to the Finance Committee to be unsupported. The Committee noted the ADA’s statement that if the Commission needed financial resources, beyond the capped Administrative Fund, CODA could in extraordinary circumstances make an expedited request for funds through the ADA’s own reserve or contingent funds. The Finance Committee concluded that the cap dictated by the ADA appeared to have no rationale to support the designated amount of $300,000.00.

Following extensive discussion, the Finance Committee believed that the Commission should communicate with the ADA the concerns that: 1) there appears to be a lack of understanding of CODA’s revenue and expenses related to the impact on dental education, 2) the imposed cap on the Administrative Fund is not reflective of CODA’s needs, and 3) the expectation that CODA apply for funding through the ADA for projects that exceed its cap can create delays and can be subject to the ADA’s own priorities.
Finance Committee Recommendation: It is recommended that the Commission on Dental Accreditation direct a formal communication to the ADA to express the Commission’s concerns (noted above) related to the action by the ADA Board of Trustees to impose a cap on the Commission’s Administrative Fund and to request further consideration by the ADA-CODA Relationship Workgroup.

The Standing Committee also reviewed the CODA Administrative Fund Balance Sheet and Disbursement Accounting Form. The Committee noted approved expenditures for two (2) projects in 2016. No expenditures were made 2017 through 2019. The Commission expected to use Administrative Funds to support a Mega Issue discussion in Summer 2020; however, due to a shift in operational priorities as a result of COVID-19, CODA canceled the Mega Issue Discussion in 2020. The Standing Committee noted that the year-end balance for 2019 was $256,025, and the estimated year-end balance for 2020 is $306,075, which has the potential to exceed the ADA-imposed cap by $6,075.

The Finance Committee discussed projects associated with CODA’s 2017-2021 Strategic Plan and other initiatives that may require funding through the Administrative Fund. These projects could include mega issue discussions, development of CODA’s 2022-2026 strategic plan, electronic enhancements, and other accreditation-related initiatives. The Standing Committee will also monitor usage of the Research and Development Fund to ensure that CODA’s policy aligns with CODA’s needs for use of the research and development funds.

Review of Intercompany Memorandum of Understanding and Services Agreement: The Standing Committee reviewed the Shared Services allocations for 2019, noting that the expected year-end allocation of $746,749 is consistent with the 2018 allocation amount. The Standing Committee discussed the history of the Shared Services Agreement, noting that the Commission made suggested edits to the agreement which appeared to be accepted by the ADA Board of Trustees (BOT). The Finance Committee also noted that the Board of Trustees applied language to the agreement, which states “Notwithstanding the foregoing, at no time shall the balance of the Administrative Fund contain more than $300,000.00.” The Finance Committee believed that the Commission should express its disagreement with the cap noted within the Shared Services Agreement.

Finance Committee Recommendations: It is recommended that the Commission on Dental Accreditation direct a communication to the ADA that the Commission agrees to the Shared Services Agreement, except for the language imposed by the ADA that places a cap on the Commission’s Administrative Fund.

It is further recommended that the Commission on Dental Accreditation engage in discussion and negotiation with the ADA-CODA Relationship Workgroup related to the ADA-imposed cap on CODA’s Administrative Fund.

Timeline (Long-Term Plan) to Assume Total Expenses: The Finance Committee discussed CODA’s long-term plan to assume total expenses. The Committee believed that CODA had assumed all direct and indirect expenses since 2015, the year that the Commission and ADA
began to calculate annual shared services (indirect expenses) based on actual expenses, prospectively within the Commission’s budget. The Standing Committee noted CODA’s actions of Winter 2020 to rename the Research and Development Fund to the Administrative Fund, with appropriate revision to CODA’s policies and notification to the ADA-CODA Relationship Workgroup and ADA Board of Trustees. Further discussion on the long-term plans to assume total expenses are noted within the review of CODA’s Administrative Fund section of this report.

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

**Authority to Determine and Manage Annual Operating Budget:** The Finance Committee briefly discussed Strategic Plan Goal 2-Objective 2, noting that it continues to move forward with plans to submit a resolution to the ADA Board of Trustees and/or House of Delegates (as appropriate) to grant CODA autonomy in setting and managing its annual budget. The Finance Committee noted that in Summer 2017, the Commission directed postponement of the request until the year 2020. Subsequently, at its Winter 2020 meeting, the Commission directed a delay of two (2) additional years, until 2022, of its plan to obtain sole authority to set and administer its annual operating budget. This delay was made so that CODA could establish a proven track record of its ability to be fiscally responsible and cover all of its expenses (direct and indirect), given the corresponding term length of a new Shared Services Agreement to extend until the year 2022. The Finance Committee believed that the Commission should continue to monitor this strategic goal through the ongoing discussions of the ADA-CODA Relationship Workgroup.

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

**Update on ADA-CODA Relationship Workgroup:** The Finance Committee further discussed the most recent ADA-CODA Relationship Workgroup meeting activity, include the report of the Workgroup to the ADA Board of Trustees, as noted elsewhere in this report. Since 2014, the ADA-CODA Relationship Workgroup has met annually to maintain open lines of communication regarding the financial and governance relationship between CODA and the ADA. The Finance Committee noted that additional Workgroup meetings will occur in August 2020 to further the discussion on the Intercompany Memorandum of Understanding and Services Agreement.

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

**New Business: Administrative Fund Fee for 2021:** As noted elsewhere in this report, the Standing Committee noted that the year-end Administrative Fund balance for 2019 was $256,025, and the estimated year-end balance for 2020 is $306,075. Since the ADA Board of Trustees has placed a cap of $300,000.00 on CODA’s Administrative Fund, there is a potential to exceed the ADA-imposed cap by $6,075 in 2020. The Finance Committee noted that the excess CODA Administrative Funds would be deposited in the ADA’s operational budget. The Finance
Committee also noted that, in Winter 2020, the Commission directed there be no (0%) increase in CODA’s annual accreditation fees for 2021, which would result in projected revenue covering approximately 150% of its direct expenses and 117% of its total (direct and indirect) expenses. Additionally, in Winter 2020, the Commission further directed that the CODA Administrative Fund administrative fee be increased from $35 to $100 per program in the year 2021. The Committee noted that the Commission considers the annual and administrative fees on an annual basis as part of its budget preparation process a full calendar year in advance of its budget operational year, and the Administrative Fund fee was established in Winter 2020 in relation to the 2021 CODA budget.

At this meeting, the Finance Committee reconsidered these actions in light of the ADA Board of Trustee’s April 2020 action to cap CODA’s Administrative Fund, as well as CODA’s expected attainment of the maximum fund limit in 2020. The Finance Committee also noted the impact of COVID-19 on educational programs, which may result in difficult financial times for programs in 2020 and 2021. The Commission has already refunded the doubled annual accreditation fee to programs that were scheduled for a 2020 site visit, which were delayed until 2021, noting that doubling of the fee will be applied in the year in which the site visit occurs. In an effort to further support educational programs, the Finance Committee recommended that CODA retain the $100 per program administrative fee moving forward but waive the fee for all programs in 2021. The Committee noted that this change, should it be approved by CODA, will have no budgetary impact to the Commission’s 2021 operational budget.

**Finance Committee Recommendation:** It is recommended that the Commission on Dental Accreditation direct that in 2021 the annual $100 per program Administrative Fund fee be waived for all Commission-accredited dental and dental related education programs.

**Commission Actions:**

Prepared by: Dr. Sherin Tooks
Page Holder for Appendix 1, Commission Members Only

Letters & ADA-CODA Relationship Workgroup Report
**REPORT OF THE STANDING COMMITTEE ON QUALITY ASSURANCE AND STRATEGIC PLANNING**

**Background:** At its August 6, 2010 meeting, the Commission on Dental Accreditation (CODA) adopted a revised Standing Committee structure and charge for each committee. The Standing Committee on Quality Assurance and Strategic Planning (QASP) charge is to:

- Develop and implement an ongoing strategic planning process;
- Develop and implement a formal program of outcomes assessment tied to strategic planning;
- Use results of the assessment processes to evaluate the effectiveness of the Commission and make recommendations for appropriate changes, including the appropriateness of its structure;
- Monitor USDE, and other quality assurance organizations e.g. Council on Higher Education Accreditation (CHEA), American National Standards Institute/International Organization for Standardization (ANSI/ISO), and International Network for Quality Assurance Agencies in Higher Education (INQAAHE) for trends and changes in parameters of quality assurance; and
- Monitor and make recommendations to the Commission regarding changes that may affect its operations, including expansion of scope and international issues.

**June 8, 2020 Meeting of the QASP:** The QASP conducted a videoconference meeting on June 8, 2020, which included the following committee members: Dr. Arthur Chen-Shu Jee (Committee and CODA chair), Dr. Linda Casser, Dr. Eladio DeLeon, Dr. Jeffery Hicks (CODA vice chair), Dr. Susan Kass, Dr. James Katancik, Dr. Alan Stein, and Dr. Lawrence Wolinsky. Dr. Sherin Tooks, director, CODA, Mr. Gregg Marquardt, Ms. Michelle Smith, Ms. Jennifer Snow, and Ms. Peggy Soeldner, managers, CODA, and Ms. Cathryn Albrecht, senior associate general counsel, ADA/CODA, were also in attendance.

The QASP initiated its meeting with a review of the charge to the standing committee. The Committee discussed ongoing quality assurance and strategic planning activities, and additional items of interest to CODA related to strategic planning and operational effectiveness. Below is a summary of QASP discussions and recommendations.

**Update on Ongoing Quality Assurance and Strategic Planning Activities**

**CODA Request for Mechanism to Establish a Reserve Fund:** The QASP discussed recent letters of April 30, 2020 and May 27, 2020 and proposed revisions to the Shared Services Agreement from the ADA Board of Trustees (**Commission Only, Appendix 1**) in light of the Commission’s Winter 2020 directive to rename the Commission’s “Research and Development Fund” to the CODA “Administrative Fund.” The Committee noted that since 2014 the Fund has been **uncapped**; however, at its April 2020 meeting the ADA Board of Trustees imposed a $300,000.00 cap on CODA’s Administrative Fund. The QASP noted the prior uses of CODA’s Administrative Fund for projects such as strategic planning and training of new site visitors that were not budgeted in a specific year. The QASP members also noted potential upcoming uses in areas such as development of the 2022-2026 CODA Strategic Plan, mega issue discussions that were planned for 2020 but canceled due to COVID-19 operational priorities, and potential future enhancements to CODA’s electronic accreditation tool.
The Standing Committee noted that the year-end Administrative Fund balance for 2019 was $256,025, and the estimated year-end balance for 2020 is $306,075, which has the potential to exceed the new ADA-imposed cap by $6,075 and would result in those excess funds being deposited into the ADA’s operational account rather than the Commission’s. The QASP believed that CODA-accredited programs pay annual accreditation and administrative fees to the Commission with the expectation that those fees will contribute solely to the services provided by the Commission to dental education programs. The QASP also noted that in order for CODA to ensure that it remains below the capped amount, it must plan for additional expenses at least one (1) year in advance as a result of the ADA’s budget process. Given CODA’s need to be flexible with regard to unexpected issues, the pre-planning of Administrative Fund fees one (1) full year in advance could be difficult in some cases where priorities or projects arise that were not previously budgeted in a given year.

Following extensive discussion, the QASP expressed disappointment and concern that the ADA Board of Trustees took an action to cap the previously uncapped CODA Administrative Fund without prior dialogue with the Commission through the ADA-CODA Relationship Workgroup. The QASP also found this action to be an inconsistent application of ADA principles, given that another Commission of the Association currently maintains an uncapped Research and Development Fund upon which the CODA fund was modeled. The QASP believed that the Commission should communicate its concerns to the ADA through the ADA-CODA Relationship Workgroup and a response letter to Dr. Chad Gehani, ADA President. The QASP also believed that the Commission should reassess its Administrative Fund fee for 2021, should the cap be retained by the ADA.

**QASP Recommendations:** It is recommended that the Commission on Dental Accreditation inform the ADA-CODA Relationship Workgroup of the Commission’s concerns related to the $300,000.00 cap applied to the Commission’s Administrative Fund in order to discuss the rationale of this decision and to negotiate the terms of the Fund.

It is further recommended that the Commission on Dental Accreditation direct a letter to ADA President, Dr. Chad Gehani, to express the Commission’s concerns related to the notification that a cap had been placed on CODA’s Administrative Fund, and request further review and discussion by the ADA-CODA Relationship Workgroup to include but not be limited to negotiation of a greater cap.

It is further recommended that the Commission on Dental Accreditation direct its Standing Committee on Finance to reconsider the 2021 Administrative Fund fee of $100 per program in light of the cap applied by the ADA to the Commission’s Administrative Fund.

**Review of Proposed Shared Services Agreement between the Commission on Dental Accreditation and the American Dental Association:** The QASP members discussed the CODA revisions and ADA revisions to the Shared Services Agreement that expired on January 1, 2020,
for potential agreement of the terms and renewal. A proposed revised agreement including revisions by the ADA to apply a cap the Commission’s Administrative Fund was considered (Commission Only, Appendix 1). The QASP believed the Commission should communicate with the ADA that the Shared Services Agreement is acceptable, except for the addition by the ADA that states: “Notwithstanding the foregoing, at no time shall the balance of the Administrative Fund contain more than $300,000.00,” which should be further discussed with the ADA-CODA Relationship Workgroup. The Committee also believed that there should be a discussion about the completion of the Commission’s Electronic Accreditation Tool given the ongoing need of this tool by the Commission.

**QASP Recommendations:** It is recommended that the Commission on Dental Accreditation direct a communication to the ADA approving the Shared Services Agreement, except in the area where the ADA applied a cap to the Commission’s Administrative Fund.

It is further recommended that the Commission on Dental Accreditation request further discussion of the Shared Services Agreement, including the imposed cap and the Commission’s ongoing need for an electronic accreditation tool by the ADA-CODA Relationship Workgroup.

**Additional Quality Assurance and Strategic Planning Items for Discussion**

**Metrics on Impact of COVID-19 on CODA Operations:** The QASP reviewed a table of metrics (as of the meeting date) on completed and scheduled meetings and other activities conducted by the Commission in relation to the impact of COVID-19 (Appendix 2). Following discussion, the QASP believed that the Commission should recognize the work of CODA staff to facilitate its work during this interruption in addition to maintaining the ongoing operations of the Commission.

**QASP Recommendation:** It is recommended that the Commission on Dental Accreditation recognize the Commission staff’s work in regard to managing the COVID-19 impact to dental education and the work of the Commission.

**Discussion on Initiation of the 2022-2026 Strategic Planning Process:** The QASP noted that the current strategic plan will expire December 31, 2021. Therefore, to allow for one (1) year of preparation and to engage the Commission in Summer 2021 with finalization of the next strategic plan, the Commission should initiate the next strategic planning process this fall. The Commission will adopt the next strategic plan in Summer 2021 for implementation January 1, 2022. As such, the Commission, through its Finance Committee, should approve funds to initiate the strategic planning process in order to obtain a facilitator and to support the data collection and analysis needed to create the next plan. Further, the Committee noted that CODA could engage in a Strategic Planning Mega Issue Discussion that includes various additional topics (for example, work of Ad Hoc Committees on Structure and Function and Educational Activity Sites) in Summer 2021, as appropriate based upon the completion of these committees’ work.
**QASP Recommendation:** It is recommended that the Commission on Dental Accreditation initiate development of the Commission’s 2022-2026 Strategic Plan, including hiring a facilitator, preparing the draft strategic plan, and engaging in a Mega Issue Discussion in Summer 2021 to finalize the Strategic Plan.

It is further recommended that the Commission on Dental Accreditation approve use of the Commission’s Administrative Fund, as necessary, to underwrite the expenses associated with development of the Commission’s 2022-2026 Strategic Plan.

**Update on Annual Web-Based Mandatory Site Visitor Training:** The QASP learned that the 2019 Annual Mandatory Site Visitor Training was a success, although the Commission staff continues to follow-up with site visitors who did not complete the training. Since site visits were canceled beginning mid-March 2020 through year-end, the Commission staff plans to implement a virtual training program for all site visitors, by discipline, in fall of 2020 to prepare visitors for visits in 2021.

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

**Discussion of Trends in Dental Education, Practice, Research and Higher Education (Domestic and International):** The QASP members received oral updates on the Commission’s ongoing monitoring of trends in dental education, including the monitoring of United States Department of Education guidance related to the COVID-19 pandemic and impact on educational programs and accreditors. The Committee also noted that the National Commission on Recognition of Dental Specialties and Certifying Boards has recognized orofacial pain as a “dental specialty” (CODA does not use this lexicon) along with recent recognition of oral medicine and dental anesthesiology. The QASP also discussed international accreditation matters, including the initiation of an international accreditation process by the Australian Dental Council.

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

**Update on United States Department of Education CODA Timeline for Re-Recognition:** The QASP members discussed recent activities related to the USDE and CODA’s timeline for re-recognition. The QASP noted that the USDE 2020 Accreditation Handbook that complements the recognition criteria taking effect July 1, 2020 was not yet available.

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

**Commission Actions:**

Prepared by: Dr. Sherin Tooks
Page Holder for Appendix 1, Commission Members Only

Letters & Proposed Revisions to the Shared Services Agreement
METRICS ON IMPACT OF COVID-19 ON CODA OPERATIONS


Below you will find a summary of CODA activity related to the COVID-19 pandemic and the published announcements on CODA’s website.

- 14 Special Review Committee Meetings, Week of March 16-20, 2020 to make recommendations on flexibility guidance for each discipline
- 2 Special CODA Meetings, April 2 and April 13, 2020
- 5 Webinars and program development of interruption of education reports, attended by over 1,200 program staff; April 21-23, 2020
- 3 Virtual Hearings on Accreditation Standards
  - May 18, ADEA Replacement
  - May 18, ADHA Replacement
  - May 20, AAPD
- Multiple public notices to programs and community of interest on actions taken by CODA (See links below)
- Ongoing monitoring of United States Department of Education guidance notifications
- Processing approximately 2,000 (conservative estimate) Distance Education and Interruption of Education Reports for CODA’s 1,419 accredited programs
- 28 Special Review Committee Meetings, June 1-16, 2020 to review interruption of education reports for all CODA-accredited programs and recommend actions to CODA
- 1 Special CODA Meeting, to take accreditation actions on interruption of education reports for all CODA-accredited programs, Date TBD July 2020
- Individual notice to every CODA-accredited program related to accreditation action taken by CODA and new site visit date
- Annual Site Visitor Training, June 18-19, 2020, conducted virtually
- Updated letters on site visit date change for 2020, 2021, and 2022 programs preparing for site visits, to be sent in summer 2020.
Accreditation Updates: COVID-19 (as of May 26, 2020)

The Commission is monitoring COVID-19 and will post updates here as available.

Interruption of Education Webinar Materials Available (4/23/20)

Download the Interruption of Education Guidelines Slides (PDF) to review slides from the COVID-19 Webinar on Interruption of Education Guidelines.

Guidance Documents: Temporary Flexibility in Accreditation Standards to Address Interruption of Education Reporting Requirements Resulting From COVID-19 for the Class of 2020 (4/14/20)

Below are guidance documents regarding Temporary Flexibility in Accreditation Standards to Address Interruption of Education Reporting Requirements Resulting From COVID-19 for the Class of 2020, as adopted by the Commission on Dental Accreditation at its Special Meeting held on April 13, 2020. Click on any of the links below to read the guidance document for that discipline.

Guidelines for Reporting an Interruption of Education During COVID-19 4/3/20 (PDF)
Read the Guidance on COVID-19 Interruption of Education Class of 2020 CODA Alert (PDF)

Temporary Flexibility in Accreditation Standards:

Predoctoral Dental Education (PDF)
Dental Assisting Education (PDF)
Dental Hygiene Education (PDF)
Dental Laboratory Technology Education (PDF)
Advanced Education in General Dentistry (PDF)
Dental Anesthesiology Education (PDF)
Dental Public Health Education (PDF)
Endodontics Education (PDF)
General Practice Residency Education (PDF)
Oral and Maxillofacial Pathology Education (PDF)
Oral and Maxillofacial Radiology Education (PDF)
Oral and Maxillofacial Surgery Education (Residency and Fellowship) (PDF)
Oral Medicine Education (PDF)
Orofacial Pain Education (PDF)
Orthodontics and Dentofacial Orthopedics Education (Residency and Fellowship) (PDF)
Pediatric Dentistry Education (PDF)
Periodontics Education (PDF)
Prosthodontics Education (Prosthodontics, Maxillofacial Prosthetics, Combined PROS/MXPROS) (PDF)

Unofficial Report of Major Actions (4/14/20)

Read the Unofficial Report of Major Actions (PDF), based on the Commission’s Special Closed Meeting held on April 13, 2020
Unofficial Report of Major Actions (4/8/20)
Read the Unofficial Report of Major Actions (PDF), based on the Commission's Special Closed Meeting held on April 2, 2020

Post-CODA Meeting Directives Related to Site Visits (4/3/20)
Read the Post-CODA Meeting Directives Related to Site Visits CODA Alert sent on 4/3/20 PDF

Read the Guidelines for Reporting an Interruption of Education During COVID-19 4/3/20 (PDF)
Read the Guidance on Interruption of Education CODA Alert sent on 4/3/2020 (PDF)

Further CODA Guidance on Interruption of Education Related to COVID-19 (3/30/20)
Read Further CODA Guidance on Interruption of Education Related to COVID-19 (PDF)

CODA Statement on Dental Clinic Operations during COVID-19 (3/23/20)
Read CODA Statement on Dental Clinic Operations during COVID-19 (PDF)

General CODA Updates (3/20/20)
Read General CODA Updates (PDF)

Update on Potential Temporary Flexibility in Site Visit Process and Other Accreditation Updates During COVID-19 (3/18/20)
Read the Update on Site Visit Process During COVID-19 (PDF)

CODA Staff Telecommuting During COVID-19 (3/16/20)
Read the CODA Staff Working Remotely During the Pandemic CODA Alert (PDF)

Statement to CODA-Accredited Programs (3/13/20)
Read the Statement to CODA-Accredited Programs (PDF)
Statement to CODA Site Visitors (3/13/20)

Read the Statement to CODA Site Visitors (PDF)
REPORT OF THE STANDING COMMITTEE ON DOCUMENTATION AND POLICY REVIEW

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Prepared by: Ms. Peggy Soeldner
TIMELINE FOR REVIEW OF COMMISSION ON DENTAL ACCREDITATION
POLICIES AND PROCEDURE

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N. SITE VISIT REPORTS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

A. INFORMATION ON THE COMMISSION’S WEBSITE

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

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

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

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

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- List of Scheduled Site Visits
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  - Policy and Guidelines on Reporting and Approval of Sites Where Educational Activity Occurs
  - Policy and Guidelines for Preparing a Teach-Out Report
  - Policy and Guidelines for Transfer of Sponsorship
  - Policy and Guidelines for Interruption of Education
  - BioSketch Templates
  - Electronic Submission Guidelines
  - Privacy and Data Security Summary for Institutions/Programs

The following items are posted at appropriate intervals:

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

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

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

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

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

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

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

C. REPORTING PROGRAM CHANGES IN ACCREDITED PROGRAMS

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

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

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

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

The Commission’s Policy on Integrity also applies to the reporting of changes. If the Commission
determines that an intentional breech of integrity has occurred, the Commission will immediately notify the
chief executive officer of the institution of its intent to withdraw the accreditation of the program(s) at its
next scheduled meeting.

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

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

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

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

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

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

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

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

1. A program administrator submits the report by **June 1 or December 1**.
2. Commission staff reviews the report to assess its completeness and to determine whether the change
could impact the program’s potential ability to comply with the accreditation standards. If this is the
case, the report is reviewed by the appropriate Review Committee for the discipline and by the
Commission.
3. Receipt of the report and accompanying documentation is acknowledged in one of the following ways:
   a. The program administrator is informed that the report will be reviewed by the appropriate Review
Standing Committee on Documentation and Policy
Commission Only
CODA Summer 2020

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.

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

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

Revised: 8/20; 1/20; 8/18; 2/18; 8/17; 8/16; 2/16; 8/15; 2/15; 8/13 2/12; 8/11, 8/10, 7/09, 7/07, 8/02, 7/97; 7/96
Reaffirmed: 7/07, 7/01, 5/90; CODA: 05/91:11

D. REQUESTS FOR TRANSFER OF SPONSORSHIP OF ACCREDITED PROGRAMS

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

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

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

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

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

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

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

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

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

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

E. POLICY ON PREPARATION AND SUBMISSION OF DOCUMENTS TO THE COMMISSION

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

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

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

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

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

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

F. POLICY ON MISSED DEADLINES

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

Revised: 2/16; Reaffirmed: 8/20; 8/15; 8/10, 7/07, 7/01, 5/88

G. POLICY ON PROGRAMS DECLINING A RE-EVALUATION VISIT

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

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

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

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

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

I. REFERRAL OF POLICY MATTERS TO APPROPRIATE COMMITTEES

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

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

First-year non-enrollment must be reported to the Commission.

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

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

K. POLICY ON INTERRUPTION OF EDUCATION

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

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

L. POLICY ON ENROLLMENT INCREASES IN ADVANCED DENTAL EDUCATION PROGRAMS

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

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

The following advanced dental education disciplines do not have authorized enrollment: advanced education in general dentistry, general practice residency, dental anesthesiology, oral medicine, and orofacial pain. However, approval of an increase in enrollment in these advanced dental education programs must be reported to the Commission if the program’s total enrollment increases beyond the enrollment at the last site visit or prior approval of enrollment increase. Programs must use the discipline-specific Guidelines to
request an increase in enrollment prior to implementing the increase. Upon submission of the program change report, a substantial increase in program enrollment as determined by preliminary review by the discipline-specific Review Committee Chair will require prior approval by CODA.

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

Requests for retroactive permanent increases in enrollment will not be considered. The Commission may consider retroactive temporary enrollment increases due to special circumstances on a case-by-case basis, including, but not limited to:

- Student/Resident extending program length due to illness, parental leave, incomplete projects/clinical assignments, or concurrent enrollment in another program;
- Unexpected loss of an enrollee and need to maintain balance of manpower needs;
- Urgent manpower needs demanded by U.S. armed forces; and
- Natural disasters.

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

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

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

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

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

Approval of an increase in enrollment in predoctoral dental education programs must be reported to the Commission if the program’s total enrollment increases beyond the enrollment at the last site visit or prior approval of enrollment increase. Upon submission of the enrollment increase report, a substantial increase in program enrollment as determined by preliminary review by the discipline-specific Review Committee Chair will require prior approval by CODA. Programs should be cognizant of the impending need for enrollment increases through short- and long-term planning and proactively request permission for the increase. The
Commission will not consider retroactive permanent requests, nor will it consider inter-cycle requests unless there are documented extenuating circumstances.

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

N. VOLUNTARY DISCONTINUANCE OF ACCREDITATION

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

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

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

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

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

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

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

When an institution is considering discontinuance or closure of a Commission-accredited educational program that currently enrolls students/residents, the Commission must be notified officially in writing as early as possible in the decision making process. Specifically, the Commission must be informed of the institution’s plans for the entire Teach-Out period, during which students/residents are enrolled, including a detailed explanation of any significant changes relative to retention of qualified faculty and support personnel, student/resident enrollment by class, the didactic and clinical teaching programs (including
The institution must ensure that the program continues to meet minimum accreditation standards and that students/residents and other interested parties are protected throughout the Teach-Out period. In this regard, the Commission reserves the right to closely monitor the Teach-Out through the annual accreditation survey, or periodic reports from the institution detailing changes in administration, faculty, curriculum, facilities, finances, and other major components that could affect the quality of the educational program. In addition, the Commission reserves the right to conduct a special site visit following review of each of these reports. If a program fails to submit a Teach-Out report or requested monitoring information, the Commission will notify the chief executive officer of the institution of its intent to withdraw accreditation at its next scheduled meeting.

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

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

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

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

Revised: 8/17; 2/16; 8/15; 5/93; Reaffirmed: 8/20; 8/10, 7/07, 07/01, 12/92, 12/85, 12/79
P. POLICY ON ADVERTISING

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

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

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

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

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

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

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

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

Advertising, Publications, and Promotional Literature

- Educational programs and services offered should be the primary emphasis of all advertisements, publications, promotional literature and recruitment activities.
- All statements and representations should be clear, factually accurate and current. Supporting information should be kept on file and be readily available for review.
• The sponsor of the educational program must be clearly identified when referencing the program’s accreditation status with CODA.
• The sponsor of the educational program must be clearly identified when referencing any educational activity site(s) used by the program.
• Catalogs and other official publications should be readily available and accurately depict:
  a. purpose and goals of the program(s);
  b. admission requirements and procedures;
  c. degree and program completion requirements;
  d. faculty, with degrees held and the conferring institution;
  e. tuition, fees, and other program costs including policies and procedures for refund and withdrawal; and
  f. financial aid programs.
• College catalogs and/or official publications describing career opportunities should provide clear and accurate information on the following, as applicable:
  a. national and/or state requirements for eligibility for licensure or entry into the occupation or profession for which education and training are offered;
  b. any unique requirements for career paths, or for employment and advancement opportunities in the profession or occupation; and

Student Recruitment for Admissions
• Student recruitment should be conducted by well-qualified admissions officers, faculty or trained volunteers whose credentials, purposes, and position or affiliation with the program and/or institution are clearly specified.
• Independent contractors or agents used by the program and/or institution for recruiting purposes should be governed by the same principles as institutional admissions officers and volunteers.
• Prospective students must be fully informed of program costs, available financial aid and repayment options.
• All catalogs and career materials should accurately describe the skills and competencies that students will need at the time of admission to the program. Options to accommodate students with lesser or greater skills, such as remediation or advanced standing programs, should be included in this description.
• If information about employment or career opportunities is included in an official publication, such information must be current and accurate.
• Accurate information must be provided for all dental education programs.
• Programs applying for accreditation must make it clear that submission of an application for accreditation indicates the institution has entered into the accreditation process; it does not mean that the program is accredited. Further, programs must not enroll students/residents until accreditation is granted and must make it clear to applicants that accreditation is granted only by the Commission.

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

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

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

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

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

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

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

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

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

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

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

Revised: 8/20; 8/15; Adopted: 8/11
### Definitions

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>Students/Residents required</td>
<td>to complete an experience at this site to meet a program requirements or accreditation standards, and Competency assessments or comparable summative assessments performed at the site.</td>
</tr>
<tr>
<td>Students/Residents required</td>
<td>to complete an experience at this or another site to meet a program requirements or accreditation standards, and No competency assessments or comparable summative assessments performed at the site. Evaluation may occur.</td>
</tr>
</tbody>
</table>

### Program Report Requirement

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

### Acknowledgement/Approval

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

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

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

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

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

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

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

**Discipline-specific Exemptions:**

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

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

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

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

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

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

**Commission on Dental Accreditation Consideration of Educational Activity Sites:**

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

1. Depending upon the type of educational activity site established, a program administrator submits either:
   1. (1) the major educational activity site report by June 1 or December 1 or (2) the minor educational activity site report at least thirty (30) days prior to planned implementation of educational activity site.
2. Commission staff reviews the report to assess its completeness and to determine whether the change could impact the program’s potential ability to comply with the accreditation standards. If this is the case, whether the site is major or minor, the report is reviewed by the appropriate Review Committee for the discipline and by the Commission.
3. Receipt of the educational activity site report and accompanying documentation is acknowledged in one of the following ways:
   a. The program administrator is informed that the report will be reviewed by the appropriate Review Committee and by the Commission at their next regularly scheduled meeting. Additional information may be requested prior to this review if the change is not well-documented; or
   b. The program administrator is informed that the reported change will be reviewed during the next site visit.
4. If the report will be considered by a Review Committee and by the Commission, the report is added to the appropriate agendas. The program administrator receives notice of the results of the Commission’s review.

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

- **Approve the addition of the educational activity site:** If the Review Committees or Commission does not identify any concerns regarding the program’s continued compliance with the accreditation standards, the transmittal letter should advise the institution that the change has been noted and will be reviewed at the next regularly-scheduled site visit to the program.
- **Approve the addition of the educational activity site and request additional information:** If the Review Committees or Commission does not identify any concerns regarding the program’s compliance with the accreditation standards, but believes follow up reporting is required to ensure continued compliance with accreditation standards, additional information will be requested for review by the Commission. Additional information could occur through a supplemental report or a focused site visit. Use of the educational site is permitted.
- **Postpone action and continue the program’s accreditation status, but request additional information:** The transmittal letter will inform the institution that the report of the addition of the educational activity site has been considered, but that concerns regarding continued compliance with the accreditation standards have been identified. Additional specific information regarding the identified concerns will be requested for review by the Commission. The institution will be further advised that, if the additional information submitted does not satisfy the Commission regarding the identified concerns, the Commission reserves the right to request additional documentation, conduct a special focused site visit...
of the program, or deny the request. Use of the educational activity site is not permitted until
Commission approval is granted.

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

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

**T. POLICY ON DISTANCE EDUCATION**

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

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

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

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

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

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

Programs that offer distance education must:

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

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

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

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

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

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

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

V. POLICY ON PERSONALLY IDENTIFIABLE STUDENT INFORMATION

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

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

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

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

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

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

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

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

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

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

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

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

- Is the subject of an interim action by a recognized institutional accrediting agency potentially leading to the suspension, revocation, or termination of accreditation or pre-accreditation;
- Is the subject of an interim action by a state agency potentially leading to the suspension, revocation, or termination of the institution's legal authority to provide postsecondary education;
- Has been notified of a threatened loss of accreditation, and the due process procedures required by the
action have not been completed; and/or

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

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

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

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

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

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

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

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

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

AA. POLICY ON RESIDENT DUTY HOURS RESTRICTIONS

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

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

BB. POLICY ON CUSTOMIZED SURVEY DATA REQUESTS

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

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

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

Survey data will not be provided for the following types of requests:

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

Additional requirements:

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

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

CC. POLICY ON REQUESTS FOR CONTACT DISTRIBUTION LISTS

Periodically, the Commission receives requests for contact distribution lists from the communities of interest. The nature and scope of a request will determine whether the Commission will be able to comply with the request. For all types of requests, a “Contact Distribution List Request Form” must be submitted to the Director of the Commission, who will consult with CODA staff regarding the potential for supplying the requested lists based on staff workload capacity and the purpose for which the contact list is requested. This form is available upon request from the Commission office. Examples of potential requesting parties include member and non-member dentists; other dental professionals; deans, dental faculty and affiliates of dental education programs; non-profit dental organizations; researchers; and government officials (Federal and state). Contact distribution lists will not be supplied to commercial interests. A commercial interest is defined as an entity or corporation whose primary purpose for requesting the information is to sell a product or service. Granting the request is at the sole discretion of the Commission.
Appendix 2
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Additional requirements:

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

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

DD. POLICY ON REPRINTS

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

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

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

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

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

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

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

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

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

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

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

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

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

Standing Committee on Documentation and Policy
Commission Only
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1. Compliance with the accreditation standards, but believes follow up reporting is required to
2. ensure continued compliance with accreditation standards, additional information will be
3. requested for review by the Commission. Additional information could occur through a
4. supplemental report or a focused site visit.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Electronic Submission Guidelines to assist in preparing a digitized copy of the report must be strictly followed.

1. **COVER PAGE** – Must include the following information:
   a. name and address of the institution
   b. program title;
   c. name, title, telephone number, e-mail address and signature of the program director;
   d. name, title, telephone number, e-mail address and signature of the department head/dean;
   e. name, title, telephone number, e-mail address and signature of the chief executive officer of the institution (the chief executive officer of the institution sponsoring the program must be copied on the letter to the Commission).

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

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

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

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

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

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

POLICY ON PREPARATION AND SUBMISSION OF DOCUMENTS TO THE
COMMISSION: All institutions offering programs accredited by the Commission are expected
to prepare documents that adhere to guidelines set forth by the Commission on Dental
Accreditation, including required verification signatures by the institution’s chief executive
officer. These documents may include, but are not limited to, self-study, responses to site
visit/progress reports, initial accreditation applications, reports of program change, and transfer
of sponsorship and exhibits. The Commission’s various guidelines for preparing and submitting
documents, including electronic submission, can be found on the Commission’s website or
obtained from the Commission staff.
In addition, all institutions must meet established deadlines for submission of requested information. Any information that does not meet the preparation or submission guidelines or is received after the prescribed deadlines may be returned to the program, which could affect the accreditation status of the program.

Electronic Submission of Accreditation Materials: All institutions will provide the Commission with an electronic copy of all accreditation documents and related materials, which conform to the Commission’s Electronic Submission Guidelines. Electronic submission guidelines will be provided to programs. Accreditation documents and related materials must be complete and comprehensive.

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

Compliance with Health Insurance Portability and Accountability Act (HIPAA) (Excerpt): The program’s documentation for CODA must not contain any patient protected health information (PHI) or sensitive personally identifiable information (PII). If the program submits documentation that does not comply with the policy on PHI or PII, CODA will assess an administrative processing fee of $4,000 per program submission to the institution; a program’s resubmission that continues to contain PHI or PII will be assessed an additional $4,000 administrative processing fee.

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

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

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

If emailing an electronic copy of the report, please send the information to the appropriate CODA manager. The email file size must not exceed 5MB. If multiple emails must be submitted, please indicate so by referring to “Email 1 of X” in the subject line of the email.
Commission on Dental Accreditation
Privacy and Data Security Reminders

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

Security Reminder: Personally Identifiable Information

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

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

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

Security Reminder: Patient Identifiers

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

Examples of information about a patient:

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

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

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

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

Privacy and Data Security Requirements for Institutions

(Rev. 2/22/19)

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

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

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

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

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

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

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

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

Guidelines for Reporting Interruption of Education
Page 12 of 12

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

1. Structure: The chair of each Review Committee will be the appointed Commissioner from the relevant discipline.
   i. The Commission will appoint all Review Committee members.
      a. Review Committee positions not designated as discipline-specific will be appointed from the Commission where feasible, e.g. a public representative on the Commission could be appointed to serve as the public member on the Dental Laboratory Technology Review Committee; an ADA appointee to the Commission could be appointed to the Dental Assisting Review Committee as the general dentist practitioner.
      b. Discipline-specific positions on Review Committees will be filled by appointment by the Commission of an individual from a small group of qualified nominees (at least two) submitted by the relevant national organization, discipline-specific sponsoring organization or certifying board. Nominating organizations may elect to rank their nominees, if they so choose. If fewer than two (2) qualified nominees are submitted, the appointment process will be delayed until such time as the minimum number of required qualified nominations is received.
   ii. Consensus is the method used for decision making; however if consensus cannot be reached and a vote is required, then the Chair may only vote in the case of a tie (American Institute of Parliamentarians Standard Code of Parliamentary Procedures).
   iii. Member terms will be staggered, four year appointments; multiple terms may be served on the same or a different committee, with a one-year waiting period between terms. A maximum of two (2) terms may be served in total. The one-year waiting period between terms does not apply to public members.
   iv. One public member will be appointed to each committee.
   v. The size of each Review Committee will be determined by the committee’s workload.
   vi. As a committee’s workload increases, additional members will be appointed while maintaining the balance between the number of content experts and non-content experts. Committees may formally request an additional member through New Business at Review Committee/Commission meetings. If an additional member is approved, this member must be a joint nomination from the professional organization and certifying board, as applicable.
   vii. Conflict of interest policies and procedures are applicable to all Review Committee members.
   viii. Review Committee members who have not had not been on a site visit within the last two (2) years prior to their appointment on a Review Committee should observe at least one site visit within their first year of service on the Review Committee.
   ix. In the event that fewer than 50% of discipline-specific experts are present for any one discipline, the decision by a quorum of the Review Committee shall be acceptable. In the case of less than 50% of discipline-specific experts, including the Chair, available for a review committee meeting, for specified agenda items or for the entire meeting, the Review Committee Chair may temporarily appoint an additional discipline-specific expert(s) with the approval of the CODA Director. The substitute should be a previous Review Committee member or an individual approved by both the Review Committee Chair and the CODA Director. The substitute would have the privileges of speaking, making motions and voting.
Review Committee shall be acceptable.

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

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

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

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

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

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

Academy of General Dentistry, Executive Director
American Academy of Oral and Maxillofacial Pathology, Executive Director/Secretary
American Academy of Oral and Maxillofacial Radiology, Executive Director/Secretary
American Academy of Oral Medicine, Executive Director
American Academy of Orofacial Pain, Executive Director
American Academy of Pediatric Dentistry, Executive Director/Secretary
American Academy of Periodontology, Executive Director/Secretary
American Association of Dental Boards, Executive Director
American Association of Endodontists, Executive Director/Secretary
American Association of Oral and Maxillofacial Surgeons, Executive Director/Secretary
American Association of Orthodontists, Executive Director/Secretary
American Association of Public Health Dentistry, Executive Director/Secretary
American College of Prosthodontists, Executive Director/Secretary
American Dental Assistants Association, Executive Director
American Dental Association, Executive Director
American Dental Association, Board of Trustees
American Dental Association, Council on Dental Education and Licensure
American Dental Education Association, Executive Director
American Dental Hygienists’ Association, Executive Director
American Society of Dentist Anesthesiologists, Executive Director
American Student Dental Association, Executive Director
Asociación Dental Mexicana, A.C., Director International Relations
Chiefs of Federal Dental Services
Commission on Dental Accreditation of Canada, Chair, Director
Constituent Dental Societies, Executive Directors
Council for Higher Education Accreditation, President  
Dental Assisting National Board, Executive Director  
Members, Commission on Dental Accreditation  
Members, Review Committees, Commission on Dental Accreditation  
National Association of Dental Laboratories, Executive Director  
National Board for Certification of Dental Laboratories, Executive Director  
National Institutional and Specialized Accrediting Bodies, Executive Directors  
Regional Institutional Accrediting Agencies, Executive Directors  
Special Care Dentistry Association (SCDA), Executive Director  
Specialty Certifying Boards, Executive Directors/Secretaries  
State Boards of Dentistry, Executive Secretaries/Administrators

Revised: 8/20; 8/18; 8/17; 2/15; 1/14; 8/10; Reaffirmed: 8/14

E. CONFIDENTIALITY POLICY – EOPP p. 39

All materials generated and received in the accreditation process are confidential. In all instances Protected Health Information (PHI), Personally Identifiable Information (PII) and student/resident/fellow identifying information must not be improperly disclosed. The Commission’s confidentiality policies apply to Commissioners, Review Committee members, members of the Appeal Board, and site visitors. Confidential materials are maintained to ensure the integrity of the institution/program and of the accreditation process, and may be shared by the Commission in instances related to USDE re-recognition or responding to state or federal legal requirements, as appropriate. Because of the confidential nature of the accreditation process, the Commission identifies three (3) points of contact with whom Commission staff is authorized to communicate, either in writing or verbally. These individuals are designated by the sponsoring institution and include the chief executive officer (university president/chancellor/provost or medical center director), the chief academic officer (dean/academic dean/chair/chief of dental service, etc.), and the program director. Commission staff is not authorized to discuss program-specific situations or share confidential material with any other individual(s).

Confidentiality applies without limitation, to the following:

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

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

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

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

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

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

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

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

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

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

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

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

J. SITE VISITORS—EOPP P. 63

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

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

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

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

Revised: 8/20; 8/19; 2/19; 8/14; 8/10, 7/06, 7/00, 1/98; Reaffirmed: 7/07, 7/01, 7/96; CODA: 01/94:9
REPORT OF THE STANDING COMMITTEE ON
COMMUNICATION AND TECHNOLOGY

Background: The Standing Committee on Communication and Technology met on Tuesday, July 21, 2020 via video conference. The following Commissioners serving on the Standing Committee participated in the discussion: Dr. Bradford Johnson (chair), Dr. Joel Berg, Dr. Christopher Hasty, Dr. Barbara Krieg-Menning, Dr. Sanjay Mallya, and Ms. Deanna Stentiford. Dr. Adolphus Jackson and Ms. Ambika Srivastava were unable to attend. In addition, Dr. Jeffery Hicks, vice chair, Commission on Dental Accreditation (CODA), attended, and Dr. Arthur C. Jee, chair, CODA, attended a portion of the meeting. Dr. Sherin Tooks, director, CODA, and Mr. Gregg Marquardt, Ms. Michelle Smith, and Ms. Peggy Soeldner, managers, CODA, were also in attendance. The Committee began its meeting with a review of the Committee’s charge. The Committee discussed the following items:

Commission Directives to the Committee: The Standing Committee reviewed ongoing directives related to communication and technology, noting the progress made on various ongoing initiatives (Appendix 1). Key topics related to ongoing communication and technology initiatives are highlighted below.

Communication and Technology Committee Recommendation: This report is informational in nature, no action is required.

Monitoring Utilization of the Newsletter and Website: In accordance with the Commission’s directive, CODA staff continue to monitor usage of the Commission’s newsletter and website to identify areas where communication and functionality could be enhanced. The Committee noted the Accreditation Updates webpage has had a 1,700% increase in page views since March 2020, related to COVID-19 announcements. This reflects that the page is viewed as a very good resource to the Commission’s Community of Interest. The Committee also noted clicks and views of other top pages on the CODA website, all of which have risen this year, especially in the second half of this quarter. Bounce rates have dropped by about 3% from prior year.

The Find a Program page continues to be the most popular webpage, far exceeding any other page on the CODA website. The second most-visited is the Accreditation Updates page, which currently contains all COVID-19 update information. This data corroborates with the page view data above.

CODA Alerts are performing as expected, with an average 54% Open rate and an average 29% Click-through rate on the communications that specifically dealt with COVID-19 information.

Communication and Technology Committee Recommendation: This report is informational in nature, no action is required.

Electronic Accreditation System: The Committee learned that CODA staff and the ADA’s Enterprise Solutions team continue to develop an electronic accreditation system for the use of CODA staff, volunteers and programs.

The teams have created and implemented a back-end database related to Phase I, which replaced the former internal database. The teams are now moving into Phase II, building an electronic
Standing Committee on Communication and Technology
CODA Summer 2020

accreditation platform to serve as an external web-based portal. Programs will use this portal to submit reports, self-studies, applications, and such, and site visitors will use the portal to review and submit materials online. The Committee discussed what electronic accreditation tools other accreditors are using, and noted that the Commission and ADA Enterprise Solutions team have chosen to create a system from scratch.

IT and CODA staff have begun training sessions to start building documents and information into the system. There will be a revised project schedule, and CODA staff hopes to proceed with this project through 2020. CODA staff and volunteers will begin testing the web-based system once sufficient infrastructure is in place to do so, and the goal is to present a live demo to the Commission when the system is ready.

**Communication and Technology Committee Recommendation:** This report is informational in nature, no action is required.

2019-2023 Communication Plan: The Standing Committee reviewed updates on various execution aspects of the 2019-2023 Communication Plan (Appendix 2). To date:

- Mandatory Annual Site Visitor Training: CODA launched mandatory annual site visitor training in 2019. Staff initially intended to use an electronic Learning Management System tool but have since decided to use its existing Qualtrics system for the time being.

CODA Virtual Meetings Since the Coronavirus Pandemic:
- 39 Review Committee meetings;
- Three CODA meetings;
- Five webinars (with a grand total of 1,200 attendees);
- Three public Hearings on Standards (with a grand total of more than 600 attendees);
- 32 announcements and guidance documents issued;
- Two days of site visitor training workshop

Online Submission Process for Comments on Proposed Revisions to Accreditation Standards: Staff is building a method by which Communities of Interest will submit comments online via the CODA website, during the period of circulation of proposed revisions to CODA’s Accreditation Standards. The Committee acknowledged that electronic comment tools are becoming a common trend. Further, the collection of comments via an online comment portal provides more consistency in the comment collection process versus collection by email or U.S. Mail. The Committee suggested that staff further develop and implement the electronic comment system. Additionally, the Commission could consider the methods by which CODA Hearings on Standards are conducted, given the online comment opportunity and the changing methods by which meetings may occur in the future. For instance: CODA may elect to continue to conduct hearings at the ADA and ADEA meetings annually; CODA may elect to conduct virtual hearings on its own prescribed schedule; or CODA may elect to discontinue hearings in lieu of the online comment submission process that enables comments to be received at any time during a period of public distribution of proposed revisions to the CODA Standards. Following discussion, the Committee endorsed moving forward with this electronic comment tool.
**Communication and Technology Committee Recommendation:** It is recommended that the Commission on Dental Accreditation direct implementation of a web-based submission process to collect public comments on proposed revisions to Accreditation Standards during a period of public comment, to be implemented upon final development and sufficient testing of the tool.

**Technology Assessment and Strategy:** The Committee noted that the IT team is working with CODA staff to set up a new telephone system for CODA’s Chicago office, which will enable staff to make/receive calls via computer. The Committee also noted that IT is establishing a CODA toll-free telephone number.

**Communication and Technology Committee Recommendation:** This report is informational in nature, no action is required.

**Annual Report to the Communities of Interest:** The Committee reviewed the 2019 CODA Annual Report in order to discuss potential enhancements for the upcoming year, noting the publication date of the initial edition was December of last year. It also noted the report reflects a summary of the year in which it is published; for example, the 2020 report will reflect 2020 information. For 2020, the Committee suggests adding a specific section related to the impact of COVID-19, to include: the Commission’s work in addressing interruption of education, the changes in CODA business methods and operations, the flexibility guidance provided by CODA, and future considerations addressed by the Commission. Following discussion, the Committee suggests that the Commission consider what type of information should be provided in this year’s annual report, given the COVID-19 impact on dental education.

**Communication and Technology Committee Recommendation:** It is recommended that the Commission on Dental Accreditation direct the addition of a specific section to the 2020 CODA Annual Report discussing Commission actions related to the Coronavirus pandemic.

Prepared by: Mr. Gregg Marquardt
Review of Progress on Ongoing Commission on Dental Accreditation Directives or Actions Related to the Standing Committee on Communication and Technology (Summer 2020)

Commission directives noted in black, CODA progress made noted in red.

Summer 2015, Summer 2016 and Summer 2017 (ongoing directive):

Commission Action: Directing CODA staff to continue to monitor utilization of the newsletter and website to identify areas where communication and functionality could be enhanced.

- Staff reviews website utilization statistics regularly. Website statistics reviewed include page views, new visitors, bounce rate, and other data. Staff has completed a transition to Google Analytics, and charts of website performance data are available in TAB 2A. On an ongoing basis, staff also reviews performance analytics for each CODA Alert email. A chart of the performance of CODA Alerts is available in TAB 2A as well.

Summer 2015:

Commission Action: Directing investigation of electronic accreditation business tools available and utilized by other professional accreditation organizations.

Directing development and deployment of a survey of dental and dental related education programs to investigate the electronic accreditation tools used in academic settings and additionally the important aspects educational programs would like to see in an electronic accreditation platform used by the Commission.

- CODA staff and the ADA’s Enterprise Solutions team continue to develop an electronic accreditation system for the use of CODA staff, volunteers and programs. The system is based on an instance of Aptify built specifically for CODA. Development and user acceptance testing of the database replacement component of the electronic accreditation tool occurred from 2018 Q3 through 2019 Q2. The replacement of the former CODA DSA database occurred in August 2019.

- Phase II of the Aptify project will be to build and test the external, web-based portal to the system, also called the Online Accreditation Application and Self-Study Processes. This web-based portal will be used by program administrators and CODA volunteers to conduct accreditation and volunteering tasks. In Q4 2019, the Enterprise Solutions team and CODA Staff began planning for the development and testing of Phase II. In early 2020 Staff met with IT to review upload of “surveys” into the system, noting a number of performance items that needed to be addressed in the design of the tool. Staff is awaiting confirmation that these corrections have been made. Staff is creating a revised project schedule, and work on Phase II is expected to proceed during the second half of 2020.
Summer 2017:

Commission Action: Directing Staff to develop a Communication Plan in regard to 2017-2021 Strategic Plan, for review by CODA in Summer 2018.

- In 2018, staff developed the 2019-2023 Communication Plan, based on data and insights gleaned from the 2017 Communication Follow-Up Survey, and presented the Plan to the Commission for consideration at the Summer 2018 Meeting.
- As directed by that Plan, staff has, to date:
  - Added CODA branding to many of the documents used by Staff
  - Produced four webinars [Note: webinars have been undergoing formatting and server changes, and currently only one webinar is posted to the CODA website]
  - Launched Mandatory Annual Training for Site Visitors in December 2019
  - 2020 Mandatory Annual Training is expected to run in Fall 2020
  - Hosted multiple virtual meetings and webinars via Zoom:
    - 39 Review Committee meetings;
    - Three CODA meetings;
    - Five webinars (with a grand total of 1,200 attendees);
    - Three public Hearings on Standards (with a grand total of more than 600 attendees);
    - 32 announcements and guidance documents issued;
    - Two days of site visitor training workshop
  - Stayed connected with each other via Skype and Zoom
  - Begun the process to add a method by which comments on proposed revisions to Accreditation Standards may be submitted through the CODA website
  - A working copy, with updates, is provided in TAB 2B; the original Plan is also provided to the Committee as a resource document.

Technology Assessment and Strategy: At its Summer 2017 meeting, the Committee discussed the Commission’s Goal 1, Objective 4 of the 2017-2021 Strategic Plan, to look at creating a technology strategy to improve accreditation program efficiency and effectiveness. The technology assessment and strategy may require funding, which could be requested through the Commission’s Research and Development Fund. The strategy could allow CODA to gauge its current and future needs to enhance efficiency and effectiveness of the CODA program.

- In 2017 and 2018, Staff conducted a technology audit and drafted the Technology Assessment and Strategy 2019-2023 (available to the Committee as a resource document), which includes the audit results and an assessment of future hardware and software needs of the Commission.
- To date:
  - Staff has purchased earbuds with inline microphones for staff, to enhance sound quality while presenting conference calls and webinars.
- In early September 2019, staff re-designed the architecture of the Site Visitor Materials site of ADA Connect. Structure and content were re-organized to improve the user experience.
- In October 2019, the CODA staff offices in Chicago were re-designed. The new layout included two new meeting rooms specifically for CODA staff use. In addition to standard internet, wireless and telephone systems, the larger room will also feature a flat-screen display to replace the projector used previously.
- As of Q4 2019, staff is increasing the use of Skype for Business, an instant messaging and online conferencing tool, and discontinuing use of ReadyTalk. Staff has also tested the use of webcam meetings within Skype for Business and has plans to conduct more webcam meetings in 2020.
- CODA staff has requested a standalone video conferencing tool which looks similar to a smart speaker yet also includes a 360-degree camera atop the device which can recognize and highlight the person speaking. Staff will use the device for webcam meetings which involve multiple attendees in the Chicago office.
- The IT team is working with CODA staff to set up a new telephone system for CODA’s Chicago office, which will enable staff to make/receive calls from their laptops.
- The working copy of the Technology Needs Assessment is provided in TAB 3.
CODA Communication Plan 2019-2023 [working copy]

Background

At its July 6, 2017 meeting, the Standing Committee on Communication and Technology reviewed a survey data executive summary and the data results from a Communication Survey deployed in Spring 2017 as a follow up to the communication survey deployed in 2012.

The Standing Committee concluded that, based upon the 2017 Communication Survey, the CODA Communication Plan associated with the 2017-2021 Strategic Plan should be developed.

Statement of Purpose

This Plan provides communication execution details which supports specific Objectives of the Commission on Dental Accreditation (CODA) 2017-2021 Strategic Plan. The Standing Committee on Communication and Technology will present this plan to the Commission on Dental Accreditation at the CODA Summer 2018 Meeting.

Communication Environment Analysis

- CODA continues to develop its relationship with its organizational sponsor, the American Dental Association (ADA).
- As such, CODA continues to expand its operational and financial autonomy with its sponsor.
- With this come communication opportunities and logistics challenges for technology currently provided and supported by ADA shared services, including its websites for the public and for CODA volunteers, email processes, and more.
- Studies deployed by Commission staff, such as the 2017 Communication Survey, indicate most audiences (but not all) understand what CODA is and what it does as the USDE-recognized accrediting agency for dental and dental-related education programs.
- While other industries and their audiences have well-developed technological and social media practices, CODA’s audiences have yet to embrace advanced accreditation technology; plus, they indicate a strong preference for standard communication channels such as email and websites.

2017 Communications Survey

In Spring 2017, CODA Staff deployed a survey to its Communities of Interest to determine current attitudes toward CODA communications and preferences for specific communication channels. High-level results indicated:

- CODA’s community of interest continue to prefer email as a communication channel, with websites as a second choice;
- CODA’s community of interest also prefer webinars as a means of gaining information from CODA;
- CODA’s community of interest indicated no strong preference for video or social media tools such as YouTube or LinkedIn, and
- Findings suggest there is an increased level of understanding among the community of interest about the CODA-ADA relationship.

An Executive Summary Report is presented at the end of this Plan. Results data are available in Appendix 4 (1603_StandingCommitteeOnCommTech_Ap4_8-18.pdf).
Primary Communication Channels

- CODA Alert Email
- CODA Website
- On Demand Webinar (posted on Website)
- Presentation (speech + PowerPoint)
- ReadyTalk
- ADA Connect

CODA Personas

Frequent Communications

- Program Director
  - Concerned that their program maintain accreditation
  - Ensuring their programs comply with CODA standards
  - Want to know as much as possible about CODA process & deadlines
- Site Visitor
  - Eager to participate in the accreditation process
  - Doing it right
  - Instruction and training
- Community of Interest Member
  - Have an interest in dental education (faculty) and the profession (practitioners)
  - May be prospective or current students, patients, the public
  - Represent licensing bodies, certifying boards, and national professional membership organizations
  - Issues vary but want to ensure that students/residents are educated to safely and competently practice and serve as a positive representative of the profession.
- Review Committee / Appeal Board / Commission Member
  - Maintaining educational quality and the integrity of the dental profession
  - Carving out the time to review materials
  - Wants reports from site visitors and updates from staff

Other Groups with Whom CODA Communicates

- Constituent Dental Society
- United States Department of Education and other accrediting and state regulatory agencies
- Journalist
- Student / Resident [primarily through the “Find a Program” page on the CODA website]

CODA Goal 1:

The Commission on Dental Accreditation will be a leader in accreditation of dental education programs by recognizing the emerging areas of dental education, practice, research, and trends in higher education.

CODA Objective 5:

Create a comprehensive communication plan to enhance CODA visibility.
CODA Action Items:

- By summer of 2017, CODA will conduct a follow-up survey of the 2012 Communication Survey to its communities of interest to assess its progress toward enhanced communication and report the results to the Commission.
- By winter of 2018, CODA will research methods to reach and communicate information to its varied communities of interest in association with review and revision of its communication plan.
- By summer 2018, CODA will review and revise its communication plan and strategies to address findings of the Communication Survey and identified best practices of communication with its stakeholders.
- Every 3-5 years, or as the need arises, and following development of the communication plan and strategies, survey CODA’s communities of interest to assess its effectiveness in responding to and communicating with stakeholders.

Communication Objective:

- Increase the visibility and transparency of Commission actions

High-Level Communication Deliverables: [gray text indicates completed or ongoing deliverable]

- [Continue late 2018 through 2023:] Use webinar technology to deliver live and on-demand training and informational webinars
- [Begin late 2018, complete by attrition:] Brand All CODA stand-alone materials
- [2019 through 2023:] Use Aptify to communicate with accredited programs
  - Message boards, dashboards and online alerts
- [Begin early- to mid-2019, ongoing:] Use online training software to train CODA volunteers
- [Mid-2019:] Update the design of Communicator
  - Work with the Web Content and Communications Manager to update layout
- [Mid- to late-2019:] Improve use of CODA Alerts
  - Update the branding, layout and content of CODA Alerts
  - Increase the frequency of corrections and updates to mailing lists
- [Mid-2019 through 2020:] Improve usage of CODA Website
  - Re-organize the site architecture based on analytics data
  - Re-design website layout with more imagery [Communicator]
  - 2020: Launch automatic site visit schedules portal

Communication Metrics: [green = positive change; red = negative change]

- Increase year-to-year CODA Alert Click rates:
  - 2018 avg. = 9%  2019 avg. = 18%  2020 avg. to date = 21%
- Improve website user, download, and bounce rates
  - 2020 1st half v 2019 2nd half: unique page views up 16%; downloads up 47%; bounce rate down 3%
- Increase Communicator page visits
  - Waiting for metrics until another issue of the newly-designed Communicator is published

CODA Goal 2:
The Commission on Dental Accreditation will be a leader in the field in accreditation of dental education programs by ensuring long term sustainability in governance and autonomy,
resources, best practices in higher education accreditation, and building relationship, partnerships and collaboration.

**CODA Objective 3:**
Build and strengthen relationships by enhanced communication with CODA’s communities of interest.

**CODA Action Items:**
- In accordance with the Communication Plan, develop communication and marketing tools to provide more information about CODA accreditation to CODA’s communities of interest, including its mission, vision, values, plans (including plans to enhance communication) and benefits.
- On a continuing basis, CODA staff will provide workshops and host hearings at national meetings (e.g., ADEA, ADA, other dental meetings) to foster relationships and provide current information about CODA, its mission, the benefit of accreditation and CODA’s activities.
- Annually, CODA will develop and/or update 2-3 webinars and/or reports on contemporary topics and will create and maintain a library that is accessible to CODA’s volunteers, program directors, and communities of interest.

**Communication Objective:**
- Increase knowledge about CODA among specific audiences

**Topics Segmented by Personas and Other Audiences:**
- **Program Director:** Maintaining a program's accreditation
- **Site Visitor:** Annual training / Best practices for site visits
- **COI:** Updating “Advanced Education” Terminology in all CODA materials
- **COI:** CODA is the sole accreditor of U.S. dental and dental-related programs
- **COI:** Re-publishing external stories about or which mention the Commission
- **COI:** General Updates / Editorial and thought leadership articles
- **Review Committee/Appeal Board/Commissioner Member:** Process and best practices
- **Annual CODA Report:** deliver to CODA Communities of Interest

**High-Level Communication Deliverables**
- [Current through 2023:] Include message in as many pieces as possible that CODA is sole accrediting body of all dental and dental-related education programs in the United States
- [Late 2018 through 2023:] Increase development and utilization of training and educational tools (webinars, training modules)
- [Early 2019 through 2023:] Produce & promote live webinar sessions
  - In the first half of 2020, multiple Commission, Hearings, Review Committee, Site Visitor Training and other sessions were conducted virtually
- [2020 through 2023:] Publish & promote editorial/thought leadership articles
Communication Metrics: [green = positive change; red = negative change]

- Number of editorial articles published & webinars posted or held live
  - Meetings & Webinars held virtually in first half of 2020:
    - Almost 40 Review Committee meetings
    - Two Special Sessions of the Commission
    - Five Interruption of Education webinars
    - Three Hearings on Standards webinars
    - Two 2020 Site Visitor Training sessions

- Webinar Page: increase Page Visit rate
  - Track individual video downloads to determine topics of interest
    - 2020 1st half v 2019 2nd half: unique page views up 16%
  - The Accreditation News Page, which CODA Staff has utilized as the centralized location of COVID-19 updates, saw a 1700% increase in Rate of Views between March 16 and June 8, 2020

- Feedback via next Communication Follow-up Survey in 2021
CODA Communication Survey 2017 – Executive Summary Report

Objective
To gauge awareness, effectiveness, and knowledge of CODA communications in order to craft a communications plan that addresses the express needs of all communities of interest, as well as to measure improvement in communication initiatives to those communities.

Methodology
An online survey sent to 2,675 Community of Interest individuals and 10,000 ADA member dentists on 4/10/2017 [In 2012 the survey was sent to 2,800 COI and 5,000 ADA members] The recipients received a reminder on 4/20/2017, ten days into the open survey, and the survey was closed on 5/5/2017, 25 days after launch. The response rate at the time of close was approximately one submission per day.

There were 702 COI respondents (26%) and 359 member dentist respondents (6.3%). [In 2012 there were 1,732 COI respondents (62%) and 509 member dentist respondents (10%)] 156 (43%) member dentists selected ‘not familiar at all’ on the first question and were exempted from all remaining questions except for organization affiliation [In 2012, 115 selected ‘not familiar at all (24%)] Member dentist responses on all other questions were sourced from the remaining 203 individuals. The margin of error was 3% for COI, 7% for member dentists.

Findings
For the most part, member dentists are far less informed and interested in CODA operations. These findings are similar to the results of the 2012 survey. When it comes to participating in CODA events, COI individuals are most interested in webinars, somewhat interested in ADEA annual meetings, and less interested in ADA meetings and open sessions (this also aligns with the 2012 survey findings).

The preferred method of receiving CODA communications is email (93.4% n=656); this preference has not changed from 2012. The preferred method of training is the webinar (50.8% n=357), which also aligns with respondents’ answers in the 2012 survey.

COI respondents showed little interest in social media as a means of CODA communication, with the exception of YouTube, which showed a slightly higher interest as compared to the other social media channels listed in the survey (22.8%, n=160). While this slight increase is not enough to warrant a formal CODA channel on YouTube, it does support the interest respondents have in webinar training and indicates they have a comfort level with obtaining information via online multi-media.

In 2012, respondents showed an interest in Facebook. However, because of the privacy and data security challenges which make Facebook a less viable communication tool for CODA, the social media platform was not offered as a choice in the 2017 survey.

COI individuals consider themselves well informed on CODA activities, which remains similar to the attitude respondents revealed in 2012. Readership of CODA Communicator and Alert emails is quite high, and most respondents feel the Communicator fulfills its objective (71%, n=498).
The primary sources for policy updates and accreditation decisions are the Communicator and the CODA website. The topic of most importance to COI individuals is ‘policy changes;’ in 2012, the topic of most importance was ‘accreditation status.’

Finally, one area that indicated strong improvement from the 2012 survey was respondents’ understanding of the relationship between CODA and the ADA. In the 2017 survey, 83% (n=583) of COI respondents chose the correct description of CODA as a “semi-independent agency of the ADA.” In 2012, 41% (n=709) chose correctly.
REPORT OF THE STANDING COMMITTEE ON NOMINATIONS

Background: An ongoing responsibility of the Standing Committee on Nominations (Nominations Committee) includes recommendations to the Commission on Dental Accreditation (CODA) of qualified nominations to vacant positions on Review Committees and, in the case of consumer/public members, to vacant positions on Review Committees, the Commission, and the Appeal Board. Based upon review of position qualifications and submitted nominations, the Committee submits recommendations to the Commission for appointment of individuals.

July 22, 2020 Meeting: The Standing Committee on Nominations met on Tuesday, July 22, 2020 via a videoconference. The following members of the Nominations Committee were present: Ms. Deanna Stentiford, chair, Dr. Christopher Hasty, Dr. James Katancik, Dr. Barbara Krieg-Menning, Dr. Carol Anne Murdoch-Kinch, Dr. William Nelson, and Dr. Marsha Pyle. Dr. Marybeth Shaffer was unable to attend the meeting. Dr. Sherin Tooks, director, Ms. Marjorie Hooper, operations coordinator, and Mr. Gregg Marquardt, Ms. Michelle Smith, Ms. Jennifer Snow, and Ms. Peggy Soeldner, managers, CODA. Ms. Cathryn Albrecht, senior associate general counsel, ADA/CODA, was also in attendance.

The Standing Committee considered the Criteria for Commission and Review Committee Members and the Policy on Simultaneous Service (Appendix 1), nominee qualifications, and upcoming vacancies on Review Committees and the Commission (Appendix 2). Additionally, nominating organization rankings were considered, as applicable.

Following consideration and discussion, the Committee recommends the Commission appoint the following individuals:

Nomination Committee Recommendation: It is recommended that the Commission on Dental Accreditation appoint the following nominees to open positions on the Commission’s Review Committees:

General Dentists (four (4) vacancies) for Review Committees on Dental Assisting Education (DA RC), Dental Laboratory Technology Education (DLT RC), Dental Public Health Education (DPH RC) and Orthodontics and Dentofacial Orthopedics Education (ORTHO RC)

- Dr. Howard Lieb
- Dr. Maya Popova
- Dr. Pretty Sahasi
- Dr. Arpana Verma

Alternate: None
Non-General Dentist Educator (one (1) vacancy) for the Review Committee on Predoctoral Dental Education (PREDOC RC)
• Dr. Ana Karina Mascarenhas
  Alternate: Dr. Ronald Hunt

Dental Therapy Educator (one (1) vacancy) for the Review Committee on Predoctoral Dental Education (PREDOC RC)
• Mr. Drew Christianson
  Alternate: Ms. Colleen Brickle

Dental Assisting Educators (two (2) vacancy) for the Review Committee on Dental Assisting Education (DA RC)*
• Ms. Kimberly Bland
• Ms. Kori Preble Boeckler
  Alternate: None

*One position is a two-year term due to a vacated position, which is not renewable for an additional term.

Dental Hygiene Educator (one (1) vacancy) for the Review Committee on Dental Hygiene Education (DH RC)
• Ms. Lorie Holt
  Alternate: Dr. Linda Boyd

Dental Hygiene Practitioner (one (1) vacancy) for the Review Committee on Dental Hygiene Education (DH RC)
• Ms. Laura Scully
  Alternate: Ms. Kristen Portner-Lauerman

Consumer/Public Members (two (2) vacancies) for the Review Committees on Dental Public Health Education (DPH RC) and Review Committee on Endodontics Education (ENDO RC)*
• Dr. Shannon Smith-Stephens
• Vacant
  Alternate: None

*One position is a three-year term due to a vacated position, which is not renewable for an additional term.
**Nomination Committee Recommendation:** It is recommended that the Commission on Dental Accreditation appoint the following individuals, nominated by sponsoring organizations and/or boards, to the relevant review committees to fill discipline-specific vacancies:

**General Practice Residency Educator Nominee** (one (1) vacancy) for the Review Committee on Advanced Education in General Dentistry, General Practice Residency, Dental Anesthesiology, Oral Medicine and Orofacial Pain Education (AGDOO RC), nominated by the Special Care Dentistry Association
- Dr. Eric Sung
  Alternate: Dr. Frank Romano

**Advanced Education in General Dentistry Educator Nominee** (one (1) vacancy) for the Review Committee on Advanced Education in General Dentistry, General Practice Residency, Dental Anesthesiology, Oral Medicine and Orofacial Pain Education (AGDOO RC), nominated by the American Dental Education Association
- Vacant*
  Alternate: Vacant

* Insufficient minimal number of qualified nominations submitted for consideration.

**American Association of Public Health Dentistry Nominee** (one (1) vacancy) for the Review Committee on Dental Public Health Education (DPH RC), nominated by American Association of Public Health Dentistry
- Dr. Robert Weyant
  Alternate: Dr. Mark Macek

**American Board of Dental Public Health Nominee** (one (1) vacancy) for the Review Committee on Dental Public Health Education (DPH RC), nominated by American Board of Dental Public Health*
- Vacant**
  Alternate: Vacant

* Position is a one-year term due to a vacated position, which is renewable for an additional term.
** Insufficient minimal number of qualified nominations submitted for consideration.
American Board of Endodontology Nominee (one (1) vacancy) for the Review Committee on Endodontics Education (ENDO RC), nominated by American Board of Endodontology
  • Dr. Gerald Glickman
  Alternate: Dr. Stephanie Sidow

American Board of Oral and Maxillofacial Pathology Nominee (one (1) vacancy) for the Review Committee on Oral and Maxillofacial Pathology Education (OMP RC), nominated by American Board of Oral and Maxillofacial Pathology
  • Dr. Ashley Clark
  Alternate: Dr. Ricardo Padilla

American Academy of Oral and Maxillofacial Radiology Nominee (one (1) vacancy) for the Review Committee on Oral and Maxillofacial Radiology Education (OMR RC), nominated by American Academy of Oral and Maxillofacial Radiology
  • Dr. Sindhura Anamali Reddy
  Alternate: Dr. Aniket Jadhav

American Board of Oral and Maxillofacial Surgery Nominee (one (1) vacancy) for the Review Committee on Oral and Maxillofacial Surgery Education (OMS RC), nominated by American Board of Oral and Maxillofacial Surgery
  • Dr. Pushkar Mehra
  Alternate: Dr. Deepak Kademani

American Association of Orthodontists and American Board of Orthodontics Nominee (one (1) vacancy) for the Review Committee on Orthodontics and Dentofacial Orthopedics Education (ORTHO RC), nominated by American Association of Orthodontists and American Board of Orthodontics
  • Dr. Sarandeep Huja
  Alternate: Dr. Leslie Will

American Academy of Pediatric Dentistry Nominee (one (1) vacancy) for the Review Committee on Pediatric Dentistry Education (PED RC), nominated by American Academy of Pediatric Dentistry
  • Dr. James Boynton
  Alternate: Dr. Martha Wells
American Academy of Pediatric Dentistry and American Board of Pediatric Dentistry Nominee (one (1) vacancy) for the Review Committee on Pediatric Dentistry Education (PED RC), nominated by American Academy of Pediatric Dentistry and American Board of Pediatric Dentistry
• Dr. Anupama Rao Tate
Alternate: Dr. Gregory Olson

American Academy of Periodontology Nominee (one (1) vacancy) for the Review Committee on Periodontics Education (PERIO RC), nominated by American Academy of Periodontology
• Dr. Angela Palaiologou-Gallis
Alternate: Dr. Vanchit John

American College of Prosthodontists Nominee (one (1) vacancy) for the Review Committee on Prosthodontics Education (PROS RC), nominated by American College of Prosthodontists
• Dr. Sang Lee
Alternate: Dr. Arun Sharma

American College of Prosthodontists and American Board of Prosthodontics Nominee (one (1) vacancy) for the Review Committee on Prosthodontics Education (PROS RC), nominated by American College of Prosthodontists and American Board of Prosthodontics
• Dr. David Felton
Alternate: Dr. Dean Morton

New Business: The Nomination Committee noted a limited number of public member nominations to fill the two (2) vacant positions on CODA Review Committees. As such, the Committee discussed potential sources for public member nominees. The Committee suggested that staff reach out to other organizations that utilize public members to identify individuals who may be finishing terms yet remain interested in serving in a public member role within another agency.

The Nomination Committee also noted that the American Dental Education Association (ADEA) and American Board of Dental Public Health (ABDPH) did not submit the minimum number of qualified nominees for the roles of Advanced Education in General Dentistry Educator on the Review Committee on Advanced Education in General Dentistry, General Practice Residency, Dental Anesthesiology, Oral Medicine and Orofacial Pain Education and the American Board of Dental Public Health representative on the Review Committee on Dental Public Health, respectively. Each organization submitted a single nominee.
The Commission’s policy on Review Committee Structure states “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.” As such, the Committee believed that the Commission should communicate with these organizations to inform them of the urgency in submitting a minimal number of qualified nominations to fulfill vacancies that will be effective October 2020.

**Nomination Committee Recommendation:** It is recommended that the Commission on Dental Accreditation direct a communication to the American Dental Education Association (ADEA) requesting submission of two qualified nominees for the role of Advanced Education in General Dentistry Educator on the Review Committee on Advanced Education in General Dentistry, General Practice Residency, Dental Anesthesiology, Oral Medicine and Orofacial Pain Education, in order to the Commission to appoint the individual to assume the role in October 2020.

It is further recommended that the Commission on Dental Accreditation direct a communication to the American Board of Dental Public Health (ABDPH) requesting submission of two qualified nominees for the role of American Board of Dental Public Health (ABDPH) representative on the Review Committee on Dental Public Health, in order to the Commission to appoint the individual to assume the role in October 2020.

Prepared by: Dr. Sherin Tooks
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

REVIEW COMMITTEE COMPOSITION & CRITERIA FOR NOMINATION

Composition

Predoctoral Education Review Committee (9 members)
1 discipline-specific Commissioner appointed by American Dental Education Association
1 public member
3 dental educators who are involved with a predoctoral dental education program (two must be general dentists)
1 general dentist (One of whom is a practitioner
1 non-general* dentist (dentist and the other an educator)
1 dental assistant, dental hygienist, dental therapist or dental laboratory technology professional educator
1 dental therapist educator
*a dentist who has completed an advanced dental education program in dental anesthesiology, dental public health, endodontics, oral and maxillofacial radiology, oral and maxillofacial pathology, oral and maxillofacial surgery, oral medicine, orofacial pain, orthodontics and dentofacial orthopedics, pediatric dentistry, periodontics, or prosthodontics.

Three (3) Advanced Dental Education Review Committees (DPH, OMP, OMR - 5 members each. At least one member must be a dental educator.)
1 discipline-specific Commissioner appointed by the discipline-specific sponsoring organization
1 public member
1 dentist nominated by the discipline-specific sponsoring organization
1 dentist nominated by the discipline-specific certifying board
1 general dentist

Six (6) Advanced Dental Education Review Committees (ENDO, OMS, ORTHO, PERIO, PED, PROS - 6 members each. At least one member must be a dental educator.)
1 discipline-specific Commissioner appointed by the discipline-specific sponsoring organization
1 public member
1 dentist nominated by the discipline-specific sponsoring organization
1 dentist nominated by the discipline-specific certifying board
1 dentist nominated by the discipline-specific certifying board and discipline-specific sponsoring organization
1 general dentist
Advanced Education in General Dentistry, General Practice Residency, Dental Anesthesiology, Oral Medicine and Orofacial Pain Review Committee (12 members)
1 discipline-specific Commissioner, jointly appointed by American Dental Education Association (ADEA), the Special Care Dentistry Association (SCDA), the American Society of Dentist Anesthesiologists (ASDA), the American Academy of Oral Medicine (AAOM), and the American Academy of Orofacial Pain (AAOP).
1 public member
2 current General Practice Residency (GPR) educators nominated by the SCDA
2 current Advanced Education in General Dentistry (AEGD) educators nominated by ADEA
1 oral medicine educator nominated by the American Academy of Oral Medicine
1 dental anesthesiology educator nominated by the American Society of Dentist Anesthesiologists
1 orofacial pain educator nominated by the American Academy of Orofacial Pain
1 general dentist graduate of a GPR or AEGD
1 non-general* dentist
1 higher education or hospital administrator with past or present experience in administration in a teaching institution
*a dentist who has completed an advanced dental education program in dental public health, endodontics, oral and maxillofacial radiology, oral and maxillofacial pathology, oral and maxillofacial surgery, orthodontics and dentofacial orthopedics, pediatric dentistry, periodontics, or prosthodontics.

Dental Assisting Education Review Committee (10 members)
1 discipline-specific Commissioner appointed by American Dental Assistants Association
1 public member
2 general dentists (practitioner or educator)
5 dental assisting educators
1 dental assisting practitioner who is a graduate of a Commission accredited program

Dental Hygiene Education Review Committee (11 members)
1 discipline-specific Commissioner appointed by American Dental Hygienists’ Association
1 public member
4 dental hygienist educators
2 dental hygienist practitioners
1 dentist practitioner
1 dentist educator
1 higher education administrator

Dental Laboratory Technology Education Review Committee (5 members)
1 discipline-specific Commissioner appointed by National Association of Dental Laboratories
1 public member
1 general dentist
1 dental laboratory technology educator
1 dental laboratory owner nominated by National Association of Dental Laboratories
Revised: 8/18; 2/16; 2/15; 8/14; 2/13, 7/09, 7/08, 1/08; Reaffirmed: 8/17; 8/10; Adopted: 1/06
Report of the Standing Committee on Nominations
Commission Only
CODA Summer 2020

Nomination Criteria: The following criteria are requirements for nominating members to serve on the Review Committees. Rules related to the appointment term on Review Committees apply.

All Nominees:
- Ability to commit to one (1) four (4) year term;
- Willingness to commit ten (10) to twenty (20) days per year to Review Committee activities, including training, comprehensive review of print and electronically delivered materials and travel to Commission headquarters;
- Ability to evaluate an educational program objectively in terms of such broad areas as curriculum, faculty, facilities, student evaluation and outcomes assessment;
- Stated willingness to comply with all Commission policies and procedures (e.g. Agreement of Confidentiality; Conflict of Interest Policy; Operational Guidelines; Simultaneous Service; HIPAA Training, Licensure Attestation, and Professional Conduct Policy and Prohibition Against Harassment);
- Ability to conduct business through electronic means (email, Commission Web Sites); and
- Active, life or retired member of the American Dental Association, where applicable. Educator Nominees:
  - Commitment to predoctoral, advanced, and/or allied dental education;
  - Active involvement in an accredited predoctoral, advanced, or allied dental education program as a full- or part-time faculty member;
  - Subject matter experts with formal education and credentialed in the applicable discipline; and
  - Prior or current experience as a Commission site visitor.

Educator Nominees:
- Commitment to predoctoral, advanced, and/or allied dental education;
- Active involvement in an accredited predoctoral, advanced, or allied dental education program as a full- or part-time faculty member;
- Subject matter experts with formal education and credentialed in the applicable discipline; and
- Prior or current experience as a Commission site visitor.

Practitioner Nominees:
- Commitment to predoctoral, advanced, and/or allied dental education;
- Majority of current work effort as a practitioner; and
- Formal education and credential in the applicable discipline.

Public/Consumer Nominees:
- A commitment to bring the public/consumer perspective to Review Committee deliberations. The nominee should not have any formal or informal connection to the profession of dentistry; also, the nominee should have an interest in, or knowledge of, health-related and accreditation issues. In order to serve, the nominee must not be a:
  a. Dentist or member of an allied dental discipline;
  b. Member of a predoctoral, advanced, or allied dental education program faculty;
  c. Employee, member of the governing board, owner, or shareholder of, or independent consultant to, a predoctoral, advanced, or allied dental education program that is accredited by the Commission on Dental Accreditation, has applied for initial accreditation or is not-accredited;
d. Member or employee of any professional/trade association, licensing/regulatory agency or membership organization related to, affiliated with or associated with the Commission, dental education or dentistry; and

e. Spouse, parent, child or sibling of an individual identified above (a through d).

Higher Education Administrator:
• A commitment to bring the higher education administrator perspective to the Review Committee deliberations. In order to serve, the nominee must not be a:
  a. Member of any trade association, licensing/regulatory agency or membership organization related to, affiliated with or associated with the Commission; and
  b. Spouse, parent, child or sibling of an individual identified above.

Hospital Administrator:
• A commitment to bring the hospital administrator perspective to Review Committee deliberations. In order to serve, the nominee must not be a:
  a. Member of any trade association, licensing/regulatory agency or membership organization related to, affiliated with or associated with the Commission; and
  b. Spouse, parent, child or sibling of an individual identified above.

Revised: 8/18; 8/17; 8/14; 8/10; Adopted: 07/08
POLICY ON SIMULTANEOUS SERVICE

A member of the Commission on Dental Accreditation, including its Standing and Review Committees,* and Appeal Board, may not simultaneously serve as a principal officer of another organization within any of the Commission’s primary communities of interest if that organization has a role in appointing or co-appointing a member of the Commission. The Commission interprets principal officer to mean those in the position of being final decision-makers which usually includes positions such as the president, president-elect, immediate past president, secretary or treasurer of an organization, as well as members of any executive committee that has decision-making authority which does not require confirmation by a board or house. The Commission has defined primary community of interest in this context as any organizations who have a role in appointing Commissioners, and the Regional Clinical Testing Agencies. Additional criteria found in CODA’s Rules for nominations apply during an individual’s entire term on CODA.

When such a conflict is revealed at the time of appointment, the appointing organization will be informed that the conflict exists and requested to take steps to identify a replacement on the specific committee, Appeal Board, or Commission.

When such a conflict arises during the term of a current Commissioner, Review Committee, or Appeal Board member, the Commissioner, or Review Committee, or Appeal Board member will be asked to resolve the conflict by resigning from one of the conflicting appointments. In the event that the member resigns from the Commission or Appeal Board, the appointing organization will appoint another individual to complete the unfinished term, as specified by the Rules of the Commission on Dental Accreditation. In the event that the member resigns from the Review Committee, the Commission will contact the representative organization for nominations to fulfill the unfinished term.

If the term of the vacated Commission, Appeal Board, or Review Committee 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 appointment to 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.
*this applies to appointments made after 2013

Revised: 2/19; 8/18; 8/16; 2/16; 2/13, 7/09, 7/01, 7/95; Reaffirmed: 8/13; 8/10, 7/07
# Commission on Dental Accreditation

## Committee Membership Roster 2020 (Revised: 5/26/20)

### Review Committee on Predoctoral Dental Education (Staff: Sherin Tooks)

**Dates of Meetings**
- January 6-7, 2020
- July 13-14, 2020

<table>
<thead>
<tr>
<th>Member</th>
<th>Structure Category</th>
<th>Term Expires</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Rotter, Bruce</em></td>
<td>(Commissioner ADEA)</td>
<td>2022</td>
</tr>
<tr>
<td>Brodie, Abby</td>
<td>Predoc educator (gen dentist)</td>
<td>2021</td>
</tr>
<tr>
<td>Evans, Carla</td>
<td>Non-General Dentist (educator)</td>
<td>2020</td>
</tr>
<tr>
<td>Evans, Chester</td>
<td>Public</td>
<td>2023</td>
</tr>
<tr>
<td>Akey, William</td>
<td>General dentist (practitioner)</td>
<td>2022</td>
</tr>
<tr>
<td>Valenza, John</td>
<td>Predoc educator (gen dentist)</td>
<td>2021*</td>
</tr>
<tr>
<td>Long, Susan</td>
<td>Allied educator</td>
<td>2022</td>
</tr>
<tr>
<td>Ditmyer, Marcia</td>
<td>Predoc educator (gen dentist or PhD)</td>
<td>2023</td>
</tr>
<tr>
<td>Self, Karl</td>
<td>Dental Therapy Educator</td>
<td>2020</td>
</tr>
</tbody>
</table>

* completing vacated term, not renewable

### Review Committee on Advanced Education in General Dentistry, General Practice Residency, Dental Anesthesiology, Oral Medicine and Orofacial Pain Education (Staff: Peggy Soeldner)

**Dates of Meetings**
- January 9-10, 2020
- July 16-17, 2020

<table>
<thead>
<tr>
<th>Member</th>
<th>Structure Category</th>
<th>Term Expires</th>
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</thead>
<tbody>
<tr>
<td><em>Hicks, Jeffery</em></td>
<td>(Commissioner ADEA/SCDA/ASDA/AAOM/AAOP)</td>
<td>2021</td>
</tr>
<tr>
<td>Giovannitti, Joseph</td>
<td>Dent Anes educator (ASDA)</td>
<td>2022</td>
</tr>
<tr>
<td>Unser, Glenn</td>
<td>Public</td>
<td>2023</td>
</tr>
<tr>
<td>Robbins, Miriam</td>
<td>GPR educator (SCDA)</td>
<td>2023</td>
</tr>
<tr>
<td>Dellinger, Tracy</td>
<td>Gen. dentist (AEGD/GPR grad)</td>
<td>2021</td>
</tr>
<tr>
<td>Khaled, Yasser</td>
<td>Non-general dentist</td>
<td>2022</td>
</tr>
<tr>
<td>Stewart, William</td>
<td>GPR educator (SCDA)</td>
<td>2020</td>
</tr>
<tr>
<td>Barnes, Douglas</td>
<td>AEGD educator (ADEA)</td>
<td>2021</td>
</tr>
<tr>
<td>Webb, Michael</td>
<td>AEGD educator (ADEA)</td>
<td>2020</td>
</tr>
<tr>
<td>Brennan, Michael</td>
<td>Oral med educator (AAOM)</td>
<td>2022</td>
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<tr>
<td>Henning, Neal</td>
<td>Higher ed/Hosp administrator</td>
<td>2022</td>
</tr>
<tr>
<td>Heir, Gary</td>
<td>Orofacial Pain educator (AAOP)</td>
<td>2022</td>
</tr>
</tbody>
</table>

* Committee Chair
**Role will be vacant prior to end of the term
***Successor to a Vacated Term of less than 50%; Eligible for another term
## COMMISSION ON DENTAL ACCREDITATION

### COMMITTEE MEMBERSHIP ROSTER 2020  (Revised: 5/26/20)

### REVIEW COMMITTEE ON DENTAL ASSISTING EDUCATION
(Staff: Michelle Smith)

<table>
<thead>
<tr>
<th>MEMBER</th>
<th>STRUCTURE CATEGORY</th>
<th>TERM EXPIRES</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Stentiford, Deanna</td>
<td>(Commissioner ADAA)</td>
<td>2020</td>
</tr>
<tr>
<td>McCaslin, Martha</td>
<td>DA educator</td>
<td>2022**role will be vacant; current appointee due to become CODA Commissioner Oct. 2020</td>
</tr>
<tr>
<td>Bera, Julie</td>
<td>DA educator</td>
<td>2020</td>
</tr>
<tr>
<td>Day, James</td>
<td>General dentist</td>
<td>2020</td>
</tr>
<tr>
<td>Cavallucci, Dorothea</td>
<td>DA educator</td>
<td>2023</td>
</tr>
<tr>
<td>Magnuson, Nichole</td>
<td>DA practitioner</td>
<td>2022</td>
</tr>
<tr>
<td>Schneider, Debra</td>
<td>General dentist</td>
<td>2023</td>
</tr>
<tr>
<td>Johnson, Carol</td>
<td>DA educator</td>
<td>2023</td>
</tr>
<tr>
<td>Bowman-Pensel, Margaret</td>
<td>Public</td>
<td>2022</td>
</tr>
<tr>
<td>Little, Carol</td>
<td>DA educator</td>
<td>2021</td>
</tr>
</tbody>
</table>

### REVIEW COMMITTEE ON DENTAL HYGIENE EDUCATION
(Staff: Sherin Tooks)

<table>
<thead>
<tr>
<th>MEMBER</th>
<th>STRUCTURE CATEGORY</th>
<th>TERM EXPIRES</th>
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<tbody>
<tr>
<td>*Kass, Susan</td>
<td>(Commissioner ADHA)</td>
<td>2023</td>
</tr>
<tr>
<td>Brodeur, Lynne</td>
<td>Higher Ed administrator</td>
<td>2022</td>
</tr>
<tr>
<td>Hobbs, Carrie</td>
<td>DH Educator</td>
<td>2023</td>
</tr>
<tr>
<td>Krieg-Menning, Barbara</td>
<td>Public</td>
<td>2023</td>
</tr>
<tr>
<td>Grzeskowskii, Tami</td>
<td>DH Educator</td>
<td>2022</td>
</tr>
<tr>
<td>Leyba, Richard</td>
<td>Dentist Practitioner</td>
<td>2023</td>
</tr>
<tr>
<td>Javed, Tariq</td>
<td>Dentist Educator</td>
<td>2023</td>
</tr>
<tr>
<td>Vandenbush, Sheila</td>
<td>DH educator</td>
<td>2022</td>
</tr>
<tr>
<td>Kabel, Betty</td>
<td>DH practitioner</td>
<td>2022</td>
</tr>
<tr>
<td>Holt, Lorie</td>
<td>DH Educator</td>
<td>2020*</td>
</tr>
<tr>
<td>Baus, Laura</td>
<td>DH practitioner</td>
<td>2020</td>
</tr>
</tbody>
</table>

* completing vacated term, renewable

---

* Committee Chair
**Role will be vacant prior to end of the term
***Successor to a Vacated Term of less than 50%; Eligible for another term
## COMMISSION ON DENTAL ACCREDITATION

### COMMITTEE MEMBERSHIP ROSTER 2020  (Revised: 5/26/20)

### REVIEW COMMITTEE ON DENTAL LABORATORY TECHNOLOGY EDUCATION
(Staff: Michelle Smith)

**DATES OF MEETINGS**
January 6, 2020
July 13, 2020

<table>
<thead>
<tr>
<th>MEMBER</th>
<th>STRUCTURE CATEGORY</th>
<th>TERM EXPIRES</th>
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</thead>
<tbody>
<tr>
<td>*McClemens, Charles</td>
<td>(Commissioner NADL)</td>
<td>2021</td>
</tr>
<tr>
<td>Cohen, Arax</td>
<td>DLT educator</td>
<td>2021</td>
</tr>
<tr>
<td>Gann, Gary</td>
<td>DLT owner (NADL)</td>
<td>2022</td>
</tr>
<tr>
<td>Mehlhorn, Alice</td>
<td>Public</td>
<td>2021</td>
</tr>
<tr>
<td>Frohlinger, Stanley</td>
<td>General dentist</td>
<td>2020</td>
</tr>
</tbody>
</table>

### REVIEW COMMITTEE ON DENTAL PUBLIC HEALTH EDUCATION
(Staff: Sherin Tooks/Peggy Soeldner)

**DATES OF MEETINGS**
January 10, 2020
July 17, 2020

<table>
<thead>
<tr>
<th>MEMBER</th>
<th>STRUCTURE CATEGORY</th>
<th>TERM EXPIRES</th>
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</thead>
<tbody>
<tr>
<td>*Levy, Steven</td>
<td>(Commissioner AAPHD)</td>
<td>2020</td>
</tr>
<tr>
<td>Wajdowicz, Michael</td>
<td>General dentist</td>
<td>2020</td>
</tr>
<tr>
<td>Kaste, Linda</td>
<td>AAPHD nominee</td>
<td>2020</td>
</tr>
<tr>
<td>Badner, Victor</td>
<td>ABDPH nominee</td>
<td>2021**role will be vacant; current appointee due to become CODA Commissioner Oct. 2020</td>
</tr>
<tr>
<td>Leonard, James</td>
<td>Public</td>
<td>2020</td>
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### REVIEW COMMITTEE ON ENDODONTICS EDUCATION
(Staff: Jennifer Snow)

**DATES OF MEETINGS**
January 6, 2020
July 13, 2020

<table>
<thead>
<tr>
<th>MEMBER</th>
<th>STRUCTURE CATEGORY</th>
<th>TERM EXPIRES</th>
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</thead>
<tbody>
<tr>
<td>*Johnson, Bradford</td>
<td>(Commissioner AAE)</td>
<td>2020</td>
</tr>
<tr>
<td>Pileggi, Roberta</td>
<td>AAE nominee</td>
<td>2021</td>
</tr>
<tr>
<td>Johnson, William</td>
<td>ABE nominee</td>
<td>2020</td>
</tr>
<tr>
<td><strong>VACANT</strong></td>
<td>Public</td>
<td>2023</td>
</tr>
<tr>
<td>Patel, Ankur</td>
<td>General dentist</td>
<td>2022</td>
</tr>
<tr>
<td>McClanahan, Scott</td>
<td>AAE/ABE nominee</td>
<td>2023</td>
</tr>
</tbody>
</table>

* Committee Chair
**Role will be vacant prior to end of the term
***Successor to a Vacated Term of less than 50%; Eligible for another term
COMMISSION ON DENTAL ACCREDITATION

COMMITTEE MEMBERSHIP ROSTER 2020  (Revised: 5/26/20)

### REVIEW COMMITTEE ON ORAL AND MAXILLOFACIAL PATHOLOGY EDUCATION (Staff: Sherin Tooks/Peggy Soeldner)

<table>
<thead>
<tr>
<th>MEMBER</th>
<th>STRUCTURE CATEGORY</th>
<th>TERM EXPIRES</th>
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<tbody>
<tr>
<td>*Hellstein, John</td>
<td>(Commissioner AAOMP)</td>
<td>2022</td>
</tr>
<tr>
<td>Korff, Kathryn</td>
<td>General dentist</td>
<td>2023</td>
</tr>
<tr>
<td>Noonan, Vikki</td>
<td>AAOMP nominee</td>
<td>2021</td>
</tr>
<tr>
<td>Hinds, James</td>
<td>Public</td>
<td>2022</td>
</tr>
<tr>
<td>Cox, Darren</td>
<td>ABOMP nominee</td>
<td>2020</td>
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</table>

### REVIEW COMMITTEE ON ORAL AND MAXILLOFACIAL RADIOLOGY EDUCATION (Staff: Sherin Tooks/Peggy Soeldner)

<table>
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<tr>
<th>MEMBER</th>
<th>STRUCTURE CATEGORY</th>
<th>TERM EXPIRES</th>
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<tbody>
<tr>
<td>*Mallya, Sanjay</td>
<td>(Commissioner AAOMR)</td>
<td>2023</td>
</tr>
<tr>
<td>Broome, Angela</td>
<td>AAOMR nominee</td>
<td>2020</td>
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<tr>
<td>Bacanurschi, Boris</td>
<td>General dentist</td>
<td>2023</td>
</tr>
<tr>
<td>Kelber, Gene</td>
<td>Public</td>
<td>2022</td>
</tr>
<tr>
<td>Gohel, Anita</td>
<td>ABOMR nominee</td>
<td>2021</td>
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### REVIEW COMMITTEE ON ORAL AND MAXILLOFACIAL SURGERY EDUCATION (Staff: Jennifer Snow)

<table>
<thead>
<tr>
<th>MEMBER</th>
<th>STRUCTURE CATEGORY</th>
<th>TERM EXPIRES</th>
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</thead>
<tbody>
<tr>
<td>*Nelson, William</td>
<td>(Commissioner AAOMS)</td>
<td>2021</td>
</tr>
<tr>
<td>Stergar, Cindy</td>
<td>Public</td>
<td>2022</td>
</tr>
<tr>
<td>Rinaudo, Philip</td>
<td>General dentist</td>
<td>2022</td>
</tr>
<tr>
<td>Kushner, George</td>
<td>AAOMS nominee</td>
<td>2021</td>
</tr>
<tr>
<td>Steed, Martin</td>
<td>ABOMS nominee</td>
<td>2020</td>
</tr>
<tr>
<td>Qureshy, Faisal</td>
<td>AAOMS/ABOMS nominee</td>
<td>2023</td>
</tr>
</tbody>
</table>

* Committee Chair
**Role will be vacant prior to end of the term
***Successor to a Vacated Term of less than 50%; Eligible for another term
### REVIEW COMMITTEE ON ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS EDUCATION
(Staff: Jennifer Snow)

<table>
<thead>
<tr>
<th>MEMBER</th>
<th>STRUCTURE CATEGORY</th>
<th>TERM EXPIRES</th>
</tr>
</thead>
<tbody>
<tr>
<td>*DeLeon, Eladio</td>
<td>(Commissioner AAO)</td>
<td>2023</td>
</tr>
<tr>
<td>Woodall, Wendy</td>
<td>General dentist</td>
<td>2020</td>
</tr>
<tr>
<td>Lindauer, Steven</td>
<td>AAO nominee</td>
<td>2023</td>
</tr>
<tr>
<td>Foley, Patrick</td>
<td>ABO nominee</td>
<td>2021</td>
</tr>
<tr>
<td>Cushing, David</td>
<td>Public</td>
<td>2023</td>
</tr>
<tr>
<td>Hartsfield, James</td>
<td>AAO/ABO nominee</td>
<td>2020</td>
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</tbody>
</table>

### REVIEW COMMITTEE ON PEDIATRIC DENTISTRY EDUCATION
(Staff: Sherin Tooks/Peggy Soeldner)

<table>
<thead>
<tr>
<th>MEMBER</th>
<th>STRUCTURE CATEGORY</th>
<th>TERM EXPIRES</th>
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</thead>
<tbody>
<tr>
<td>*Berg, Joel</td>
<td>(Commissioner AAPD)</td>
<td>2023</td>
</tr>
<tr>
<td>Townsend, Janice</td>
<td>AAPD nominee</td>
<td>2020</td>
</tr>
<tr>
<td>Morales, Joseph</td>
<td>General dentist</td>
<td>2022</td>
</tr>
<tr>
<td>Hipp, Cynthia</td>
<td>ABPD nominee</td>
<td>2021</td>
</tr>
<tr>
<td>Haubrick, Kevin+</td>
<td>Public</td>
<td>2023</td>
</tr>
<tr>
<td>Donaldson, Martin</td>
<td>AAPD/ABPD nominee</td>
<td>2020</td>
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</table>

*term expires 2022

### REVIEW COMMITTEE ON PERIODONTICS EDUCATION
(Staff: Jennifer Snow)

<table>
<thead>
<tr>
<th>MEMBER</th>
<th>STRUCTURE CATEGORY</th>
<th>TERM EXPIRES</th>
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<tbody>
<tr>
<td>*Katancik, James</td>
<td>(Commissioner AAP)</td>
<td>2022</td>
</tr>
<tr>
<td>Hatzenbuehler, Linda</td>
<td>Public</td>
<td>2021</td>
</tr>
<tr>
<td>Luepke, Paul</td>
<td>ABP nominee</td>
<td>2023</td>
</tr>
<tr>
<td>Powell, Charles</td>
<td>AAP nominee</td>
<td>2020</td>
</tr>
<tr>
<td>Sobota, Jaqueline</td>
<td>General dentist</td>
<td>2022</td>
</tr>
<tr>
<td>Johnson, Georgia</td>
<td>AAP/ABP nominee</td>
<td>2022</td>
</tr>
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</table>

* Committee Chair
**Role will be vacant prior to end of the term
***Successor to a Vacated Term of less than 50%; Eligible for another term
COMMISSION ON DENTAL ACCREDITATION

COMMITTEE MEMBERSHIP ROSTER 2020  (Revised: 5/26/20)

<table>
<thead>
<tr>
<th>MEMBER</th>
<th>STRUCTURE CATEGORY</th>
<th>TERM EXPIRES</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Agar, John</td>
<td>(Commissioner ACP)</td>
<td>2021</td>
</tr>
<tr>
<td>DeVito, Scott</td>
<td>Public</td>
<td>2023</td>
</tr>
<tr>
<td>Knoernschild, Kent</td>
<td>ABP nominee</td>
<td>2022</td>
</tr>
<tr>
<td>Hagenbruch, Joseph</td>
<td>General dentist</td>
<td>2023</td>
</tr>
<tr>
<td>DiPede, Louis</td>
<td>ACP nominee</td>
<td>2020</td>
</tr>
<tr>
<td>Hirayama, Hiroshi</td>
<td>ACP/ABP nominee</td>
<td>2020</td>
</tr>
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</table>

* Committee Chair
**Role will be vacant prior to end of the term
***Successor to a Vacated Term of less than 50%; Eligible for another term
CONSIDERATION OF CODA’S ONGOING OPERATIONS IN RESPONSE TO THE COVID-19 IMPACT ON DENTAL AND DENTAL RELATED EDUCATIONAL PROGRAMS

Background: At its April 2, 2020 meeting, the Commission on Dental Accreditation adopted, with immediate implementation, several actions related to the conduct of accreditation site visits to CODA-accredited programs and programs seeking accreditation through the application process. As a result, all CODA site visits were postponed March 2020 through year-end 2020. Additionally, at its April 13, 2020 meeting, the Commission adopted, with immediate implementation, temporary flexibility guidance documents for each discipline under the Commission’s purview, related to the Class of 2020, as a result of the impact of COVID-19 on dental and dental related educational programs. Subsequently, the temporary flexibility guidance documents were circulated to all CODA-accredited educational programs to be used as a resource for reporting an interruption of education resulting from COVID-19 for the Class of 2020. Programs’ interruption of education reports for the Class of 2020 were reviewed during special meetings of the Commission’s Review Committees and CODA in June and July 2020.

At the same meeting, on April 13, 2020, the Commission directed a modified timeline of several of CODA’s ongoing operations as a result of the impact of COVID-19 on dental and dental related educational programs. The Commission’s prior directives related to the impact of COVID-19 are found in the Meeting Minutes, April 2, 2020 and April 13, 2020, which are available as separate reports of the Summer 2020 CODA meeting.

At this meeting, the Commission on Dental Accreditation should consider a number of ongoing Commission initiatives, which may require further modification due to the continued impact of the COVID-19 pandemic.

Consideration of Flexibility in the Accreditation Standards Related to Interruption of Education for All Commission-Accredited Dental and Dental Related Education Programs for the Class of 2021 and Beyond: The Commission may want to consider the following issues:

1. Flexibility guidance for the Class 2021 and beyond: The Commission may wish to consider whether existing guidance should be extended or new guidance issued. If the current guidance is extended, a timeline for extension may be appropriate. If new guidance is issued, the Commission may consider how the guidance will be developed, approved, distributed and its timeline for application.

2. Monitoring of educational programs for the Class of 2021 and beyond: The Commission may wish to discuss appropriate monitoring mechanisms, either through interruption of education reports, other reports, or the Commission’s annual accreditation survey.

3. Ongoing, temporary use of distance education: The Commission may wish to discuss the extension of its temporary flexibility to allow use of distance education for all years of the program during COVID-19. In consideration of this topic, the Commission may note
the United States Department of Education extension to allow temporary use by educational programs through December 31, 2020.

4. Potential for overlap in student/resident/fellow enrollment: The Commission may wish to consider management of overlap of student enrollment, on a temporary basis, for programs that make such a request related to COVID-19.

Consideration of CODA’s Ongoing Operations in Response to the COVID-19 Impact on Dental and Dental Related Educational Programs: The Commission may want to consider the following issues:

5. Whether timelines for CODA activities, as directed during the April 13, 2020 meeting, should be reaffirmed or reconsidered at this meeting:
   a. Spring 2020 Validity and Reliability Studies for predoctoral dental education and oral and maxillofacial pathology education will be delayed until Spring 2021.
   b. Ad Hoc Committees to consider standards revisions for Oral and Maxillofacial Surgery (residency and fellowship), Orthodontics and Dentofacial Orthopedics (residency and fellowship), and Periodontics, respectively, will submit update reports in Winter 2021 rather than Summer 2020.
   c. Ad Hoc Committee on CODA Structure and Function will continue its work, with a report in Winter 2021 rather than Summer 2020.
   d. Ad Hoc Committee on Use of Educational Activity Sites will continue its work, with a report in Winter 2021 rather than Summer 2020. The mandatory survey of all dental education programs on the use of educational activity sites has been delayed during the COVID-19 interruption. The Summer 2020 Mega Issue Discussion on use of educational activity sites was canceled.

6. How to manage other program changes related to COVID-19 and potential need for additional Review Committee and Commission Meetings (e.g. non-enrollment, extended enrollments, program changes, interruption for Class of 2021, etc.).

7. How to manage flagged Annual Survey responses in accordance with CODA’s continuous monitoring mechanism, when reported information may be reflective of flexibility that was granted by the Commission but would otherwise have resulted in CODA staff follow-up.

8. How to manage receipt of applications in the Commission office. During the April 13, 2020 meeting, the Commission noted that applications are sent in multiple volumes and copies, both paper and electronic, so that staff may distribute the application to the reviewer(s) at the appropriate time in CODA’s application review process. Since the CODA office was closed, and since the priorities of CODA and its volunteers were focused on COVID-19, the Commission determined that it would delay further processing of applications during the COVID-19 interruption. Absent COVID-19 restrictions and delays, the first opportunity for the Commission to consider a program, provided the application is in order, is generally 12 to 18 months following the application submission date. The Commission should determine how it will proceed with processing applications given the potential long-term impact of COVID-19.
9. How Hearings on Accreditation Standards and CODA Meetings will occur through 2020 and 2021. The Commission conducts a hearing on standards each fall at the American Dental Association Annual Meeting, which will be held virtually this year. The Commission conducted three virtual hearings this spring due to changes and cancelations of meetings. Additionally, CODA staff is developing an online comment portal that will be accessible through the Commission’s webpage that houses the proposed revisions to Accreditation Standards, which could be implemented later this year. It should be noted that December 2020 training of new Review Committee, Commission, and Appeal Board members will occur virtually. Further, the mandatory annual site visitor training will occur virtually as this is the current method used by CODA for annual training.

10. The Commission may wish to discuss whether the Winter 2021 meetings should be conducted virtually for Commissioners, registered observers, or both groups.

11. How to manage receipt of international PACV surveys and PACV self-studies in the Commission office, as well as the work of the Standing Committee on International Accreditation. See receipt of applications and management of site visits sections of this report.

Consideration of CODA’s Ongoing Operations in Response to the COVID-19 and the Impact on Site Visits: The Commission may wish to consider the following issues, as they relate to ongoing directives of the Commission’s April 2, 2020 meeting:

12. Whether site visitors whose terms end in October 2020 should have an extension of their active term for one additional year, through October 2021, as they were unable to volunteer with CODA in 2020 and may be scheduled for a site visit that was canceled due to COVID-19.

13. Related to the conduct of 2021 site visits, whether the Commission should pursue alternative site visit methods if travel restrictions are in place. Alternative methods may include, but are not limited to, virtual site visits (in part or in whole) to the programs rescheduled in 2021, programs undergoing an application review, and programs scheduled for special focused site visits. It should be noted, by United States Department of Education regulations, if an accreditor conducts virtual site visits, the visits must rely on interaction with the program, not simply a document review, and must be followed up with an in-person visit, within a reasonable period of time, to meet the statutory and regulatory requirements of the Department of Education. Further, the accrediting agency must develop and apply policies and procedures for the conduct of virtual site visits, which are approved by the agency’s Board.

Previously, at its April 2, 2020 meeting, the Commission directed the following, which may be reaffirmed or reconsidered at this meeting:

- **Related to “regular/reaccreditation” site visits:** The next “regular/reaccreditation” site visit of every CODA-accredited program, excluding the programs already site visited in spring 2020, be shifted forward by one (1) year. The Commission
further directs that each “regular/reaccreditation” site visit in subsequent years also be shifted forward by one year.

- **Related to “special focused” site visits:** Special focused site visits be postponed until the earliest opportunity to conduct the visit. Any program scheduled for a special focused site visit as a result of a potential or identified area(s) of non-compliance was expected to submit a report to the Commission on the area of potential concern, for consideration at the Commission’s Summer 2020 meeting.
- **Related to application site visits:** Previously scheduled site visits to programs applying for initial (first time) accreditation be postponed until the earliest opportunity to conduct the visit.
- **Related to virtual site visits:** Virtual site visits will not be used at this time.

**Summary:** The Commission is requested to consider its ongoing operations and the impact on dental and dental related educational programs as a result of COVID-19.

**Commission Action:**

Prepared by: Dr. Sherin Tooks
CONSIDERATION OF A REQUEST TO ESTABLISH A REVIEW COMMITTEE FOR ORAL MEDICINE

**Background:** On June 24, 2020, the Commission on Dental Accreditation (CODA) received a letter from The American Academy of Oral Medicine (AAOM) requesting that the Commission consider establishing an independent Oral Medicine Review Committee (Appendix 1). Upon receipt of the AAOM request, and in accordance with policy, the Chair of the Commission on Dental Accreditation directed that the request be considered by the Commission at its next regularly scheduled meeting.

The Commission’s Policy on Changes to the Composition of Review Committees and the Board of Commissioners, as well as the policy on Review Committees and Board of Commissioners, found in CODA’s Evaluation and Operational Policies and Procedures (EOPP), is found in Appendix 2.

**Summary:** The Commission is requested to consider The American Academy of Oral Medicine request (Appendix 1) and CODA’s policies and procedures (Appendix 2). The Commission may take action on the AAOM’s request, or the Commission may direct further review of this request by standing or ad hoc committee(s) of the Commission.

**Commission Action:**

Prepared by: Dr. Sherin Tooks
June 24, 2020

Commission on Dental Accreditation  
Attn: Dr. Sherin Tooks, Director  
211 E. Chicago Avenue, Suite 1900  
Chicago, Illinois 60611  

Dear Dr. Tooks:

The American Academy of Oral Medicine (AAOM) is requesting establishment of an independent Advanced Dental Education Review Committee for Oral Medicine. Currently, the American Dental Association (ADA) Recognized Specialty of Oral Medicine is under the purview of the Post-Doctoral Advanced General Dentistry Education Programs. Oral Medicine specifically encompasses a distinct and separate dental specialty that includes the oral health care of medically complex patients and the diagnosis and management of medically-related diseases, disorders and conditions affecting the oral and maxillofacial region, and it is sufficiently different from any general dentistry education and general dental clinical practice.

In accordance with CODA’s “POLICY ON CHANGES TO THE COMPOSITION OF REVIEW COMMITTEES AND THE BOARD OF COMMISSIONERS,” the recent ADA recognized dental specialty area in Oral Medicine fulfills the criteria where “a new dental workforce or discipline is recognized by a nationally accepted agency.” On March 31, 2020, the National Commission on Recognition of Dental Specialties and Certifying Boards (NCRDSCB) approved an application for specialty recognition by the AAOM.

The AAOM respectfully requests that the Commission once again considers the establishment of a separate Review Committee comprised of a discipline-specific Commissioner position and four requisite members as outlined by the Commission’s “Evaluation & Operational Policies & Procedures Manual.”

Sincerely,

Lauren L. Patton, DDS  
President  
The American Academy of Oral Medicine
C. POLICY ON CHANGES TO THE COMPOSITION OF REVIEW COMMITTEES AND THE BOARD OF COMMISSIONERS

The Commission believes it is imperative that content area experts are represented on site visit committees, Review Committees and on the Commission to accomplish its mission. However, the Commission does not establish Review Committees or add Commissioner positions based upon the number of programs accredited or number of students/residents enrolled within a given discipline.

The Board of Commissioners is composed of representatives and subject area experts from the dental education, dental licensure and private practice communities, advanced dental education, allied dental education, and the public at large. The Commission’s Review Committees mirror this structure with committees devoted to dental, dental assisting, dental hygiene, dental laboratory technology, 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. The Review Committee on Advanced Education in General Dentistry, General Practice Residency, Dental Anesthesiology, Oral Medicine and Orofacial Pain reviews programs in advanced education in general dentistry, general practice residency, dental anesthesiology, oral medicine, and orofacial pain; content experts from each of these areas are represented on the Committee. The Predoctoral Dental Education Review Committee reviews programs in predoctoral dental education and dental therapy education; content experts from each of these areas are represented on the Committee. The Review Committees function to ensure the quality of predoctoral, advanced, and allied dental education programs accredited by the Commission is maintained; they are advisory to the Commission on matters of accreditation policy and program review.

As predoctoral, advanced, and allied dental education and practice continues to evolve, the Board of Commissioners may consider a change in its composition, consistent with its Rules. The Board may also modify the number or composition of its Review Committees. Such changes may be necessary to reflect changes in the makeup of the dental profession workforce and to provide standards and quality accreditation services to the educational programs in these areas.

For example, changes to the Board of Commissioners or Review Committees may be considered by the Board of Commissioners under the following circumstances:

- When a new dental workforce or discipline is recognized by a nationally accepted agency.
- When development of accreditation standards or accreditation services for a new or existing dental workforce or discipline cannot be supported by the existing structure(s).
- When the Board of Commissioners identifies the need to modify its composition or that of a Review Committee(s).

Procedure for Requesting a New Review Committee and/or Commissioner Position:

- A request is submitted to the Commission for either a new Review Committee and/or Commissioner position.

- The Chair of the Commission may refer the request to the appropriate standing committee and/or review committee(s) for evaluation or may present the request to the Commission at its next regularly scheduled meeting.
If referred to a committee, the committee considers the request and provides a recommendation to the Commission.

The Commission considers the report and recommendation of standing/review committee(s) or considers the request directly as presented by the chair and makes a final determination.

If the Commission approves the request and directs a new Review Committee, a period of implementation and training will also be provided. If a modification to the existing composition of the Board of Commissioners is approved, the Commission’s Rules will be modified.

Revised: 8/18; 8/17; 2/16; Adopted 8/14

II. REVIEW COMMITTEES AND BOARD OF COMMISSIONERS

A. 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.

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

2. Composition

Predoctoral Education Review Committee (9 members)
1 discipline-specific Commissioner appointed by American Dental Education Association
1 public member
3 dental educators who are involved with a predoctoral dental education program (two must be general dentists)
1 general dentist
1 non-general* dentist (One of whom is a practitioner
dentist and the other an educator)
1 dental assistant, dental hygienist, dental therapist or dental laboratory technology professional educator
1 dental therapist educator
*a dentist who has completed an advanced dental education program in dental anesthesiology, dental public health, endodontics, oral and maxillofacial radiology, oral and maxillofacial pathology, oral and maxillofacial surgery, oral medicine, orofacial pain, orthodontics and dentofacial orthopedics, pediatric dentistry, periodontics, or prosthetics.

Three (3) Advanced Dental Education Review Committees (DPH, OMP, OMR - 5 members each. At least one member must be a dental educator.)
1 discipline-specific Commissioner appointed by the discipline-specific sponsoring organization
1 public member
1 dentist nominated by the discipline-specific sponsoring organization
1 dentist nominated by the discipline-specific certifying board
1 general dentist

Six (6) Advanced Dental Education Review Committees (ENDO, OMS, ORTHO, PERIO, PED, PROS - 6 members each. At least one member must be a dental educator.)
1 discipline-specific Commissioner appointed by the discipline-specific sponsoring organization
1 public member
1 dentist nominated by the discipline-specific sponsoring organization
1 dentist nominated by the discipline-specific certifying board
1 dentist nominated by the discipline-specific certifying board and discipline-specific sponsoring
organization
1 general dentist

Advanced Education in General Dentistry, General Practice Residency, Dental Anesthesiology, Oral Medicine and Orofacial Pain Review Committee (12 members)
1 discipline-specific Commissioner, jointly appointed by American Dental Education Association (ADEA), the Special Care Dentistry Association (SCDA), the American Society of Dentist Anesthesiologists (ASDA), the American Academy of Oral Medicine (AAOM), and the American Academy of Orofacial Pain (AAOP)
1 public member
2 current General Practice Residency (GPR) educators nominated by the SCDA
2 current Advanced Education in General Dentistry (AEGD) educators nominated by ADEA
1 oral medicine educator nominated by the American Academy of Oral Medicine
1 dental anesthesiology educator nominated by the American Society of Dentist Anesthesiologists
1 orofacial pain educator nominated by the American Academy of Orofacial Pain
1 general dentist graduate of a GPR or AEGD
1 non-general* dentist
1 higher education or hospital administrator with past or present experience in administration in a teaching institution
*a dentist who has completed an advanced dental education program in dental public health, endodontics, oral and maxillofacial radiology, oral and maxillofacial pathology, oral and maxillofacial surgery, orthodontics and dentofacial orthopedics, pediatric dentistry, periodontics, or prosthodontics.

Dental Assisting Education Review Committee (10 members)
1 discipline-specific Commissioner appointed by American Dental Assistants Association
1 public member
2 general dentists (practitioner or educator)
5 dental assisting educators
1 dental assisting practitioner who is a graduate of a Commission accredited program

Dental Hygiene Education Review Committee (11 members)
1 discipline-specific Commissioner appointed by American Dental Hygienists’ Association
1 public member
4 dental hygienist educators
2 dental hygienist practitioners
1 dentist practitioner
1 dentist educator
1 higher education administrator

Dental Laboratory Technology Education Review Committee (5 members)
1 discipline-specific Commissioner appointed by National Association of Dental Laboratories
1 public member
1 general dentist
1 dental laboratory technology educator
1 dental laboratory owner nominated by National Association of Dental Laboratories
Revised: 8/18; 2/16; 2/15; 8/14; 2/13, 7/09, 7/08, 1/08; Reaffirmed: 8/17; 8/10; Adopted: 1/06

3. **Nomination Criteria:** The following criteria are requirements for nominating members to serve on the Review Committees. Rules related to the appointment term on Review Committees apply.

All Nominees:
- Ability to commit to one (1) four (4) year term;
- Willingness to commit ten (10) to twenty (20) days per year to Review Committee activities, including training, comprehensive review of print and electronically delivered materials and travel to Commission headquarters;
- Ability to evaluate an educational program objectively in terms of such broad areas as curriculum, faculty, facilities, student evaluation and outcomes assessment;
- Stated willingness to comply with all Commission policies and procedures (e.g. Agreement of Confidentiality; Conflict of Interest Policy; Operational Guidelines; Simultaneous Service; HIPAA Training, Licensure Attestation, and Professional Conduct Policy and Prohibition Against Harassment);
- Ability to conduct business through electronic means (email, Commission Web Sites); and
- Active, life or retired member of the American Dental Association, where applicable.

Educator Nominees:
- Commitment to predoctoral, advanced, and/or allied dental education;
- Active involvement in an accredited predoctoral, advanced, or allied dental education program as a full- or part-time faculty member;
- Subject matter experts with formal education and credentialed in the applicable discipline; and
- Prior or current experience as a Commission site visitor.

Practitioner Nominees:
- Commitment to predoctoral, advanced, and/or allied dental education;
- Majority of current work effort as a practitioner; and
- Formal education and credential in the applicable discipline.

Public/Consumer Nominees:
- A commitment to bring the public/consumer perspective to Review Committee deliberations. The nominee should not have any formal or informal connection to the profession of dentistry; also, the nominee should have an interest in, or knowledge of, health-related and accreditation issues. In order to serve, the nominee must not be a:
  a. Dentist or member of an allied dental discipline;
  b. Member of a predoctoral, advanced, or allied dental education program faculty;
  c. Employee, member of the governing board, owner, or shareholder of, or independent consultant to, a predoctoral, advanced, or allied dental education program that is accredited by the Commission on Dental Accreditation, has applied for initial accreditation or is not-accredited;
  d. Member or employee of any professional/trade association, licensing/regulatory agency or membership organization related to, affiliated with or associated with the Commission, dental
education or dentistry; and
e. Spouse, parent, child or sibling of an individual identified above (a through d).

Higher Education Administrator:
• A commitment to bring the higher education administrator perspective to the Review Committee deliberations. In order to serve, the nominee must not be a:
  a. Member of any trade association, licensing/regulatory agency or membership organization related to, affiliated with or associated with the Commission; and
  b. Spouse, parent, child or sibling of an individual identified above.

Hospital Administrator:
• A commitment to bring the hospital administrator perspective to Review Committee deliberations. In order to serve, the nominee must not be a:
  a. Member of any trade association, licensing/regulatory agency or membership organization related to, affiliated with or associated with the Commission; and
  b. Spouse, parent, child or sibling of an individual identified above.

Revised: 8/18; 8/17; 8/14; 8/10; Adopted: 07/08
Report on Appointment of Commissioners and Appeal Board Members

The Commission received information on the Commissioners and Appeal Board Members whose terms will end at the ADA Annual Meeting and their replacements whose terms will begin at the ADA Annual Meeting.

### 2020

<table>
<thead>
<tr>
<th>Retiring Appeal Board Member</th>
<th>Newly Appointed Appeal Board</th>
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<tbody>
<tr>
<td>Dr. Kenneth Fedor (ADEA/SCDA)</td>
<td>Dr. Wendy Woodall (ADEA/SCDA)</td>
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<tr>
<td>Mr. Jerry Ragle (NADL)</td>
<td>Mr. Richard Woodell (NADL)</td>
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### 2020

<table>
<thead>
<tr>
<th>Retiring Commissioners</th>
<th>Newly Appointed Commissioners</th>
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<tbody>
<tr>
<td>Dr. Monica Hebl (ADA)</td>
<td>Dr. Willie Keith Beasley (ADA)</td>
</tr>
<tr>
<td>Dr. Arthur Chen-Shu Jee (AADB)</td>
<td>Dr. Maxine Feinberg (AADB)</td>
</tr>
<tr>
<td>Dr. Bradford Johnson (AAE)</td>
<td>Dr. Garry Myers (AAE)</td>
</tr>
<tr>
<td>Dr. Steven Levy (AAPHD)</td>
<td>Dr. Victor Badner (AAPHD)</td>
</tr>
<tr>
<td>Dr. Carol Anne Murdoch-Kinch (ADEA)*</td>
<td>Dr. Carol Anne Murdoch-Kinch (ADEA)</td>
</tr>
<tr>
<td>Ms. Deanna Stentiford (ADAA)</td>
<td>Ms. Martha McCaslin (ADAA)</td>
</tr>
</tbody>
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*fulfilled a vacated term of less than 50%

### 2021

<table>
<thead>
<tr>
<th>Retiring Commissioners</th>
<th>Newly Appointed Commissioners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. John Agar (ACP)</td>
<td>Dr. Evanthia Anadioti (ACP)</td>
</tr>
<tr>
<td>Dr. Christopher Hasty (ADA)</td>
<td>Dr. Nancy Rosenthal (ADA)</td>
</tr>
<tr>
<td>Dr. Jeffery Hicks (ADEX/SC/ASDA/AAOM/AAOP)</td>
<td>Dr. Scott DeRossi (ADEX/SC/ASDA/AAOM/AAOP)</td>
</tr>
<tr>
<td>Dr. Adolphus Jackson (AADB)</td>
<td>Dr. Carolyn Brown (AADB)</td>
</tr>
<tr>
<td>Mr. Charles McClemens (NADL)</td>
<td>Ms. Lonni Thompson (NADL)</td>
</tr>
<tr>
<td>Dr. William Nelson (AAOMS)</td>
<td>Dr. George Kushner (AAOMS)</td>
</tr>
<tr>
<td>Ms. Ambika Srivastava (ASDA/ADEA)</td>
<td>Mr. Marco Gargano (ASDA/ADEA)</td>
</tr>
<tr>
<td>Dr. Lawrence Wolinsky (ADEA)</td>
<td>Dr. Frank Licari (ADEA)</td>
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**Commission Action:** This report is informational in nature; no action is required.

Prepared by: Dr. Sherin Tooks
ELECTION OF CHAIR AND VICE-CHAIR OF THE COMMISSION

**Background:** In accord with the *Rules* of the Commission on Dental Accreditation (CODA) and the *Governance and Organizational Manual* of the American Dental Association (ADA), the Commission shall elect its own chair.

*ADA Governance Manual, Chapter IX, Commissions*

D. Chairs. Commissions shall elect their own chairs. To be eligible to serve as chair of a commission, the commission member must be an active, life or retired member of this Association.

*CODA Rules, Article V, OFFICERS*

Section 1. OFFICERS: The officers of the Commission shall be a Chair, Vice-chair, 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.

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 special meeting of the Board of Commissioners.
3. Preside during meetings of the Board of Commissioners.
4. Prepare or supervise the preparation of an annual report of the Commission.
5. Prepare or supervise the preparation of an annual budget of the Commission.

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 also is 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.
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.

Section 5. DIRECTOR:

A. Appointment: The Director of the Commission shall be an employee of the American Dental Association selected by the Executive Director of that Association.

B. Duties: The Director of the Commission shall:

1. Prepare an agenda and keep minutes of meetings of the Board of Commissioners.
2. See that all notices are duly given in accordance with the provisions of these Rules or as required by law.
3. Be the custodian of records of the Commission.
4. Manage the office and staff of the Commission.
5. In general shall perform all duties incident to the office of Director.

Dr. Arthur Chen-Shu Jee will complete his one-year term as Chair of the Commission at the close of the October 2020 ADA Meeting. Dr. Jeffery Hicks will also complete his one-year term as Vice-Chair of the Commission at the close of the October 2020 ADA Meeting. Dr. Jee’s term with CODA will end in October 2020 and Dr. Hick’s term with CODA will in October 2021.

The Commission is requested to elect a Chair for a one-year term that will begin immediately following the 2020 ADA Meeting. In addition, the Commission is requested to elect a Vice-Chair for a one-year term whose term will also begin immediately following the 2020 ADA Meeting.

Appendix 1 provides a listing of current Commissioners. Commissioners’ appointing organizations and their appointment terms are noted.

**Commission Action:**

Prepared by: Dr. Sherin Tooks
2020 CODA MEMBERSHIP ROSTER

Jee, Arthur Chen-Shu, D.D.S., Chair, 2020 (AADB)
Agar, John, D.D.S., 2021 (ACP)
Berg, Joel, D.D.S., 2023 (AAPD)
Casser, Linda, O.D., 2022 (Public Member)
DeLeon, Eladio, D.M.D., 2023 (AAO)
DeVito, Scott, J.D., Ph.D., 2023 (Public Member)
Hasty, Christopher, D.M.D., 2021 (ADA)
Haubrick, Kevin, Ph.D., 2022 (Public Member)
Hebl, Monica, D.D.S., 2020 (ADA)
Hellstein, John, D.D.S., 2022 (AAOMP)
Hicks, Jeffery, DDS, 2021 (SCDA/ADEA/ASDA/AAOM/AAOP)
Jackson, Adolphus, D.M.D., 2021 (AADB)
Johnson, Bradford, D.D.S., 2020 (AAE)
Kass, Susan, Ed.D., 2023 (ADHA)
Katancik, James, D.D.S., Ph.D., 2022 (AAP)
Krieg-Menning, Barbara, Ph.D., BSN, MSN, MA., 2023 (Public Member)
Levy, Steven, D.D.S, 2020 (AAPHD)
Mallya, Sanjay, Ph.D., M.D.S., B.D.S., 2023 (AAOMR)
McClemens, Charles, 2021 (NADL)
Murdoch-Kinch, Carol Anne, D.D.S., Ph.D., 2020 (ADEA)
Rotter, Bruce, D.M.D., 2022 (ADEA)
Schwartz, Timmothy, D.D.S., 2019 (ADA)
Shaffer, Marybeth, D.M.D., 2022 (AADB)
Srivastava, Ambika, D.M.D., 2021 (ASDA/ADEA)
Stein, Alan, D.D.S., 2022 (ADA)
Stentiford, Deanna, Ed.S, 2020 (ADAA)
Titus, Marshall, D.D.S., 2023 (AADB)
Wolinsky, Lawrence, D.M.D., 2021 (ADEA)
CDAC 2020 Activity Report
The Commission on Dental Accreditation of Canada (CDAC), in consultation with its partners, develops and approves requirements for educational programs preparing dentists, dental specialists, dental interns/residents, dental hygienists and dental assistants. CDAC also develops and approves requirements or standards for institutional dental services.
Who We Are

The Commission on Dental Accreditation of Canada (CDAC) accredits:

- Undergraduate dental educational programs
- Dental specialty educational programs
- Dental Hygiene educational programs
- Dental Assisting educational programs
- Health facility dental services
- Hospital and non-hospital dental residency educational programs

VISION
Quality educational programs and health facilities through accreditation.

MISSION
The CDAC evaluates oral health educational programs and health facilities to determine eligibility for and grant accreditation.

VALUES
The CDAC is committed to the integration of the following values:

- **Quality** – Striving for excellence in all its endeavours.
- **Collaboration** – Engaging with stakeholders to accomplish its mission.
- **Respect** – Embracing diversity of ideas, culture and language.
- **Integrity** – Acting in an ethical and transparent manner.
GOALS

Goal #1
Develop and maintain national accreditation requirements for education programs and health facilities based on current knowledge and practice in consultation with stakeholders.

Goal #2
Collaborate with certification bodies and regulatory authorities in the evaluation of programs preparing entry level practitioners.

Goal #3
Evaluate educational programs and health facilities using defined processes.

Goal #4
Identify accredited educational programs and health facilities.

Goal #5
Monitor the need to establish reciprocal agreements with related international accrediting agencies.
Update on Strategic Planning

Strategic Planning Process

In 2018, CDAC conducted the following strategic planning activities and meetings:

- Environmental scan (Consultant and CDAC) - February 2018.
- An online survey was sent to 228 CDAC stakeholder representatives on March 29, 2018. 170 representatives responded to the survey (75% response rate)
- A report including all comments received was circulated to all individuals attending the strategic planning open session on May 5, 2018 in Ottawa
- 35 participants representing a wide variety of stakeholders attended the May 5th session. The strategic areas of focus identified during the open session were provided to the CDAC Strategic Planning Steering Committee.
- The CDAC Strategic Planning Steering Committee met on September 10, 2018 in Ottawa to review the strategic areas of focus and all the comments received.
- The CDAC Strategic Planning Steering Committee met via videoconference on October 1, 2018 to finalize the strategic initiatives and the related objectives.
- The CDAC three-year strategic plan was circulated to all stakeholders for comment in January 2019 and was approved by the Commission in November 2019.

Strategic Plan

Although the strategic plan has not yet been approved by the Commission, the following is a draft of the strategic initiatives and related objectives that was circulated to stakeholders for comment:

Vision

CDAC is a globally recognized leader in accreditation standards and processes

Mission

CDAC assesses oral health education programs and facilities to determine accreditation status

Strategic Initiatives

1. Governance – Become an independent legal entity
2. Finance – Secure predictable, equitable and sustainable funding
3. Quality Assurance – Enhance the consistent application of the accreditation process
4. Stakeholder Relations – Strengthen CDAC's position as a recognized leader in accreditation
Update on Strategic Planning

Objectives

**Governance** – Become an independent legal entity

1. Negotiate an agreement with appropriate CDAC stakeholders
2. Secure not for profit incorporation status
3. Ensure financial viability of an independent CDAC
4. Develop governance structure

**Finance** – Secure predictable, equitable and sustainable funding

1. Establish a predictable revenue model
2. Negotiate agreement of new model with funding partners
3. Identify new sources of revenue

**Quality Assurance** – Enhance the consistent application of the accreditation process

1. Formalize, evaluate and document calibration process
2. Formalize training and evaluate readiness of surveyors
3. Communicate calibration process to stakeholders
4. Update accreditation terminology for clarity
5. Identify and implement best practices in the accreditation process

**Stakeholder Relations** – Strengthen CDAC’s position as a recognized leader in accreditation

1. Facilitate opportunities for dialogue and engagement among stakeholders in the accreditation process
2. Raise awareness of the benefits of accreditation and the value of CDAC to potential beneficiaries
3. Promote the value of participation to current stakeholders in the accreditation process
4. Lead and facilitate dialogue regarding accreditation best practices with external accreditation bodies
Update on CDAC Independence

Completed activities

Request for Proposal (RFP) – Document was completed on March 6, 2020

- RFP document was posted on 3 national websites:
  - Merx.com
  - Bidscanada.com
  - RFP.ca
- In addition, cover letters and RFP documents were sent directly to approximately 6 different Law offices in the greater Ottawa area that have a special interest in Governance and Corporate Business law
- A total of 9 proposals from various law firms in the Ottawa and Toronto area were received and vetted
- The contract was awarded to Dentons Canada LLP. Their offices are located in the greater Ottawa area.

Timeline of completed and planned activities

- March 5, 2020 - Publication and circulation of RFP
- April 6, 2020 - Deadline for interested bidders to submit questions
- April 24, 2020 - Deadline for CDAC to respond to questions received from interested bidders
- June 1, 2020 - Deadline for submission of proposals
- June 1-5, 2020 - Selection of top bidders
- June 8, 2020 - Negotiation for services with selected bidder
- July 8, 2020 - Contract awarded to Dentons Canada LLP
- July-August 2020 - Appointment of Steering Committee members
- March 2021 - Completion of CDAC Independence Project.

Looking forward

CDAC will be working with Brenda Fair of Fairwinds Training and Development to facilitate the process with the Steering Committee. Members of the Steering Committee will be appointed in consultation with our legal representatives to ensure as even as possible distribution representing all our stakeholders. Appointment of the Steering Committee members will be completed by the end of August. At this time, we anticipate to be on time with our projected March 2021 completion date.
Report on CDAC Activities

CDAC representation at 2019-2020 stakeholder meetings

CDAC Chair and/or Staff attended the following stakeholder meetings:

- **Canadian Dental Regulatory Authorities Federation (CDRAF)**
  - January 19, 2019 – Montreal, QC (Meeting with ODQ and RCDSO)
  - February 8, 2019 – Toronto, ON (Meeting with CDRAF Working Group)
  - February 9, 2019 – Toronto, ON
  - March 2, 2019 – Montreal, QC (Meeting with CDRAF Working Group)
  - April 10, 2019 – Ottawa, ON
  - June 16, 2019 – Vancouver, BC (Meeting with ODQ and RCDSO)
  - August 22-23, 2019 – St. John’s, NL
  - April 22, 2020 – Virtual Meeting

- **Federation of Dental Hygiene Regulators of Canada (FDHRC)**
  - April 10, 2019 – Ottawa, ON
  - April 9, 2020 – Virtual Meeting

- **Canadian Dental Assisting Regulatory Authorities (CDARA)**
  - April 10, 2019 – Ottawa, ON
  - April 7, 2020 – Virtual Meeting

- **Canadian Dental Association (CDA)**
  - April 11-12, 2019 – Ottawa, ON
  - April 24, 2020 – Virtual Meeting

- **National Dental Hygiene Certification Board (NDHCB)**
  - May 2019
  - September 2019

- **Association of Canadian Faculties of Dentistry (ACFD)**
  - June 16-18, 2019 – Vancouver, BC (Biennial Conference and Annual General Meeting)
  - March 5, 2020 – ACFD, Deans Council (select working group meetings)

CDAC Chair and/or Staff attended the following meetings and conferences in 2019:

- **American Dental Education Association (ADEA) Annual Session and Exhibition**
  - March 16-18, 2019 – Chicago, IL, US

- **Ontario Dental Hygienists Association / College of Dental Hygienists of Ontario Educators Forum**
  - May 2, 2019 – Toronto, ON

- **Commission on Dental Accreditation (CODA) Closed and Open Sessions**
  - August 1-2, 2019 – Chicago, IL, US
Other Meetings

PGY1 Working Group

The CDAC Chair also participated in the Joint Working Group on Postgraduate Year 1 in Dentistry in Canada. The CDAC Director attended the Joint Working Group’s meetings as an observer. The mandate of the working group is to prepare a literature review on PGY1 training models in Canada and elsewhere in the world, and to investigate necessary resources to have a widespread PGY1 program in dentistry in Canada. Membership of the Joint Working Group is composed of one representative from each of the following organizations: ACFD, CDRAF, NDEB and CDAC.

Office of the Manitoba Fairness Commissioner (OMFC)

The Chair and the Director of CDAC met with the Manitoba Fairness Commissioner and the Planning and Policy Analyst at the Office of the Manitoba Fairness Commissioner in Winnipeg, MB.

This meeting was organized at the request of CDAC to discuss concerns being raised by the Canadian Dental Regulatory Authorities Federation (CDRAF).

The outcome was very positive, and CDAC agreed to keep the OMFC informed of future developments concerning issues discussed. CDAC also agreed to keep the OMFC informed of its accreditation activities.

CDRAF Working Group

CDAC representatives attended two meetings of the CDRAF working group created to look at CDAC governance and accreditation process.

COVID-19 Strategy Committee Working Groups

CDAC arranged strategy working group meetings with all four of our review committees to discuss implications of the COVID-19 pandemic on the function of CDAC and its programs. The committees supported the CDAC’s APR process and decided to review responses from the programs in accordance with CDAC accreditation requirements as described on page 10 of this report.
Royal Canadian Dental Corps accreditation

CDAC has been working closely with the Canadian Armed Forces (CAF) and the Royal Canadian Dental Corps to conduct survey visits for the accreditation of the CAF dental clinics.

- Survey visits of the Canadian Armed Forces dental clinics began in September 2018 and were finalized in mid-January 2019. This represents survey visits at 24 Detachments (25 locations) across Canada.

  - CFB Gagetown, NB (September 24, 2018)
  - CFB Shilo, MB (October 1, 2018)
  - CFB Winnipeg, MB (October 2, 2018)
  - CFB Edmonton, AB (October 3, 2018)
  - CFB Wainwright, AB (October 4, 2018)
  - CFB Cold Lake, AB (October 5, 2018)
  - CFB Kingston, ON (October 9, 2018)
  - CFB Trenton, ON (October 10, 2018)
  - CFB Borden, ON (October 11, 2018)
  - CFB Moose Jaw, SK (October 15, 2018)
  - CFB Esquimalt, BC (October 16, 2018)
  - BFC Valcartier, QC (October 18, 2018)
  - BFC Bagotville, QC (October 19, 2018)
  - CFB North Bay, ON (October 25, 2018)
  - CFB Ottawa, ON (October 30, 2018 - NDHQ)
  - CFB Ottawa, ON (October 31, 2018 - Montfort)
  - BFC Saint-Jean-sur-Richelieu, QC (November 2, 2018)
  - CFB Halifax, NS (November 5, 2018)
  - CFB Greenwood, NS (November 6, 2018)
  - CFB Petawawa, ON (November 7, 2018)
  - CFB Toronto, ON (November 22, 2018)
  - CFB Gander, NL (December 5, 2018)
  - CFB Comox, BC (December 12, 2018)
  - BFC Longue-Pointe, QC (December 13, 2018)
  - CFB St. John’s, NL (January 14, 2019)

CDAC has completed final edits and delivered all final review reports to CAF in March, 2020. Also, the APR’s for the detachments were emailed out along with the current cohort of CDAC programs in April, 2020.
International Activities

For certification and licensure in Canada, programs that are accredited by either CDAC or the American Dental Association's Commission on Dental Accreditation (CODA) are considered accredited. In addition, the following general dentistry programs are also considered accredited:

- Effective March 30, 2010, general dentistry programs accredited by CDAC or the Australian Dental Council (ADC).
- Effective December 15, 2011, general dentistry programs accredited by CDAC or the Dental Council of New Zealand (DCNZ).
- Effective December 5, 2012, general dentistry programs accredited by CDAC or the Irish Dental Council.

With respect to the Mutual Recognition Agreements between CDAC and the Dental Council of New Zealand (DCNZ), the CDAC Director participated, as an observer, on the site visit of the University of Otago Faculty of Dentistry (Dunedin, Otago, NZ - September 1-6, 2019).

During this visit, several meetings were also organized with representatives of the Dental Council of Ireland (DCI), also attending the site visit as observers. The President, the Registrar, and the Education Manager attended for the DCI.

The CDAC Director also attended the monthly meeting of the DCNZ in Wellington, NZ on September 9, 2019.

Also on September 9, in Wellington, the CDAC Director attended a meeting with DCI representatives and the Chief Executive Officer of the Australian Dental Council.

As part of the continued monitoring involved with CDAC’s reciprocal agreements, The CDAC Director attended the August Open and Closed Commission on Dental Accreditation (CODA) meetings (Chicago, IL - August 1-2, 2019).
Accreditation Updates - 2020

COVID-19 Positional Statement and Action

The current pandemic has affected all organizations involved in the education, accreditation, certification and registration of future health professionals. CDAC is no exception. Our role and mandate are to evaluate and monitor education programs – through onsite surveys (when possible), annual program revues, progress reports, and other means it deems necessary – to ensure they meet the CDAC accreditation requirements in order to grant (or deny) accreditation status. During the pandemic, CDAC has had no choice but to postpone planned 2020 survey visits; however, CDAC continues to closely monitor program compliance with accreditation requirements through its Annual Program Revue (APR) process, including, this year, a reporting requirement for program changes implemented due to the COVID-19. Progress Reports for programs with reporting requirements on specific Recommendations will also be required, as usual.

Please also note that accredited programs are obligated to advise CDAC, at all times, of any significant change to the program, regardless of special circumstances like COVID-19. It is the expectation of the CDAC that programs will meet their stated competencies and outcomes.

The information provided by programs through the APR process (Deadline for submission: June 30, 2020) was reviewed and collated against an evaluation rubric by the CDAC staff. To review this information meetings with Dental Assisting and Dental Hygiene committees were completed in July. Decisions regarding the accreditation status of each programs were reviewed during these committee meetings. Meetings for the Dentistry and Health Facility committees are scheduled to be completed in August. CDAC will advise all regulators if a program’s accreditation status is removed. Please note that CDAC does not divulge to the public information provided by programs or the reasons for its accreditation decisions.

Programs’ continued compliance with accreditation requirements does not mean that they cannot make modifications. Programs must maintain the ability to adapt and improve their curriculum and the program delivery model based on available new evidence, research, best practices, knowledge sharing, input from Advisory Committees and Program Director/instructor participation in the accreditation, certification and regulation processes.

Please note the CDAC accreditation requirements state:

CDAC strives to ensure that its accreditation requirements and processes do not constrain innovation or program autonomy. The expertise of educators in the development and implementation of educational programs, curriculum and learning experiences is fully acknowledged. CDAC places its emphasis upon assessment of the program’s ability to meet its stated objectives and outcomes.

Please also be assured that CDAC remains committed to working collaboratively with all its stakeholders. We hopefully anticipate resuming postponed survey visits later this year if the Health Authorities and Educational facilities allow us to resume normal activities.
# Accreditation Updates - 2019/2020

## Dental / Dental Specialty Programs (12)

### 2019

- University of Toronto (Toronto, ON)
  - Doctor of Dental Surgery (DDS)
  - Oral and Maxillofacial Surgery (OMFS)
  - Orthodontics
  - Pediatric Dentistry

### 2020

- University of Toronto (Toronto, ON)
  - Endodontics
  - Oral Medicine and Oral Pathology (OMOP)
  - Oral and Maxillofacial Radiology (OMR)
  - Periodontics
  - Prosthodontics

- McGill University (Montreal, QC)
  - Oral and Maxillofacial Surgery (OMFS)

- University of Alberta (Edmonton, AB)
  - Periodontics (NEW)

- University of Manitoba (Winnipeg, MB)
  - Periodontics (NEW)

## Dental Assisting Programs (9)

### 2019

- College of New Caledonia (Prince George, BC)
- SAIT/University of Saskatchewan (Saskatoon, SK)
- CDI College - Edmonton (Edmonton, AB)
- Confederation College (Thunder Bay, ON)
- Camosun College (Victoria, BC)
- Columbia College (Calgary, AB)
- Niagara College (Welland, ON)
- Holland College (Charlottetown, PE)
- CDI College - Edmonton (Edmonton, AB) - September 2019
Accreditation Updates - 2019/2020

Dental Hygiene Programs (7)

2019

- Oxford College (Scarborough, ON)
- College of New Caledonia (Prince George, BC)
- APLUS Institute (Toronto, ON)
- Confederation College (Thunder Bay, ON)
- Camosun College (Victoria, BC)
- Niagara College (Welland, ON)
- Toronto College of Dental Hygiene (Toronto, ON)

Dental Internship Programs, Health Facilities, and Fellowships (8)

2019

- Northeast Cancer Centre (Sudbury, ON)
- Queen Elizabeth II Health Sciences Centre (Halifax, NS)
- St. Joseph’s Health Centre (London, ON)
- London Health Sciences Centre (London, ON)
- Western University Residency Program (London, ON)
- Children’s Hospital of Eastern Ontario (Ottawa, ON)

September 2019

- Alberta Health Services - Foothills Medical Centre (Calgary, AB)
- Alberta Health Services - Foothills Medical Centre Residency Program (Calgary, AB)
# Postponed Survey Visits - 2020

## Dental / Dental Specialty (6)
- University of Toronto (Toronto, ON)
  - Dental Public Health
- McGill University (Montreal, QC)
  - Doctor of Dental Surgery (DDS)
- Université Laval (Québec, QC)
  - Doctor of Dental Medicine (DMD)
  - Oral and Maxillofacial Surgery (OMFS)
  - Periodontics
  - Endodontics (NEW - 2019)

## Dental Hygiene Programs (3)
- Canadore College (North Bay, ON)
- Cambrian College (Sudbury, ON)
- Collège de Maisonneuve (Montreal, QC)

## Dental Internship Programs, Health Facilities, and Fellowships (9)
- IWK Health Centre (Halifax, NS)
  - Dental Service
  - Internship
- Dalhousie University (Halifax, NS)
  - Internship
- Winnipeg Health Sciences Centre (Winnipeg, MB)
  - Dental Service
  - Internship
- Princess Margaret Cancer Centre (Toronto, ON)
  - Dental Service
- Royal University Hospital (Saskatoon, SK)
  - Internship (NEW)
- University of British Columbia (Vancouver, BC)
  - Internship
- Vancouver General Hospital (Vancouver, BC)
  - Dental Service

## Dental Assisting Programs (2)
- Cambrian College (Sudbury, ON)
- Red River College (Winnipeg, MB)