



**National Commission on  
Recognition of Dental Specialties  
and Certifying Boards**

**Policy and Procedure Manual**

**NATIONAL COMMISSION ON RECOGNITION OF  
DENTAL SPECIALTIES AND CERTIFYING BOARDS**

**Policy and Procedure Manual**

**National Commission on Recognition of Dental Specialties and Certifying Boards  
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## I. INTRODUCTION AND GENERAL INFORMATION

### A. PURPOSE OF THIS MANUAL

This manual provides information about the National Commission on Recognition of Dental Specialties and Certifying Boards policies and procedures for all recognized dental specialties and certifying boards. It contains background information on the National Commission and its policies, as well as specific information to assist sponsoring organizations and certifying boards in attaining recognition. Dates following each policy refer to the date of the National Commission action to adopt, revise or reaffirm policy.

### B. HISTORY AND AUTHORITY OF THE NATIONAL COMMISSION ON RECOGNITION OF DENTAL SPECIALTIES AND CERTIFYING BOARDS

In 2016, the ADA Board of Trustees charged the Task Force on Specialty and Specialty Certifying Board Recognition to evaluate the process and criteria by which specialties and specialty certifying boards are recognized.

The following principles guided the Board and its Task Force in developing the proposal to revise the oversight and process for specialty and specialty certifying board's recognition. The process must:

- be grounded in objective standards that protect the public, nurture the art and science of dentistry, and improve the quality of care;
- serve to reduce potential bias or conflicts of interest, or the perception of bias or conflicts of interest, in the decision making process;
- include multiple review steps, including provisions for appeal;
- be operationally similar to the other commissions that are agencies of the ADA;
- include representation from the ADA (general dentists and academics), each of the dental specialties recognized pursuant to the criteria contained in the *ADA Requirements for Recognition of Dental Specialties and National Certifying Boards for Dental Specialists*, and the public. In addition, opportunities for input from other communities of interest should be incorporated into the process;
- build on the expertise that has been developed by the Council on Dental Education and Licensure and be grounded in the existing *ADA Requirements for Recognition of Dental Specialties and National Certifying Boards for Dental Specialists*. The *ADA Requirements for Recognition* were developed and are maintained by the Council on Dental Education and Licensure; they are approved by the ADA House of Delegates; and
- be financially prudent and not place undue financial burden on the ADA or the dental specialty organizations. The National Commission's annual operating budget would be subject to review by the Board of Trustees and approval by the ADA House of Delegates.

To accomplish these principles, the establishment of the National Commission on Recognition of Dental Specialties and Certifying Boards was proposed. Establishing such a National Commission reduces potential or perceived bias or conflict of interest in the decision-making process for recognizing dental specialties and is intended to emulate the processes for recognition of specialties and certifying boards in other health professions. The National Commission held its inaugural meeting on May 9-10, 2018.

The role of the National Commission is to recognize the dental specialty sponsoring organizations and their respective certifying boards based on compliance with the *Requirements for Recognition of Dental Specialties and National Certifying Boards for Dental Specialists*. It is not the role of the National Commission to act as a mediator, nor does the National Commission intervene on the behalf of any organizations, nor does the National Commission act as an arbitrator between disputing organizations.

## 1. American Dental Association Bylaws

**Section: 30 Duties:** The ADA Bylaws describe the duties of the National Commission on Recognition of Dental Specialties and Certifying Boards as follows:

- a. Formulate and adopt procedures for the recognition of specialties and specialty certifying boards in accord with the *Requirements for Recognition of Dental Specialties and National Certifying Boards for Dental Specialties*.
- b. Grant or deny specialty recognition to specialty organizations and specialty certifying boards seeking recognition in accord with the *Requirements for Recognition of Dental Specialties and National Certifying Boards for Dental Specialties*.
- c. Provide a means for sponsoring organizations and certifying boards to appeal an adverse recognition decision.
- d. Submit an annual report to the House of Delegates of this Association and interim reports on request.
- e. Submit the National Commission's annual budget to the Board of Trustees of the Association.

Section 30 Duties: Adopted by the ADA House of Delegates, October 2017

## 2. Rules of the National Commission on Recognition of Dental Specialties and Certifying Boards

### Article I. MISSION

The National Commission on Recognition of Dental Specialties and Certifying Boards serves the public and the profession by providing transparent and objective review of the recognized specialty organizations, prospective specialty organizations, their respective certifying boards and their adherence to the *ADA Requirements for Recognition of Dental Specialties and National Certifying Boards for Dental Specialists*.

### Article II: BOARD OF COMMISSIONERS

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

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

An equal number of general dentist members as recognized Commission specialty members shall be appointed by the Board of Trustees from the names of active, life or retired members of this Association.

The remaining Commissioners shall be selected as follows: one (1) dentist who is board certified in the respective discipline-specific area of practice and is selected by each of the following organizations: American Academy of Oral and Maxillofacial Pathology, American Academy of Oral and Maxillofacial Radiology, American Academy of Oral Medicine, American Academy of Orofacial Pain, American Academy of Pediatric Dentistry, American Academy of Periodontology, American Association of Endodontists, American Association of Oral and Maxillofacial Surgeons, American Association of Orthodontists, American Association of Public Health Dentistry, American College of Prosthodontists; and the American Society of Dentist Anesthesiologists, and one (1) member of the public who is neither a dentist nor an allied dental personnel nor teaching in a dental or allied dental education institution and who is selected by the Commission, based on established and publicized criteria. In the event a Commission member sponsoring organization fails to select a Commissioner, it shall be the responsibility of the Commission to select an appropriate representative to serve as a Commissioner. The Director of the Commission shall be ex-officio member of the Board without the right to vote.

Section 3. TERM OF OFFICE: The term of office of the members of the Commission shall be one (1) four (4) year term.

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

Section 4. POWERS:

- A. The Board of Commissioners shall be vested with full power to conduct all business of the Commission subject to the laws of the State of Illinois, the *Constitution and Bylaws* of the American Dental Association, the *Governance and Organizational Manual* of the American Dental Association, *Standing Rules for Councils and Commissions* of the American Dental Association and these *Rules*.
- B. The Board of Commissioners shall have the power to establish rules and regulations to govern its organization and procedure provided that such rules and regulations are consistent with the *Constitution and Bylaws* of the American Dental Association, the *Governance and Organizational Manual* of the American Dental Association, *Standing Rules for Councils and Commissions* of the American Dental Association and these *Rules*.
- C. The Board of Commissioners shall be vested with full power to conduct meetings in accordance with these *Rules* and the *Policy and Procedure Manual* of the Commission.
- D. The Board of Commissioners shall appoint special committees of the Commission for the purpose of performing duties not otherwise assigned by these *Rules*.
- E. The Board of Commissioners shall appoint consultants to assist in reviewing specialty and certifying board recognition applications, the annual review of specialty certifying boards, and the periodic review of dental specialties and to assist with other duties of the Commission from time to time as needed. The Board of Commissioners shall have the authority to remove a consultant for cause in accordance with procedures established by the Commission.
- F. The Board of Commissioners shall have the sole authority to remove a Commission member, Committee Member, or Appeal Board member for cause in accordance with procedures established by the Commission, which procedures shall provide for notice of charges, including allegations of conduct purported to constitute each violation, and a decision in writing which shall specify the findings of fact which substantiate any and all charges. Prior to issuance of the decision of the Commission, no Commission, Committee, or Appeal Board member shall be excused from attending any meeting of a Commission, Committee, or Appeal Board unless there is an opportunity to be heard or compelling reasons exist which are specified in writing by the Commission. The Commission shall inform the American Dental Association Board of Trustees and any relevant appointing organization when it has removed a member for cause.

Section 5. DUTIES:

- A. The Board of Commissioners shall prepare a budget-annually for carrying on the activities of the Commission for the ensuing fiscal year and shall submit said budget to the Board of Trustees of the American Dental Association for funding in accordance with the *Governance and Organizational Manual* of the American Dental Association.
- B. The Board of Commissioners shall submit an annual report of the Commission's activities to its communities of interest including the House of Delegates of the American Dental Association and interim reports, on request, to the Board of Trustees of the American Dental Association.

Section 6. MEETINGS:

- A. REGULAR MEETINGS: There shall be one (1) regular meeting of the Board of Commissioners each year.
- B. SPECIAL MEETINGS: Special meetings of the Board of Commissioners may be called at any time by the Chair of the Commission. The Chair shall call such meetings on request of a majority of voting members of the Board provided at least ten (10) days' notice is given to each member of the Board in advanced of the meeting. Confirmation of meeting attendance by a majority of voting members of the Board shall serve as an indication of the Board's request to conduct the special meeting. No business shall be considered except that provided in the call to the meeting unless consideration of said business is approved by unanimous consent of the members of the Board present and voting.
- C. LIMITATION OF ATTENDANCE DURING MEETINGS: In keeping with the confidential nature of the deliberations regarding the recognition status of specialty and certifying board applicants, a portion of the meetings of the Commission and its committees shall be designated as confidential, with attendance limited to members, the American Dental Association Trustee Liaison, and selected staff of the Commission.

Section 7: QUORUM: Two-thirds of the voting members of the Commission shall constitute a quorum.

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

- A. In the event that the Commissioner was selected by an association, the Director of the Commission shall notify the appointing organization and such association shall select a successor who possesses the qualifications established by the *Governance and Organizational Manual* of the American Dental Association and these *Rules* to complete the unexpired term. In the event the appointing organization fails to select a Commissioner, it shall be the responsibility of the Commission to select an appropriate representative to serve as a Commissioner.
- B. In the event that the Commissioner was the public representative, the Board of Commissioners shall elect a successor who possesses the qualifications established by these *Rules* and Commission policy to complete the unexpired term.
- C. If the term of the vacated office of a member of the Commission has fifty percent (50%) or less of a full four-year term remaining at the time the successor member is to fill vacancy, the successor member shall be eligible for appointment to a new four-year term. If more than fifty percent (50%) of the vacated term remains to be served at the time of the appointment of a successor member to fill the vacancy, the successor member shall not be eligible for another term.



### Article III. APPEAL BOARD

Section 1. APPEAL BOARD: The appellate body of the Commission shall be the Appeal Board which shall have the authority to hear and decide appeals filed by sponsoring organizations or certifying boards from decisions denying or revoking recognition rendered by the Commission. Such appeals shall be heard pursuant to procedures established by these *Rules* and the Commission *Policies and Procedures Manual*.

Section 2. COMPOSITION: The Appeal Board shall consist of one (1) representative selected by each of the recognized specialty sponsoring organizations represented on the Commission, four (4) general dentists selected by the ADA Board of Trustees, and one (1) representative of the public, selected by the Commission and who have previously served on the Commission. <sup>1</sup>When an appeal is filed a five (5) member Appeal Board Hearing Panel will be formed that will consist of five (5) members (two (2) general dentists, one (1) public member and two (2) specialists) who will adjudicate and issue a final decision. The National Commission's Director will select two (2) general dentists and two (2) specialists from the available appeal pool to also serve on the hearing panel.

Section 3. TERM OF OFFICE: The term of office of members on the Appeal Board shall be one (1) four (4) year term.

Section 4. MEETINGS: The Appeal Board Hearing Panel shall meet at the call of the Director of the Commission, provided at least ten (10) days' notice is given to each member of the Appeal Board in advance of the meeting. Such meetings shall be called by the Director only when an appeal to the appellate body has been duly filed by a sponsoring organization or certifying board.

Section 5. QUORUM: All five (5) of the voting members of the Appeal Board Hearing Panel must be present to constitute a quorum. The Appeal Board Hearing Panel will not be conducted unless all five (5) members are present. In order for any decision to be final there must be a 4/5<sup>th</sup> vote of the voting members of the hearing panel.

Section 6. VACANCIES:

- A. In the event of a vacancy in the membership of the Appeal Board of the Commission, the Chair of the Commission shall appoint a member of the same organization to fill such vacancy until a successor is selected by the respective representative organization.
- B. If the term of the vacated position has less than fifty percent (50%) of a full four-year term remaining at the time the successor member is appointed, the successor member shall be eligible for a new, consecutive four-year term. If fifty percent (50%) or more of the vacated term remains to be served at the time of the appointment, the successor member shall not be eligible for another term.

### Article IV. SPECIALTY RECOGNITION PROGRAM

Section 1. RECOGNITION REQUIREMENTS: The duty of maintaining the *Requirements for Recognition of Dental Specialties and National Certifying Boards for Dental Specialties* is vested with the ADA Council on Dental Education and Licensure and the ADA House of Delegates.

Section 2. RECOGNITION PROCEDURES: The Commission shall establish and publish specific application and evaluation procedures for the recognition of dental specialties and national certifying boards for dental specialists.

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<sup>1</sup> The inaugural Appeal Board will be composed of two (2) general dentists appointed by the ADA Board of Trustees, one (1) representative appointed by each of the dental specialty organizations represented on the Commission and one public representative appointed by the Commission. This footnote shall expire at adjournment sine die of the 2021 House of Delegates.

Section 3. PROCEDURES FOR EVALUATING DENTAL SPECIALTIES AND NATIONAL CERTIFYING BOARDS FOR DENTAL SPECIALISTS FOR RECOGNITION: Organizations applying for recognition shall be evaluated for compliance with the *Requirements for Recognition of Dental Specialties and National Certifying Boards for Dental Specialties* by the Commission on the basis of the information and data provided in the application and comments from the communities of interest.

Section 4. GRANTING RECOGNITION: A two-thirds affirmative vote on all the *Requirements for Recognition* of the voting Commissioners is required for the Commission to grant a request to recognize a dental specialty or specialty certifying board.

Section 5. APPEAL: In the event the final decision of the Commission is a denial or withdrawal of specialty recognition or certifying board recognition, the sponsoring organization or certifying board may appeal the decision by filing a written appeal with the Director of the Commission. The filing of the appeal shall automatically stay the final decision of the Commission. The Appeal Board of the Commission shall convene and hold its hearing within thirty (30) days after the appeal is filed. The sponsoring organization filing the appeal may be represented by legal counsel and shall be given the opportunity at such hearing to offer evidence both orally or written to refute or overturn the decision of the Commission. The Appeal Board must have all five (5) members present to hear the appeal and may make any of the following decisions: to affirm or remand the action of the Commission. The decision rendered by the Appeal Board by a four-fifths vote shall be final and binding. In the event the organization does not file a timely appeal of the Commission's findings and decision, the Commission's decision shall become final.

#### 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 Vice-chair of the Commission shall become Chair at the end of his or her term as Vice-chair. If the Vice-chair is unable or unwilling to serve as Chair, then the Chair shall be elected by the Board of Commissioners during its regular, annual meeting. The office of Vice-chair shall be held by a general dentist when the Chair is a specialist, and by a specialist when the Chair is a general dentist. The term of the 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 the annual report of the Commission.

5. Prepare or supervise the preparation of an annual budget of the Commission.
  6. Represent the Commission during sessions of the House of Delegates of the American Dental Association.
- B. VICE-CHAIR: The Vice-chair of the Commission shall assist the Chair in performance of his or her duties. If the Chair is unable to attend any given meeting of the Board of Commissioners, the Vice-chair shall preside at the meeting. If the Vice-chair is also unable to attend the meeting the other members of the Board of Commissioners present and voting shall elect by majority an acting chair for the purpose of presiding at that meeting only.
- a. 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 perform all duties incident to the office of Director.

Article VI: REMOVAL FOR CAUSE

Pursuant to the *Rules of the National Commission on Recognition of Dental Specialties and Certifying Boards*, the following are causes for removal of a member from the Board of Commissioners, Committees, or Appeal Board:

- continued, gross or willful neglect of the duties of the office;
- failure to comply with the Commission's policies on conflict of interest;
- failure or refusal to disclose necessary information on matters of Commission business;
- failure to keep confidential any exclusive information protected by secrecy that becomes known to the member by reason of the performance of his or her duties on the Commission's behalf;
- failure to comply with the Association's professional conduct policy and prohibition against harassment;
- unauthorized expenditures or misuse of Commission funds;
- unwarranted attacks on the Commission, any of its committees or any person serving the Commission in an elected, appointed or employed capacity;
- unwarranted refusal to cooperate with any Commission officer, Commission, Committee or Appeal Board member of staff;

- misrepresentation of the Commission and any person serving the Commission in an elected, appointed or employed capacity to outside persons;
- being found to have engaged in conduct subject to discipline pursuant to Chapter XI of the *Governance and Organizational Manual* of the American Dental Association; and
- conviction of a felony.

#### Article VII. MISCELLANEOUS

Section 1. Meeting Minutes: Minutes of the National Commission's Annual shall be posted and available for public viewing.

Section 2. Contracts: The Commission may enter into contracts for services related to specialty and certifying board recognition activities pursuant to the policies and procedures of the Commission.

Section 3. Parliamentary Procedure: The rules contained in the current edition of "The American Institute of Parliamentarians Standard Code of Parliamentary Procedure (AIPSC)" shall govern the deliberations of the Board of Commissioners and Appeal Board in all instances where they are applicable and not in conflict with the *Constitution and Bylaws* of the American Dental Association, the *Governance and Organizational Manual* of the American Dental Association, and these *Rules*.

#### Article VIII. AMENDMENTS

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

Adopted 12/19; Revised 3/20; 9/20

### C. POLICY ON DEVELOPMENT OF ADMINISTRATIVE AND OPERATIONAL POLICIES

The purpose of the National Commission on Recognition of Dental Specialties and Certifying Boards as described in its *Rules* and in the American Dental Association (ADA) Bylaws is: (a) Formulate and adopt procedures for the recognition of specialties and specialty certifying boards in accord with the *Requirements for Recognition of Dental Specialties and National Certifying Boards for Dental Specialties* and; (b) Grant or deny specialty recognition to specialty organizations and specialty certifying boards seeking recognition in accord with the *Requirements for Recognition of Dental Specialties and National Certifying Boards for Dental Specialties*. It may be necessary for the National Commission to develop policy statements in the process of conducting its business. Such policy may be related to dental specialties and recognition in a general sense, or administrative/operations related. The intended audience of a general policy statement may be the recognized dental specialties, the broader professional community, the general public, state and/or federal governmental entities, or some other more specialized audience.

Although general policy statements adopted by the National Commission may serve a variety of purposes, the procedures which precede adoption are very similar. While the National Commission may elect to circulate proposed general policy for comment, it is not required to do so. Administrative/operations policy, such as that related to National Commission and Review Committee meetings, or policies and procedures related to the recognition of dental specialties and certifying boards, are the purview of the National Commission's Standing Committee on Strategic Planning and Policy Review, and may not be sent out for comment.

Adopted 5/18; Revised 3/20

## II. BOARD OF COMMISSIONERS AND REVIEW COMMITTEES

### A. NATIONAL COMMISSION AND COMMISSION MEETINGS

The National Commission meets on an annual basis to consider information from the specialty certifying boards, applications for recognition, and policies and procedures related to the recognition of dental specialties and certifying boards. The National Commission's Review Committee on Specialty Recognition and Review Committee on Certifying Board Recognition meet at least annually prior to the National Commission meeting.

#### 1. Composition and Criteria

The Board of the National Commission shall consist of:

One (1) dentist representative, who has attained specialty status, will be selected by the respective specialty sponsoring organization.

An equal number of general dentists selected from nominations open to all trustee districts from the active, life or retired members of the American Dental Association. These members shall be appointed by the Board of Trustees.

One (1) public consumer member who is neither a dentist nor allied dental personnel, in dental education, an employee of the American Dental Association or member of the American Dental Association governing board; an employee or member of a governing board of any dental-related association, an employee of a state dental board or the spouse, parent, child, sibling of an individual identified above who are selected by the National Commission, based on established and publicized criteria.

Criteria (All Appointees)

- a. Ability to commit to four (4) year term;
- b. Willingness to commit three (3) to five (5) days per year to activities, including training, comprehensive review of print and electronically delivered materials, and travel to National Commission meetings;
- c. Stated willingness to comply with all National Commission *Rules*, policies and procedures;
- d. Ability to conduct business through electronic means.

Adopted 5/18; Revised 3/19, 3/20

## B. POLICY ON THE NOMINATION OF PUBLIC MEMBERS

As outlined in the *Rules* adopted by the National Commission on Recognition of Dental Specialties and Certifying Boards, the composition of the Board of Commissioners and Appeal Board will contain one (1) representative of the public on each Board. Public members play a vital role in bringing the public/consumer perspective to the deliberations of Board of Commissioners and Appeals Board. This perspective allows the public member to function as the Board member with the least amount of inherent bias, nor are they subject to potential undue influence from an appointing organization. For these reasons, the public member aids the Chair, the Director, and legal counsel in assessing potential conflict of interest issues of other appointed members of the National Commission when those issues arise.

The National Commission will actively seek and encourage applications from qualified individuals of diverse backgrounds. The National Commission will publicize open positions by posting notices on the National Commission website and and/or emailing notices to professional organizations, state boards, and other interested parties and groups. Notices shall be sent at least 60 days or more before the deadline for applications.

The representative of the public nominee should not have any formal or informal connection to the profession of dentistry; also the member should have an interest in, or knowledge of health related issues. In order to serve, the nominee must not be a:

- a. Dentist or member of an allied dental discipline;
- b. Dental educator;
- c. An employee of the American Dental Association or member of the American Dental Association governing board;
- d. An employee or member of a governing board of any dentally-related corporation, business, organization or association;
- e. An employee of a state dental board; or
- f. A patient of record of a past or current commissioner or past or current officer of a group petitioning for recognition
- g. Spouse, parent, child or sibling of an individual identified above (a through f).

**1. Nomination Criteria:** The following criteria are requirements for nominating members to serve on the Board of Commissioners and Appeal Board.

All Nominees:

- a. Ability to commit to a four (4) year term;
- b. Willingness to commit five (5) to ten (10) days per year to National Commission activities, including training, comprehensive review of print and electronically delivered materials and travel to National Commission meetings;
- c. Stated willingness to comply with all National Commission *Rules*, policies and Procedures;
- d. Ability to conduct business through electronic means.

Each nominee will complete the National Commission on Recognition of Dental Specialties and Certifying Boards nomination application, which will be submitted to National Commission staff. The National Commission Nomination Committee will review all applications for the public Commissioner and Appeal Board member and make a recommendation to the Board of Commissioners. The Board of Commissioners may vote by mail ballot or meet by conference call to discuss and appoint the public members of the Board of Commissioners and Appeal Board.

Adopted 5/18; Revised 3/19, 3/20

## **B. REVIEW COMMITTEES AND REVIEW COMMITTEE MEETINGS OF THE NATIONAL COMMISSION**

- 1. Structure:** The chair of each review committee will be a current commissioner of the National Commission appointed by the chair of the National Commission.
  - a. The Board of Commissioners will appoint the review committee consultants based on recommendations from the National Commission Nomination Committee.
  - b. 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). If a review committee cannot reach a decision by consensus, then the review committee will prepare a report stating the rationale for its recommendation submitted to the National Commission for consideration. The chair and the director of the National Commission should be informed promptly when this occurs.
  - c. Member terms of commissioners will be a one (1) year appointment; multiple terms may be served on the same or a different committee.
  - d. All consultant appointments are made annually for one year terms for a maximum of four (4) years.
  - e. The National Commission public member will be appointed to each of the Review Committees for their entire four (4) year term.
  - f. Conflict of interest policies and procedures are applicable to all review committee members.
  - g. The Chair of each review committee will be expected to speak to the committee's position during the National Commission meeting.

### **2. Composition**

#### Review Committee on Specialty Recognition

- a. Four (4) commissioners appointed by the National Commission chair.
- b. Two (2) consultants (one [1] specialist and one [1] general dentist) selected by the National Commission.
- c. The National Commission public member

#### Review Committee on Specialty Certifying Board Recognition

- a. Four (4) commissioners appointed by the National Commission chair.
- b. Two (2) consultants (one [1] specialist and one [1] general dentist) selected by the National Commission
- c. The National Commission public member

### **3. Nomination Criteria for Consultants**

- a. Ability to commit to four (4) year term;
- b. Willingness to commit three (3) to five (5) days per year to activities, including training, comprehensive review of print and electronically delivered materials, and travel to National Commission meetings;
- c. Stated willingness to comply with all National Commission *Rules*, policies and procedures;
- d. Ability to conduct business through electronic means.

The National Commission will actively seek and encourage consultant nominee applications from qualified individuals of diverse backgrounds. The National Commission will publicize open positions by posting notices on the Commission's website and/or emailing notices to professional organizations, state boards and other interested parties and groups. Consultants to the National Commission are self-nominated and are not appointees of any organization.

Adopted 5/18; Revised 3/19, 3/20, 9/20

## **D. NATIONAL COMMISSION STANDING COMMITTEES**

The National Commission on Recognition of Dental Specialties and Certifying Boards has three (3) standing committees: Strategic Planning and Policy Review, Nomination, and Finance. Additionally, ad hoc committees and other committees and task forces may be formed to address specific issues or concerns. An ad hoc committee functions until the issue is resolved or until it becomes a standing committee of the National Commission.

Occasionally, a Commissioner may be asked to serve on other task forces or joint committees that could include representatives from the American Dental Association, the American Dental Education Association or other organizations.

The charge to each of the National Commission's standing committees follows:

### **1. Strategic Planning and Policy Review Committee**

- a. Develop an ongoing strategic planning process;
- b. Develop and implement a formal program of outcomes assessment tied to strategic planning;
- c. Monitor and make recommendations to the National Commission regarding changes that may affect its operations;
- d. Develop National Commission policies and procedures contained in the Policies and Procedures manual; and
- e. Periodically review National Commission policies and procedures to ensure that they are current and relevant.

### **2. Nomination Committee**

- a. Review nominations and make recommendations for appointment of consumer/public members to the National Commission;
- b. Review nominations and make recommendations for appointment of consultants to Review Committees of the National Commission;
- c. Ensure the pre-nomination education process provides information regarding expectations and duties of commissioners and review committee members; and
- d. Periodically review nomination and selection criteria and make recommendations for changes if necessary, consistent with the National Commission's strategic plan and policies.

### **3. Finance Committee**

- a. Monitor, review and make recommendations to the National Commission concerning the annual budget.
- b. Make annual determinations on application fees, assessments and the financial obligations of the specialty organizations and their certifying boards.

### **4. Communication and Technology Committee**

- a. Develop and implement National Commission Communication Plan to educate the public/communities of interest of the role of the National Commission and improve communication.
- b. Investigate and make a recommendation to the Board of Commissioners on the development and costs related to technology upgrades.
- c. Work with Commission staff on revised contents of the National Commission's website

Adopted 5/18; Revised 3/20



## **E. POLICY ON REMOVAL OF NATIONAL COMMISSION, REVIEW COMMITTEE, AND APPEAL BOARD MEMBERS**

Pursuant to the *Rules* of the National Commission on Recognition of Dental Specialties and Certifying Boards, the National Commission may remove a Commission member, Committee member or Appeal Board member due to any of the following:

- continued, gross or willful neglect of the duties of the office;
- failure to comply with the National Commission's policies on conflict of interest;
- failure or refusal to disclose necessary information on matters of National Commission business;
- failure to keep confidential any exclusive information protected by secrecy that becomes known to the member by reason of the performance of his or her duties on the National Commission's behalf;
- failure to comply with the Association's professional conduct policy and prohibition against harassment;
- unauthorized expenditures or misuse of National Commission funds;
- unwarranted attacks on the National Commission, any of its committees or any person serving the National Commission in an elected, appointed or employed capacity;
- unwarranted refusal to cooperate with any National Commission officer, National Commission, Committee or Appeal Board member or staff;
- misrepresentation of the National Commission and any person serving the National Commission in an elected, appointed or employed capacity to outside persons;
- being found to have engaged in conduct subject to discipline pursuant to Chapter XI of the *Governance and Organizational Manual* of the American Dental Association; and
- conviction of a felony.

The Chair of the Board of Commissioners shall notify the accused member in writing of the allegations concerning the member's performance. The written notice shall include a description of the conduct purported to constitute each charge. The accused shall be invited to respond in writing within 30 days of notification. If the accused member wishes, he or she may resign the position voluntarily or may request the opportunity to appear before the Board of Commissioners to respond to the allegations. If an appearance is requested, the Board of Commissioners shall schedule the appearance within 30 days. Prior to issuance of the decision of the National Commission, no National Commission, Committee, or Appeal Board member shall be excused from attending any meeting of a National Commission, Committee, or Appeal Board unless there is an opportunity to be heard or compelling reasons exist which are specified in writing by the National Commission.

Formal rules of evidence shall not apply to the appearance to discuss the allegations made, but if requested the Board of Commissioners shall permit the accused member to be assisted by legal counsel at the accused own expense. Following the appearance, the Board of Commissioners shall decide by majority vote whether or not to remove the accused member. Any decision, which results in the removal of a Commissioner, Review Committee, or Appeal Board member for cause shall be communicated to the accused within ten (10) days and shall specify the findings of fact which support the decision to remove the accused member. If the Board of Commissioners decides to remove the accused, the action shall create a vacancy on the National Commission, Review Committee or Appeal Board, which shall be filled in accordance with the appropriate provisions in the National Commissions *Rules*. All records of the proceedings and the cause for removal shall be confidential.

The National Commission shall provide notice to the American Dental Association Board of Trustees and any relevant appointing organization once the National Commission acts to remove a member for cause.

Adopted 3/20

**F. POLICY ON APPOINTMENT OF COMMISSION AND APPEAL BOARD MEMBERS IF APPOINTING ORGANIZATION FAILS TO APPOINT DUE TO A VACANCY**

In the event of a vacancy in the office of Commissioner or Appeal Board, the Director of the Commission shall notify the appointing organization such association shall select a successor who possess the qualifications established by the *Governance and Organizational Manual* of the American Dental Association and the *Rules* of the National Commission to complete the unexpired term. In the event the appointing organization fails to select a replacement by the prescribed deadline, it shall be the responsibility of the National Commission to select an appropriate representative to complete the unexpired term.

In the event the National Commission must select a replacement for an unexpired term, the Commission will actively seek and encourage applications from qualified individuals. The Commission will publicize the open position(s) by posting notices on the National Commission website and/or emailing notices to professional organizations, state boards, and other interested parties and groups.

Adopted 3/20

### III. GENERAL NATIONAL COMMISSION POLICIES AND PROCEDURES

#### A. CONFIDENTIALITY POLICY

Certain materials generated and received by the National Commission on Recognition of Dental Specialties and Certifying Boards are confidential and must not be improperly disclosed. The National Commission's confidentiality policies apply to the National Commission, the National Commissions' Review and Standing Committees and the Appeal Board. Confidential materials are maintained to ensure the integrity of the specialty recognition process, and may be shared by the National Commission in instances related to the responding to state or federal legal requirements, as appropriate. Confidentiality applies without limitation, to the following documents and to the information contained in those documents:

**Specialty Recognition Applications:** After an application for recognition has been reviewed by the director of the National Commission to ensure that the required documentation including appendices have been submitted, the National Commission will publish an announcement to the public that the application has been received but will not release any information contained in the document. In the case of incomplete applications, receipt of the application will remain confidential and no public announcement will occur. The National Commission will not release any information contained in the application without first informing the sponsoring organization. Applications rejected by the National Commission are not released, unless prior written approval is obtained by the sponsoring organization. All documentation in the application for recognition is confidential until the respective Review Committee has reviewed the documentation for completeness and the application is ready to be circulated for public comment. If an application for recognition has been circulated for comment, all comments will remain confidential.

**Protected Health Information:** Patients' Protected Health information (PHI) and/or Personally Identifiable Information (PII) submitted during the public comment period on an application for recognition, which may not be used by Commissioners, National Commission Staff or Review Committee members for any purpose other than for review of the application on behalf of the National Commission. Protected Health Information (PHI) and/ or Personally Identifiable Information may not be disclosed to anyone other than Commissioners, Commission staff or Review Committee members reviewing the application from which the information was received. Individual Protected Health Information (PHI) and/or Personally Identifiable Information (PII) will be redacted from Commission records whenever that information is not essential to evaluation process. If a Commissioner or Review Committee member believes any Protected Health Information (PHI) and/or Personally Identifiable Information (PII) has been inappropriately disclosed, he/she should contact the Commission office.

**Surveys:** Routinely gathered data are used in the recognition of the certifying boards. The National 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.

**Meeting Materials and Discussions:** Background reports and informational materials related to recognition of dental specialties and the respective certifying boards matters are regularly prepared for review by the National Commission. These materials and all discussions related to recognition shall remain confidential. The National Commission determines when, and the manner in which, newly adopted policy and informational reports will receive public distribution.

**Meetings:** All business conducted during the National Commission meeting including the review of policy, finances and discussions related to the recognition of dental specialties and certifying boards is confidential and conducted in closed session. All deliberations of the Appeal Board are confidential and conducted in closed session.

Adopted 5/18; Revised 3/19, 3/20

## **B. CONFLICT OF INTEREST POLICY**

Policies and procedures used in the recognition of dental specialties and certifying boards provides a system of checks and balances regarding the fairness and impartiality in all aspects of the process. A central component of the National Commission's operations is the impartiality of its decision-making and each member's personal duty to avoid real conflicts of interest or even the appearance of conflicts of interest. The potential for a conflict of interest arises when a member's duty to make decisions in the public's or professions best interest is compromised by competing interests of a personal or private nature.

Conflict of interest is considered to be a partiality or bias, either of which might interfere with objectivity in the recognition process. Clear procedures for due process, as well as strict guidelines for all written documentation and recognition decisions reinforce adherence to transparent and fair practices. Every effort is made to avoid conflict of interest, either from the point of view of discipline-specific sponsoring organizations, the discipline-specific certifying boards, the ADA, or any person representing the National Commission.

Although Commissioners are appointed by designated communities of interest, their duty of loyalty is first and foremost to the National Commission. A conflict of interest exists when a Commissioner holds appointment as an officer in another organization within the National Commission's communities of interest. Therefore, a disqualifying conflict of interest would be presented by the situation wherein a Commissioner or a Commissioner-designee provides simultaneous service to the National Commission and an organization within the communities of interest. (Refer to Policy on Simultaneous Service)

The National Commission believes that conflict of interest or the appearance of a conflict of interest must be avoided in all situations in which decisions are being made by Commissioners, Review Committee members, or members of the Appeal Board. Even where there is no conflict of interest that would require the removal of a Commissioner or the disqualification of a Commissioner-designee, a conflict of interest with respect to a particular issue or decision may arise. No Commissioner, Review Committee member, or member of the Appeal Board should participate in any decisions in which he or she has a financial or personal interest, has divided loyalties, and/or has a personal stake related to the outcome of a decision.

During a term of service to the National Commission, a Commissioner, Review Committee member or Appeal Board member, must not independently consult with a sponsoring organization or certifying board that is seeking recognition from the National Commission, nor with sponsoring organizations or certifying boards that appoint current members to the National Commission.

To safeguard the objectivity of the National Commission, conflict of interest determinations shall be made by the Chair of the National Commission. If the Chair, in consultation with the Director of the National Commission, the public member of the National Commission and legal counsel, determine that a Commissioner has a conflict of interest in a particular instance, the Commissioner may be instructed to not access documentation related to the topic in advance of nor at the time of the meeting. Further, the National Commission member may be asked to leave the room and recuse themselves from the discussion and voting or be allowed to participate in the discussion but not allowed to vote. The management of the conflict of interest will be determined by a majority vote of the Board of Commissioners. In cases in which a conflict of interest is less obvious, it is the responsibility of any Commissioner who feels that a potential conflict of interest exists to disclose the potential conflict to the Chair, who will determine the action that is appropriate under the circumstances.

These conflict of interest analyses and procedure shall also apply to the Review Committees and to the Appeal Board. In the case of the Appeal Board, if necessary, the respective representative organization will be contacted to identify a temporary replacement Appeal Board member.

Current and former volunteers involved in the National Commission's recognition process may be requested to make presentations to third-parties related to the National Commission and its recognition process at various meetings. In these cases, the volunteer must make it clear that the presentation is not endorsed by the National Commission on Recognition of Dental Specialties and Certifying Boards. Further, it must be made clear that the information provided is based only on experiences of the individual and not being provided on behalf of the National Commission.

A conflict of interest related to the review of applications for recognition includes, but is not limited to:

- Close professional or personal relationship or affiliation with the sponsoring organization/certifying board or key personnel in the organization that is applying for recognition;
- Serving as an independent consultant to the organization that is applying for recognition within the past five years;
- Having a family member who is employed by or affiliated with the organization that is applying for recognition within the past five years;
- Manifesting a professional or personal interest at odds with the organization applying for recognition;

Adopted 5/18, Revised 3/20, 9/20

### **C. POLICY ON SIMULTANEOUS SERVICE**

Any member of the National Commission, Board of Commissioners, Review Committee and Appeal Board, may not simultaneously serve as a principal officer, member of an executive committee or executive board on any of the National Commission's primary communities of interest if that organization has a role in appointing a member of the National Commission. The National Commission interprets principal officer to mean individuals with final decision-making authority, which usually includes positions such as the president, president-elect, immediate past president, secretary or treasurer of an organization. The National Commission further defines executive committee and executive board that has final decision-making authority which does not require confirmation by a board or house. The National Commission has defined primary community of interest in this context as any organizations who have a role in appointing Commissioners and Appeal Board members, including the American Dental Association, the recognized dental specialty sponsoring organizations and their respective certifying boards.

When a simultaneous service conflict is revealed prior to appointment, the appointing organization will be informed that a disqualifying conflict exists and be requested to take steps to identify a replacement for the Board of Commissioners or Appeal Board.

When a simultaneous service conflict arises during the term of a current Commissioner, Review Committee or Appeal Board member, the 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 National Commission or Appeal Board, the appointing organization will appoint a new member.

If the term of the vacated National Commission or Appeal Board position has less than fifty percent (50%) 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 fifty percent (50%) or more of the vacated term remains to be served at the time of the appointment, the successor member shall not be eligible for another term.

In the event, the appointing organization fails to appoint a successor for the unexpired term by the prescribed deadline, it shall be responsibility of the National Commission to select an appropriate replacement. (See Policy on Appointment of Commissioners and Appeal Board Members if Appointing Organization Fails to Appoint Due to Vacancy)

Adopted 5/18; Revised 3/20

#### **D. PAYMENT OF ANNUAL FEES BY RECOGNIZED SPECIALTY SPONSORING ORGANIZATIONS**

On an annual basis, the National Commission develops a budget for the ensuing year. The direct expenses (staff salary and benefits; meeting travel expenses; miscellaneous office expenses) for the National Commission are split evenly between the American Dental Association and the recognized specialties. Each of the recognized specialty sponsoring organizations remits an annual fee, with the sponsoring specialty organizations determining the split of their 50% share of the direct expenses. Fees are determined annually by the National Commission and submitted to the ADA Board of Trustees.

All recognized specialty sponsoring organizations are expected to adhere to the due date for payment of all fees. Written requests for an extension must specify a payment date no later than thirty (30) days beyond the initial due date.

As the number of recognized specialties has the potential to vary from year to year, the National Commission reserves the right to make annual adjustments to its operating expenses that are split between the ADA and the recognized specialties.

Adopted 5/18; Revised 3/20

#### **E. REFERRAL OF POLICY MATTERS TO THE APPROPRIATE COMMITTEES**

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

Adopted 5/18

#### **F. COMMISSION POLICY AND PROCEDURE RELATED TO COMPLIANCE WITH THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)**

HIPAA is the federal law that governs how "Covered Entities" handle the privacy and security of patients' protected health information (PHI). HIPAA Covered Entities include health care providers and health plans that send certain information electronically. As the National Commission is not deemed a "Business Associate" of institutions that are HIPAA Covered Entities, any documentation submitted to the National Commission must not contain any patient protected health information (PHI) or sensitive personally identifiable information (PII). The National Commission will immediately and permanently delete and/or destroy any documentation that contains PHI or PII that is received in the National Commission office. In the event the documentation is provided with an application for recognition, an annual report of a certifying board, or the periodic review of recognized specialties, the application and/or report will be returned to the organization and must be resubmitted with PHI and PII removed. Any correspondence to the National Commission from any outside entity or individual that contains PHI or PII will be immediately and permanently deleted and /or destroyed, with a notice given to the outside entity or individual for the reason and guidelines for resubmission.

Adopted 3/20

## **G. POLICY ON INTEGRITY**

Integrity is expected throughout the recognition process and maintenance of recognition. In its relationships with the National Commission, all recognized specialty sponsoring organizations and recognized certifying boards shall demonstrate honesty and integrity. By seeking recognition and/or maintaining recognition, the organizations agree to comply with National Commission requirements, policies, guidelines, *Requirements for Recognition*, decisions and requests.

During the recognition process or maintenance of recognition, organizations shall be completely candid, providing all pertinent information and will report any changes in a timely manner. Failure to report honestly, by presenting false information, by omission of essential information or by distortion of information with the intent to mislead, constitutes a breach of integrity, in and of itself. If it appears to the National Commission that the organization has violated the principles of integrity in the materials submitted to the National Commission or in any other manner that required immediate attention, an investigation will be made, and the organization will be offered an opportunity to respond to suspected violations. If the breach of integrity occurs during the application process, those policies, procedures, and guidelines are applicable for resolving any issues, with the potential for denial of specialty or certifying board recognition. If the breach of integrity occurs during the periodic review process for recognized specialties, or the annual report for the recognized certifying boards, those policies, procedures and guidelines are applicable for resolving any issues, including the potential for withdrawal of specialty or certifying board recognition.

Adopted 3/20

#### IV. POLICIES AND PROCEDURES RELATED TO THE RECOGNITION OF DENTAL SPECIALTIES AND CERTIFYING BOARDS

##### A. NATIONAL COMMISSION ON RECOGNITION OF DENTAL SPECIALTIES AND CERTIFYING BOARDS RECOGNITION STATUS DEFINITIONS

**Recognition:** A recognition classification granted to a sponsoring organization or certifying board indicating that both the sponsoring organization and certifying board have achieved recognition and continue to meet the *Requirements for Recognition of Dental Specialties and National Certifying Boards for Dental Specialists* and the National Commissions policies.

**Recognition with reporting requirements:** A recognition classification granted to organizations indicating that specific deficiencies or weaknesses exist in one or more of the *Requirements for Recognition of Dental Specialties and National Certifying Boards for Dental Specialists* and/or the National Commissions policies. Evidence of compliance must be demonstrated within a timeframe not to exceed twelve (12) months. If the deficiencies are not corrected within the specified time period, the recognition status will change to intent to withdraw and will finally 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.

**Initial Recognition** is the recognition classification granted to any sponsoring organization which has not yet had a certifying board with a close working relationship recognized by the National Commission. This recognition classification provides evidence that, at the time of granting specialty recognition, it is the expectation of the National Commission that an application for recognition will be submitted by a certifying board that has a close working relationship with the sponsoring organization within one (1) year of the sponsoring organizations' recognition.

**Discontinued:** An action taken by the National Commission to affirm a sponsoring organization or certifying boards reported discontinuance of participation in the National Commission's recognition program.

**Recognition, with reporting requirements, intent to withdraw:** A formal warning issued by the National Commission to notify a recognized sponsoring organization or certifying board and the communities of interest that the organization's recognition will be withdrawn within six months if compliance with *Requirements for Recognition of Dental Specialties and National Certifying Boards for Dental Specialists* or policies cannot be demonstrated by a specified date. The warning is usually for a six-month period, unless the Commission extends for good cause.

**Withdraw:** An action taken by the Commission when a sponsoring organization or certifying board has been unable to demonstrate compliance with the *Requirements for Recognition of Dental Specialties and National Certifying Boards for Dental Specialists* or policies within the time period specified. A final action to withdraw recognition is communicated to the organization and announced to the communities of interest. A statement summarizing the reasons for the Commission's decision and comments, if any, that the affected organization has made with regard to this decision, is available upon request from the Commission office. Upon withdrawal of recognition by the Commission, the organization is no longer recognized by the National Commission. Withdrawal of recognition is considered an adverse action.

**Denial:** An action by the Commission that denies recognition to a sponsoring organization or certifying board that has applied for recognition based on the *Requirements for Recognition of Dental Specialties and National Certifying Boards for Dental Specialists*. Reasons for the denial is provided to the applicant organization. Denial of recognition is considered an adverse action.

Adopted 3/20



## **B. POLICY ON PERIODIC REVIEW OF DENTAL SPECIALTY EDUCATION AND PRACTICE**

The National Commission will conduct periodic reviews of dental specialty education and practice at ten-year intervals. The periodic reviews will aid the National Commission in gathering strategic information that will be of value to the National Commission, the profession and the public. This review focuses on the current environment; changes occurring within the specialty education and practice environments (e.g., disease trends, technology, program enrollments, and demographics); potential trends for the future; and how these may impact the public and the profession. If a new specialty is recognized in the year that the Periodic Review is being conducted, the sponsoring organization will not be required to complete the Periodic Review in that year.

The report will be divided into four (4) sections:

### **Section I: General Information and Demographic Data of the Specialty**

- History of the Dental Specialty
- Documentation that Current *Requirements for Recognition* are Met
- Strategic Planning
- Description of Specialty Membership
- Specialty Certification

### **Section II: Major Research Changes and Technology Advances**

Each specialty organization is requested to examine the impact of major dental research and new technology on its specialty practice over the last decade. Specifically, each organization is required to list major research changes and major technology advances over the last ten years and provide an overview comment on how it believes these changes and advances have affected the practice of the specialty.

### **Section III: Trends in Specialty Education**

Each specialty organization will review summary data collected over the last ten years regarding the number of accredited, advanced education programs, program enrollments and faculty and provide overview comments on past or future trends.

### **Section IV: Changes in Scope of Practice**

Each specialty organization is requested to highlight recent epidemiological data or studies that establish the incidence and/or prevalence of major conditions routinely diagnosed and/or treated by practitioners in the specialty and describe how these changes have affected the practice of the specialty.

#### **Procedure for Periodic Review:**

1. The National Commission will notify recognized specialty sponsoring organizations twelve (12) months prior to the consideration of the periodic reviews by the National Commission at its annual meeting that the periodic review process has commenced.
2. The National Commission will forward a web-based electronic survey/report link to each of the specialty sponsoring organizations.
3. Specialty sponsoring organizations will have nine (9) months from the official notice to submit a draft of their report to the National Commission.
4. The Review Committee on Specialty Recognition will review the draft reports for completeness. Reports needing clarifications, additional information, and/or revision will be returned to the specialty sponsoring organization for revision.

5. Draft reports are to be finalized one (1) month prior to the annual meeting of the National Commission.
6. The National Commission may make the following determinations for each specialty:
  - a. Requirements for recognition continue to be met
  - b. Requirements for recognition may not be met-additional information needed
  - c. Requirements for recognition are not met-recognition withdrawn
7. Specialty sponsoring organizations have the right to appeal any adverse decision regarding the periodic review of that particular specialty.
8. The findings of the periodic reviews will be published and disseminated to the communities of interest.

Adopted 5/18; Revised 3/20, 9/20

### **C. POLICY ON THE ANNUAL REPORT OF THE CERTIFYING BOARDS**

The Annual Survey of the Certifying Boards is collected by the National Commission. The purpose of the annual survey is to collect current information on the governance and operations of each of the national certifying boards for dental specialists and to ensure each certifying board's adherence to the *Requirements for Recognition of National Certifying Boards for Dental Specialists*. Data collected via the survey will be compiled and published in the *NCRDSCB Annual Report of the Recognized Dental Specialty Certifying Boards* including:

- Certification and Examination Data
- Board Executive Directors
- Current Certifying Board President
- Certification Pathways and Applications
- Eligibility Requirements
- Financial Operations
- Examination Procedures
- Examination Type and Number of Candidates
- Application and Registration Procedures
- Validity and Reliability provided by a psychometrician/statistician who has included an introductory letter to accompany documents provided in support of this requirement
- Test Construction and Evaluation
- Certification and Re-Certification Examination Content
- Re-Examination Policies
- Recertification/Certification Maintenance Policies

The information used to complete the Annual Report of the Certifying Boards is compiled from the Annual Survey of the Recognized Dental Specialty Certifying Boards that each certifying board is required to submit by the prescribed deadline. An initial review of the survey submitted by each certifying board is conducted by the director of the National Commission to determine whether all sections of the survey have been completed, including submission of required documentation showing compliance with the *Requirements for Recognition of National Certifying Boards for Dental Specialists*.

It is the expectation that all certifying boards submit all the required documentation and not intentionally submit an incomplete survey. If documentation is found to be missing, the report will be returned to the certifying board with a request to submit the required documentation within five (5) business days. Failure to comply with the request for the required documentation within the required deadline will result in a change in recognition status.

Adopted 5/18; Revised 3/19, 3/20

#### **D. POLICY ON FAILURE TO COMPLY WITH REQUEST FOR INFORMATION AND MISSED DEADLINES**

The National Commission on Recognition of Dental Specialties and Certifying Boards monitors the recognition of the dental specialties sponsoring organizations through the periodic review of the dental specialties and the certification process of the certifying boards through an annual report. Completion of the National Commission's periodic review and annual report is a requirement for continued participation in the recognition process. So that the National Commission may conduct its recognition program in an orderly fashion, all sponsoring organizations and certifying boards recognized by the National Commission are expected to adhere to deadlines for requests for information and/or submission of reports.

Executive directors who anticipate difficulty in submitting the completed report on time must submit a written request for extension prior to the date on which the report is due. Requests for extension must specify a submission date no later than thirty (30) days beyond the initial deadline date. If the certifying board and/or sponsoring organizations fails to comply with the National Commission's request for information, it will be assumed that the certifying board and/or sponsoring organization no longer wishes to participate in the recognition process. In this event, the National Commission will immediately notify the organization of its intent to withdraw recognition at its next scheduled meeting.

Adopted 5/18: Revised 3/20

#### **E. APPLICATION PROCESS FOR RECOGNITION OF A DENTAL SPECIALTY**

The application for recognition of a dental specialty is based on the ADA's *Requirements for Recognition of Dental Specialties and National Certifying Boards for Dental Specialists*. Recognition is a voluntary process and a sponsoring organization may withdraw its application for recognition at any time prior to the National Commission taking action regarding the recognition status. The recognition application fee must be submitted with the application for recognition. Sponsoring organizations should contact the National Commission office for the current fee schedule.

The application procedure is as follows:

- a. An application for recognition is completed by the sponsoring organization and submitted to the National Commission on Recognition of Dental Specialties and Certifying Boards, along with appropriate documentation and non-refundable application fee. The first opportunity for the National Commission to consider the recognition status, provided the application is in order, is may take up to twenty (20) months following the application submission date.
- b. An initial review of the application is conducted by the director of the National Commission to determine whether all sections of the application have been completed, including submission of appendices and documentation referenced in the application. It is the expectation that all applicants submit all of the required documentation and not intentionally submit an incomplete or inaccurate application. If documentation is found to be missing or inaccurate, the sponsoring organization will be contacted and requested to submit the necessary documentation within 30 days. Failure to comply with the request for supplemental documentation within the required deadline will result in termination of the application process and the application will become null and void.
- c. If the application is determined to contain the required documentation by the director, the National Commission will publish a notification informing the public that an application has been received. If another sponsoring organization in the same area of dentistry wishes to submit an application for recognition, the organization **must** contact the National Commission within **15 days** of the published notification to inform the Commission of the organizations intent to submit an application. The organization must submit a completed application within **90 days** of its intent notification. See Section on Recognition of One (1) Sponsoring Organization From a Single Area of Practice below. The application is submitted to to the Review Committee on Specialty Recognition for review of completion including analysis off the application's content. All documentation is the application is confidential until the Review Committee on Specialty Recognition has determined the application is complete.

- d. Based on review by the Review Committee on Specialty Recognition applications that require supplemental information will be inactive until the r sponsoring organization submits the requested documentation within 30 days. If an organization requires an extension, they must contact the National Commission. Failure to comply with the request for supplemental documentation within the required deadline will result in termination of the application process and the application will become null and void.
- e. If the Review Committee makes the determination that the application is complete, and no further documentation is required to make a determination of recognition, the Review Committee on Specialty Recognition as part of the review process will invite public comment on the applicant's compliance with the *Requirements for Recognition* for a sixty (60) day period. The Review Committee will only consider comments that are related to the *Requirements for Recognition*. Comments that include Protected Health Information (PHI) and/or Personally Identifiable Information (PII), violate the American Dental Association's Principles of Ethics and Code of Professional Conduct or unprofessional remarks will be disregarded (See the Policy on Third Party Comments).

The following organizations will be notified in writing of receipt of the application:

- Presidents and Executive Directors of:
    - Constituent Dental Societies
    - Recognized Dental Specialty Organizations
    - Recognized Dental Specialty Certifying Boards
    - American Association of Dental Boards
    - American Dental Education Association
    - Academy of General Dentistry
    - State Boards of Dentistry
  - Deans, Dental Schools
  - Directors, Advanced Dental Education Programs
  - ADA Officers and Board of Trustees
  - Members, ADA House of Delegates
  - Members and Director, ADA Council on Dental Education and Licensure
  - ADA News
- f. The Review Committee may request verbal testimony from the applicant, once the public comment period has closed, to address issues raised during the public comment period.
  - g. Following a comprehensive review of the application, public comments, and verbal testimony of the applicant (if requested), the Review Committee will make a recommended action to grant or deny recognition. The recommendation is reviewed by the Board of Commissioners at its next regularly scheduled meeting.
  - h. Representatives from the applicant organization(s) are invited to be on call during the meeting of the National Commission considering their application.
  - i. The National Commission may take action to:
    - grant recognition
    - postpone action, pending additional information
    - deny recognition
  - j. If the National Commission denies recognition, the sponsoring organization is advised of:
    - The reason(s) for the denial (adverse action)
    - The organizations right to an appeal of the adverse action

### **Recognition of One (1) Sponsoring Organization From a Single Area of Practice**

In accord with the *Requirements for Recognition of Dental Specialties*, no more than one (1) sponsoring organization shall be recognized in a single area of practice. In the event that the National Commission receives two (2) or more *bona fide* applications from sponsoring organizations in the same area of dentistry, with the competing application(s) submitted prior to the expiration of the 90 day time limit to submit a competing application as cited in Item C of the application procedure, the National Commission will reject both applications with the directive that the organizations work together to determine which organization will submit an application as the sponsoring organization to the National Commission.

If the National Commission receives one (1) application that identifies two (2) or more separate organizations, who are submitting one application as co-sponsors seeking recognition of an area of interest in dentistry, the National Commission will return the application with the directive that the two (2) organizations work together and determine which one (1) organization will submit the application as the sponsoring organization.

Adopted 5/18; Revised 3/19, 3/20, 9/20

## F. APPLICATION PROCESS FOR RECOGNITION OF A DENTAL SPECIALTY CERTIFYING BOARD

The application for recognition of a dental specialty certifying board is based on the ADA's *Requirements for Recognition of Dental Specialties and National Certifying Boards for Dental Specialists*. Recognition is a voluntary process and a certifying board may withdraw its application for recognition at any time prior to the National Commission taking action regarding the recognition status. The non-refundable recognition application fee must be submitted with the application for recognition. Certifying boards should contact the National Commission office for the current fee schedule.

The application procedure is as follows:

- a. An application for recognition is completed by the certifying board and submitted to the National Commission on Recognition of Dental Specialties and Certifying Boards, along with appropriate documentation and non-refundable application fee. The first opportunity for the National Commission to consider the recognition status, provided that the application is in order, may take up to twenty (20) months following the application submission date.
- b. An initial review of the application is conducted by the director of the National Commission to determine whether all sections of the application have been completed, including submission of appendices and documentation referenced in the application. It is the expectation that all applicants submit all of the required documentation and not intentionally submit an incomplete or inaccurate application. If documentation is found to be missing or inaccurate, the sponsoring organization will be contacted and requested to submit the necessary documentation within 30 days. Failure to comply with the request for supplemental documentation within the required deadline will result in termination of the application process and the application will become null and void.
- c. If the application is determined to contain the required documentation by the director, the National Commission will publish notification informing the public that an application has been received. If another certifying board in the same area of dentistry wishes to submit an application for recognition, the organization **must** contact the National Commission within **15 days** of the published notification to inform the commission of the organizations intent to submit an application. The organization **must** submit a completed application within **90 days** of its intent notification. See Section on Recognition of One (1) Certifying Board from a Single Area of Practice.
- d. The application is submitted to the Review Committee on Specialty Certifying Board Recognition for review of completion including analysis of the application's content. All documentation in the application is confidential until the Review Committee on Specialty Certifying Board Recognition has determined the application is complete.
- e. Based on review by the Review Committee on Specialty Certifying Board Recognition, applications that require supplemental documentation will be inactive until the certifying board submits the requested documentation within 30 days. If an organization requires an extension, they must contact the National Commission. Failure to comply with the request for supplemental documentation within the required deadline will result in termination of the application process and the application will become null and void.
- f. If the Review Committee makes the determination that the application is complete, and no further documentation is required to make a determination of recognition, the Review Committee on Specialty Certifying Board Recognition as part of the review process will invite public comment on the applicant's compliance with the Requirements for Recognition for a sixty (60) day period. The Review Committee will only consider comments that are related to the *Requirements for Recognition of National Certifying Boards for Dental Specialists*. Comments that include Protected Health Information (PHI) and/or Personally Identifiable Information (PII), violate the American Dental Association's

Principles of Ethics and Code of Professional Conduct or contain unprofessional remarks will be disregarded. (See the Policy on Third Party Comments)

The following organizations will be notified in writing of receipt of the application:

- Presidents and Executive Directors of:
    - Constituent Dental Societies
    - Recognized Dental Specialty Organizations
    - Recognized Dental Specialty Certifying Boards
    - American Association of Dental Boards
    - American Dental Education Association
    - Academy of General Dentistry
    - State Boards of Dentistry
  - Deans, Dental Schools
  - Directors, Advanced Dental Education Programs
  - ADA Officers and Board of Trustees
  - Members, ADA House of Delegates
  - Members and Director, ADA Council on Dental Education and Licensure
  - ADA News
- g. The Review Committee may request verbal testimony from the applicant, once the public comment period has closed, to address issues raised during the public comment period.
- h. Following a comprehensive review of the application, public comments, and verbal testimony of the applicant (if requested), the Review Committee will make a recommended action to grant or deny recognition. The recommendation is reviewed by the Board of Commissioners at its next regularly scheduled meeting.
- i. Representatives from the applicant organization(s) are invited to be on call during the meeting of the National Commission considering their application.
- j. The National Commission may take action to:
- grant recognition
  - postpone action, pending additional information
  - deny recognition
- k. The National Commission's action regarding recognition status is transmitted to the certifying board within thirty (30) days of the National Commission's meeting.
- l. If the National Commission denies recognition, the certifying board is advised of:
- The reason(s) for the denial (adverse action)
  - The certifying board's right to an appeal of the adverse action.

### **Recognition of One (1) Certifying Board From a Single Area of Practice**

In accord with the *Requirements for National Certifying Boards for Dental Specialists*, no more than one (1) certification board shall be recognized for the certification of diplomates in a single area of practice. The relationship between the sponsoring organization and the certifying boards must be clearly outlined in both organizations policies. This relationship must also be clearly identified in the Bylaws of the certifying board. In the event that the National Commission received two (2) or more *bona fide* applications from certifying boards in the same area of dentistry that claim to have a close working relationship with the sponsoring organization, with the competing application(s) submitted prior to the expiration of the 90 day time limit as cited in Item C of the application procedure, the National Commission will reject both applications with the directive that the organizations work together to determine which organization will submit the application as the certifying board.

Examples of a close working relationship may include:

- A statement of sponsorship of the certifying board by a national organization that meets all the elements of Requirement (1) of the *Requirements for Recognition of Dental Specialties*, with the name and founding date of the sponsoring organization noted.
- Formal policy statements by the sponsoring organization and certifying board recognizing each other.
- Sponsoring organization and certifying board engaging in regular, formal communications.

- Attendance of leadership/liaisons representing the sponsoring organization/certifying board at annual meetings.
- The sponsoring organization's ability to make nominations to the certifying board's board of directors.
- Procedures acknowledging that the sponsoring organization may establish additional qualifications for diplomates who serve on the certifying board.
- Sponsoring organization providing continuing education courses that prepare diplomates for examination of the board as well as review courses as part of the re-credentialing process.
- Collaboration of review and revision of accreditation standards for advanced education programs in the specialty discipline. Although collaboration between the sponsoring organization and the certifying boards is **required**, the certifying board **must** be independent, bearing full responsibility for its program; the evaluation of qualifications and competence of those it certifies as diplomats; and financially independent from the sponsoring organization.

Adopted 5/18, Revised 3/19, 3/20

## **G. POLICY ON RECOGNITION OF A DENTAL SPECIALTY SPONSORING ORGANIZATION AND DENTAL SPECIALTY CERTIFYING BOARD**

Organizations applying for recognition shall be evaluated for compliance with the *Requirements for Recognition of Dental Specialties and National Certifying Boards for Dental Specialties* by the National Commission on the basis of the information and data provided in the application and comments from the communities of interest.

### **Recognition of a Dental Specialty Sponsoring Organization:**

Upon consideration of an application for specialty recognition for a sponsoring organization, the National Commission on Recognition of Dental Specialties and Certifying Boards may take action to:

- Grant recognition
- Postpone action, pending additional information
- Deny recognition

Recognition of a dental specialty sponsoring organization and/or specialty certifying board can only be granted by a two-thirds affirmative vote on all of the *Requirements for Recognition* by the voting Commissioners. All votes taken by the National Commission related to recognition will be conducted through confidential paper ballot.

If the National Commission grants recognition to a dental specialty sponsoring organization:

- The National Commission will contact the sponsoring organization within five (5) days and request the name of their appointee to the National Commission who will serve a four (4) year term.
- The National Commission will contact the American Dental Association (ADA) within five (5) days requesting the President of the ADA appoint an *interim* general dentist commissioner to serve until the close of ADA House of Delegates meeting. The National Commission will also request that the Board of Trustees appoint an individual who will serve a four (4) year term.
- The National Commission will report the recognition on its Report of Unofficial Actions.
- The National Commission will develop and adopt a policy statement recognizing the new dental specialty.
- The National Commission will request from the sponsoring organization an official definition of the specialty.
- The annual fee for the first year will be pro-rated during the first year of recognition. After the first year of recognition, the new specialty will pay the full annual fee in subsequent years, as long as recognition is maintained.

If the National Commission denies recognition, the sponsoring organization is advised of:

- The reason(s) for the denial(adverse action)
- The organizations right to an appeal of the adverse action

**Recognition of a Dental Specialty Certifying Board:**

Upon consideration of an application for recognition of a national certifying board, the National Commission on Recognition of Dental Specialties and Certifying Boards may take action to:

- Grant recognition
- Postpone action, pending additional information
- Deny recognition

Recognition of a dental specialty specialty certifying board can only be granted by a two-thirds affirmative vote on all of the *Requirements for Recognition* by the voting Commissioners. All votes taken by the National Commission related to recognition will be conducted through confidential paper ballot.

If the National Commission denies recognition, the certifying board is advised of:

- The reason(s) for the denial(adverse action)
- The organizations right to an appeal of the adverse action

Adopted 9/20

**H. POLICY ON THIRD PARTY COMMENTS**

When an application for recognition is received, the National Commission on Recognition of Dental Specialties and Certifying Boards will solicit written comments from communities of interest and other interested parties on the National Commission website and through electronic mail notification from the National Commission. All comments will be due in the National Commission office no later than sixty (60) days after posting on the website.

The notice will indicate the deadline of sixty (60) days for receipt of third-party comments in the National Commission office. Only signed comments will be accepted. Comments must pertain only to the applicant's compliance to the *Requirements for Recognition*. Comments that include Protected Health Information (PHI) and/or Personally Identifiable Information (PII), violate the American Dental Association's Principles of Ethics and Code of Professional Conduct or contain unprofessional remarks will be disregarded. Comments will be screened by the director of the National Commission for relevance and compliance with the Policy on Third Party Comments. The announcement will include language to indicate that a copy of the National Commission's policy on third-party comments may be obtained by contacting the National Commission on Recognition of Dental Specialties and Certifying Boards.

Adopted 5/18; Revised 3/20



## **I. POLICY AND PROCEDURE RELATED TO A RECOGNIZED SPECIALTY'S REQUEST FOR CHANGE IN NAME, DEFINITION AND/OR SCOPE OF PRACTICE.**

When a recognized dental specialty wishes to change any or all of its name, definition and/or scope of practice, the recognized specialty sponsoring organization and associated recognized certifying board must submit a written request to the National Commission that will be considered by the Review Committee on Specialty Recognition with a final recommendation to the Board of Commissioners. A fee will be associated with the application. Prior to any final decision, the National Commission reserves the right to solicit a sixty (60) day public comment period on any requested changes for the benefit and protection of the public and the other recognized dental specialties.

### **Name Change**

The recognized specialty sponsoring organization and recognized certifying board must submit a written request to the National Commission explaining why the organization believes the name change is required and what impact the change may have on the currently recognized dental specialties and on the public. The National Commission will not consider name changes that are based on techniques.

If the National Commission believes the name change has an impact on the recognized specialties definition or scope of practice the request will be denied and the sponsoring organization will be required to address the requirements cited below under Definition Change and/or Change in Scope of Practice.

### **Definition and Scope of Practice Change**

The recognized specialty sponsoring organization and certifying board must submit a written request to the National Commission explaining the rationale as to why a change in the specialties definition is required. The request must also provide documentation showing that the change remains in compliance with Requirement 2 and 3 of the *Requirements for Recognition of Dental Specialties* as outlined below:

#### Requirement 2:

A specialty must be a distinct and well-defined field which required unique knowledge and skills beyond those commonly possessed by dental school graduates as defined by the Commission on Dental Accreditation's Accreditation for Dental Education Programs.

- a. Provide the revised definition of the dental specialty including the reasoning as to why a change is required.
- b. Compare and contrast the pre-doctoral accreditation standards with the advanced knowledge required for the practice of the specialty, especially with regard to the level of knowledge required.
- c. Compare and contrast the advanced skills and levels of competency/proficiency expected of a graduate of the dental specialty program, especially with regard to level of skill required.

#### Requirement 3:

The scope of the specialty requires advanced knowledge and skills that: (a) in their entirety are separate and distinct from the knowledge and skills required to practice in any recognized dental specialty; and (b) cannot be accommodated through minimal modification of a recognized dental specialty.

#### A. Advanced Knowledge

1. Compare and contrast the accreditation standards of each of the recognized dental specialties with the advanced knowledge required for the specialty, especially with regard to the level of knowledge required.

2. Provide a listing of the unique and distinct body of knowledge for the specialty and contrast this listing with the unique and distinct bodies of knowledge of the each recognized specialty.

#### B. Advanced Skills

1. Compare and contrast the accreditation standards of each of the recognized dental specialties with the advanced skills required and levels of competency/proficiency expected of a graduate of the specialty program.
2. Identify the advanced skills (techniques and procedures) required for practice of the specialty that are not included within the scope of other recognized specialties.
3. Provide a listing of the unique and distinct skills for the specialty and contrast them to the unique and distinct field and bodies of knowledge of each recognized specialty. Please describe any overlaps in scope of practice the revised definition may create.
4. Provide written parameters of care for the recognized specialty based on changes to the definition.

If the Review Committee on Specialty Recognition determines that the requested definition change changes the scope of practice for the recognized specialty, both the recognized specialty sponsoring organization and the recognized certifying board will be directed to apply as a new specialty and be required to complete the appropriate application. The recognized specialty sponsoring organization/recognized certifying board will also be required to submit the non-refundable application fee. Recognition of the existing specialty and certifying board will be withdrawn if the National Commission determines that the new application based on a change in the scope of practice meets the *Requirements for Recognition*.

If the definition change request is submitted while the National Commission is soliciting public comment for a recognition application, the National Commission will not take any action on the organizations request, until the Board of Commissioners has made a determination to grant or deny recognition on the application.

#### C. Change in Scope of Practice

Any requests that change a recognized specialties scope of practice will require completion and submission of the National Commission's Application for Specialty Recognition. The sponsoring organization should note that if it submits an application for recognition that is approved by the National Commission the recognized specialty sponsoring organization and the recognized certifying board will be informed that the National Commission will no longer recognize the prior specialty in favor of the amended specialty including the added scope of practice.

Adopted 3/20

#### **J. WITHDRAWAL OF SPECIALTY RECOGNITION FROM A RECOGNIZED SPONSORING ORGANIZATION OR CERTIFYING BOARD**

Based on the *Rules* and authority granted to the National Commission on Recognition of Dental Specialties and Certifying Boards, the National Commission has the authority to withdraw specialty recognition from any sponsoring organization or certifying board recognized by the Commission that fails to comply with the *Requirements for Recognition of Dental Specialties and National Certifying Boards for Dental Specialists* and/or policies of the National Commission.

Withdrawal of recognition is an action taken by the National Commission when a recognized sponsoring organization or certifying board has been unable to demonstrate compliance with the *Requirements for Recognition* or National Commission policies within a specified time period. A withdrawal determination must be preceded by a notice of *intent to withdraw* recognition six months prior to the withdrawal decision.

Sponsoring organizations or certifying boards found to be not in compliance with the *Requirements for Recognition* and/or National Commission policies will be notified of their non-compliance.

When the National Commission has made a determination to withdraw recognition the decision is communicated to the organization and announced to the communities of interest. A statement summarizing the reasons for the Commission's decision and comments, if any, that the affected organization has made with regard to this decision, is available upon request from the Commission office. If an organization has had its recognition withdrawn, the organization does have the opportunity to formally appeal the decision to withdraw recognition through the National Commission's policy and procedures on Appeal of Adverse Actions.

Adopted 3/20

## V. COMPLAINTS

### A. DEFINITION

A complaint is defined by the National Commission as one alleging that a National Commission recognized specialty or certifying board may not be in compliance with the *Requirements for Recognition of Dental Specialties and National Certifying Boards for Dental Specialists*.

Adopted 3/20

### B. POLICY AND PROCEDURE REGARDING INVESTIGATION OF COMPLAINTS

The following policy and procedures have been developed to handle the investigation of complaints about a recognized specialty or certifying board that may not be in continued compliance with the *Requirements for Recognition of Dental Specialties and National Certifying Boards for Dental Specialists*. This policy does not apply to applicants for specialty or certifying board recognition, as the determination of whether applicant meets the *Requirements for Recognition* is determined through the application policies and processes.

The Commission will only consider written, signed complaints that present evidence and documentation in support of the complaint. Unsigned comments/complaints or oral complaints will not be considered.

**1. Investigative Procedures for Complaints:** Any interested party may submit an appropriate, signed, formal complaint to the National Commission regarding any National Commission recognized specialty or certifying board. An appropriate complaint is one that directly addresses an organizations compliance with the ADA's *Requirements for Recognition*. In accord with its responsibilities to determine compliance with the *Requirements for Recognition*, the National Commission does not intervene in complaints as a mediator but maintains an investigative role.

The following procedures have been established to manage complaints:

1. When an inquiry about filing a complaint is received by the National Commission office, the inquirer is provided a copy of the ADA's *Requirements for Recognition* document, along with a copy of the National Commission's policy and procedure on complaints.
2. When a complainant submits a written, signed statement describing the recognized specialties' non-compliance with a (the) specifically identified *Requirement(s) for Recognition*, the materials are reviewed by the Director and Legal Counsel of the National Commission for completeness. Submission of documentation which supports the noncompliance is mandatory. If deemed complete, the complaint is the property of the National Commission and may not be withdrawn by the complainant. This initial screening is completed within thirty (30) days.
3. Initial investigation of a complaint may reveal that the National Commission is already aware of the non-compliance and is monitoring the recognized specialty sponsoring organization or certifying board progress to demonstrate compliance. In this case, the complainant is notified that the National Commission is currently addressing the noncompliance issue noted in the complaint.
4. The appropriate Review Committee is convened within thirty (30) days of the determination of complaint completeness to review the complaint and documentation. A Review Committee member appointed by the same recognized specialty organization as the recognized specialty/certifying board that the complaint identifies as being non-compliant will be recused from discussions and recommendation concerning the complaint in the Review Committee. The National Commission Director will appoint a replacement for that Review Committee member.

5. If the Review Committee determines the complaint does not provide sufficient evidence of non-compliance with a (the) *Requirement(s) for Recognition*, the complainant is so advised and no further action is taken.
6. If the Review Committee determines there is sufficient evidence of non-compliance with a (the) *Requirement(s) for Recognition*, the National Commission informs the chief administrative officer (CAO) of the recognized specialty sponsoring organization or recognized certifying board in writing that the National Commission has received a complaint with evidence indicating that the recognized specialty or certifying board may no longer be in compliance with a (the) *Requirement(s) for Recognition*.
7. The recognized specialty sponsoring organization or recognized certifying board is provided with a redacted copy of the complaint to ensure anonymity of the complainant and evidence submitted by the complainant, a copy of the *Requirements for Recognition*, and a copy of the National Commission's policy and procedure on complaints.
8. The recognized specialty sponsoring organization or certifying board is asked to address compliance with a (the) *Requirement(s) for Recognition* in question and submit a written response with appropriate documentation and evidence within thirty (30) days. The National Commission uses the examples of evidence in the appropriate sections of the National Commission's Application for Recognition to provide guidance on the compliance issues to be addressed in the report and on any documentation required to demonstrate compliance. Additional guidance by the Review Committee on how to best demonstrate compliance may also be provided to the recognized specialty sponsoring organization or recognized certifying board.
9. Receipt of the organizations written compliance report, including documentation, is acknowledged by the Director of the National Commission.
10. The Review Committee considers the organization's written compliance report within 30 days of its receipt in the National Commission office.
11. After consideration of the organization's response, the Review Committee may make one of the following recommendations:
  - a. The recognized specialty or certifying board continues to comply with the requirement(s) in question and no further action is required.
  - b. The recognized specialty or certifying board is not in compliance with the requirement(s) in question. The Review Committee will describe the scope and nature of the non-compliance and recommend the required corrective action.
12. Within fifteen (15) days of receipt of the Review Committee recommendation, the National Commission will meet and act on the recommendation of the Review Committee. The recognized specialty sponsoring organization or the certifying board and the complainant will be informed of the decision of the National Commission within one week of its action on the results of the investigation.
  - a. If the National Commission determines that the recognized specialty or certifying board continues to comply with the requirement(s) in question, both the organization and the complainant will be informed that no further action is required at this time.
  - b. If the National Commission determines that the recognized specialty or certifying board is not in compliance with the requirement(s) in question, the National Commission will inform the recognized specialty sponsoring organization or certifying board the scope and nature of the non-compliance, the required corrective action, and the submission date for the report and documentation of corrective action. The complainant will be informed of the scope and nature of the non-compliance and that the National Commission does provide a reasonable amount of time to come into full compliance with the *Requirements for Recognition*.

Adopted: 3/20; Revised 9/20

## VI. DUE PROCESS

The National Commission makes every effort to protect the procedural due process rights of the applicants for dental specialty and certifying board recognition by following appropriate and accepted procedural due process practices. As procedural due process is a necessary and integral part of recognition process, the National Commission builds due process measures into various aspects of the recognition process.

Adverse actions, or those that may be appealed, are defined as actions related to denial or withdrawal of recognition. Such decisions become final fourteen (14) days after the date on the notification letter or when any appeal has been resolved. The National Commission has procedures in place to provide notice of the reasons for taking an adverse recognition action.

The following sections describe the National Commission's procedural due process practices and indicate the sequence of events that is typically followed when such procedures are needed.

Adopted 5/18

### A. DUE PROCESS RELATED TO REVIEW COMMITTEE SPECIAL APPEARANCES

If compliance with the requirements is in question the Review Committee may request a special appearance.

If the applicant submits additional written materials, copies for each Review Committee member should be provided by the applicant at least one (1) week prior to the meeting, absent documented extraordinary circumstances.

Review Committees special appearances will be conducted with the following guidelines:

- a. The Review Committee discusses the additional and/or new information provided by the sponsoring organization or certifying board prior to the appearance of the representative(s).
- b. The Review Committee chair will introduce members of the Review Committee to the sponsoring organization or certifying board representative(s).
- c. The designated representative is invited to make an opening statement and present the additional and/or new information.
- d. Following the presentation by the representative, the Chair allows members of the Review Committee to ask questions.
- e. The Chair thanks the representative(s) for appearing before the Review Committee and the representative(s) leaves the room.
- f. The Review Committee reviews the additional and/or new material in the context of the presentation during the special appearance. The Review Committee recommends granting or denying recognition to the National Commission.

### B. FUNCTION AND PROCEDURES OF THE APPEAL BOARD

The Appeal Board is an autonomous body, separate from the National Commission. The primary function of the Appeal Board is to determine whether the National Commission on Recognition of Dental Specialties and Certifying Boards arrived at a decision regarding the denial or revocation of specialty recognition by properly applying the National Commission's published policies and procedures and criteria to the facts presented to the National Commission. In addition, the National Commission's *Rules* stipulate that the Appeal Board shall provide the sponsoring organization or certifying board filing the appeal, the opportunity to be represented by legal counsel and shall give the organization the opportunity to offer evidence and argument in writing and/or orally to try to refute or overcome the findings and decision of the National Commission. In order for the Appeal Board Hearing Panel to hear an appeal all five (5) members of the hearing panel must be present.

Per the *Rules* of the National Commission, the Appeal Board Hearing Panel will consist of five (5) members; (two (2) general dentists, one (1) public member and two (2) specialists) who will adjudicate and issue a final decision. The National Commission's Director will select two (2) general dentists and two (2) specialists from the available appeal pool to also serve on the hearing panel. The National Commission's Director will also identify one (1) general dentist and one (1) specialist from the Appeal Board pool to serve as alternates in case the originally identified Appeal Board Hearing Panel members are unable to fulfill their duties. The pool of potential members shall consist of four (4) general dentists appointed by the American Dental Association Board of Trustees and one (1) representative selected by each of the organizations represented on the National Commission, including a public representative who has previously served on the National Commission. In the event that a public representative who has previously served on the National Commission is not available, a public representative who has previous experience serving on other dentally-related Commissions shall be appointed by the National Commission.

Appeal Board members shall not be:

- a. An employee of the American Dental Association or member of the American Dental Association governing board; or
- b. an individual who has participated in any step of the process leading up to the decision that is being appealed
- c. current member of the National Commission; and/or
- d. Spouse, parent, child or sibling of an individual identified above (a through c).

The Appeal Board Member shall be:

- a. willing to participate as a member of the appellate body should it be convened;
- b. willing to comply with all National Commission *Rules*, policies and;
- c. required to attend the same National Commission policy and procedure orientation meetings as new commissioners upon their appointment.

#### **1. Appeal Procedure:**

If the National Commission determines that recognition should be denied or withdrawn, the sponsoring organization or certifying board will be notified within ten (10) business days and the notification is sent by tracked mail. The sponsoring organization or certifying board is also notified of its right to appeal this decision to the Appeal Board. Adverse actions, or those that may be appealed, are defined as those related to denial or withdrawal of recognition. Such decisions become final fourteen (14) days after the date on the transmittal letter or when any appeal has been resolved.

Within fourteen (14) days after receipt of the final decision by the National Commission, sponsoring organization or certifying board may appeal the decision by filing a written appeal with the director of the National Commission on Recognition of Dental Specialties and Certifying Boards. The filing of the appeal shall automatically stay the final decision of the National Commission. The Appeal Board of the National Commission shall convene and hold its hearing within thirty (30) days after the appeal is filed. The sponsoring organization or certifying board filing the appeal may be represented by legal counsel and shall be given the opportunity at such hearing to offer evidence both orally or written to refute or overturn the decision of the National Commission. The Appeal Board is limited in its inquiry to review substantive procedural due process issues raised by the appellants and factual determinations up to the time of the National Commission's decision regarding the application for recognition. It is not proper for the Appeal Board to either receive or consider facts not previously presented to the National Commission since it does not sit as an initial reviewing body. Similarly, it is not the function of the Appeal Board to determine whether the facts, singularly or cumulatively, justify the decision of the National Commission, unless it can be shown that the National Commission's decision was clearly against the manifest weight of the evidence. Further, the Appeal Board will not hear testimony relative to the reasonableness of previously determined requirements for recognition since this is clearly outside the scope of authority of this reviewing body. The Appeal Board may make one of the following decisions: to affirm or remand the action of the National Commission. The decision rendered by the Appeal Board shall be final and binding. In the event the organization does not file a timely appeal of the National Commission's findings and decision, the National Commission's decision shall become final.

## **2. Appeal Board Hearing Guidelines:**

- a. The Appeal Board discusses the evidence provided by the sponsoring organization or certifying board prior to the appearance of the representative(s).
- b. The Appeal Board chair will introduce members of the Appeal Board to the sponsoring organization or certifying board representative(s).
- c. A brief opening statement may be made by the director of the National Commission for the purpose of establishing the National Commission's finding and the reasons therefore.
- d. The Appellant will then present its argument to the Appeal Board.
- e. The National Commission may then present its rebuttal of the Appellant's argument.
- f. After hearing the evidence, the Appeal Board shall meet in executive session to discuss the appeal and make its decision. The Appeal Board's decision may be to sustain or remand the decision of the National Commission. The decision shall be based on a four fifths vote of the members of the Appeal Board.
- g. When the decision is to remand, the appeal board will identify the specific Requirement for Recognition to be reevaluated.
- h. The Appellant shall be notified by tracked mail of the decision of the Appeal Board, including a statement of specifics, within ten (10) days following the hearing.

Adopted 5/18; Revised 9/20



## VII. CHRONOLOGY OF AMERICAN DENTAL ASSOCIATION SPECIALTY RECOGNITION

### **1947 - Oral Surgery, Orthodontics, Pedodontia, Periodontia, and Prosthodontia**

The first five specialties given ADA recognition were **oral surgery, orthodontics, pedodontia, periodontia, and prosthodontia** when the *Requirements for the Approval of Examining Boards in Dental Specialties* were adopted by the 1947 ADA House of Delegates (*Transactions*.1947:80-81):

- I. Definition: A specialty in dentistry is a field of practice which calls for intense study and extended clinical and laboratory experience by a dentist beyond the training offered as a preparation for general practice in the undergraduate curriculum. The following branches of dentistry are recognized at this time as suitable fields for the certification of specialists: oral surgery, orthodontics, pedodontia, periodontia and prosthodontia.

### **1948 – Certifying Boards for Oral Surgery, Periodontology, Pedodontics, Prosthodontics**

The Council on Education reported to the ADA 1948 House of Delegates that it approved the American Board of Oral Surgery, American Board of Periodontology, American Board of Pedodontics and the American Board of Prosthodontics (*Transactions*.1948:60).

**Approval of Specialty Examining Boards:** Four specialty examining boards have now been approved in accordance with the Council's requirements, as endorsed by the House of Delegates in 1947, as follows: American Board of Oral Surgery; American Board of Periodontology; American Board of Pedodontics; and American Board of Prosthodontics.

### **1949 – Oral Pathology**

The 1949 ADA House of Delegates adopted Resolution 2 granting recognition to **oral pathology** as a dental specialty (*Transactions*.1949:20, 25).

2. *Whereas*, according to the definition included in the "Requirements for the Approval of Examining Boards in Dental Specialties" approved by the House of Delegates, August 6, 1947, a specialty in dentistry "is a field of practice which calls for extensive study and extended clinical and laboratory experience by a dentist beyond the training offered as preparation for general practice in the undergraduate curriculum," and

*Whereas*, the Council, in its extended definition requires that there be a public demand for these services, and those engaged in this practice have made significant contributions to the science of dentistry, and that the number limiting practice in this field be significant, and

*Whereas*, the American Board of Oral Pathology has justified to the satisfaction of the Council, the right to be included as a suitable field for the certification of specialists, therefore be it

*Resolved*, that the list of specialties be extended to include oral pathology so that the appropriate item in the *Requirements for the Approval of Examining Boards in Dental Specialties* will now read: "The following branches of dentistry are recognized at this time as suitable fields for the certification of specialists: oral surgery, orthodontics, pedodontia, periodontia, prosthodontia and oral pathology.

1950 (Public Health Dentistry)

The 1950 ADA House of Delegates adopted Resolution 131 granting recognition to **public health dentistry** (*Transactions*.1950:25-26, 29).

**131. Whereas**, according to the definition included in the "Requirements for the Approval of Examining Boards in Dental Specialties" approved by the House of Delegates, August 6, 1947, a specialty in dentistry "is a field of practice which calls for extensive study and extended clinical and laboratory experience by a dentist beyond the training offered as preparation for general practice in the undergraduate curriculum," and

**Whereas**, the Council, in its extended definition requires that there be a public demand for these services, and those engaged in this practice have made significant contributions to the science of dentistry, and that the number limiting practice in this field be significant, and

**Whereas**, the American Board of Public Health Dentistry and its parent body have justified to the satisfaction of the Council, the right to be included as a suitable field for the certification of specialists, therefore be it

**Resolved**, that the list of specialties be extended to include public health dentistry so that the appropriate item in the *Requirements for the Approval of Examining Boards in Dental Specialties* will now read: "The following branches of dentistry are recognized at this time as suitable fields for the certification of specialists: oral surgery, orthodontics, pedodontia, periodontia, prosthodontia, oral pathology and public health dentistry.

The 1950 ADA House of Delegates adopted Resolution 129 that approved the requirements of the **American Board of Oral Pathology** and Resolution 132 that approved the requirements of the **American Board of Orthodontics** (pg 198-199).

**129. Whereas**, the American Board of Oral Pathology petitioned that oral pathology be recognized as a dental specialty and this was approved by vote of the House of Delegates at the October 1949 meeting, and

**Whereas**, the American Board of Oral Pathology has submitted to the Council on Dental Education its requirements for qualification of its candidates, and

**Whereas**, the Council on Dental Education find that the American Board of Oral Pathology meets the requirements for the approval of examining boards in dental specialties as approved by the House of Delegates of the American Dental Association on August 6, 1947; therefore, be it **Resolved**, that the American Dental Association approve the requirements of the American Board of Oral Pathology.

**132. Whereas** the American Board of Orthodontics petitioned that orthodontics be recognized as a dental specialty and this was approved by vote of the House of Delegates, and

**Whereas**, the American Board of Orthodontics has submitted to the Council on Dental Education its requirements for qualification of its candidates, and

**Whereas**, the Council on Dental Education find that the American Board of Orthodontics meets the requirements for the approval of examining boards in dental specialties as approved by the House of Delegates of the American Dental Association on August 6, 1947; therefore, be it

**Resolved**, that the American Dental Association approve the requirements of the American Board of Orthodontics.

#### **1951- American Board of Dental Public Health**

The 1951 ADA House of Delegates adopted Resolution 21-1951-H that approved the American Board of Dental Public Health (*Transactions*.1951:180).

**21-1951-H. Resolved**, that the House of Delegates of the American Dental Association approve the requirements of the American Board of Dental Public Health.

### **1963 - Endodontics**

The 1963 ADA House of Delegates adopted Resolution 6-1963-H granting recognition to endodontics as a special area of dental practice.

**6-1963-H. Resolved**, that endodontics be recognized as a special area of dental practice. (*Transactions*.1963:37-38, 244)

### **1964 - American Board of Endodontics**

The 1964 ADA House of Delegates adopted Resolution 5-1964H approving the American Board of Endodontics:

**5-1964-H. Resolved**, that the American Board of Endodontics be approved as the national certifying board in this special area of dental practice (*Transactions*.1964: 251).

### **1999- Oral and Maxillofacial Radiology**

1970 – CDEL deny (no formal resolution #), BOT deny, RC deny and HOD postponed indefinitely

1972 – Resolution 26-1972 from Indiana, CDEL deny, BOT deny, RC postpone indefinitely but proposed Resolution 224 to grant specialty status and HOD voted to postponed Resolution 224 indefinitely (*Trans*. 1972: 226,330,457,701,703)

1994 – Resolution 12-1994 Committee G and the CDEL recommended denial; HOD agreed and denied 12-H-1994 (*Trans*. 1994:68,531,610)

1996 – Resolution 19-1996 Committee G recommended deny and the CDEL recommended oral and maxillofacial radiology be approved as a dental specialty; Reference Committee agreed with CDEL; HOD adopted then reconsidered and referred the Resolution19-1996 to CDEL to report to the 1997 HOD (*Trans* 1996; 696).

1997 – Resolution 19-1996 Committee G, CDEL and Board of Trustees recommended OMR be approved; HOD defeated Resolution 19-1996 (*Trans*:1997: 651, 653)

1999 - Committee G and the CDEL recommended OMR be approved in Resolution 8. The ADA House of Delegates adopted Resolution 8H-1999 granting recognition to oral and maxillofacial radiology as a special area of dental practice (*Trans*.1999:898)

**8H-1999. Resolved**, that the American Academy of Oral and Maxillofacial Radiology's request for the recognition of oral and maxillofacial radiology as a dental specialty be approved.

### **2000-American Board of Oral and Maxillofacial Radiology**

At its March 24-25, 2000 meeting, the Council adopted the following resolution.

**Council Action:** With regard to the ABOMR's request for recognition:  
The Council recommended that the American Board of Oral and Maxillofacial Radiology (ABOMR) be approved as the recognized certifying board for oral and maxillofacial radiology on the basis that the ABOMR has demonstrated compliance with the Requirements for National Certifying Boards for Dental Specialists, and therefore, individuals who are currently diplomates of the ABOMR are able to announce as a dental specialist.

This action was reported to the 2000 ADA House of Delegates (Reports.2000:77)

### **2015 – Dental Public Health**

The 2015 House of Delegates adopted Resolution 14-2015 amending the policy recognizing dental public health as a dental specialty.

**14H-2015 Recognition of Dental Public Health as a Dental Specialty Resolved**, that dental public health is a dental specialty recognized by the American Dental Association and sponsored by the American Association of Public Health Dentistry.

The 2015 House of Delegates adopted Resolution 15-2015 amending the policy recognizing a certifying board in dental public health.

#### **15H-2015 Certifying Board in Dental Public Health**

**Resolved**, that the American Dental Association approves the American Board of Dental Public Health as the national certifying board for the specialty of dental public health.

#### **2015- Endodontics**

The 2015 House of Delegates adopted Resolution 16-2015 amending the policy recognizing endodontics as a dental specialty.

#### **16H-2015 Recognition of Endodontics as a Dental Specialty**

**Resolved**, that endodontics is a dental specialty recognized by the American Dental Association and sponsored by the American Association of Endodontists.

The 2015 House of Delegates adopted Resolution 17-2015 amending the policy recognizing a certifying board in endodontics.

#### **17H-2015 Certifying Board in Endodontics**

**Resolved**, that the American Dental Association approves the American Board of Endodontics as the national certifying board for the specialty of endodontics.

#### **2015- Oral and Maxillofacial Pathology**

The 2015 House of Delegates adopted Resolution 20-2015 amending the policy recognizing oral and maxillofacial pathology as a dental specialty.

#### **20H-2015 Recognition of Oral and Maxillofacial Pathology as a Dental Specialty**

**Resolved**, that oral and maxillofacial pathology is a dental specialty recognized by the American Dental Association and sponsored by the American Academy of Oral and Maxillofacial Pathology.

The 2015 House of Delegates adopted Resolution 21-2015 amending the policy recognizing a certifying board in oral and maxillofacial pathology.

#### **21H-2015 Certifying Board in Oral and Maxillofacial Pathology**

**Resolved**, that the American Dental Association approves the American Board of Oral and Maxillofacial Pathology as the national certifying board for the specialty of oral and maxillofacial pathology.

#### **2015- Oral and Maxillofacial Radiology**

The 2015 House of Delegates adopted Resolution 22- 2015 amending the policy recognizing oral and maxillofacial radiology as a dental specialty.

#### **22H-2015 Recognition of Oral and Maxillofacial Radiology as a Dental Specialty Resolved,**

that oral and maxillofacial radiology is a dental specialty recognized by the American Dental Association and sponsored by the American Academy of Oral and Maxillofacial Radiology.

The 2015 House of Delegates adopted Resolution 23- 2015 recognizing a certifying board in oral and maxillofacial radiology.

### **23H-2015 Certifying Board in Oral and Maxillofacial Radiology**

**Resolved**, that the American Dental Association approves the American Board of Oral and Maxillofacial Radiology as the national certifying board for the specialty of oral and maxillofacial radiology.

### **2015- Oral and Maxillofacial Surgery**

The 2015 House of Delegates adopted Resolution 24- 2015 amending the policy recognizing oral and maxillofacial surgery as a dental specialty.

### **24H-2015 Recognition of Oral and Maxillofacial Surgery as a Dental Specialty**

**Resolved**, that oral and maxillofacial surgery is a dental specialty recognized by the American Dental Association and sponsored by the American Association of Oral and Maxillofacial Surgeons.

The 2015 House of Delegates adopted Resolution 25- 2015 amending the policy recognizing a certifying board in oral and maxillofacial surgery.

### **25H-2015 Certifying Board in Oral and Maxillofacial Surgery**

**Resolved**, that the American Dental Association approves the American Board of Oral and Maxillofacial Surgery as the national certifying board for the specialty of oral and maxillofacial surgery.

### **2015- Orthodontics and Dentofacial Orthopedics**

The 2015 House of Delegates adopted Resolution 26- 2015 amending the policy recognizing orthodontics and dentofacial orthopedics as a dental specialty.

### **26H-2015 Recognition of Orthodontics and Dentofacial Orthopedics as a Dental Specialty**

**Resolved**, that orthodontics and dentofacial orthopedics is a dental specialty recognized by the American Dental Association and sponsored by the American Association of Orthodontists.

The 2015 House of Delegates adopted Resolution 27- 2015 amending the policy recognizing a certifying board in orthodontics and dentofacial orthopedics.

### **27H-2015 Certifying Board in Orthodontics and Dentofacial Orthopedics**

**Resolved**, that the American Dental Association approves the American Board of Orthodontics as the national certifying board for the specialty of orthodontics and dentofacial orthopedics.

### **2015- Pediatric Dentistry**

The 2015 House of Delegates adopted Resolution 28- 2015 amending the policy recognizing pediatric dentistry as a dental specialty.

### **28H-2015 Recognition of Pediatric Dentistry as a Dental Specialty**

**Resolved**, that pediatric dentistry is a dental specialty recognized by the American Dental Association and sponsored by the American Academy of Pediatric Dentistry.

The 2015 House of Delegates adopted Resolution 29- 2015 recognizing a certifying board in pediatric dentistry.

### **29H-2015 Certifying Board in Pediatric Dentistry**

**Resolved**, that the American Dental Association approves the American Board of Pediatric Dentistry as the national certifying board for the specialty of pediatric dentistry.

### **2015- Periodontics**

The 2015 House of Delegates adopted Resolution 30- 2015 amending the policy recognizing periodontics as a dental specialty.

#### **30H-2015 Recognition of Periodontics as a Dental Specialty**

**Resolved**, that periodontics is a dental specialty recognized by the American Dental Association and sponsored by the American Academy of Periodontology.

The 2015 House of Delegates adopted Resolution 31- 2015 recognizing a certifying board in periodontics.

#### **31H-2015 Certifying Board in Periodontics**

**Resolved**, that the American Dental Association approves the American Board of Periodontology as the national certifying board for the specialty of periodontics.

### **2015- Prosthodontics**

The 2015 House of Delegates adopted Resolution 32- 2015 amending the policy recognizing prosthodontics as a dental specialty.

#### **32H-2015 Recognition of Prosthodontics as a Dental Specialty**

**Resolved**, that prosthodontics is a dental specialty recognized by the American Dental Association and sponsored by the American College of Prosthodontists.

The 2015 House of Delegates adopted Resolution 33- 2015 recognizing a certifying board in prosthodontics.

#### **33H-2015 Certifying Board in Prosthodontics**

**Resolved**, that the American Dental Association approves the American Board of Prosthodontics as the national certifying board for the specialty of prosthodontics.

### **2017- National Commission on Recognition of Dental Specialties and Certifying Boards**

The 2017 House of Delegates adopted Resolution 30H-2017, establishing the ADA National Commission on Recognition of Dental Specialties and Certifying Boards.

#### **30H-2017 Establishment of National Commission on Recognition of Dental Specialties and Certifying Boards**

**\*Resolved**, that the following conforming changes to the ADA *Bylaws* amendments shown below be approved for placement into the newly revised ADA *Bylaws* and the new *Governance and Organizational Manual of the American Dental Association*.

## **VIII. CHRONOLOGY OF NATIONAL COMMISSION ON RECOGNITION OF DENTAL SPECIALTIES AND CERTIFYING BOARDS SPECIALTY RECOGNITION**

### **2018- National Commission on Recognition of Dental Specialties and Certifying Boards**

**In May 2018, the National Commission on Recognition of Dental Specialties and Certifying Boards adopted policy statements recognizing the dental specialties and sponsoring organizations:**

#### **Recognition of Dental Public Health as a Dental Specialty**

Dental public health is a dental specialty recognized by the National Commission on Recognition of Dental Specialties and Certifying Boards and sponsored by the American Association of Public Health Dentistry.

#### **Recognition of Endodontics as a Dental Specialty**

Endodontics is a dental specialty recognized by the National Commission on Recognition of Dental Specialties and Certifying Boards and sponsored by the American Association of Endodontists.

#### **Recognition of Oral and Maxillofacial Pathology as a Dental Specialty**

Oral and maxillofacial pathology is a dental specialty recognized by the National Commission on Recognition of Dental Specialties and Certifying Boards and sponsored by the American Academy of Oral and Maxillofacial Pathology.

#### **Recognition of Oral and Maxillofacial Radiology as a Dental Specialty**

Oral and maxillofacial radiology is a dental specialty recognized by the National Commission on Recognition of Dental Specialties and Certifying Boards and sponsored by the American Academy of Oral and Maxillofacial Radiology.

#### **Recognition of Oral and Maxillofacial Surgery as a Dental Specialty**

Oral and maxillofacial surgery is a dental specialty recognized by the National Commission on Recognition of Dental Specialties and Certifying Boards and sponsored by the American Association of Oral and Maxillofacial Surgeons.

#### **Recognition of Orthodontics and Dentofacial Orthopedics as a Dental Specialty**

Orthodontics and dentofacial orthopedics is a dental specialty recognized by the National Commission on Recognition of Dental Specialties and Certifying Boards and sponsored by the American Association Of Orthodontists.

#### **Recognition of Pediatric Dentistry as a Dental Specialty**

Pediatric dentistry is a dental specialty recognized by the National Commission on Recognition of Dental Specialties and Certifying Boards and sponsored by the American Academy of Pediatric Dentistry.

#### **Recognition of Periodontics as a Dental Specialty**

Periodontics is a dental specialty recognized by the National Commission on Recognition of Dental Specialties and Certifying Boards and sponsored by the American Academy of Periodontology.

## **Recognition of Prosthodontics as a Dental Specialty**

Prosthodontics is a dental specialty recognized by the National Commission on Recognition of Dental Specialties and Certifying Boards and sponsored by the American College of Prosthodontists.

**In May 2018, the National Commission on Recognition of Dental Specialties and Certifying Boards adopted policy statements recognizing the dental specialty certifying boards:**

### **Certifying Board in Dental Public Health**

The National Commission on Recognition of Dental Specialties and Certifying Boards recognizes the American Board of Dental Public Health as the national certifying board for the specialty of dental public health.

### **Certifying Board in Endodontics**

The National Commission on Recognition of Dental Specialties and Certifying Boards recognizes the American Board of Endodontics as the national certifying board for the specialty of endodontics.

### **Certifying Board in Oral and Maxillofacial Pathology**

The National Commission on Recognition of Dental Specialties and Certifying Boards recognizes the American Board of Oral and Maxillofacial Pathology as the national certifying board for the specialty of oral and maxillofacial pathology.

### **Certifying Board in Oral and Maxillofacial Radiology**

The National Commission on Recognition of Dental Specialties and Certifying Boards recognizes the American Board of Oral and Maxillofacial Radiology as the national certifying board for the specialty of oral and maxillofacial radiology.

### **Certifying Board in Oral and Maxillofacial Surgery**

The National Commission on Recognition of Dental Specialties and Certifying Boards recognizes the American Board of Oral and Maxillofacial Surgery as the national certifying board for the specialty of oral and maxillofacial surgery.

### **Certifying Board in Orthodontics and Dentofacial Orthopedics**

The National Commission on Recognition of Dental Specialties and Certifying Boards recognizes the American Board of Orthodontics as the national certifying board for the specialty of orthodontics and dentofacial orthopedics.

### **Certifying Board in Pediatric Dentistry**

The National Commission on Recognition of Dental Specialties and Certifying Boards recognizes the American Board of Pediatric Dentistry as the national certifying board for the specialty of pediatric dentistry.

### **Certifying Board in Periodontics**

The National Commission on Recognition of Dental Specialties and Certifying Boards recognizes the American Board of Periodontology as the national certifying board for the specialty of periodontics.



## **Certifying Board in Prosthodontics**

The National Commission on Recognition of Dental Specialties and Certifying Boards recognizes the American Board of Prosthodontics as the national certifying board for the specialty of prosthodontics.

**In May 2018, the National Commission on Recognition of Dental Specialties and Certifying Boards adopted policy statements defining each of the dental specialties:**

### **Dental Public Health**

Dental public health is the science and art of preventing and controlling dental diseases and promoting dental health through organized community efforts. It is that form of dental practice which serves the Community as a patient rather than the individual. It is concerned with the dental health education of the public, with applied dental research, and with the administration of group dental care programs as well as the prevention and control of dental diseases on a community basis. *(Adopted by NCRDSCB, May 2018)*

### **Endodontics**

Endodontics is the branch of dentistry which is concerned with the morphology, physiology and pathology of the human dental pulp and periradicular tissues. Its study and practice encompass the basic and clinical sciences including biology of the normal pulp, the etiology, diagnosis, prevention and treatment of diseases and injuries of the pulp and associated periradicular conditions. *(Adopted by NCRDSCB, May 2018)*

### **Oral and Maxillofacial Pathology**

Oral pathology is the specialty of dentistry and discipline of pathology that deals with the nature, identification, and management of diseases affecting the oral and maxillofacial regions. It is a science that investigates the causes, processes, and effects of these diseases. The practice of oral pathology includes research and diagnosis of diseases using clinical, radiographic, microscopic, biochemical, or other examinations. *(Adopted by NCRDSCB, May 2018)*

### **Oral and Maxillofacial Radiology**

Oral and maxillofacial radiology is the specialty of dentistry and discipline of radiology concerned with the production and interpretation of images and data produced by all modalities of radiant energy that are used for the diagnosis and management of diseases, disorders and conditions of the oral and maxillofacial region. *(Adopted by NCRDSCB, May 2018)*

### **Oral and Maxillofacial Surgery**

Oral and maxillofacial surgery is the specialty of dentistry which includes the diagnosis, surgical and adjunctive treatment of diseases, injuries and defects involving both the functional and aesthetic aspects of the hard and soft tissues of the oral and maxillofacial region. *(Adopted by NCRDSCB, May 2018)*

### **Orthodontics and Dentofacial Orthopedics**

Orthodontics and dentofacial orthopedics is the dental specialty that includes the diagnosis, prevention, interception, and correction of malocclusion, as well as neuromuscular and skeletal abnormalities of the developing or mature orofacial structures. *(Adopted by NCRDSCB, May 2018)*

### **Pediatric Dentistry**

Pediatric Dentistry is an age-defined specialty that provides both primary and comprehensive preventive and therapeutic oral health care for infants and children through adolescence, including those with special health care needs. *(Adopted by NCRDSCB, May 2018)*

## **Periodontics**

Periodontics is that specialty of dentistry which encompasses the prevention, diagnosis and treatment of diseases of the supporting and surrounding tissues of the teeth or their substitutes and the maintenance of the health, function and esthetics of these structures and tissues. *(Adopted by NCRDSCB, May 2018)*

## **Prosthodontics**

Prosthodontics is the dental specialty pertaining to the diagnosis, treatment planning, rehabilitation and maintenance of the oral function, comfort, appearance and health of patients with clinical conditions associated with missing or deficient teeth and/or oral and maxillofacial tissues using biocompatible substitutes. *(Adopted by NCRDSCB, May 2018)*

## **2019- National Commission on Recognition of Dental Specialties and Certifying Boards Recognition of Dental Anesthesiology as a Dental Specialty**

In March 2019, the National Commission on Recognition of Dental Specialties and Certifying Boards adopted a resolution recognizing dental anesthesiology as a dental specialty.

**Resolved**, that dental anesthesiology is a dental specialty recognized by the National Commission on Recognition of Dental Specialties and Certifying Boards and sponsored by the American Society of Dentist Anesthesiologists.

## **2020- National Commission on Recognition of Dental Specialties and Certifying Boards Recognition of Oral Medicine as a Dental Specialty**

In March 2020, the National Commission on Recognition of Dental Specialties and Certifying Boards adopted a resolution recognizing oral medicine as a dental specialty.

**Resolved**, that oral medicine is a dental specialty recognized by the National Commission on Recognition of Dental Specialties and Certifying Boards and sponsored by the American Academy of Oral Medicine.

## **2020- National Commission on Recognition of Dental Specialties and Certifying Boards Recognition of Orofacial Pain as a Dental Specialty**

In March 2020, the National Commission on Recognition of Dental Specialties and Certifying Boards adopted a resolution recognizing orofacial pain as a dental specialty.

**Resolved**, that orofacial pain is a dental specialty recognized by the National Commission on Recognition of Dental Specialties and Certifying Boards and sponsored by the American Academy of Orofacial Pain.

## **2020- National Commission on Recognition of Dental Specialties and Certifying Boards Recognition of American Dental Board of Anesthesiology as the Recognized National Certifying Board of Dental Anesthesiology**

In March 2020, the National Commission on Recognition of Dental Specialties and Certifying Boards adopted a resolution recognizing the American Dental Board of Anesthesiology as the recognized national certifying board of dental anesthesiology.

**Resolved**, the American Dental Board of Anesthesiology is recognized by the National Commission on Recognition of Dental Specialties and Certifying Boards as the national certifying board for dental anesthesiology.

## **2020- National Commission on Recognition of Dental Specialties and Certifying Boards**

**In September 2020, the National Commission on Recognition of Dental Specialties and Certifying Boards adopted policy statements defining the specialties of oral medicine and orofacial pain:**

### **Oral Medicine**

Oral Medicine is the specialty of dentistry responsible for the oral health care of medically complex patients and for the diagnosis and management of medically-related diseases, disorders and conditions affecting the oral and maxillofacial region. *(Adopted by NCRDSCB, September 2020)*

### **Orofacial Pain**

Orofacial Pain is the specialty of dentistry that encompasses the diagnosis, management and treatment of pain disorders of the jaw, mouth, face, head and neck. The specialty of OFP is dedicated to the evidenced-based understanding of the underlying pathophysiology, etiology, prevention, and treatment of these disorders and improving access to interdisciplinary patient care. *(Adopted by NCRDSCB, September 2020)*

Revised 10/18; 3/20, 9/20

### Recognition Summary Chart

<b>Specialty</b>	<b>Recognition</b>	<b>Certifying Board</b>	<b>Approval</b>
Oral Surgery	1947	American Board of Oral Surgery	1948
Orthodontics	1947	American Board of Orthodontics	1950
Pedodontia	1947	American Board of Pedodontics	1948
Periodontia	1947	American Board of Periodontology	1948
Prosthodontics	1947	American Board of Prosthodontics	1948
Oral Pathology	1949	American Board of Oral Pathology	1950
Public Health Dentistry	1950	American Board of Dental Public Health	1951
Endodontics	1963	American Board of Endodontics	1964
Oral and Maxillofacial Radiology	1999	American Board of Oral and Maxillofacial Radiology	2000
Dental Anesthesiology	2019	American Dental Board of Anesthesiology	2020
Oral Medicine	2020	TBD	TBD
Orofacial Pain	2020	TBD	TBD