1. The Commission reviewed accreditation reports and took 236 accreditation actions on dental, advanced dental and allied dental education programs. Initial accreditation was granted to one advanced education in general dentistry program, one general practice residency program, one advanced general dentistry education in dental anesthesiology program, seven dental hygiene programs, one advanced specialty education program in endodontics, one advanced specialty education program in oral and maxillofacial surgery, and one advanced specialty education program in pediatric dentistry. Two general practice residency programs, seven dental assisting education programs, one advanced specialty education in endodontics program, one advanced specialty education in oral and maxillofacial surgery program, and one advanced specialty education in pediatric dentistry program each received a formal warning that accreditation will be withdrawn in January 2010 unless the program has demonstrated compliance with the accreditation standards by that time. The Commission discontinued the accreditation of one general practice residency program, two advanced education in general dentistry programs, one dental hygiene education program, and one advanced specialty education program in maxillofacial prosthetics, at the request of their respective sponsoring institutions.

2. The Commission adopted revised Accreditation Standards in the following education areas: Advanced General Dentistry Education Programs in Dental Anesthesiology with immediate implementation; Advanced General Dentistry Education Programs in Oral Medicine with immediate implementation; and Dental Hygiene Education Programs (Standard 2-17 Dental Hygiene Process of Care), with a January 1, 2010 implementation date. In addition, the Commission adopted accreditation standards for Advanced General Dentistry Education Programs in Orofacial Pain with an implementation date of January 1, 2010.

3. The Commission approved the circulation of revised, proposed Accreditation Standards in Predoctoral Dental Education for comments by the communities of interest; approved the circulation of two new proposed Accreditation Standards for Advanced Specialty Education Programs in Orthodontics and Dentofacial Orthopedics for comments by the communities of interest; directed the proposed revisions to the language common to all specialties and new “Definition of Terms” be circulated for comments by the communities of interest, all for consideration at the July 2010 Commission meeting. In addition, the Commission approved circulation of the proposed standard “Ethics and Professionalism” to all communities of interest, with final consideration of comments at the July, 2010 meeting; the standard is common to all disciplines under the Commission’s purview. Finally, the Commission will seek comment from the communities of interest on the revised wording of Standard 1, Institutional Commitment/Program Effectiveness, in the Advanced Dental Education Standards, for review at the Commission’s July 2010 meeting.
4. The Commission adopted one (1) new policy, approved the revision of seven (7) policies not scheduled for review, approved the revision of five (5) policies scheduled for their five-year review, reaffirmed ten (10) policies scheduled for their five-year review, rescinded one (1) policy, and deferred consideration of two (2) policies until a later date. The following changes in Commission policies are highlighted:

- The Commission approved the reorganization of Commission policy on due process to more clearly outline the steps involved in due process, and consolidates due process policy and procedures found in several places within the Commission’s policies and procedures manuals.
- The Commission directed that the survey to evaluate the impact of the new review committee structure be repeated yearly and reviewed by the Outcomes Assessment Committee and Commission in 2010, 2011, and 2012. Following a review of the 2008 survey results, the Commission determined that most respondents were satisfied with the revised structure; however, a large number of respondents indicated they had not attended a sufficient number of review committee meetings under the revised structure to permit them to fully evaluate the impact. In addition, new members have not had sufficient time to learn all of the policies and procedures needed to be most effective in their roles. Several review committees have also recently added additional content experts.
- The Commission revised the policy on nominations to specialty or discipline specific positions on review committees. Nominating organizations must submit at least two nominees and may elect to rank their nominees, if they so choose. If fewer than 2 nominees are submitted, the appointment process will be delayed until such time as the minimum number of required nominations is received. The Commission acknowledged that although it may be difficult for smaller groups to bring forward a large number of nominees, it was important for the Nominating Committee to be able to consider at least two (2) individuals.
- The Commission revised its advertising policy to state that the CODA logo cannot be used alone without the CODA advertising statement. When used in electronic publications, the logo must link to the Commission web site. In addition, the Commission determined that in order to enhance the information provided to the public, the Commission’s web address should be added to the advertising statement.

5. The Commission will further explore the use of distance technology (videoconferencing) to conduct site visits through a pilot project. The Commission
will also give further consideration to other uses of videoconferencing and technology for wider use in the accreditation process.

6. The following recommendations from the ADA Task Force on CODA have been implemented by the Commission:
   - 7-CODA should extend its meeting format to allow more time for discussion regarding accreditation decisions. (Policies).
   - 9-CODA should continue to include a public member on each review committee. (Policies)
   - 16-CODA should continue to develop and improve an orientation and training process for volunteers after the volunteer is selected but before the volunteer assumes the responsibilities of the position. (Operating Procedures)
   - 17- CODA should require all review committee members to observe at least one site visit. (Operating Procedures)
   - 18-CODA should require that all specialty areas of practice continue to be responsible for funding the formal training of site visitors and should provide content expertise for the training curricula. CODA staff should continue to conduct the training and assure that the training is well organized and consistent across all specialty areas. (Operating Procedures)
   - 19-CODA should require that all site visitors not participating in site visits at least every two years should participate in a training exercise. (Operating Procedures)
   - 25-CODA should view this effort toward cultural change not just as increasing communication but as a change in its culture regarding transparency, accountability, and responsiveness. This cultural change should be emphasized at the beginning of each CODA meeting. (Functionality)

In addition, the Commission endorsed and accepted the implementation plans proposed by its own Task Force on Communication for the following recommendations:
   - 8- CODA should define the composition of the specialty review committees regarding the number of content experts, and should develop procedures for determining that a critical threshold of generalist, specialist and public members is available for each decision at the review committee level. (Note: The ADA Task Force is not recommending any changes in review committee
composition for predoctoral, dental hygiene, dental assisting, dental laboratory technicians, and advanced educational general dentistry/graduate programs. (Policies)

- 10-CODA should establish a system to permit an academic program to postpone its review if a critical threshold of generalist, specialist and public members is not available at that review committee meeting. (Policies)
- 13-CODA should enhance its pre-nomination education process that provides information regarding expectations and duties of commissioners, review committee members, and site visitors. This information should be made available by CODA to all communities of interest and interested individuals. (Operating Procedures)
- 15-CODA commissioners, review committee members, site visitors and volunteers should serve the interest of CODA without personal or member organization profiles or agendas. This policy should be clearly articulated internally, and strongly articulated externally to all relevant organizations that supply persons for positions on CODA or any of its working committees. (Operating Procedures)
- 21-CODA should communicate more effectively with its communities of interest by improving the quality and content of its communications. The processes of communication should also be improved. (Functionality)
- 22- CODA should focus its communications efforts on increasing transparency and accountability as well as communicating the value/outcomes of accreditation. (Functionality)

Finally, the Commission will form a task force, made up of representatives of CODA, CDEL, and CEBJA, to formulate standardized definitions for the terms accreditation, certification, recognition, credential, and licensure.

7. The Commission approved nominees to fill vacancies for discipline specific positions, public member positions and non-disciplines specific positions on its review committees beginning October 2009.

8. The Commission elected Dr. E. Les Tarver as chair and Dr. Bryan Edgar as vice chair, October 2009 through October 2010.
Commission Members: Dr. Bruce J. Barrette, Dr. Paul Cassamissimo, Dr. Heidi C. Crow, Dr. Bryan Edgar, Mr. Gary Gann, Dr. Vincent J. Iacono, Dr. Donald Joondeph, Dr. Mel Kantor, Dr. James J. Koelbl, chair, Mr. Lee Koppelman, Ms. Kathleen Leonard, Dr. Patrick J. Louis, Dr. Logan Nalley, Ms. Anna Nelson, Dr. Larry Nissen, Dr. Reuben Pelot III, Dr. Jason Pickup, Dr. Robert Ray, Dr. Michael Reed, Ms. Mary Kay Richter, Dr. E. Les Tarver, vice-chair, Mr. Kenneth C. Thomalla, Dr. Steven Tonelli, Dr. Sharon Turner, Dr. Christopher Wenkus, Dr. B. Alexander White, Dr. Ronald D. Woody, and Dr. John M. Wright. Unable to Attend: Dr. Richard Buchanan and Dr. Karen Kershenstein.