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<td>Conaway, Frank DMD</td>
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<td>Evers, Thomas DMD</td>
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<td>Verzosa, Chris DDS</td>
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<td>Reinhardt, John, DDS, MS, MPH</td>
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<td>Jones, Gordon K. DDS, MS</td>
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<td>Yaman, Peter, DDS, MS</td>
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<td>AAOMS: Nelson, William, DDS</td>
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Please log this comment. Thanks.

Karen M. Hart  hartk@ada.org
Director
Council on Dental Education and Licensure and Education Operations
312.440.2825   800.621.8099 x 2825
Interim Senior Vice-president, Education and Professional Affairs
312.440.2712   800.621.8099 x 2712

American Dental Association  211 E. Chicago Ave.  Chicago, IL 60611  www.ada.org

Frank Conaway DMD
ADA #181890255
Ms. Hart,

I find the idea of creating "advanced educational programs for accreditation" in Operative Dentistry absurd. What is the goal of this proposal? To create another level of training for Dental Schools to gouge students with the blessing of the ADA? To create an "Operative" specialty? In this dawning era of Mid-level providers why would we want to further stratify our profession?

It's hard to remain an ADA member when this is the type of nonsense the Board of Delegates wastes their time on.

Thomas Evers DMD
ADA# 152910644
Please log the comment below. Thanks.

Karen M. Hart hartk@ada.org
Director
Council on Dental Education and Licensure and Education Operations
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American Dental Association  211 E. Chicago Ave.  Chicago,  IL 60611  www.ada.org

-----Original Message-----
From: Verzosa, Christopher E. LT, FHCC Lovell [mailto:Christopher.Verzosa@med.navy.mil]
Sent: Monday, August 25, 2014 1:40 PM
To: Hart, Karen
Cc: Jones, Gordon K. GS, FHCC Lovell
Subject: Comments on operative dentistry proposal

Director Karen Hart,

I am writing to you in regards to a request concerning the accreditation for operative dentistry. I believe that an accreditation standard would be highly beneficial for all of dentistry based on the following:

1) An accredited program would offer a universal guideline for all those taking the operative specialty, thus raising the level of education and proficiency to a standardized/required level.

2) For all entities that recognize the specialty, such as the military and government service, they could finally establish a standard to base scope of practice credentials for certain job positions.

3) This accreditation would help to give credibility to those who already have the education and further specific research topics in relation to operative dentistry.

I appreciate your time and attention to this matter.

Sincerely,

Dr. Chris Verzosa, D.D.S.
August 23, 2014

Council on Dental Education and Licensure
American Dental Association
211 East Chicago Avenue
Chicago, IL 60611-2678

Dear members of CDEL:

I am writing in strong support of the Academy of Operative Dentistry’s (AOD) application for recognition of operative dentistry as an Interest Area in General Dentistry. I am extremely familiar with the AOD and the discipline of operative dentistry. Over the course of my career I completed a two-year certificate and M.S. degree program in operative dentistry at the University of Iowa, have been a member of the AOD for nearly 40 years (including service as President), and completed the requirements for the Certificate of Proficiency recognition from the American Board of Operative Dentistry, Inc. (ABOD).

My education and training in operative dentistry was clearly focused upon a well-defined body of knowledge. Although operative dentistry is considered a major piece of the foundation for the practice of general dentistry, operative dentistry advanced training imparts advanced knowledge of evidence-based techniques and restorative materials. In spite of the fact that operative dentistry advanced education programs are not currently reviewed for accreditation by the Commission on Dental Education, seven of the U.S. accredited dental schools believe operative dentistry training is important enough and specific enough that they have created advanced programs in operative dentistry which are full time and require 1-3 years to complete. Operative dentistry manuscripts are often published in specific subsections in peer-reviewed scientific journals, and the AOD’s own journal *Operative Dentistry* is a very highly respected and often cited publication.

The practice of operative dentistry is distinct from the dental specialties and advanced training in operative dentistry is beyond the scope of general dentists who have not undertaken the training and education to specifically advance their knowledge in this interest area. The AOD is an enduring, well-organized, and highly respected academy of very knowledgeable national and international dentists. The ABOD is a rigorous three-part examination (written, case-based oral, and clinical) underpinning the strength of certification in the field.

I believe that operative dentistry meets the qualifications for an Interest Area in General Dentistry, and I hope that you concur. Please feel welcome to contact me if you have questions about my support for this application.

Sincerely,

John W. Reinhardt, DDS, MS, MPH
Professor and Dean
E-mail: jreinhardt@unmc.edu
Dr. Gordon K. Jones  
214 Spain Road  
Manson, North Carolina  27553  

August 20, 2014  

Mrs. Karen Hart, Director  
The Council on Dental Education and Licensure  
American Dental Association  
211 East Chicago Avenue  
Chicago, Illinois  60611  

Dear Mrs. Hart,  

I am writing in support of the Academy of Operative Dentistry's application for recognition as an interest area in General Dentistry. My credentials include a Master of Science Degree in Restorative Dentistry (Operative) from the University of Michigan, certification by the American Board of Operative Dentistry, Inc., four years of service as President of that board, 11 years as Chair of the board's Examination and Certification Committee, and 10 years of service as a Consultant and Advanced Consultant (Site Visitor) for GPR and AEGD programs to the ADA Commission on Dental Accreditation.  

All dental students receive instruction and clinical experience in operative dentistry and are expected to be clinically competent restorative dentists when they graduate. But their teachers, if they are trained at all, are usually trained in accredited, but more broadly focused, GPRs or AEGDs, or operative dentistry programs that do not have any standards or common curriculum elements. In the various positions I have held, I have become very familiar with many of the Operative Dentistry residency programs in the United States, and a few overseas. Based on my knowledge of these outstanding programs and their graduates, I can say with absolute confidence that the accreditation of these programs that recognition of Operative Dentistry as an Interest area of General Dentistry will make available to them, can do nothing but make them and, by extension, their graduates, even better.  

In my opinion, this outcome of the recognition of operative dentistry currently under consideration far outweighs any potentially negative considerations, and I most strongly recommend approval of this application.  

Sincerely,  

Gordon K. Jones, D.D.S., M.S.
October 6, 2014

Commission on Dental Accreditation
c/o Karen Hart, Director
American Dental Association
211 East Chicago Ave., Suite #1846
Chicago, IL 60611-2678

Dear Karen:

I am the program director for a long-established graduate program in Operative/Restorative Dentistry at the University of Michigan and would like to support the document titled: “Application for Recognition of Operative Dentistry as an Interest Area in General Dentistry” that is to be reviewed by the Council on Dental Education and Licensure (CDEL) in the near future.

Operative Dentistry is well defined both clinically and academically within most pre-doctoral curricula. However, there is a real need both in education and in private practice for those with graduate training in the advanced concepts of managing caries as a disease process, restoring lost tooth structure to a functional form and establishing a biological basis for oral esthetics. The discipline of Operative Dentistry is well established with national and international meetings, an official peer reviewed publication (Journal of Operative Dentistry), an active established section in the American Association of Dental Education and a specialty board similar to other specialties recognized by the ADA (American Board of Operative Dentistry).

Our current program meets all of the proposed criteria for recognition and has been active since 1950. Students who complete the three-year curriculum receive an MS degree from the Horace H Rackham School of Graduate Studies at the University of Michigan. As outlined in the application from the Academy of Operative Dentistry, our program requires successful completion of 36 academic credit hours, three years of supervised advanced clinical experience and publication of an independent thesis research project. Emphasis is placed on the management of patients with severely compromised general health problems and extended deterioration of their oral structures. The curriculum involves graduate training in periodontics, endodontics, fixed prosthodontics, occlusion, cariology, implantology, and advanced esthetic procedures. All students are offered training in use of the latest technology, including chairside CAD/CAM, laser tissue management, digital impression taking, caries diagnosis, and
Implantology. Efforts are made both clinically and didactically to integrate care with graduate students in the recognized specialties here at the University. The program requires students to review the current literature in operative dentistry, dental materials and related areas of interest, so that clinical practice is based upon evidence-based decisions.

The American Board of Operative Dentistry is recognized nationally and internationally as a specialty-type board similar to the boards of specialties currently recognized by the ADA. The Board certifies advanced status in basic science background and clinical performance with written, clinical and case presentation sections. It is recognized as a clinical specialty certification Board by the U.S. Armed Forces and dental schools in many foreign countries and we consider passing the board exam as a positive outcome of our program.

If our program and others with a similar curriculum and objectives were officially recognized by the ADA, it would enhance the quality of faculty available to staff current pre-doctoral programs nationally, aid in recruiting higher caliber graduate students and greatly enhance the recognition of the discipline. From a private practice perspective, accredited advanced education in Operative Dentistry would also lead to providing a special group of practitioners with the knowledge and skill to provide evidence based care for patients with advanced oral disease and/or severe debilitation of dental facial structures.

I trust that this letter will encourage the commission to recognize graduate training in Operative/Restorative Dentistry as a specific area of interest with ADA CODA guidelines to further align our graduate programs in this area.

Sincerely,

[Signature]

Peter Yaman, DDS, MS
Clinical Professor
Director, Graduate Program in Restorative Dentistry

Email: pyam@umich.edu
October 20, 2014

Karen Hart, Director
Council of Dental Education and Licensure
American Dental Association
211 E. Chicago Avenue
Chicago, IL 60611

Dear Ms. Hart,

The American Association of Oral and Maxillofacial Surgeons appreciates the opportunity to review the Application for Recognition of Operative Dentistry as an Interest Area of General Dentistry as submitted by the Academy of Operative Dentistry (AOD). We understand that the application has been disseminated for review to the communities of interest with a request that comments be submitted by October 20, 2014, and that all comments will be considered by the Council on Dental Education and Licensure (CDEL) with a report to the 2015 ADA House of Delegates.

The AAOMS has carefully reviewed the application and its appendices. It is our opinion that the information provided by the AOD does not adequately support all CDEL requirements necessary for recognition as a special interest area of general dentistry. In particular, we believe the scope of the proposed interest area in operative dentistry is not separate and distinct from any recognized specialty or accredited postdoctoral experience in general practice residency.

**Criterion 1:** An interest area in general dentistry must be a well-defined body of established evidence-based scientific and clinical dental knowledge underlying the general dentistry area-knowledge that is in large part distinct from, or more detailed than, that of other areas of general dentistry education and practice and any of the ADA recognized specialities.

As defined in the application, operative dentistry is that area of general dentistry concerned with the treatment of diseases and defects of the hard tissues of teeth, specifically the restoration of the form, function and esthetics of those hard tissues. These entities fall within the scope of a general practice residency, as well as existing specialties.

**Criterion 3:** The existence of established advanced educational programs with structured curricula, qualified faculty and enrolled individuals for which accreditation by the Commission on Dental Accreditation can be a viable method of quality assurance.

The application indicates that there is a small number of dentists with advanced training and experience who have been deemed capable of teaching, conducting research, developing materials and providing expert advice in the restoration of hard tooth structure to form, function and esthetics. The application further states that operative dentistry is specifically focused on one component of the masticatory system: the hard tissues of the teeth. The general dentist must be able to prevent, diagnose and treat, to the level of his or her competency, diseases and defects of all tissues of the masticatory system, and yet there are currently only 7 graduate programs in operative dentistry with approximately 80 dentists in the world who have been certified by an examining board as having a superior proficiency in operative dentistry.
Given the small number of graduate programs presently established in operative dentistry, the number of practitioners that would graduate annually could not begin to address access to care issues. Resources targeted toward existing programs, such as predoctoral training, postdoctoral training through the general practice residency, and/or toward existing dental specialties, would be more cost-effective in serving the needs of the public.

In summary, it is our belief that the application for a special area of interest in operative dentistry lacks sufficient evidence to support the need for a separate and distinct general dentistry interest area in operative dentistry. The best interests of the public will not be served by the creation of an additional dental interest area, and could, in fact, increase confusion as to where to seek dental assistance and counter current efforts to control costs.

Thank you for the opportunity to comment upon this application.

Sincerely,

William J. Nelson, DDS
President

cc: AAOMS Board of Trustees
    Dr. Robert C. Rinaldi, Executive Director
    Ms. Mary Allaire-Schnitzer, Associate Executive Director, Advanced Education and Professional Affairs