### Commission on Dental Accreditation

**SITE VISITOR EVALUATION REPORT**

**Dental Assisting Education**

SITE VISITOR EVALUATION REPORT

for the Evaluation of a

Dental Assisting Education Program

**Commission on Dental Accreditation**

# 211 East Chicago Avenue

**Chicago, Illinois 60611**

**(312) 440-4653**

[**https://coda.ada.org/**](https://coda.ada.org/)

Effective August 10, 2023

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Commission on Dental Accreditation

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## SITE VISITOR EVALUATION REPORT

**for the Evaluation of a**

**Dental Assisting Education Program**

## Document Revision History

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| --- | --- | --- |
| **Date** | **Item** | **Action** |
| August 2, 2019 | Accreditation Standards for Dental Assisting Education Programs | Adopted |
| January 30, 2020 | Definition of Terms (Should and Dental Emergencies) and Standards 2-11 and 3-7 | Adopted |
| July 1, 2020 | Accreditation Standards for Dental Assisting Education Programs | Implemented |
| February 12, 2021 | Revised Intent Statements: Standards 3-3 and 3-7 | Adopted and Implemented |

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| --- | --- | --- |
| August 5, 2022 | Revision to Standard 1-5 (Institutional Accreditation) Examples of Evidence | Adopted and Implemented |
| November 7, 2022 | Revision to Standard 1-5 (Institutional Accreditation) Examples of Evidence | Adopted and Implemented |
| August 11, 2023 | Revision to Standard 2-7 (Instruction) and  Examples of Evidence | Adopted and  Implemented |
| August 11, 2023 | Revision to Standard 3-6 (Faculty) | Adopted and  Implemented |

##### SITE VISITOR’S INSTRUCTIONS

The statements in this form are based on requirements contained in the Accreditation Standards for Dental Assisting Education Programs. Please note that the numbering system utilized within this document corresponds with the numbering system utilized in the accreditation standards.

Please circle the appropriate answer. If you circle YES following a particular statement, it will be assumed that the program meets the minimum standards set forth in the Standards. No further comment is necessary. However, you may, at your option, wish to make a suggestion for program enhancement. Please be sure to include adequate background information to support the suggestion. Institutions are not required to respond formally to suggestions.

If you circle NO following a particular statement, your written report must provide as much information as possible regarding the nature and seriousness of the deficiency. A recommendation for addressing the deficiency must be included. Recommendations cannot be made unless noncompliance with the Standards can be substantiated. If no deficiencies are identified in a particular section, it will be assumed that, in your opinion, the area meets minimum standards as described in the Standards. Institutions are required to respond to recommendations.

To sum up: if you circle YES, you may or may not make a suggestion; if you circle NO, you must fully describe the deficiency and make a recommendation in your written report. Each recommendation must be cross-referenced with the appropriate MUST statement in this form. Please attach your written report to the back of this form.

In addition, please note that the three opening statements are related to Commission policies or directives. You are to review these areas during the site visit, include findings in the draft site visit report and note at the final conference.

If you have any questions during the site visit, you are encouraged to contact Commission on Dental Accreditation staff. Please call 312-440-4660.

\*\*DON’T FORGET! Within 3-5 days following the site visit, the site visit chair must return: 1) a copy of the program’s “Summary of Factual Information,” 2) your written report, and 3) this completed evaluation report form.

**COMMISSION ON DENTAL ACCREDITATION**

**SITE VISITOR EVALUATION REPORT FORM**

**DENTAL ASSISTING EDUCATION**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of Visit: |  | | | | | | | | |
|  | | | | | | | | | |
| Institution name/address: | | | | |  | | | | |
|  | | | | |
|  | | | | | | | | | |
| Name of Chief Executive Officer: | | | | | | |  | | |
| Title: | | |  | | | | | | |
|  | | | | | | | | | |
| Names and Titles of other  pertinent administrators: | | | | |  | | | | |
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|  | | | | | | | | | |
| Dental Assisting Program Director: | | | | | |  | | | |
|  | | | | | | | | | |
| Site Visitor(s): | |  | | | | | | Phone: |  |
|  | |  | | | | | | Phone: |  |
|  | |  | | | | | | Phone: |  |
|  | |  | | | | | | Phone: |  |
|  | | | | | | | | | |
| Commissioner  (or representative): | | | |  | | | | Phone: |  |
|  | | | |  | | | |  |  |
| Site Visit Chair: | | | |  | | | | Phone: |  |
|  | | | |  | | | |  |  |
| State Board Representative: | | | |  | | | | Phone: |  |
|  | | | |  | | | |  |  |
| Others(s): | | | |  | | | | Phone: |  |

**SUMMARY OF FACTUAL INFORMATION**

**ON THE DENTAL ASSISTING PROGRAM**

The purpose of providing the following information is to give the reader of the completed self-study document a brief summary of critical factual information about the dental assisting program.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Admissions | | | | | | | | |
| a. Number of classes admitted annually: | | | |  | | |  | |
|  | | |  | | | | | |
| b. Enrollment pattern (month and number): | | | | |  | | |  |
|  | | |  | | | | | |
| c. Current total enrollment: | | |  | | | | | |
|  | 1st year students |  |  | | |  | | |
|  | 2nd year students\* |  |  | | |  | | |
|  | | | | | | | | |
| (\*To be completed by two-year programs only) | | | | | | | | |

|  |  |
| --- | --- |
| Facilities | |
| a. Identify program(s) that share dental assisting facilities, e.g., dental hygiene, dental laboratory technology, nursing | |
|  | |
| b. Number of treatment areas used for preclinical/clinical instruction: |  |
| c. Number of laboratory stations: |  |
| c. Number of radiography units: |  |
|  | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Program Faculty Numbers: | | | | | | | | | |
| a. Dental assistants- | | | | | | | | | |
| Full-time: | | |  | | Part-time: |  | | | |
|  | | | | |  | | | | |
| b. Dentists- | | | | | | | | | |
| Full-time: | |  | | | Part-time: | |  | | |
| Supervising: | | | |  |  | | | | |
|  | | | | |  | | | | |
| c. Dental hygienists- | | | | | | | | | |
| Full-time: |  | | | | Part-time: | | | |  |
|  | | | | |  | | | | |
| d. Non-Program faculty- | | | | | | | | | |
| Full-time: |  | | | | Part-time: | | |  | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Curriculum | | | | | | | | | | | | |
| a. Name of term (semester, module, quarter): | | | | | | | | | |  | | |
| b. Number of terms: | | | |  | | | | | | | | |
| c. Number of weeks per term: | | | | | |  | | | | | | |
| d. Total number of weeks: | | | | |  | | | | | | | |
| e. Award granted at completion: | | | | | | |  | | | | | |
| f. Total number of credits: | | | | | | | |  | | | | |
| g. Total program hours: | | | | | | | |  | | | | |
|  | lecture: |  | ; laboratory: | | | | | |  | | ; clinic: |  |

|  |
| --- |
| Setting/Curriculum Delivery |
| a. Sites where dental assisting instruction occurs (Off-Campus/major and minor activity  sites, On-Site, Supplemental): |
|  |
|  |
| b. Describe any curriculum delivered via distance education technologies and/or non-traditional methods as defined by Commission policy (list fully on-line and hybrid courses): |
|  |

|  |
| --- |
| Financial Support |
| a. Total direct cost budgeted for current fiscal year: |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sites Where Educational Activity Occurs (Off-Campus Sites For Didactic and Clinical Activity):** List the names and addresses of the established off-campus sites, purposes of the site, amount of time each student is assigned to the site and indicate by checkmark if the team visited the site.  **The Commission recognizes that dental assisting programs utilize numerous extramural private dental offices to provide students with clinical/laboratory work experience. Please do not list extramural sites in the below chart. Additionally, please do not list sites used for community service and service learning, these are exempt from the policy.**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Name and Address | Owned by Institution  (√) | Purpose (state the reason for site usage) | Duration (state the year and number of days a student visits the site) | Site Visited (√) and indicate if visited virtually | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Previous site visit Recommendations**   |  |  |  | | --- | --- | --- | | **1.** | **Recommendations noted in the last site visit report, that are current standards, have been remedied.** | N/A | | YES | NO |   Please note, if the last site visit was conducted prior to the implementation of the most current Standards (see document revision history) some recommendations may no longer apply. Should further guidance be required, please contact Commission on Dental Accreditation staff.  If no, please identify by standard the ongoing area(s) of non-compliance.   |  | | --- | |  | |  | |  | |
|  |  | |
| **COMPLIANCE WITH COMMISSION POLICIES** | |

**PROGRAM CHANGE**

**1. The program has reported to the Commission all changes which have**

**occurred within the program since the program’s previous site visit.** **YES NO**

Depending on the specific program change, reports **must** be submitted to the Commission by **May 1 or November 1** or at least thirty (30) days prior to a regularly scheduled semi-annual Review Committee meeting. The Commission recognizes that unexpected changes may occur. Unexpected changes may be the result of sudden changes in institutional commitment, affiliated agreements between institutions, faculty support, or facility compromise resulting from natural disaster. Failure to proactively plan for change will not be considered unexpected change. Depending upon the timing and nature of the change, appropriate investigative procedures including a site visit may be warranted.

Other types of Program Changes include but are not limited to enrollment increase the addition of off-campus sites, and use of Distance Education.

For the addition of off-campus sites, the program must adhere to the Policy on Reporting and Approval of Sites Where Educational Activity Occurs.

For the use of Distance Education, the program must report the use of Distance Education technology, as described in the Commission’s Policy on Distance Education. If distance education was not reported, the SVER should be marked “NO” for program change; however, the program may comply with the Distance Education policy, as noted below.

For the full policy statements on enrollment increase, off-campus sites, and distance education, see the Commission’s “Evaluation and Operational Policies and Procedures” (EOPP) manual.

If **NO**, please explain below, include the concern in the draft site visit report and note at the final conference.

**THIRD PARTY COMMENTS**

|  |  |  |
| --- | --- | --- |
| **2.** | **The program is complying with the Commission’s policy on “Third Party Comments.”** |  |
| **YES** | **NO** |

The program is responsible for soliciting third-party comments from communities of interest such as students and patients that pertain to the standards or policies and procedures used in the Commission’s accreditation process. An announcement for soliciting third-party comments is to be published at least 90 days prior to the site visit. The notice should indicate that third-party comments are due in the Commission’s office no later than 60 days prior to the site visit. The policy on Third Party Comments can be found in the Commission’s “Evaluation and Operational Policies and Procedures” (EOPP) manual.

If **NO**, please explain below, include the concern in the draft site visit report and note at the final conference.

**COMPLAINTS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **3.** | **The program is complying with the Commission’s policy on “Complaints.”** |  | **YES** | **NO** |

The program is responsible for developing and implementing a procedure demonstrating that students are notified, at least annually, of the opportunity and the procedures to file complaints with the Commission. Additionally, the program must maintain a record of student complaints received since the Commission’s last comprehensive review of the program. The policy on Complaints can be found in the Commission’s “Evaluation and Operational Policies and Procedures”(EOPP) manual.

If **NO**, please answer a. and b. below and explain. In addition, please include the concern in the draft site visit report and note at the final conference.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **a.** | **Students notified of the Commission’s address** |  | **YES** | **NO** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **b.** | **Record of student complaints maintained** |  | **YES** | **NO** |

**Additional Requirements for compliance with the policy on “Complaints”:**

**Following review of the program’s complaint records, there are no patterns or**

**themes related to the program’s compliance with the Accreditation Standards?**

**YES NO**

***(Answer YES if this statement is true.)***

|  |
| --- |
| If **NO**, describe the specific standards in question and identify any recommendations or suggestions that resulted from this review. |

**DISTANCE EDUCATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **4.** | **The program is complying with the Commission’s “Policy on Distance Education”** | **YES** | **NO** | **N/A** |

Programs that offer distance education must ensure regular and substantive interaction between a student and an instructor or instructors prior to the student’s completion of a course or competency. For purposes of this definition, substantive interaction is engaging students in teaching, learning, and assessment, consistent with the content under discussion, and also includes at least two of the following:

* Providing direct instruction;
* Assessing or providing feedback on a student’s coursework;
* Providing information or responding to questions about the content of a course or competency;
* Facilitating a group discussion regarding the content of a course or competency; or
* Other instructional activities approved by the institution’s or program’s accrediting agency.

Please answer the statements below. If **NO**, please explain and include the concern in the draft site visit report and note at the final conference. If the program does not utilize distance education methods, **skip** the remaining items related to Distance Education.

|  |  |  |  |
| --- | --- | --- | --- |
| a. | The program provides the opportunity for substantive interactions with the student on a predictable and scheduled basis commensurate with the length of time and the amount of content in the course or competency. | **YES** | **NO** |
| b. | The program monitors the student’s academic engagement and success and ensures that an instructor is responsible for promptly and proactively engaging in substantive interaction with the student when needed on the basis of such monitoring, or upon request by the student. | **YES** | **NO** |

Programs that offer distance education must also have processes in place through which the program establishes that the student who registers in a distance education course or program is the same student who participates in and completes the course or program and receives the academic credit. In addition, programs must notify students of any projected additional charges associated with the verification of student identity at the time of registration or enrollment. The entire policy on Distance Education can be found in the Commission’s “Evaluation and Operational Policies and Procedures” (EOPP) manual.

Please answer the statements below. If **NO**, please explain and include the concern in the draft site visit report and note at the final conference. If the program does not utilize distance education methods, **skip** the remaining items related to Distance Education.

|  |  |  |  |
| --- | --- | --- | --- |
| a. | The identity of each student who registers for the course is verified as the one who participates in, completes, and receives academic credit for the course. | **YES** | **NO** |
| b. | The verification process used includes methods such as secure login and passcode, proctored examinations, and/or other technologies effective in verifying student identity. | **YES** | **NO** |
| c. | Program provides a written statement to make it clear that the verification processes used are to protect student privacy. | **YES** | **NO** |
| d. | Students are notified of additional charges associated with the student identity verification at the time of registration or enrollment. | **YES** | **NO** |

**Additional Requirements for compliance with the policy on “Distance Education”:**

If the program is utilizing distance education, the program’s distance education method(s) (curriculum and modalities of transmission) adhere to the requirements of the accreditation standards?

**YES NO**

**If NO**, describe the specific standards in question and identify any recommendations or suggestions that resulted from this review.

**PROGRAM EFFECTIVENESS**

**Program Performance with Respect to Student Achievement:**

|  |  |
| --- | --- |
| **1** | **Confirm that the institution/program is assessing student achievement and provide a detailed analysis of the program’s performance with respect to student achievement. Include a description of the assessment tools used by the program and a summary of data and conclusions.** |
| **2** | **Describe the positive and negative program outcomes related to the program’s student achievement measures.** |
| **3** | **Describe program changes made in accordance with outcomes data collected. Conversely, describe areas where program change has not been made in accordance with outcomes data collected.** |
| **4** | **Identify specific standards where recommendations or suggestions are written related to student achievement.** |

**Complete the Narrative Below by taking the summary data you have described above and placing the information in each of the highlighted areas to capture all assessments measures (#1), positive and negative outcomes (#2), and corrective actions (#3) made by the program. (**Be sure to spell out any acronyms and label courses with the course number and name, if appropriate (e.g., DA101 Introduction to Dental Assisting):

**Standard 1. Institutional Effectiveness**

The program has/has not documented its effectiveness using a formal and ongoing outcomes assessment process to include measures of dental assisting education student achievement. Based on a review of the program’s outcomes assessment process and student achievement measures, the visiting committee found the program uses assessment measures to include: [insert assessment measures used – Q1]. The program has demonstrated positive programmatic student achievement outcomes through [include positive outcomes measures – Q2]. The program has not demonstrated positive student achievement outcomes in [insert negative outcome areas – Q2]. The visiting committee noted the program recently made enhancements to [insert examples where program change made based on OA process – Q3] based on the student achievement data collected and analyzed in the outcomes assessment plan. *(Or conversely, the visiting committee did not identify areas within the program where student achievement data has been utilized to affect change.)* ***Following this paragraph, if a recommendation or suggestion is warranted, add additional content.***

Recommendations/Suggestions were/were not written related to student achievement.

**STANDARD 1 – INSTITUTIONAL EFFECTIVENESS**

|  |  |  |
| --- | --- | --- |
|  | **Planning and Assessment** |  |
|  |  |  |
| **1-1** | **The program must demonstrate its effectiveness through a formal and ongoing planning and outcomes assessment process that is systematically documented and annually evaluated.** | **YES NO** |
|  |  |  |
|  | **This process must include the following:** |  |
|  | 1. **Dental assisting program goals that include, but are not limited to student outcomes that are consistent with the goals of the sponsoring institution and appropriate to dental assisting education;** | **YES NO** |
|  | 1. **Time-table for implementation that indicates roles and responsibilities of all participants;** | **YES NO** |
|  | 1. **Methods to assess goals and provide outcomes that include, but are not limited to, measures of student achievement;** | **YES NO** |
|  | 1. **Review and analysis of compiled data obtained from assessment methods, and related conclusions;** | **YES NO** |
|  | 1. **Findings and conclusions are used for program improvement, and for revisions to the overall planning and outcomes assessment process.** | **YES NO** |
|  | **Intent:**  *Outcomes assessment planning is broad-based, systematic, and designed to promote achievement of the program’s stated goals and objectives. Through this process, evaluation and improvement of the educational quality of the program is monitored.* |  |
|  |  |  |
|  | **Financial Support** |  |
| **1-2** | **The institution must demonstrate stable financial resources to ensure support of the dental assisting program’s stated mission, goals and objectives on a continuing basis.** | **YES NO** |
|  |  |  |
|  | **Resources must be sufficient to ensure adequate and qualified faculty and staff, clinical and laboratory facilities, equipment, supplies, reference materials and teaching aids that reflect technological advances and current professional standards.** | **YES….NO** |
|  |  |  |
| **1-3** | **The sponsoring institution must ensure that support from entities outside of the institution does not compromise the teaching, clinical and research components of the program.** | **YES NO** |
|  |  |  |
| **1-4** | **The authority and final responsibility for curriculum development and approval, student selection, faculty selection and administrative matters must rest within the sponsoring institution.** | **YES NO** |
|  |  |  |
| **1-5** | **Institutional Accreditation**  **Programs must be sponsored by institutions of post-secondary education which are accredited by an agency recognized by the United States Department of Education.**  **Intent:**  *Dental schools, four-year colleges and universities, community colleges, technical institutes, vocational schools, private schools and recognized federal service training centers which offer appropriate fiscal, facility, faculty and curriculum resources are considered appropriate settings for the program.* | **YES NO** |
|  |  |  |
| **1-6** | **All arrangements with co-sponsoring or affiliated institutions must be formalized by means of written agreements which clearly define the roles and responsibilities of each institution involved.**  Intent:  *This standard is not applicable to designated extended campus facilities.\* Co-sponsoring or affiliated institution allow dental assisting program students to utilize all resources available to their regularly enrolled students, e.g., bookstore, library, health center fitness facility, etc. as defined in an affiliation agreement.* | **YES NO** |
|  |  |  |
|  | **Community Resources** |  |
| **1-7** | **There must be an active advisory committee to serve as a liaison between the program, local dental and allied dental professionals and the community.** | **YES NO** |
|  |  |  |
|  | **Dentists and dental assistants must be equally represented.**  **Intent:**  *The purpose of the advisory committee is to provide a mutual exchange of information for program enhancement, meeting program and community needs, standards of patient care, and scope of practice. Membership should include representation from a variety of practice settings. The program administrator, faculty,* *students, and appropriate institutional personnel are non-voting participants.* | **YES….NO** |
|  |  |  |

**COMMENTS: RECOMMENDATIONS &/OR SUGGESTIONS**

Please use this area for writing recommendations &/or suggestions. If you are writing a suggestion please provide a rationale/narrative for each. *If you are making a recommendation, provide a detailed description of the deficiency identified for each NO indicated in the preceding section and a recommendation indicating that it should be corrected.* (Please type or write/print legibly. If you require additional sheet(s), you may attach them to the back of the SVER, with appropriate SVER reference number[s].)

|  |
| --- |
|  |

**STANDARD 2 – EDUCATIONAL PROGRAM**

|  |  |  |
| --- | --- | --- |
| **2-1** | **Admissions**  **Admission of students must be based on specific published criteria, procedures and policies that include a high-school diploma or its equivalent, or post- secondary degree.** | **YES NO** |
|  |  |  |
|  | **Previous academic performance or other predictors of scholastic aptitude and ability must be utilized as criteria in selecting students with the potential to successfully complete the program.** | **YES NO** |
|  |  |  |
|  | **Applicants must be informed of the criteria and procedures for selection, goals of the program, curricular content, course transferability, scope of practice and employment opportunities for dental assistants.** | **YES NO** |
|  |  |  |
|  | **Intent:**  *The dental assisting program is based on a science-oriented program of study and skill development offered at the post-secondary level that requires critical thinking, psychomotor skills, and ethical reasoning.*  *The program administrator and faculty, in cooperation with appropriate institutional personnel establish admissions criteria and procedures which are non-discriminatory, contribute to the quality of the program, and allow selection of post-secondary students with the potential to be successful. Because enrollment is limited by facility, capacity, and special program admissions criteria and procedures are necessary to ensure that students are selected based on a demonstrated potential for completing the program. Published promotional materials and website information related to student recruitment and admissions comply with the Commission’s “Policy on Principles of Ethics in Programmatic Advertising and Student Recruitment.”* |  |
| **2-2** | **Admission of students with advanced standing must be based on the same criteria required of all applicants admitted to the program.** | **YES NO** |
|  | **The program must ensure that advanced standing credit awarded is based on equivalent didactic, laboratory and preclinical content and student achievement.** | **YES….NO** |
|  | **Intent:**  *Policies ensure that advanced standing credit is awarded based on equivalent coursework, knowledge, and/ or experience that meets or exceeds content required in the curriculum and results in equivalent student competence. The curriculum may be structured to allow individual students to meet performance standards specified for graduation in less than the required length as well as to provide the opportunity for students who require more time to extend the length of their instructional program. The curriculum design may provide maximum opportunity for students to continue their formal education with minimum duplication of learning experiences.* |  |
|  | *Advanced standing refers to applicants that may be considered for admission to a training program whose curriculum has been modified after taking into account the applicant’s past experience. Examples include transfer from a similar program at another institution, completion of training at a non-CODA accredited program, or documented practice experience in the given discipline. Acceptance of advanced standing students/residents will not result in an increase of the program’s approved number of enrollees. Applicants for advanced standing are expected to fulfill all of the admission requirements mandated for students/residents in the conventional program and be held to the same academic standards. Advanced standing students/residents, to be certified for completion, are expected to demonstrate the same standards of competence as those in the conventional program.* |  |
|  |  |  |
| **2-3** | **The program must demonstrate that student enrollment numbers are proportionate to the number of faculty, availability of appropriate classroom, laboratory, and clinical facilities, equipment, instruments, and supplies.**  **Intent:**  *In determining the maximum number of dental assisting students enrolled in a program, including off-campus sites, hybrid, or on-line courses, careful consideration is given to ensure that the number of students does not exceed the program resources including, as appropriate, financial support, scheduling options, facilities, equipment, and faculty.* | **YES NO** |
|  | **Curriculum Management** |  |
|  |  |  |
| **2-4** | **The curriculum must be structured on the basis of, a minimum of, 900 instructional hours at the postsecondary level that includes 300 clinical practice hours.** | **YES NO** |
|  | **Intent:**  *Instructional hours should include didactic, laboratory, preclinical, and clinical content required in the standards. Curriculum content not required by the standards accordingly increases the length of the program. Clinical practice hours assisting a dentist are obtained in a facility that provides comprehensive dental treatment.* |  |
|  |  |  |
| **2-5** | **The curriculum must be designed to reflect the interrelationship of its biomedical sciences, dental sciences, clinical and behavioral sciences, preclinical and clinical practice.** | **YES NO** |
|  | **Curriculum must be sequenced to allow assimilation of foundational content in oral anatomy; basic chairside skills, medical emergencies, confidentiality and privacy regulations, infection control, sterilization, and occupational safety precautions, procedures and protocols prior to any patient contact or clinical experiences.** | **YES NO** |
|  |  |  |
|  | **Content must be integrated with continued elevation throughout the program.** | **YES NO** |
|  | **Curriculum must demonstrate sufficient depth, scope, sequence of instruction, quality and emphasis to ensure achievement of the curriculum’s defined competencies and program’s goals and objectives.** | **YES NO** |
|  | **Intent:**  *Curriculum content should be sequenced to allow assimilation of foundational knowledge and critical thinking skills necessary to ensure patient safety, and opportunity for students to develop the knowledge and skills necessary to ensure patient, student, faculty, and staff safety when performing or assisting in clinical procedures involving patients, including student partners.* |  |
|  | *Programs that admit students in phases, including modular or open-entry shall provide content in tooth anatomy, tooth numbering, general program guidelines, basic chairside skills, emergency and safety precautions, infection control and sterilization protocols associated with, and required for patient treatment, prior to any other program content and/ or performances of activities involving preclinical/clinical activities* |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **2-6** | **The dental assisting program must have a formal, written curriculum management plan, which includes:** | **YES NO** |
|  | 1. **at minimum, an annual curriculum review and evaluation process with input from faculty, students, administration and other appropriate sources;** | **YES NO** |
|  | 1. **evaluation of the effectiveness of all courses as they support the program’s goals and competencies;** | **YES….NO** |
|  | 1. **a defined mechanism for coordinating instruction among dental assisting program faculty.** | **YES….NO** |
|  | **Intent:**  *Curriculum management should assure the incorporation of emerging information and sequencing, the elimination of unwarranted repetition, and the attainment of student competence. Periodic workshops and in-service sessions should be held for the dissemination of curriculum information and modifications.* |  |
|  |  |  |
|  | **Instruction** |  |
|  |  |  |
| **2-7** | **Written documentation of each course in the curriculum must be provided to students at the start of each course and include:** | **YES NO** |
|  | 1. **The course title, number, description, faculty presenting course and contact information** | **YES NO** |
|  | 1. **Course objectives** 2. **Course competencies** | **YES NO**  **YES NO** |
|  | 1. **Content outline including topics to be presented** | **YES NO** |
|  | 1. **Course schedule including learning and evaluation mechanisms for didactic, laboratory, and clinical learning experiences** | **YES NO** |
|  | 1. **Specific criteria for final course grade calculation** | **YES NO** |
|  |  |  |
|  |  |  |
| **2-8** | **Student Evaluation**  **Objective student evaluation methods must be utilized to measure all defined course objectives to include:** |  |
|  | 1. **Didactic, laboratory, preclinical and clinical content** | **YES NO** |
|  | 1. **Specific criteria for measuring levels of competence for each component of a given procedure** | **YES NO** |
|  |  |  |
|  | **Preclinical Instruction** |  |
|  | **Essential Dental Assisting Skills** |  |
| **2-9** | **Curriculum content must include didactic and laboratory/preclinical objectives in the following dental assisting skills and functions.** | **YES NO** |
|  |  |  |
|  | **Prior to performing these skills/functions in a clinical setting, students must demonstrate knowledge of, and laboratory/preclinical competence in the program facility.** | **YES NO** |
|  | 1. **Take/review and record medical and dental histories** | **YES NO** |
|  | 1. **Take and record vital signs** | **YES NO** |
|  | 1. **Assist with and/or perform soft tissue extra/intra oral examinations** | **YES NO** |
|  | 1. **Assist with and/or perform dental charting** | **YES NO** |
|  | 1. **Manage infection and hazard control protocol consistent with published professional guidelines** | **YES NO** |
|  | 1. **Prepare tray set-ups for a variety of procedures and specialty areas** | **YES NO** |
|  | 1. **Seat and dismiss patients** | **YES NO** |
|  | 1. **Operate oral evacuation devices and air/water syringe** | **YES NO** |
|  | 1. **Maintain clear field of vision including isolation techniques** | **YES NO** |
|  | 1. **Perform a variety of instrument transfers** | **YES NO** |
|  | 1. **Utilize appropriate chairside assistant ergonomics** | **YES NO** |
|  | 1. **Provide patient preventive education and oral hygiene instruction** | **YES NO** |
|  | 1. **Provide pre-and post-operative instructions prescribed by a dentist** | **YES NO** |
|  | 1. **Maintain accurate patient treatment records** | **YES NO** |
|  | 1. **Identify and respond to medical and dental emergencies** | **YES NO** |
|  |  |  |
|  | **Chairside Dental Assisting Functions** |  |
| **2-10** | **Curriculum content must include didactic and laboratory/preclinical objectives in the following dental assisting skills and functions.** | **YES NO** |
|  |  |  |
|  | **Prior to performing these skills/functions in a clinical setting, students must demonstrate knowledge of, and laboratory/preclinical competence in the program facility.** | **YES NO** |
|  | 1. **Assist with and/or apply topical anesthetic and desensitizing agents** | **YES NO** |
|  | 1. **Assist with and/or place and remove rubber dam** | **YES NO** |
|  | 1. **Assist with and/or apply fluoride agents** | **YES NO** |
|  | 1. **Assist with and/or apply bases, liners, and bonding agents** | **YES NO** |
|  | 1. **Assist with and/or place, fabricate, and remove provisional restorations** | **YES NO** |
|  | 1. **Assist with and/or place and remove matrix retainers, matrix bands, and wedges** | **YES NO** |
|  | 1. **Assist with and/or remove excess cement or bonding agents** | **YES NO** |
|  | 1. **Assist with a direct permanent restoration** | **YES NO** |
|  | 1. **Fabricate trays, e.g., bleaching, mouthguard, custom** | **YES NO** |
|  | 1. **Preliminary impressions** | **YES NO** |
|  | 1. **Clean removable dental appliances** | **YES NO** |
|  |  |  |
|  | **Advanced/Expanded Dental Assisting Functions** | **YES….NO**  **N/A** |
| **2-11** | **Where graduates of a CODA-accredited program are authorized to perform additional functions defined by the program’s state-specific dental board or regulatory agency, and the program has chosen to include those functions in the program curriculum, the program must include content at the level, depth, and scope required by the state.** | **YES….NO** |
|  |  |  |
|  | **Further, curriculum content must include didactic and laboratory/preclinical objectives for the additional dental assisting skills and functions.** | **YES….NO** |
|  |  |  |
|  | **Students must demonstrate laboratory/preclinical competence in performing these skills in the program facility prior to clinical practice.**  **Students must be informed of the duties for which they are trained in the educational program.**  **Intent:**  *Functions allowed by the state dental board or regulatory agency for dental assistants are taught and evaluated at the depth and scope required by the state. The inclusion of additional functions does not compromise the length and scope of the educational program or content required in the Accreditation Standards.* | **YES NO**  **YES NO** |
|  |  |  |
| **2-12** | **Students must demonstrate competence in the knowledge at the familiarity level in dental practice management:** | **YES NO** |
|  | 1. **Computer and dental software** | **YES NO** |
|  | 1. **Business ethics and jurisprudence** | **YES NO** |
|  | 1. **Business oral and written communications** | **YES NO** |
|  | 1. **Inventory systems and supply ordering** | **YES NO** |
|  | 1. **Maintenance and retention of business records** | **YES NO** |
|  | 1. **Management of patient information** | **YES NO** |
|  | 1. **Recall systems** | **YES NO** |
|  | **Biomedical Sciences** |  |
| **2-13** | **The biomedical science aspect of the curriculum must include content at the in-depth level in bloodborne pathogens and hazard communications standards and content must be integrated throughout the didactic, preclinical, laboratory and clinical components of the curriculum.**  **Intent:**  *The biomedical sciences provide a basic understanding of body structure and function; disease concepts; and dietary considerations of the dental patient.* | **YES NO** |
|  |  |  |
|  | **Dental Sciences**  **Intent:**  *Dental science content provides the student with an understanding of materials used in intra-oral and laboratory procedures, including experience in their manipulation;* an *understanding of the development, form and function of the structures of the oral cavity and of oral disease; pharmacology as they relate to dental assisting procedures; and scientific principles of dental radiography.* |  |
| **2-14** | **The dental science aspect of the curriculum must include content at the familiarity level in:** | **YES NO** |
|  | 1. **Oral pathology** | **YES NO** |
|  | 1. **General anatomy and physiology** | **YES NO** |
|  | 1. **Microbiology** | **YES NO** |
|  | 1. **Nutrition** | **YES NO** |
|  | 1. **Pharmacology to include:** | **YES NO** |
|  | **i. Drug requirements, agencies, and regulations** | **YES NO** |
|  | **ii. Drug prescriptions** | **YES NO** |
|  | **iii. Drug actions, side effects, indications and contraindications** | **YES NO** |
|  | **iv. Common drugs used in dentistry** | **YES NO** |
|  | **v. Properties of anesthetics** | **YES NO** |
|  | **vi. Drugs and agents used to treat dental-related infection** | **YES NO** |
|  | **vii. Drug addiction including opioids and other substances** | **YES NO** |
|  | 1. **Patients with special needs including patients whose medical, physical, psychological, or social conditions make it necessary to modify normal dental routines.** | **YES NO** |
| **2-15** | **The dental science aspect of the curriculum must include content at the in-depth level in oral anatomy**  **Intent:**  *Content in oral anatomy should include oral histology and oral embryology* | **YES NO** |
|  |  |  |
| **2-16** | **The curriculum must include content at the in-depth level in dental materials.** **Students must demonstrate knowledge of the properties, and competence in the uses and manipulation of, dental materials to include:** | **YES NO** |
|  | 1. **Gypsum** | **YES NO** |
|  | 1. **Restorative materials** | **YES NO** |
|  | 1. **Dental cements** | **YES NO** |
|  | 1. **Impression materials** | **YES NO** |
|  | 1. **Acrylics and or thermoplastics** | **YES NO** |
|  | 1. **Waxes** | **YES NO** |
|  | 1. **Fabrication of casts, temporary crown and/or bridge** | **YES NO** |
|  | 1. **Abrasive agents used to polish coronal surfaces and appliance** | **YES NO** |
|  | 1. **Study casts/occlusal registrations** | **YES NO** |
|  |  |  |
| **2-17** | **The curriculum must include content at the in-depth level in dental radiology.** | **YES….NO** |
|  |  |  |
|  | **Students must demonstrate knowledge and skills to produce diagnostic dental image surveys on manikins.** | **YES….NO** |
|  |  |  |
|  | **Prior to exposing dental images on patients, students must demonstrate competence in:** | **YES NO** |
|  | 1. **Radiation health protection techniques,** | **YES NO** |
|  | 1. **Processing procedures,** | **YES NO** |
|  | 1. **Anatomical landmarks and pathologies,** | **YES NO** |
|  | 1. **Mounting survey of dental images, and** | **YES NO** |
|  | 1. **Placing and exposing dental images on manikins** | **YES NO** |
|  |  |  |
| **2-18** | **Prior to exposing dental images during extramural clinical assignments, students must demonstrate competence, under faculty supervision, in exposing diagnostically acceptable full-mouth dental image surveys on a minimum of two patients in the program, or contracted facility.**  **Intent:**  *Full-mouth dental image surveys are comprised of periapical and bitewing images.* | **YES NO** |
|  |  |  |
|  | **Clinical and Behavioral Sciences** |  |
| **2-19** | **The curriculum must include didactic content at the in-depth level to include:** |  |
|  | 1. **General dentistry** | **YES NO** |
|  | 1. **Dental specialties** | **YES NO** |
|  | 1. **Chairside assisting** | **YES NO** |
|  | 1. **Dental-related environmental hazards** | **YES NO** |
|  | 1. **Preventive dentistry** | **YES NO** |
|  | 1. **Management of dental and medical emergencies**   **Intent:**  *Content provides background for preclinical and clinical experiences.* | **YES NO** |
|  |  |  |
| **2-20** | **The program must demonstrate effectiveness in creating an academic environment that supports ethical and professional responsibility to include:** | **YES NO** |
|  | 1. **Psychology of patient management and interpersonal communication** | **YES NO** |
|  | 1. **Legal and ethical aspects of dentistry**   **Intent:**  *Faculty, staff and students should know how to draw on a range of resources such as professional codes, regulatory law and ethical theories to guide judgment and action for issues that are complex, novel, ethically arguable, divisive or of public concern.* | **YES NO** |
|  |  |  |
| **2-21** | **The dental assisting program must provide opportunities and encourage students to engage in service and/or community-based learning experiences.**  **Intent:**  *Community-based experiences are essential to develop dental assistants who are* *responsive to the needs of a culturally diverse population.* | **YES NO** |
|  |  |  |
|  | **Clinical Externship Experience** |  |
|  |  |  |
| **2-22** | **Clinical experience assisting a dentist must be an integral part of the educational program designed to perfect students’ competence in performing chairside assisting functions, rather than to provide basic instruction.** | **YES NO** |
|  |  |  |
|  | **Students must have a minimum of 300 hours of clinical experience.  Intent:**  *More than fifty percent (50%) of the clinical assignments should be accomplished through assignment to general dentistry offices, and may include a pediatric dental office. Clinical experiences should be at different locations with different dentists.* | **YES NO** |
|  |  |  |
| **2-23** | **Each student must be assigned to two or more offices or clinics for clinical experience and assisting in general dentistry situations is emphasized.  Intent:**  *More than fifty percent (50%) of the clinical assignments should be accomplished through assignment to general dentistry offices, and may include a pediatric dental office.* *Clinical experiences should be at different locations with different dentists.* | **YES NO** |
|  |  |  |
| **2-24** | **The major portion of the students’ time in clinical assignments must be spent assisting with, or participating in, patient care.** | **YES NO** |
|  |  |  |
| **2-25** | **The dental assisting faculty must plan, approve, supervise, and evaluate the student’s clinical experience, and the following conditions must be met:** | **YES NO** |
|  | 1. **A formal agreement exists between the educational institution and the facility providing the experience** | **YES NO** |
|  | 1. **The program administrator retains authority and responsibility for the student** | **YES NO** |
|  | 1. **Policies and procedures for operation of the facility are consistent with the philosophy and objectives of the dental assisting program.** | **YES NO** |
|  | 1. **The facility accommodates the scheduling needs of the program** | **YES NO** |
|  | 1. **Notification for termination of the agreement ensures that instruction will not be interrupted for currently assigned students** | **YES NO** |
|  | 1. **Expectations and orientation are provided to all parties prior to student assignment** | **YES NO** |
|  |  |  |
| **2-26** | **Students must maintain a record of their activities in each clinical assignment.** | **YES NO** |
|  |  |  |
| **2-27** | **During the clinical phase of the program, program faculty must conduct seminars periodically with students for discussion of clinical experiences.**  **Intent:**  *Seminar discussions provide students with opportunities to share clinical experiences with other students and faculty.* | **YES NO** |
|  |  |  |
| **2-28** | **When clinical experience is provided in extramural facilities, dental assisting faculty must visit each facility to assess student progress. Budgetary provisions must be made to support faculty travel.** | **YES NO** |
|  |  |  |
| **2-29** | **Objective evaluation criteria must be utilized by faculty and office or clinical personnel to evaluate students’ competence in performing specified procedures during clinical experience.** | **YES NO** |

**COMMENTS: RECOMMENDATIONS &/OR SUGGESTIONS**

Please use this area for writing recommendations &/or suggestions. If you are writing a suggestion please provide a rationale/narrative for each. *If you are making a recommendation, provide a detailed description of the deficiency identified for each NO indicated in the preceding section and a recommendation indicating that it should be corrected.* (Please type or write/print legibly. If you require additional sheet(s), you may attach them to the back of the SVER, with appropriate SVER reference number[s].)

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**STANDARD 3 – ADMINISTRATION, FACULTY AND STAFF**

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| **3-1** | **The program must be a recognized entity within the institution’s administrative structure which supports the attainment of program goals.**  **Intent:**  *The position of the program in the institutions administrative structure should permit direct communication between the program administrator and institutional administrators who are responsible for decisions that directly affect the program The administration of the program should include formal provisions for program planning, staffing, management, coordination and evaluation.* | **YES NO** |
|  |  |  |
|  | **Program Administrator** |  |
|  |  |  |
| **3-2** | **The program administrator must have a full-time commitment to the institution and an appointment which provides time for program operation, evaluation and revision.** | **YES….NO** |
|  |  |  |
|  | **The program administrator must have the authority and** **responsibilities for:** |  |
|  |  |  |
|  | 1. **Budget preparation** | **YES NO** |
|  | **b. Fiscal administration** | **YES NO** |
|  | **c. Curriculum development and coordination** | **YES NO** |
|  | **d. Selection and recommendation of individuals for faculty appointment and promotion** | **YES NO** |
|  | **e. Supervision and evaluation of faculty** | **YES NO** |
|  | **f. Determining faculty teaching assignments and schedules** | **YES NO** |
|  | **g. Determining admissions criteria and procedures** | **YES NO** |
|  | **h. Scheduling use of program facilities** | **YES NO** |
|  | **i. Development and responsibilities to maintain CODA accreditation compliance and documentation** | **YES NO** |
|  |  |  |
| **3-3** | **The program administrator must be a Dental Assisting National Board “Certified Dental Assistant” or dentist licensed to practice in the state of the program location\*, with occupational experience in the application of fourhanded dentistry principles, either as a dental assistant or working with a chairside assistant.**  **Intent:**  *A dental hygienist appointed after January 1, 2000, would be eligible for such an appointment after acquiring the “Certified Dental Assistant” credential offered by the Dental Assisting National Board and obtaining occupational experience in the application of clinical chairside dental assisting involving fourhanded dentistry. \*A dentist currently licensed in the United States who has obtained a teaching dispensation from the state that grants him/her the ability to practice dentistry as defined by the state’s dental practice act within a teaching institution, is exempt from this requirement. Honorary emeritus status issued by the Dental Assisting National Board is not recognized by the Commission on Dental Accreditation.* | **YES NO** |
| **3-4** | **The program administrator must have a baccalaureate degree or** **higher.** | **YES NO** |
|  |  |  |
|  | **The program administrator must have had instruction in educational theory and methodology, e.g., curriculum development, educational psychology, test construction, measurement and evaluation.** | **YES NO** |
|  |  |  |
|  | **Faculty** |  |
| **3-5** | **Dental assisting faculty must have background in and current knowledge of dental assisting, the specific subjects they are teaching and educational theory and methodology consistent with teaching assignment, e.g., curriculum development, educational psychology, test construction, measurement and evaluation.**  **Intent:**  *Dental assisting faculty have current knowledge at an appropriate level for the subject they teach, educational theory and methodology, and if applicable, in distance education techniques and delivery. Licensed dentists who provide supervision in the facility as required by the state dental practice act, who are not evaluating students, should have qualifications that comply with the state’s dental practice act, and are calibrated with program policies and protocols, goals and objectives.* | **YES NO** |
|  |  |  |
| **3-6** | **Faculty providing didactic instruction must have earned at least a baccalaureate degree within three years of the date of initial hire as a didactic faculty.**  **Intent:**  *\*Military program faculty with a rank of staff sergeant, E5, or non-commissioned officer are exempt.* | **YES NO** |
|  |  |  |
| **3-7** | **Laboratory, preclinical and clinical faculty must hold any current dental assisting credential required by the state in addition to a Dental Assisting National Board “Certified Dental Assistant” credential\*.**  **Intent:**  *Faculty members teaching additional or expanded dental assisting functions should be credentialed appropriately in those functions as required by the state. Faculty who are state-licensed dentists are not required to obtain additional certification. Licensed dental hygiene faculty who teach dental radiography, coronal polishing, and the placement of pit and fissure sealants would be eligible to teach these functions to dental assisting students without obtaining additional certification. Honorary emeritus status issued by the Dental Assisting National Board is not recognized by the Commission on Dental Accreditation.* | **YES NO** |
| **3-8** | **The number of faculty positions must be sufficient to implement the program’s goals and objectives.** | **YES….NO** |
|  |  |  |
|  | **The faculty/student ratio during clinical and radiography (clinical and laboratory) sessions must not exceed one instructor to six students.** | |  | | --- | |  | | **YES….NO** | |
|  |  |  |
|  | **During laboratory and preclinical instruction in dental materials and chairside assisting procedures, the faculty/student ratio must not exceed one instructor for each twelve students*.***  **Intent:**  *Student contact hour loads allow sufficient time for class preparation, student evaluation and counseling, development of subject content and appropriate evaluation criteria and methods, and professional development. Student partner-patients are not counted as students when calculating the ratio.* | **YES NO** |
|  |  |  |
| **3-9** | **Opportunities must be provided for program faculty to continue their professional development.**  **Intent:**  *Time is provided for professional association activities, research, publishing and/or practical experience.* | **YES NO** |
|  |  |  |
| **3-10** | **Faculty must be ensured a form of governance that allows participation in the program and institution’s decision-making process.**  **Intent:**  *There are opportunities for program faculty representation on institution-wide committees and the program administrator is consulted when matters directly related to* *the program are considered by committees that do not include program faculty.* | **YES NO** |
|  |  |  |
| **3-11** | **A defined evaluation process must exist that ensures objective measurement of the performance of each faculty member.**  **Intent:**  *An objective evaluation system including student, administration and peer evaluation can identify strengths and weaknesses for each faculty member (to include those at distance sites) including the program administrator. The results of evaluations should be communicated to faculty members on a regular basis to ensure continued improvement.* | **YES NO** |
|  |  |  |
|  | **Support Staff** |  |
| **3-12** | **Institutional support personnel must be assigned to facilitate program operation.** | **YES NO** |

**COMMENTS: RECOMMENDATIONS &/OR SUGGESTIONS**

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**STANDARD 4 – EDUCATIONAL SUPPORT SERVICES**

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| **4-1** | **The program must provide adequate and appropriately maintained facilities to support the purpose/mission of the program and which are in conformance with applicable regulations.**  **Intent:**  *The physical facilities and equipment effectively accommodate the schedule, the number of students, faculty and staff, and include appropriate provisions to ensure health and* *safety for patients, students, faculty and staff. The facilities permit attainment of program goals. This Standard applies to all sites where students receive instruction.* | **YES NO** |
|  |  |  |
|  | **Clinical Facilities** |  |
| **4-2** | **A clinical facility must be available for students to obtain required experience with faculty supervision.** | **YES NO** |
|  |  |  |
| **4-3** | **Each treatment area must contain functional equipment including:** |  |
|  | **a. Power-operated chair(s) for treating patients in a supine position** | **YES NO** |
|  | **b. Dental units and mobile stools for the operator and the assistant which are designed for the application of current principles of dental assistant utilization.** | **YES NO** |
|  | **c. Air and water syringe** | **YES NO** |
|  | **d. Adjustable dental light** | **YES NO** |
|  | **e. High and low speed handpieces** | **YES NO** |
|  | **f. Oral evacuating equipment** | **YES NO** |
|  | **g. Work surface for the chairside assistant** | **YES NO** |
|  |  |  |
| **4-4** | **Each treatment area must accommodate an operator and a patient as well as the student and faculty.** | **YES NO** |
|  |  |  |
| **4-5** | **The sterilizing area must include sufficient space for preparing, sterilizing and storing instruments.** | **YES NO** |
|  |  |  |
| **4-6** | **Instruments and appropriate models and armamentaria must be provided to accommodate students’ needs in learning to identify, exchange, prepare procedural trays and assist in procedures including:** |  |
|  | 1. **Diagnostic** | **YES NO** |
|  | 1. **Operative** | **YES NO** |
|  | 1. **Surgical** | **YES NO** |
|  | 1. **Periodontal** | **YES….NO** |
|  | 1. **Orthodontic** | **YES….NO** |
|  | 1. **Removable and fixed prosthodontics** | **YES….NO** |
|  | 1. **Endodontic** | **YES….NO** |
|  |  |  |
|  | **Radiography Facilities** |  |
| **4-7** | **A radiography facility must accommodate initial instruction and practice required for students to develop competence in exposing and processing dental images with faculty supervision.** | **YES NO** |
|  |  |  |
| **4-8** | **Each radiography area must provide equipment for faculty supervision and effective instruction to accommodate several students simultaneously that include:** | **YES NO** |
|  | 1. **Dental radiography units which meet applicable regulations** | **YES NO** |
|  | 1. **Radiographic teaching manikin** | **YES NO** |
|  | 1. **Radiographic view boxes and/or monitors** | **YES NO** |
|  | 1. **Processing units with darkroom capacity or digital equipment** | **YES NO** |
|  | 1. **Multiple sets of image receptor holding devices** | **YES NO** |
|  | 1. **Radiation-monitoring devices are provided for students and faculty (according to state regulations)** | **YES NO** |
|  | 1. **Lead aprons and cervical collars for each unit** | **YES NO** |
|  | 1. **Counter with sink** | **YES NO** |
|  | 1. **Dental chair or unit**   **Intent:**  *The radiography facilities should allow the attainment of program goals and objectives. Radiography facilities and equipment should effectively accommodate the clinic and/or laboratory schedules, the number of students, faculty and staff, and comply with applicable regulations to ensure effective instruction in a safe environment.* | **YES NO** |
|  |  |  |
|  | **Laboratory Facilities** |  |
| **4-9** | **A sufficient multipurpose laboratory facility must be provided for effective instruction which allows for required laboratory activities and can accommodate all scheduled students simultaneously.** | **YES NO** |
|  |  |  |
|  | **There must be an appropriate number of student stations, equipment, supplies, instruments and space for individual student performance of laboratory procedures with faculty supervision.**  **Intent**:  *The location and number of general use equipment such as lathes, model trimmers, dremmels, handpieces, vibrators, and other devices as well as dental materials, instruments, trays, mixing bowls, spatulas, etc. allows each student the access needed to develop proficiency in performing procedures.* | **YES NO** |
|  |  |  |
|  | **Extended Campus Laboratory/Clinical Facilities** | **YES….NO**  **N/A** |
|  |  |  |
| **4-10** | **It is preferable and, therefore recommended, that the educational institution provide physical facilities and equipment which are adequate to permit achievement of the program’s objectives.** | **YES NO** |
|  |  |  |
|  | **If the institution finds it necessary to contract for use of an existing facility for laboratory, preclinical and/or clinical education, then the following conditions must be met in addition to all existing standards.** | **YES NO** |
|  | 1. **There is a formal agreement between the educational institution and agency or institution providing the facility.** | **YES NO** |
|  | 1. **The program administrator retains authority and responsibility for instruction.** | **YES NO** |
|  | 1. **All students receive instruction and practice experience in the facility.** | **YES NO** |
|  | 1. **Policies and procedures for operation of the facility are consistent with the philosophy and objectives of the educational program.** | **YES NO** |
|  | 1. **Availability of the facility accommodates the scheduling needs of the program.** | **YES NO** |
|  | 1. **Notification for termination of the contract ensures that instruction will not be** **interrupted for currently enrolled students.** | **YES NO** |
|  | 1. **Instruction is provided and evaluated by calibrated dental assisting program faculty.** | **YES NO** |
|  | **Intent:**  *This standard applies to sites off-campus used for laboratory, preclinical and/or clinical education. All students assigned to a particular facility are expected to receive instruction and practice experience in that facility. This standard is not applicable to dental offices/clinic sites used for clinical/externship practice experience.* |  |
|  |  |  |
|  | **Classroom Space** |  |
|  |  |  |
| **4-11** | **Classroom space must be provided for, and be readily accessible to, the program.** | **YES NO** |
|  |  |  |
|  | **Office Space** |  |
|  |  |  |
| **4-12** | **Office space must be provided for the program administrator and faculty.** | **YES NO** |
|  |  |  |
|  | **Learning Resources** |  |
|  |  |  |
| **4-13** | **The program must provide adequate and appropriately maintained learning resources to support the goals and objectives of the program.**  **Intent:**  *Instructional aids and equipment, and institutional learning resources are provided and include access to a diversified collection of current dental, dental assisting and* *multidisciplinary literature and references necessary to support teaching, student learning needs, services, and research. All students, including those receiving education at a distance site, are provided access to learning resources.* | **YES NO** |
|  |  |  |
|  | **Student Services** |  |
|  |  |  |
| **4-14** | **There must be specific written due process policies and procedures for adjudication of academic and disciplinary complaints, which parallel those established by the sponsoring institution.**  **Intent:**  *These policies and procedures protect the students as consumers; provide avenues for appeal and due process; ensure that student records accurately reflect work* *accomplished, and are maintained in a secure manner; ensure confidentiality of and access to student records is followed; ensure student participation when appropriate. The institution provides services to the allied dental students equal to those available to other students.* | **YES NO** |
|  |  |  |
| **4-15** | **The program must provide a mechanism to facilitate student remediation when indicated.**  **Intent:**  *Students are provided with opportunities to successfully complete the program without compromising the integrity of the program.* | **YES NO** |

**COMMENTS: RECOMMENDATIONS &/OR SUGGESTIONS**

Please use this area for writing recommendations &/or suggestions. If you are writing a suggestion please provide a rationale/narrative for each. *If you are making a recommendation, provide a detailed description of the deficiency identified for each NO indicated in the preceding section and a recommendation indicating that it should be corrected.* (Please type or write/print legibly. If you require additional sheet(s), you may attach them to the back of the SVER, with appropriate SVER reference number[s].)

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**STANDARD 5 – HEALTH AND SAFETY PROVISIONS**

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|  | **Infectious Disease/Radiation Management** |  |
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| **5-1** | **The program documents its compliance with institutional policy and applicable local, state and federal regulations and/or guidelines related to health and safety.** | **YES NO** |
|  | 1. **Policies include:** |  |
|  | 1. **radiation hygiene and protection,** | **YES NO** |
|  | 1. **ionizing radiation,** | **YES NO** |
|  | 1. **hazardous materials, and** | **YES NO** |
|  | 1. **bloodborne and infectious diseases.** | **YES NO** |
|  | 1. **Policies are provided to all students, faculty and appropriate support staff and continuously monitored for compliance.** | **YES NO** |
|  | 1. **Policies on bloodborne and infectious disease(s) are made available to applicants for admission and patients.** | **YES NO** |
|  | **Intent:**  *The dental assisting program should establish and enforce a mechanism to ensure adequate preclinical/clinical/laboratory asepsis, infection and biohazard control and disposal of hazardous waste.*  *Policies and procedures on the use of ionizing radiation should include criteria for patient selection, frequency of exposing and retaking radiographs on patients, consistent with current, accepted dental practice.*  *Policies and procedures should be in place to provide for a safe environment for patients, students, faculty and staff. The confidentiality of information pertaining to the health status of each individual is strictly maintained.*  *This Standard applies to all program sites where laboratory and clinical education is provided.* |  |
|  |  |  |
| **5-2** | **Students, faculty and appropriate support staff must be encouraged to be immunized against and/or tested for infectious diseases, such as mumps, measles, rubella, hepatitis B and tuberculosis prior to contact with patients and/or infectious objects or materials, in an effort to minimize the risk to patients and dental personnel.** | **YES NO** |
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|  | **Emergency Management** |  |
|  |  |  |
| **5-3** | **The program must establish and enforce preclinical/clinical/laboratory protocols and mechanisms to ensure the management of emergencies; these protocols must be provided to all students, faculty and appropriate staff.** | **YES NO** |
|  |  |  |
| **5-4** | **All students, faculty and support staff must be currently certified in basic life support procedures, including cardiopulmonary resuscitation with an Automated External Defibrillator (AED), prior to the direct provision of patient care.** | **YES NO** |

**COMMENTS: RECOMMENDATIONS &/OR SUGGESTIONS**

Please use this area for writing recommendations &/or suggestions. If you are writing a suggestion please provide a rationale/narrative for each. *If you are making a recommendation, provide a detailed description of the deficiency identified for each NO indicated in the preceding section and a recommendation indicating that it should be corrected.* (Please type or write/print legibly. If you require additional sheet(s), you may attach them to the back of the SVER, with appropriate SVER reference number[s].)

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**STANDARD 6 – PATIENT CARE SERVICES**

**THIS STANDARD APPLIES WHEN A PROGRAM HAS AN ON-SITE CLINIC AND PROVIDES DENTAL CARE.**

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|  | **Intent:**  *These standards apply to any dental assisting program operating an on-site or distance site clinic which provides comprehensive dental care to patients (e.g., diagnosis and treatment planning, operative and/or surgical procedures).* | **YES NO**  **N/A** |
|  |  |  |
| **6-1** | **The program must conduct a formal system of quality assurance for the patient care program that demonstrates evidence of:** | **YES NO** |
|  | 1. **Standards of care that are patient-centered, focused on comprehensive care and written in a format that facilitates assessment with measurable criteria** | **YES NO** |
|  | 1. **An ongoing review of a representative sample of patients and patient records to assess the appropriateness, necessity and quality of the care provided** | **YES NO** |
|  |  |  |
| **6-2** | **The program must develop and distribute to appropriate students, faculty, staff and each patient a written statement of patients’ rights.** | **YES NO** |
|  |  |  |
| **6-3** | **Patients accepted for dental care must be advised of the scope of dental care available at the dental assisting program facilities.** | **YES NO** |
|  |  |  |
|  | **Patients must also be advised of their treatment needs and appropriately referred for the procedures that cannot be provided by the program.** | **YES NO** |

**COMMENTS: RECOMMENDATIONS &/OR SUGGESTIONS**

Please use this area for writing recommendations &/or suggestions. If you are writing a suggestion please provide a rationale/narrative for each. *If you are making a recommendation, provide a detailed description of the deficiency identified for each NO indicated in the preceding section and a recommendation indicating that it should be corrected.* (Please type or write/print legibly. If you require additional sheet(s), you may attach them to the back of the SVER, with appropriate SVER reference number[s].)

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| **Faculty Qualifications Checklist**  **An aid to be used as needed** | | | | | | | | | |
| **Name** | **Indicate Course Type(s) Didactic - D Lab - L Clinic - C** | **Degree Type** | **Currently Enrolled** | **Ed Meth** | **Background/**  **Experience** | **Current Subject Knowledge** | **CDA** | **RDH** | **CPR** |
| Ms. D. Educator | D, L, C | MS | x | x | x | x | x | n/a | x |
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| **Allied**  **An aid to be used as needed** | | | | | | | | | |
| **Course Title & Number** | **Faculty** | **Written Course Descriptions** | **Content Outlines** | **Incl. Topics to be Presented** | **Specific Instructional Objectives (for each topic)** | **Learning Experiences with Associated Assessment Mechanisms** | **Time Allocated for Didactic, Lab, Clinical Experiences** | **Evaluation Procedures** | **Faculty to Student Ratio** |
| DA 105 Dental Radiology I | Ms. E | x | x | x | x | x | n/a | x | 1:6 |
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**Before the Final Conference…**

**Have You:**

1. Indicated a response for EACH question?

2. Written a detailed rationale for each NO answer indicated?

3. Written a recommendation for each NO answer?

**Remember: Every NO indicated must be reported during the final conference.**

**After the Final Conference…**

**Be sure to return the completed Site Visitor Evaluation Report to Commission staff by email within 3-5 days after the site visit.**