

# **Commission on Dental Accreditation**

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## **Initial Accreditation Application for a Developing Dental Public Health Education Program**

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**Commission on Dental Accreditation  
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**Document Revision History**

| <i><b>Date</b></i> | <i><b>Item</b></i>                                                                                     | <i><b>Action</b></i> |
|--------------------|--------------------------------------------------------------------------------------------------------|----------------------|
| February 2, 2024   | Accreditation Standards for Advanced Dental Education Programs in Dental Public Health                 | Adopted              |
| August 9, 2024     | Revised Definitions of Terms and Standard 1 related to Sponsoring Institution and Authority to Operate | Adopted              |
| January 1, 2025    | Revised Definitions of Terms and Standard 1 related to Sponsoring Institution and Authority to Operate | Implemented          |
| July 1, 2025       | Accreditation Standards for Advanced Dental Education Programs in Dental Public Health                 | Implemented          |

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## **General Information for Initial Accreditation of a Developing Advanced Dental Education Program**

Accreditation by the Commission on Dental Accreditation of the American Dental Association is formal recognition that an advanced dental education program has been judged to be achieving educational purposes and objectives in accordance with established standards. The Commission has sole authority for the accreditation of approximately 1,400 educational programs in the disciplines of predoctoral dental education, dental anesthesiology, dental assisting, dental hygiene, dental laboratory technology, dental therapy, dental public health, endodontics, oral and maxillofacial pathology, oral and maxillofacial radiology, oral and maxillofacial surgery (residency and fellowship), oral medicine, orofacial pain, orthodontics and dentofacial orthopedics (residency and fellowship), pediatric dentistry, periodontics, prosthodontics, general practice residency, and advanced education in general dentistry.

**Programs MUST apply and be granted initial accreditation status by the Commission on Dental Accreditation prior to enrolling their first class of students/residents.** The Commission on Dental Accreditation expects that developing dental public health programs will be developed in accordance with the established Accreditation Standards for Advanced Dental Education Programs in Dental Public Health. **If the program is fully operational with students/residents currently enrolled, please contact Commission staff.** (Please see Procedures and Criteria for Consideration of an Application for Accreditation elsewhere in this document)

Advanced dental education programs first are considered for the accreditation classification of Initial Accreditation. The granting of this status is based on an on-site evaluation of the developing program conducted prior to the enrollment of students/residents and the initiation of the program. When the Commission receives an institution's completed Initial Accreditation Application, it is reviewed to determine the extent to which the program has been developed. Subsequently, a site visit of the developing program will be scheduled if the applicable criteria are met and the program appears to have the potential to meet the Accreditation Standards.

The purpose of an initial accreditation site visit is to determine, by inspection of facilities, interviews with institutional administrators, the dean/program director/administrator, faculty and staff, and review of curriculum and documentation, whether the developing program has the potential to meet the Accreditation Standards.

In accordance with the United States Department of Education's Procedures and Criteria for Recognition of Accrediting Agencies, the Commission's decision to grant or deny initial accreditation to a program will be communicated to the Secretary of the U.S. Department of Education and others as required.

**Eligibility:** Hospitals that sponsor advanced dental education programs must be accredited by an accreditation organization recognized by the Centers for Medicare and Medicaid Services (CMS). Educational institutions that sponsor advanced dental education programs must be accredited by an agency recognized by the United States Department of Education. Health care organizations that sponsor advanced dental education programs must be accredited by an agency

recognized by the United States Department of Education or accredited by an accreditation organization recognized by the Centers for Medicare and Medicaid Services (CMS\*). The bylaws, rules and regulations of hospitals or health care organizations that sponsor or provide a substantial portion of advanced dental education programs must ensure that dentists are eligible for medical staff membership and privileges including the right to vote, hold office, serve on medical staff committees and manage patients.

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

\* Dental Public Health programs must be sponsored by federal, state or local public health agencies, dental schools, health facilities, schools of public health, or other institutions of higher learning.

Advanced dental education programs conferring a certificate must have state or federal approval to operate and, as applicable, to confer a certificate. Advanced dental education programs conferring a degree must have institutional accreditation and authority to confer a degree.

**Submission:** Programs seeking accreditation for an advanced dental education program must complete an Initial Accreditation Application, and submit the appropriate fee. The Commission requests **one (1) comprehensive electronic copy** of the completed Initial Accreditation Application to the Commission through the Commission's Electronic Submission Portal. Please contact the Commission office to obtain access to the portal prior to submission. Please be advised that the Commission requires that all accreditation correspondence/documents/reports and related materials submitted to the Commission for a program's permanent file be done so electronically. The Electronic Submission Guidelines will assist you in preparing your report. Electronic reports that fail to adhere to the stated guidelines may be returned to the program for re-formatting and may not be reviewed at the assigned time.

If it is determined that the Criteria for Consideration of an Application for Accreditation have been sufficiently addressed and documented, and that the program, as proposed, appears to have the potential to meet the Accreditation Standards, a site visit is scheduled four (4) to seven (7) months following completion of the application review.

Provided that the application is in order, the first opportunity for the Commission to consider the program is generally 12 to 18 months following the Commission's formal acknowledgment of receipt of the application, initiation of the review process, and following an initial site visit.

Because accreditation is voluntary, a program may withdraw its application for accreditation at any time prior to the Commission taking action regarding an accreditation status. When an accreditation status has been granted, the program has the right to ask that the status be discontinued at any time for any reason.

**Cost: A non-refundable fee of is required upon submission of the Initial Accreditation Application.** The Commission also charges an annual fee for the accreditation of established dental and dental-related education programs. Please contact the Commission office to obtain the current fee information.

**Time Limitation for Review of Applications:** The review of an application will be terminated if an institution fails to respond to the Commission's requests for information for a period of six (6) months. In this case, the institution will be notified that the application process has been terminated. If the institution wishes to begin the process again, a new application and application fee must be submitted.

**Time Limitation for Initial Accreditation:** The classification of "initial accreditation" granted to dental and dental-related educational programs will be terminated at the end of two (2) years following the projected enrollment date if students/residents have not been enrolled. (See the Commission's Policy on Non-Enrollment of First Year Students for further information).

**Commission Policies and Procedures:** Programs applying for Initial Accreditation are responsible for becoming informed and adhering to all Commission policies and procedures. The Commission's Evaluation and Operational Policies and Procedures manual (EOPP) is available online at <https://coda.ada.org/policies-and-guidelines>. Policies may be updated after each Commission meeting. Relevant policies and procedures for programs seeking initial accreditation include, but are not limited to:

- Policy on Integrity
- Annual Fee Policy
- Policy on Electronic Submission of Accreditation Materials
- Accreditation Status Definitions
- Application for Initial Accreditation for Developing Programs
- Criteria for Consideration of an Application for Accreditation
- Policy on Third Party Comments
- Site Visit Reports
- Progress Reports
- Reporting Program Changes in Accredited Programs
- Policy on Non-Enrollment of First year Students
- Policy on Sites Where Educational Activity Occurs
- Policy on Distance Education
- Policy on Complaints
- Due Process

**Following Initial Accreditation:** Once a program is granted "initial accreditation" status, a site visit will be conducted in the second year of programs that are four or more years in duration and again prior to the first class of students/residents graduating. Programs that are less than four (4) years in duration will be site visited again prior to the first class of students/residents graduating.

**For Further Information:** Contact Commission on Dental Accreditation's Manager of Advanced Dental Public Health Dental Education at the Commission's number: 312-440-2672. CODA staff e-mails can be found on the CODA website at the following link: <https://coda.ada.org/about-coda/coda-staff>

## **Procedures for Consideration of an Application for Accreditation for Developing Advanced Dental Education Programs**

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

### **GENERAL PROCEDURES**

The following steps apply:

1. An application for accreditation is completed by the program and submitted to the Commission on Dental Accreditation, along with appropriate documentation and application fee. Provided that the application is in order, the first opportunity for the Commission to consider the program is generally 12 to 18 months following the Commission’s formal acknowledgment of receipt of the application, initiation of the review process, and following an initial site visit.
2. The completed application for accreditation is reviewed to determine whether the program, as proposed, appears to have the potential to meet the Accreditation Standards and has sufficiently addressed and documented the Criteria for Consideration of An Application for Accreditation before proceeding to the next step of the application process.
3. If it is determined that the Criteria for Consideration of An Application for Accreditation have been sufficiently addressed and documented, and that the program, as proposed, appears to have the potential to meet the Accreditation Standards, a site visit is scheduled four (4) to seven (7) months following completion of the application review.
4. Substantive changes to the proposed program that occur between the date of submission of the application and scheduled site visit, if one is warranted, must be reported to the Commission immediately, will require further review, and may result in a delay of the site visit.
5. After the site visit has been conducted, the visiting committee submits a draft report to the Commission office.
6. Following the site visit, the preliminary draft of the site visit report is transmitted to the institution for consideration and comment.
7. The visiting committee’s report and the institution’s response to the preliminary report, should one be submitted, are transmitted to the discipline-specific Review Committee for consideration at its meeting prior to the Commission meeting.
8. The Commission then considers the Review Committee’s report and takes action on the accreditation status.
9. The Commission’s action regarding accreditation status and the final site visit report are transmitted to the institution within thirty (30) days of the Commission’s meeting.

Revised: 8/22; 2/22; 2/21; 8/16; 2/16; 8/13; 7/08, 8/02, 7/01; Reaffirmed: 8/23; 8/18; 8/13; 8/11, 8/10

**CRITERIA FOR CONSIDERATION OF AN APPLICATION FOR ACCREDITATION**

The application for accreditation of a dental or dental-related program is considered complete when the program has demonstrated the potential to meet the Accreditation Standards and when the following criteria, as applicable, have been adequately addressed and documented in the application:

- a. A dean/program director/program administrator, as applicable, who meets the requirements of the discipline-specific standards, has been appointed at the time the application is submitted and at least six (6) months prior to a projected accreditation site visit. Should the dean/program director/program administrator change during the application review, the program must notify the Commission immediately and a delay of six (6) months for a projected site visit (should one have been directed) will be applied.
- b. The program is sponsored by an institution that, at the time of the application, complies with the discipline-specific accreditation standards related to institutional accreditation.
- c. A strategic plan/outcomes assessment process, which will regularly evaluate the degree to which the program's stated goals and objectives are being met, is developed and documented, including the program's expected measures for student/resident/fellow achievement and schedule for ongoing program review.
- d. The long and short-term financial commitment of the institution to the program is documented and is sufficient to support the program's stated goals and objectives during development and long-term.
- e. If the program will rely on support from entities outside of the institution to comply with the Accreditation Standards or program requirements (e.g. access to clinical facility or resources for required instruction), contractual agreements are drafted and signed providing assurance that a program dependent upon the resources of a variety of institutions and/or extramural clinics and/or other entities has adequate support. The program must document that support from outside entities does not compromise its authority as the sponsor of the program.
- f. Policies related to student/resident/fellow admission process and due process procedures are developed and documented.
- g. A projection of the number, qualifications, assignments and appointment dates of faculty is developed and is sufficient to support the program during development and long-term. The program must provide evidence of availability of adequate faculty and a hiring plan.
- h. An explanation is included of how the curriculum was developed including who developed the curriculum and the philosophy underlying the curriculum. If curriculum materials are based on or are from an established education program, documentation that permission was granted to use these materials is provided.
- i. The curriculum must be mapped for all years of the program, including documentation of all

competencies that will be required in each course. Curriculum materials for each course in all years of the program must be presented and include general and specific course and instructional objectives, learning activities, evaluation instruments (including, as applicable, sample tests, quizzes, and grading criteria). All evaluation instruments for laboratory, pre-clinical, clinical, and clinical enrichment experiences are developed and included.

- j. Class schedule(s) for all years noting how each class will utilize the facility are developed and provided, including a mapping of facility utilization when the program is in full operation. If the capacity of the facility does not allow all students/residents/fellows to be in laboratory, pre-clinical laboratory and/or clinic at the same time, a plan documenting how students/residents/fellows will spend laboratory, pre-clinical and/or clinical education sessions has been developed and is included.
- k. As applicable, formal diagrams or blueprints of the didactic, laboratory, pre-clinical laboratory and clinical facilities, and equipment needs are developed to support the anticipated enrollment date. An equipment procurement timeline and/or construction timeline has been developed and documented to support the anticipated enrollment date.
- l. As applicable, policies and procedures related to clinical operation including but not limited to ionizing radiation, infection control and hazardous material, and bloodborne and infectious diseases are developed and documented.
- m. As applicable, the adequacy of the patient caseload in terms of size, variety and scope to support required clinical experiences is available and documented. The program's patient classification system, patient recruitment system, and student/resident/fellow patient experience tracking system are developed and documented.

Revised: 8/23; 8/22; 2/22; 8/16; 8/10, 7/08, 8/03; Reaffirmed: 8/19; 8/13; Adopted: 8/02

## Planning For and Organizing the Initial Accreditation Application

The Initial Accreditation Application is designed to help an institution succinctly present information about its advanced dental education program for initial accreditation by the Commission on Dental Accreditation.

The Initial Accreditation Application should be a concise, yet thorough, summary of the findings of the application process. The Commission hopes that the Initial Accreditation Application will be a catalyst for program development and improvement that continues long after the application process has been completed. Most programs will concentrate upon questions germane to the Commission's Accreditation Standards. Nevertheless, the benefits of the Initial Accreditation Application process are directly related to the extent to which programs evaluate their efforts, not simply in light of minimal standards for accreditation, but also in reference to the program's stated goals and objectives, as well as standards for educational excellence. Conclusions of the Initial Accreditation Application process may include qualitative evaluation of any aspect of the program, whether it is covered in the Initial Accreditation Application or not. Programs must respond to all questions included in the Initial Accreditation Application. The responses should be succinct, but must in every case provide or cite evidence demonstrating achievement of objectives in compliance with each of the Accreditation Standards.

The Initial Accreditation Application process should:

- Ensure that the program has seriously and analytically developed and reviewed its objectives, strengths and weaknesses.
- Provide the site visitors the basic information about the program and the program's best judgment of its own adequacy and performance, thus providing a frame of reference to make the visit effective and helpful to the program and the Commission.
- Ensure that the accrediting process is perceived not simply as an external review but as an essential component of program development, evaluation and improvement.
- Ensure that the Commission, in reaching its accreditation decisions, can benefit from the insights of both the program and the visiting committee.

Development of the Initial Accreditation Application should be based on a comprehensive process that involves appropriate faculty and staff throughout the institution. Appropriate faculty and other institutional representatives (e.g., learning resources staff, financial/budget officers, counselors, admissions officers, and instructional design staff) should be involved in the process to ensure that the Initial Accreditation Application reflects the input of all individuals who have responsibility for the program.

When feasible, it is suggested that a committee, with appropriate faculty representation, be selected to assist the program director/administrator with the application process. This committee should be responsible for developing and implementing the process of application and coordinating the sections into a coherent application. It may be desirable to establish early in the process some form or pattern to be used in preparing the sections in the report in order to provide consistency.

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

**Policies, Procedures and Protocols for Site Visits:** These are included at the end of this Initial Accreditation Application.

**Initial Accreditation Application Format:** As noted in the instructions with this Initial Accreditation Application, this is a suggested approach to completing an Initial Accreditation Application. All institutions should be aware that the Commission respects their right to organize their data differently and will allow programs to develop their own formats for the exhibits requested in the Application. However, if the program's proposed format differs greatly from that suggested in the Initial Accreditation Application, the program should contact Commission staff for review and approval prior to initiating the Initial Accreditation Application process. This procedure will provide assurance to the program that its proposed format will include the elements considered essential by the Commission and its visiting committees.

## Instructions for Completing the Initial Accreditation Application

The following general instructions apply to the development of the advanced dental education program's Initial Accreditation Application:

1. It is expected that information collected for the Initial Accreditation Application will be presented in the order that the sections and questions occur in the Application.
2. The suggested format for preparing the application is to state the question and then provide the narrative response.
3. All questions posed in the application must be addressed. In the event that a program has chosen to meet a particular standard in a manner other than that suggested by the questions, please so indicate and explain how the program complies with the Standards. There is no need to repeat at length information that can be found elsewhere in the documentation. Simply refer the reader to that section of the report or appended documentation which contains the pertinent information.

The Commission realizes this application is comprehensive, and developing programs will not have some of the requested information available. Please take this opportunity to submit proposed plans and anticipated outcomes. Where the application asks for information about activities that have not started, please indicate how those activities will be carried out once the program starts. It is important that **all** questions be answered. ***Whenever statistics and other information related to developing programs are requested, please provide an estimate.*** It is **not** acceptable for developing programs to answer questions by stating "not applicable" or "available on-site."

4. The completed Initial Accreditation Application should include appropriately indexed and tabbed sections; pages should be numbered. (The page numbers in the completed document are not expected to correspond to the page numbers in this Application Form).
5. The completed document should include:
  - a. **Title Page**: The title page must include the name of the program and sponsoring institution; street address, city and state, program telephone number and area code.
  - b. **Administrator Verification Page**: The Commission requires that the institution's chief executive officer, chief administrator of the academic unit that sponsors the program, program director and other appropriate administrators of the institution verify that the contents of the completed Initial Accreditation Application document are factually correct. The verification page must include the names, titles, and signatures of individuals who have reviewed the Initial Accreditation Application.

- c. Table of Contents: The table of contents must include the verification page, the summary of factual information, compliance with Commission policies, sections on each of the Standards, and any exhibits and/or appendices. Page numbers for each section should be identified.
  - d. Initial Accreditation Application: The Commission encourages programs to develop an Initial Accreditation Application that reflects a balance between anticipated outcomes and process and that produces an appropriately brief and cost-effective document. The supportive documentation substantiating the narrative should not exceed what is required to demonstrate compliance with the Standards. Exhibits should be numbered sequentially. The Exhibit numbers in the completed document are not expected to correspond with the example exhibits provided in the Initial Accreditation Application Form.
  - e. Conclusion and Summary: At the completion of the report, a standard by standard qualitative analysis of the program's strengths and weaknesses is required. Actions planned to correct any identified weaknesses should be described. It is suggested that the summary be completed by the program director with assistance from other faculty and appropriate administrators.
  - f. Appendix: The appendix, located at the end of the application, should include any supportive documentation and exhibits.
6. **Keeping costs in mind, the Commission requests one (1) comprehensive electronic copy of the completed Initial Accreditation Application to the Commission through the Commission's Electronic Submission Portal. Please contact the Commission office to obtain access to the portal prior to submission. Please be advised that the Commission requires that all accreditation correspondence/documents/reports and related materials submitted to the Commission for a program's permanent file be done so electronically. The Electronic Submission Guidelines will assist you in preparing your report and are found at <https://coda.ada.org/policies-and-guidelines/electronic-submission-guidelines>**
- Web-based Information:** The Commission must retain a snapshot of the information presented at the time of the submission of the report. For this reason, the electronic report must not link to information on the Internet. To ensure that the Commission retains the correct information, please insert or "embed" all web-based information into the report.
7. ***Institutions/Programs are expected to follow Commission policy and procedure on privacy and data security related to compliance with the Health Insurance Portability and Accountability Act (HIPAA). The Commission's statement on HIPAA, as well as the Privacy and Data Security Summary for Institutions/Programs (PDF), are found in the Policies/Guidelines section of the Commission's website at <https://coda.ada.org/policies-and-guidelines/hipaa-compliance>. Programs that fail to comply with CODA's policy will be assessed an administrative fee of \$4000.***

## Policies Regarding the Initial Accreditation Site Visit

If it is determined that the Criteria for Consideration of An Application for Accreditation have been sufficiently addressed and documented, and that the program, as proposed, appears to have the potential to meet the Accreditation Standards, a one-day site visit of the developing program is scheduled prior to the Commission meeting during which the program will be reviewed. The site visit is conducted to verify the information provided in the written application and to ensure that the program is at a stage of development which is adequate to ensure that the educational requirements, as set forth in the Accreditation Standards for Advanced Dental Education Programs in Dental Public Health will be met at the time students/residents are enrolled in the program.

The preliminary draft site visit report generated from the site visit is the basis for action on the accreditation status of the proposed program. A preliminary draft site visit report is prepared by the site visitors, consolidated by Commission staff into a single document and approved by the visiting committee. The approved draft report is then transmitted to the institutional administrators for factual review and comment prior to its review by the Commission. The institution has a maximum of 30 days in which to respond with regard to factual inaccuracies, comments on differences in perception and report of corrective actions taken in response to recommendations cited. Additionally, consistent with Commission policy, the institution is provided a minimum of 30 days to respond to the preliminary draft of the site visit report with regard to any noted recommendations. The Commission reviews both the preliminary report and the institution's response as it considers its action on the initial accreditation status of the developing program. The action of the Commission is transmitted to the institution, along with the formal site visit report, to the institution within thirty (30) days of its meeting.

Prior to the graduation of the first class of students/residents, a comprehensive site visit of the program will be conducted. For programs that are four (4) or more years in length, a site visit will be conducted in the second year of the program and again prior to the first class of students graduating. At the appropriate time, the applicable materials will be forwarded by the Commission to the institution, including a self-study guide to be completed by the program.

**Site Visit Committee Composition:** The Commission makes every effort to have the initial reviewer of the application serve as one of the two (2) Commission-appointed site visitors with discipline-specific expertise on the site visit, should the site visit be conducted. Site visitors are appointed by the Commission Chair and approved by the institution's administration, i.e. dental school dean or program director. The visiting committee conducts the site visit and prepares the report of the site visit findings for Commission action.

At the request of the program, the Commission will invite a representative from the dental licensing board of the state in which the program is located to participate with the committee as the State Board representative. State Board representatives participate fully in site visit committee activities as non-voting members of the committee. State Board representatives are required to sign the Commission's "Agreement of Confidentiality." This representation is only at the request of the institution/program being evaluated and is not required by the Commission.

**Program Changes:** Changes have a direct and significant impact on the program's potential ability to comply with the accreditation standards. These changes tend to occur in the areas of finances, program administration, enrollment, curriculum and clinical/laboratory facilities, but may also occur in other areas. All program changes that could affect the ability of the program to comply with the Accreditation Standards and/or Criteria for Granting Consideration of an Application for Accreditation must be reported to the Commission. For example, a dean/program director/program administrator, as applicable, who meets the requirements of the discipline-specific standards, must have been appointed at the time the application is submitted and at least six (6) months prior to a projected accreditation site visit. Should the dean/program director/program administrator change during the application review, the program must notify the Commission immediately and a delay of six (6) months for a projected site visit (should one have been directed) will be applied. If changes occur within the program between the date of submission of the application and scheduled site visit, the Commission must be informed immediately and the site visit may be delayed. Please read the entire policy on Program Changes in the Commission's "Evaluation and Operational Policies and Procedures" (EOPP) manual.

**Third Party Comment Policy:** Programs with the status of initial accreditation, and programs seeking initial accreditation must solicit third-party comments through appropriate notification of communities of interest and the public such as faculty, students, program administrators, dental-related organizations, patients, and consumers at least ninety (90) days prior to the site visit. The notice should indicate the deadline of sixty (60) days for receipt of third-party comments in the Commission office and should stipulate that signed or unsigned comments will be accepted, that names and/or signatures will be removed from comments prior to forwarding them to the program, and that comments must pertain only to the standards for the particular program or policies and procedures used in the Commission's accreditation process. For additional information, please review the entire policy on Third Party Comments in the Commission's "Evaluation and Operational Policies and Procedures" (EOPP) manual.

**Complaints Policy:** The program is responsible for developing and implementing a procedure demonstrating that students/residents are/will be notified, at least annually, of the opportunity and the procedures to file complaints with the Commission. Students, faculty, constituent dental societies, state boards of dentistry, and other interested parties may submit an appropriate, signed complaint to the Commission on Dental Accreditation (CODA) regarding any CODA-accredited dental, allied dental or advanced dental education program, or a program which has an application for initial accreditation pending.

Additionally, the program must maintain a record of student/resident complaints received. Please review the entire policy on Complaints in the Commission's EOPP.

**Distance Education Policy:** Distance education uses one or more technologies to deliver instruction to students/residents who are separated from the instructor and to support regular and substantive interaction between the students/residents and the instructor, either synchronously or asynchronously.

Programs that offer distance education must ensure regular and substantive interaction between a student/resident and an instructor or instructors prior to the student's/resident's completion of

a course or competency. For purposes of this definition, substantive interaction is engaging students/residents 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/resident'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.

Programs that offer distance education must also have processes in place through which the program establishes that the student/resident who registers in a distance education course or program is the same student/resident who participates in and completes the course or program and receives the academic credit. Programs must verify the identity of a student/resident who participates in class or coursework by using, at the option of the program, methods such as a secure login and pass code; proctored examinations; and/or new or other technologies and practices that are effective in verifying student/resident identity. The program must make clear in writing that processes are used that protect student/resident privacy and programs must notify students/residents of any projected additional student/resident charges associated with the verification of student/resident identity at the time of registration or enrollment. Please read the entire policy on "Distance Education" in the Commission's EOPP.

**Site Visitor Requests for Additional Information:** Visiting committee members are expected to carefully review the completed application and note any questions or concerns they may have about the information provided. These questions are forwarded to Commission staff, or the designated chair of the visiting committee, compiled and submitted to the program director prior to the visit. The requested information is provided to the team members either prior to the visit or upon their arrival to the program. The response serves as an addendum to the application.

**After the Site Visit:** The written site visit report embodies a review of the quality of the program. It serves as the basis for accreditation decisions. It also guides officials and administrators of educational institutions in determining the degree of the compliance with the Accreditation Standards and established policies. The report clearly delineates any observed deficiencies in compliance with Standards on which the Commission will take action.

The Commission is sensitive to the problems confronting institutions of higher learning. In the report, the Commission evaluates educational programs based on accreditation standards and provides constructive recommendations which relate to the Accreditation Standards and suggestions which relate to program enhancement.

The site visit report reflects the program as it exists at the time of the site visit. Any improvements or changes made subsequent to a site visit may be described and documented in the program's response to the preliminary draft report, which becomes part of the Commission's formal record of the program's evaluation. Such improvements or changes represent progress made by the institution and are considered by the Commission in determining an accreditation status, although the site visit report is not revised to reflect these changes. Following granting of an accreditation status, the final site visit report is prepared and transmitted to the institution. The Commission expects the chief administrators of educational institutions to make the

Commission site visit reports available to program directors, faculty members and others directly concerned with program quality so that they may work toward meeting the recommendations contained in the report.

Commission members and visiting committee members are not authorized, under any circumstances, to disclose any information obtained during site visits or Commission meetings. Oral comments made by site visit team members during the course of the site visit are not to be construed as official site visit findings unless documented within the site visit report and may not be publicized. Further, publication of site visit team members' names and/or contact information is prohibited.

Committee members are expected to regard all information and data obtained before and during site visits as confidential. All evaluation reports and accreditation actions of the Commission are regarded as confidential and privileged information. Therefore, disclosure of personal or committee views at any time before, during or after site visits and Commission review is not authorized. The preliminary draft of a site visit report is an unofficial document and remains confidential between the Commission and the institution's executive officers and may not, under any circumstances, be released. Site visit reports approved during a Commission meeting are transmitted to officials of parent institutions and program administrators or directors.

Public release of the final draft of the site visit report that is approved by the Commission is at the sole discretion of the institution. If there is a point of contention about a specific section of the final site visit report and the institution elects to release the pertinent section to the public, the Commission reserves the right to make the entire site visit report public.

**Commission Review of Site Visit Reports:** The Commission and its review committees meet twice each year to consider site visit reports, progress reports, and policies related to accreditation. These meetings are usually in the Winter (January/February) and the Summer (July/August). Reports from site visits conducted less than ninety (90) days prior to a Commission meeting are usually deferred and considered at the next Commission meeting.

**Notification of Accreditation Action:** An institution will receive the formal site visit report, including the accreditation status, within thirty (30) days following the official meeting of the Commission. The Commission's definitions of accreditation classifications are published in its Accreditation Standards documents and in the EOPE.

**Additional Information:** Additional information regarding the procedures followed during the site visit is contained in the Commission's publication, Evaluation and Operational Policies and Procedures. The Commission uses the Accreditation Standards as the basis for its evaluation of advanced dental education programs; therefore, it is essential that institutions be thoroughly familiar with this document.

## Administrator Verification

**Date of Submission:** **Enter Actual Date of Submission of Application**

I have reviewed this document and verify that the information in it is accurate and complete, and that it complies with the *Commission on Dental Accreditation's Privacy and Data Security Requirements for Institutions* found at <https://coda.ada.org/policies-and-guidelines/hipaa-compliance> (the "Requirements") and that this document contains no prohibited Sensitive Personal Information (SPI) or Protected Health Information (PHI) as defined in the Requirements, and that the individual(s) signing and/or submitting this verification has the authority to sign and submit on behalf of the sponsoring institution, themselves, and the other individuals listed below.

|                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SPONSORING INSTITUTION</b> <i>(If the program is co-sponsored, a verification page from each sponsor must be submitted)</i>                    |
| <b>Institution Name:</b><br>Street Address<br>(do not list P.O. Boxes)<br>City, State, Zip                                                        |
| <b>Chief Executive Officer</b><br>(Univ. Pres, Chancellor, Hospital President)<br>Name:<br>Title:<br>Phone:<br>E-Mail:<br>Signature:<br>Date:     |
| <b>Chief Administrative Officer</b><br>(Dental Dean/Chair/Chief of Dental Service)<br>Name:<br>Title:<br>Phone:<br>E-Mail:<br>Signature:<br>Date: |
| <b>Program Director</b><br>Name:<br>Title:<br>Phone:<br>E-Mail:<br>Signature:<br>Date:                                                            |

## Checklist for Review of Application for Accreditation Based on Criteria for Consideration of an Application for Accreditation

**In the column provided, please identify the location in the application where each criteria listed below is addressed.**

**\*Indicate the date of planned enrollment (Month/Year):** \_\_\_\_\_

**Indicate the date the first class would graduate (Month/Year):** \_\_\_\_\_

*\*Reminder: Per Commission on Dental Accreditation policy, a developing program must not enroll until the Commission grants initial accreditation status. Provided that the application is in order, the first opportunity for the Commission to consider the program is generally 12 to 18 months following the Commission's formal acknowledgment of receipt of the application, initiation of the review process, and following an initial site visit.*

|          | <b>Criteria</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>Location<br/>(section,<br/>page, etc.) in<br/>application</b> |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| <b>A</b> | A dean/program director/program administrator, as applicable, who meets the requirements of the discipline-specific standards, has been appointed at the time the application is submitted and at least six (6) months prior to a projected accreditation site visit. Should the dean/program director/program administrator change during the application review, the program must notify the Commission immediately and a delay of six (6) months for a projected site visit (should one have been directed) will be applied. |                                                                  |
|          | <b>Comments:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |
| <b>B</b> | The program is sponsored by an institution that, at the time of the application, complies with the discipline-specific accreditation standards related to institutional accreditation.                                                                                                                                                                                                                                                                                                                                          |                                                                  |
|          | <b>Comments:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |
| <b>C</b> | A strategic plan/outcomes assessment process, which will regularly evaluate the degree to which the program's stated goals and objectives are being met, is developed and documented, including the program's expected measures for student/resident/fellow achievement and schedule for ongoing program review.                                                                                                                                                                                                                |                                                                  |
|          | <b>Comments:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |
| <b>D</b> | The long and short-term financial commitment of the institution to the program is documented and is sufficient to support the program's stated goals and objectives during development and long-term.                                                                                                                                                                                                                                                                                                                           |                                                                  |
|          | <b>Comments:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |
| <b>E</b> | If the program will rely on support from entities outside of the institution to comply with the Accreditation Standards or program requirements (e.g. access to clinical facility or resources for required instruction), contractual agreements are drafted and signed providing assurance that a program dependent upon the resources of a variety of institutions and/or extramural clinics and/or other entities has adequate support. The program must document that support from outside entities does not compromise     |                                                                  |

|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|          | its authority as the sponsor of the program.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
|          | <b>Comments:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
| <b>F</b> | Policies related to student/resident/fellow admission process and due process procedures are developed and documented.                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
|          | <b>Comments:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
| <b>G</b> | A projection of the number, qualifications, assignments and appointment dates of faculty is developed and is sufficient to support the program during development and long-term. The program must provide evidence of availability of adequate faculty and a hiring plan.                                                                                                                                                                                                                                                                                  |  |
|          | <b>Comments:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
| <b>H</b> | An explanation is included of how the curriculum was developed including who developed the curriculum and the philosophy underlying the curriculum. If curriculum materials are based on or are from an established education program, documentation that permission was granted to use these materials is provided.                                                                                                                                                                                                                                       |  |
|          | <b>Comments:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
| <b>I</b> | The curriculum must be mapped for all years of the program, including documentation of all competencies that will be required in each course. Curriculum materials for each course in all years of the program must be presented and include general and specific course and instructional objectives, learning activities, evaluation instruments (including, as applicable, sample tests, quizzes, and grading criteria). All evaluation instruments for laboratory, pre-clinical, clinical, and clinical enrichment experiences developed and included. |  |
|          | <b>Comments:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
| <b>J</b> | Class schedule(s) for all years noting how each class will utilize the facility are developed and provided, including a mapping of facility utilization when the program is in full operation. If the capacity of the facility does not allow all students/residents/fellows to be in laboratory, pre-clinical laboratory and/or clinic at the same time, a plan documenting how students/residents/fellows will spend laboratory, pre-clinical and/or clinical education sessions has been developed and is included.                                     |  |
|          | <b>Comments:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
| <b>K</b> | As applicable, formal diagrams or blueprints of the didactic, laboratory, pre-clinical laboratory and clinical facilities, and equipment needs are developed to support the anticipated enrollment date. An equipment procurement timeline and/or construction timeline has been developed and documented to support the anticipated enrollment date.                                                                                                                                                                                                      |  |
|          | <b>Comments:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
| <b>L</b> | As applicable, policies and procedures related to clinical operation including but not limited to ionizing radiation, infection control and hazardous material, and bloodborne and infectious diseases are developed and documented.                                                                                                                                                                                                                                                                                                                       |  |
|          | <b>Comments:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
| <b>M</b> | As applicable, the adequacy of the patient caseload in terms of size, variety and scope to support required clinical experiences is available and documented. The program's patient classification system, patient recruitment system, and student/resident/fellow patient experience tracking system are developed and documented.                                                                                                                                                                                                                        |  |
|          | <b>Comments:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |

Revised: 8/23; 8/22; 2/22; 8/16; 8/10, 7/08, 8/03; Reaffirmed: 8/13; Adopted: 8/02

### GENERAL INFORMATION

|                                                                                                                                                                                                                                                                 |                                                           |        |      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|--------|------|
| A. What will be the length of the program?                                                                                                                                                                                                                      | Months (full-time):<br>Months (part-time, if applicable): |        |      |
| B. How many full-time students/residents will be enrolled in the program per year?                                                                                                                                                                              |                                                           |        |      |
| C. How many part-time students/residents will be enrolled in the program per year?                                                                                                                                                                              |                                                           |        |      |
| D. What is date of intent for enrolling first<br>Class (Month/Year)?                                                                                                                                                                                            |                                                           |        |      |
| E. What is the total complement enrollment (total enrollment in all years) for which the program is requesting authorization?                                                                                                                                   |                                                           |        |      |
| F. The program will offer a:<br><b>If a degree is offered, indicate type, what institution confers the degree and whether it is optional or required.</b>                                                                                                       | Certificate                                               | Degree | Both |
|                                                                                                                                                                                                                                                                 |                                                           |        |      |
| G. What other programs does the organization sponsor? Indicate whether each program is accredited. Indicate which programs are accredited by the Commission on Dental Accreditation.                                                                            |                                                           |        |      |
| H. If the program utilizes educational activity training sites, provide the full names and addresses of the training sites, the purpose of the training sites, and the amount of time each student/resident is assigned to the training sites. (See Exhibit 1). |                                                           |        |      |
| I. What outcomes measures will be used to evaluate the program? (See Exhibit 1a)                                                                                                                                                                                |                                                           |        |      |

**Sites Where Educational Activity Occurs (Off-Campus Sites For Didactic and Clinical Activity):**

List the names and addresses of the established and/or proposed off-campus sites, purposes of the site, and amount of time each student/resident will be assigned to the site.

| Name and Address | Owned by Institution (√) | Purpose (state the reason for site usage) | Duration (state the year and number of days a student/resident would visit the site) |
|------------------|--------------------------|-------------------------------------------|--------------------------------------------------------------------------------------|
|                  |                          |                                           |                                                                                      |
|                  |                          |                                           |                                                                                      |
|                  |                          |                                           |                                                                                      |
|                  |                          |                                           |                                                                                      |

Indicate the number of faculty members who will be/are specifically assigned to the advanced dental education program in each of the following categories and their educational qualifications:

|                     | Total Number | # Board Certified | # Educationally Qualified* | Other** |
|---------------------|--------------|-------------------|----------------------------|---------|
| Full-time           |              |                   |                            |         |
| Half-time           |              |                   |                            |         |
| Less than half-time |              |                   |                            |         |

\* Individual is eligible but has not applied to the relevant Board for certification.

\*\*Individual is neither a Diplomate nor Candidate for board certification by the relevant certifying Board.

Verify the cumulative full-time equivalent (F.T.E.) for all faculty specifically assigned to this advanced dental education program. For example: a program with the following staffing pattern – one full-time (1.00) + one half-time (0.50) + one two days per week (0.40) + one half-day per week (0.10) – would have an F.T.E. of 2.00.

Cumulative  
F.T. E.

The Program Director is:

Educationally Qualified\* \_\_\_\_\_  
Board certified \_\_\_\_\_  
Other\*\* \_\_\_\_\_

Indicate the year the Program Director was appointed \_\_\_\_\_

## Documentation of Compliance with Commission Policies

Please provide documentation demonstrating the program's compliance with the Commission's "Program Change," "Third Party Comments," "Complaints," and "Distance Education" policies.

**Program Change:** Changes have a direct and significant impact on the program's potential ability to comply with the accreditation standards. These changes tend to occur in the areas of finances, program administration, enrollment, curriculum and clinical/laboratory facilities, but may also occur in other areas. All program changes that could affect the ability of the program to comply with the Accreditation Standards and/or Criteria for Consideration of an Application for Accreditation must be reported to the Commission. For example, a dean/program director/program administrator, as applicable, who meets the requirements of the discipline-specific standards, must have been appointed at the time the application is submitted and at least six (6) months prior to a projected accreditation site visit. Should the dean/program director/program administrator change during the application review, the program must notify the Commission immediately and a delay of six (6) months for a projected site visit (should one have been directed) will be applied. If changes occur within the program between the date of submission of the application and scheduled site visit, the Commission must be informed immediately and the site visit may be delayed. Please review the entire policy on Reporting Program Changes in the Commission's "Evaluation and Operational Policies and Procedures" (EOPP) manual.

1. Please provide documentation and/or indicate what evidence will be available during the site visit to demonstrate compliance with the Commission's policy on Reporting Program Changes.

**Third Party Comments:** The program is responsible for soliciting third-party comments relative to the Commission's accredited programs. Third party comments may include comments submitted by interested parties such as faculty, students/residents; program directors/administrators, Commission consultants, specialty and dental-related organizations, patients, and/or consumers 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. Please review the entire policy on Third Party Comments in the Commission's "Evaluation and Operational Policies and Procedures" (EOPP) manual.

1. Please provide documentation and/or indicate what evidence will be available during the site visit to demonstrate compliance with the Commission's policy on Third Party Comments.

**Complaints:** The program is responsible for developing and implementing a procedure demonstrating that students/residents will be notified, at least annually, of the opportunity and the procedures to file complaints with the Commission. Additionally, the program must plan to maintain a record of complaints received since the Commission's last comprehensive review of

the program. Please review the entire policy on Complaints in the Commission's "Evaluation and Operational Policies and Procedures" (EOPP) manual.

1. Please provide documentation and/or indicate what evidence will be available during the site visit to demonstrate compliance with the Commission's policy on Complaints.

**Distance Education:** Programs that offer distance education must ensure regular and substantive interaction between a student/resident and an instructor or instructors prior to the student's/resident's completion of a course or competency. For purposes of this definition, substantive interaction is engaging students/residents 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/resident'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.

Programs that offer distance education must also have processes in place through which the program establishes that the student/resident who registers in a distance education course or program is the same student/resident who participates in and completes the course or program and receives the academic credit.

Methods may include, but are not limited to:

- a secure login and pass code;
- proctored examinations; and/or
- new or other technologies and practices that are effective in verifying student/resident identity.

Please review the entire policy on Distance Education in the Commission's "Evaluation and Operational Policies and Procedures" (EOPP) manual.

1. If applicable, please provide documentation and/or indicate what evidence will be available during the site visit to demonstrate compliance with the Commission's policy on Distance Education. If the program will not utilize distance education methods, please state "Not Applicable."

## **PROGRAM EFFECTIVENESS**

### **Program Performance with Respect to Student/Resident Achievement:**

Explain how the program will use student/resident achievement measures, such as national assessment scores, results of licensure or certification examinations and/or employment rates to assess the program's overall performance.

**STANDARD 1 – INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS**

(Please circle, bold or highlight YES, NO, or N/A and identify documentation in support of your answer. **Appendices A-F** are also required for this section. Note: required appendix information may serve as “documentary evidence” where appropriate.)

|                                                                                                                                                                       |     |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| Has the program developed clearly stated goals and objectives appropriate to advanced dental education, addressing education, patient care, research and service? (1) | YES | NO |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|

*Documentary Evidence:*

|                                                                                                                                                                                                                                              |     |    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| Is planning for, evaluation of and improvement of educational quality for the program broad-based, systematic, continuous and designed to promote achievement of program goals related to education, patient care, research and service? (1) | YES | NO |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|

*Documentary Evidence:*

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <p>Will the program document its effectiveness using a formal and ongoing outcomes assessment process to include measures of advanced dental education student/resident achievement? (1)</p> <p><b><i>Intent:</i></b> The Commission on Dental Accreditation expects each program to define its own goals and objectives for preparing individuals for the practice of dental public health and that one of the program goals is to comprehensively prepare competent individuals to initially practice dental public health. The outcomes process includes steps to: (a) develop clear, measurable goals and objectives consistent with the program’s purpose/mission; (b) develop procedures for evaluating the extent to which the goals and objectives are met; (c) collect and maintain data in an ongoing and systematic manner; (d) analyze the data collected and share the results with appropriate audiences; (e) identify and implement corrective actions to strengthen the program; and (f) review the assessment plan, revise as appropriate, and continue the cyclical process.</p> | YES | NO |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|

*Documentary Evidence:*

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <p>Will the financial resources be sufficient to support the program’s stated goals and objectives?</p> <p><b><i>Intent:</i></b> The institution should have the financial resources required to develop and sustain the program on a continuing basis. The program should have the ability to employ an adequate number of full-time faculty, purchase and maintain equipment, procure supplies, reference material and teaching aids as reflected in annual budget appropriations. Financial allocations should ensure that the program will be in a competitive position to recruit and retain qualified faculty. Annual appropriations should provide for innovations and changes necessary to reflect current concepts of education in the advanced dental education discipline. The Commission will assess the</p> | YES | NO |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|

|                                                                                                                                      |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------|--|--|
| <i>adequacy of financial support on the basis of current appropriations and the stability of sources of funding for the program.</i> |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------|--|--|

*Documentary Evidence:*

|                                                                                                                                                                                    |     |    |    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----|
| Does the sponsoring institution ensure that support from entities outside of the institution does not compromise the teaching, clinical and research components of the program (1) | YES | NO | NA |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----|

*Documentary Evidence:*

|                                                                                                                                                                            |     |    |    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----|
| <b>If a hospital is the sponsor</b> , is the hospital accredited by an accreditation organization recognized by the Centers for Medicare and Medicaid Services (CMS)*? (1) | YES | NO | NA |
| <i>Note: If a hospital is the sponsor, the program must provide documentary evidence that its institutional accreditor is currently recognized by CMS.</i>                 |     |    |    |

*Documentary Evidence:*

|                                                                                                                                                                           |     |    |    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----|
| <b>If an educational institution is the sponsor</b> , is the educational institution accredited by an agency recognized by the United States Department of Education? (1) | YES | NO | NA |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----|

*Documentary Evidence:*

|                                                                                                                                                      |     |    |    |
|------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----|
| <b>If a health care organization is the sponsor (must meet one item below):</b>                                                                      |     |    |    |
| Is the health care organization accredited by an agency recognized by the United States Department of Education? (1)                                 | YES | NO | NA |
| Is the health care organization accredited by an accreditation organization recognized by the Centers for Medicare and Medicaid Services (CMS)? (1*) | YES | NO | NA |

*Note: The program must provide documentary evidence of an institutional accreditor recognized by the United States Department of Education, **or** documentary evidence that its institutional accreditor is currently recognized by CMS.*

*Documentary Evidence:*

|                                                                                                                                                                                                                                                                                                                                                                      |     |    |    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----|
| If applicable, do the bylaws, rules and regulations of hospitals or health care organizations that sponsor or provide a substantial portion of advanced dental education programs ensure that dentists are eligible for medical staff membership and privileges including the right to vote, hold office, serve on medical staff committees and manage patients? (1) | YES | NO | NA |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----|

*Documentary Evidence:*

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |    |    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----|
| If applicable, do United States military programs not sponsored or co-sponsored by military medical treatment facilities, United States-based educational institutions, hospitals or health care organizations accredited by an agency recognized by the United States Department of Education or accredited by an accreditation organization recognized by the Centers for Medicare and Medicaid Services (CMS) demonstrate successful achievement of Service-specific organizational inspection criteria. ? (1) | YES | NO | NA |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----|

*Documentary Evidence:*

|                                                                                                                                                                                                           |     |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| The dental public health program is sponsored by a federal, state or local public health agency, dental school, health facility, school of public health, or other institution of higher learning. (1-1*) | YES | NO |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|

*Documentary Evidence:*

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |    |    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----|
| <b>If the advanced dental education program confers a certificate (complete both items below):</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |    |    |
| Does the program/institution have state or federal approval to operate? (1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | YES | NO |    |
| As applicable, does the program/institution have state or federal approval to confer a certificate? (1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | YES | NO | NA |
| <i><b>Intent:</b> The educational program demonstrates either: a) documentation of receipt of federal aid as evidence to operate, or b) documentation of a state business license as evidence to operate. Additionally, as required by the state, the program demonstrates authority through an appropriate state agency when issuing a certificate of completion. If conferring a degree, the program demonstrates authorization from its institutional accrediting agency. Federally operated agencies receive operational and certificate granting authority through federal oversight.</i> |     |    |    |

*Note: The program must provide a) documentation of receipt of federal aid as evidence to operate, or b) documentation of a state business license as evidence to operate. Additionally, as required by the state, provide evidence of authority through an appropriate state agency when issuing a certificate of completion.*

*Documentary Evidence:*

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |    |    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----|
| Does the advanced dental education program conferring a degree have institutional accreditation and authority to confer a degree. (1)                                                                                                                                                                                                                                                                                                                                                      | YES | NO | NA |
| <i><b>Intent:</b> The educational program demonstrates either: a) documentation of receipt of federal aid as evidence to operate, or b) documentation of a state business license as evidence to operate. Additionally, as required by the state, the program demonstrates authority through an appropriate state agency when issuing a certificate of completion. If conferring a degree, the program demonstrates authorization from its institutional accrediting agency. Federally</i> |     |    |    |

|                                                                                                            |  |  |  |
|------------------------------------------------------------------------------------------------------------|--|--|--|
| <i>operated agencies receive operational and certificate granting authority through federal oversight.</i> |  |  |  |
|------------------------------------------------------------------------------------------------------------|--|--|--|

*Note: The program must provide the institution's letter of accreditation from its institutional accreditor, and authority to confer the degree awarded by the program.*

*Documentary Evidence:*

|                                                                                                                                                                                                    |     |    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| Does the authority and final responsibility for the curriculum development and approval, student/resident selection, faculty selection and administrative matters rest within the institution? (1) | YES | NO |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|

*Documentary Evidence:*

|                                                                                                                    |     |    |
|--------------------------------------------------------------------------------------------------------------------|-----|----|
| Will the institution/program have a formal system of quality assurance for programs that provide patient care? (1) | YES | NO |
|--------------------------------------------------------------------------------------------------------------------|-----|----|

*Documentary Evidence:*

|                                                                                                                                                                                                                                                            |     |    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| Is the position of the program in the administrative structure consistent with that of other parallel programs within the institution and does the program director have the authority, responsibility and privileges necessary to manage the program? (1) | YES | NO |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|

*Documentary Evidence:*

|                                                                                                                                                                                                               |     |    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| Is the dental public health program sponsored by federal, state or local public health agencies, dental schools, health facilities, schools of public health, or other institutions of higher learning? (1-1) | YES | NO |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|

*Documented Evidence:*

## USE OF SITES WHERE EDUCATIONAL ACTIVITY OCCURS

(If the program does not use educational activity sites, please skip this section)

|                                                                                                                                                             |     |    |    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----|
| Does the primary sponsor of the educational program accept full responsibility for the quality of education provided in all educational activity sites? (1) | YES | NO | NA |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----|

*Documentary Evidence:*

|                                                                                                                                                                                                                                                          |     |    |    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----|
| Are all arrangements with sites where educational activity occurs, not owned by the sponsoring institution, formalized by means of current written agreements that clearly define the roles and responsibilities of the parties involved? (1-2)          | YES | NO | NA |
| Are the following items covered in such inter-institutional agreements?                                                                                                                                                                                  |     |    |    |
| a) Designation of a single program director;                                                                                                                                                                                                             | YES | NO | NA |
| b) The teaching staff;                                                                                                                                                                                                                                   | YES | NO | NA |
| c) The educational objectives of the program;                                                                                                                                                                                                            | YES | NO | NA |
| d) The period of assignment of students/residents; and                                                                                                                                                                                                   | YES | NO | NA |
| e) Each institution's financial commitment. (1-2)                                                                                                                                                                                                        | YES | NO | NA |
| <b>Intent:</b> The items that are covered in inter-institutional agreements do not have to be contained in a single document. They may be included in multiple agreements, both formal and informal (e.g., addenda and letters of mutual understanding). |     |    |    |

*Documentary Evidence:*

|                                                                                                                                                                              |     |    |    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----|
| For each site where educational activity occurs, is there supervision by an individual qualified by education in the curriculum areas for which he/she is responsible? (1-3) | YES | NO | NA |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----|

*Documentary Evidence:*

|                                                                                                                                                                                                                |     |    |    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----|
| Is the selection of educational activity sites based on documented assessment of the resources of the sponsoring institution, program objectives, student/resident needs and accreditation requirements? (1-4) | YES | NO | NA |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----|

*Documentary Evidence:*

|                                                                                                                                                              |     |    |    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----|
| Are the objectives of the assignments to each affiliated educational activity site identified and used in evaluating the effectiveness of assignments? (1-5) | YES | NO | NA |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----|

*Documentary Evidence:*

## STANDARD 2 - PROGRAM DIRECTOR AND TEACHING STAFF

(Please circle, bold or highlight YES, NO, or N/A and identify documentation in support of your answer. **Appendices G-K** are also required for this section. Note: required appendix information may serve as “documentary evidence” where appropriate.)

|                                                                                                                                                                 |     |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| Is the program administered by one director who is board certified in dental public health? (2)                                                                 | YES | NO |
| <b>Intent:</b> Board certification is to be active. The board certification requirement of Standard 2 is also applicable to an interim/acting program director. |     |    |

*Documentary Evidence:*

|                                                                                                                                                                                                                        |     |    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| Is the program director appointed to the sponsoring institution and has sufficient authority and time to achieve the educational goals of the program and assess the program's effectiveness in meeting its goals? (2) | YES | NO |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|

*Documentary Evidence:*

|                                                                                                                                                                                                                               |     |    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| Will the program be directed by a single individual who has at least a 40% appointment to the sponsoring institution and a commitment to teaching and supervision that is uncompromised by additional responsibilities? (2-1) | YES | NO |
| <b>Intent:</b> Other activities do not dilute a program director's ability to discharge his/her primary obligations to the educational program.                                                                               |     |    |

*Documentary Evidence:*

|                                                                                                               |     |    |
|---------------------------------------------------------------------------------------------------------------|-----|----|
| Will documentation of all program activities be ensured by the program director and available for review? (2) | YES | NO |
|---------------------------------------------------------------------------------------------------------------|-----|----|

*Documentary Evidence:*

|                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| Does the program have an advisory committee composed of individuals knowledgeable in the field of dental public health to assist the program director in the development, revision and evaluation of each student's/resident's residency curriculum plan, periodic assessment of each student's/resident's progress, final assessment of the degree of attainment of the plan's goals, as well as periodic review of the residency program itself? (2-2) | YES | NO |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|

*Documentary Evidence:*

|                                                                                                                              |     |    |
|------------------------------------------------------------------------------------------------------------------------------|-----|----|
| Will educationally qualified faculty or consultants be available to support student/resident instruction and research? (2-3) | YES | NO |
|------------------------------------------------------------------------------------------------------------------------------|-----|----|

*Documentary Evidence:*

|                                                                                                                                                                                                                                           |     |    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| Are all faculty, including those at major and minor educational activity sites, trained to a standard to ensure consistency in training and evaluation of students/residents that supports the goals and objectives of the program? (2-4) | YES | NO |
| <b><i>Intent:</i></b> Faculty training may consist of outcomes based on the use of evaluation forms, tools, metrics and/or minutes of faculty training sessions showing consistency across all sites.                                     |     |    |

*Documentary Evidence:*

|                                                                                                                                                                                                                                                                                               |     |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| Will/Does the program show evidence of an ongoing faculty development process for program faculty? (2-5)                                                                                                                                                                                      | YES | NO |
| <b><i>Intent:</i></b> Ongoing faculty development is a requirement to improve teaching and learning, to foster curricular change, to enhance student retention and job satisfaction of faculty, and to maintain the vitality of academic dentistry as the wellspring of a learned profession. |     |    |

*Documentary Evidence:*

### STANDARD 3 – FACILITIES AND RESOURCES

(Please circle, bold or highlight YES, NO, or N/A and identify documentation in support of your answer. **Appendices L-M** are also required for this section. Note: required appendix information may serve as “documentary evidence” where appropriate.)

|                                                                                                                                                                                                                                                                       |     |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| Will the institutional facilities and resources be adequate to provide the educational experiences and opportunities required to fulfill the needs of the educational program as specified in the Accreditation Standards for Advanced Dental Education Programs? (3) | YES | NO |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|

*Documentary Evidence:*

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| For program sites that participate in clinical care, will equipment and supplies for use in managing medical emergencies be readily accessible and functional? (3)<br><br><i><b>Intent:</b> The facilities and resources (e.g.; support/secretarial staff, allied personnel and/or technical staff) should permit the attainment of program goals and objectives. To ensure health and safety for patients, students/residents, faculty and staff, the physical facilities and equipment should effectively accommodate the clinic and/or laboratory schedule.</i> | YES | NO |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|

*Documentary Evidence:*

|                                                                                                                                                                                                                                                                                                                                                  |     |    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| For program sites that participate in clinical care, will the program document its compliance with the institution’s policy and applicable regulations of local, state and federal agencies, including but not limited to radiation hygiene and protection, ionizing radiation, hazardous materials, and bloodborne and infectious diseases? (3) | YES | NO |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|

*Documentary Evidence:*

|                                                                                                                                                 |     |    |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| Will the above policies be provided to all students/residents, faculty and appropriate support staff and continuously monitored for compliance? | YES | NO |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|

*Documentary Evidence:*

|                                                                                                                                                                                                                                                                                                                                                                                           |     |    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| Will the policies on bloodborne and infectious diseases be made available to applicants for admission and patients? (3)<br><br><i><b>Intent:</b> The program may document compliance by including the applicable program policies. The program demonstrates how the policies are provided to the students/residents, faculty and appropriate support staff and who is responsible for</i> | YES | NO |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|

|                                                                                                                                                                         |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| <i>monitoring compliance. Applicable policy states how it is made available to applicants for admission and patients should a request to review the policy be made.</i> |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|

*Documentary Evidence:*

|                                                                                                                                                                                                                                                                                                                                                                    |     |    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| Will students/residents, faculty and appropriate support staff be encouraged to be immunized against and/or tested for infectious diseases, such as SARS-COVID, influenza, mumps, measles, rubella and hepatitis B, prior to contact with patients and/or infectious objects or materials, in an effort to minimize the risk to patients and dental personnel? (3) | YES | NO |
| <b><i>Intent:</i></b> <i>The program should have written policy that encourages (e.g., delineates the advantages of) immunization of students/residents, faculty and appropriate support staff.</i>                                                                                                                                                                |     |    |

*Documentary Evidence:*

|                                                                                                                                                                                                                              |     |    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| Will all students/residents, faculty and support staff involved in the direct provision of patient care, be continuously recognized/certified in basic life support procedures, including cardiopulmonary resuscitation? (3) | YES | NO |
| <b><i>Intent:</i></b> <i>Continuously recognized/certified in basic life support procedures means the appropriate individuals are currently recognized/certified.</i>                                                        |     |    |

*Documentary Evidence:*

|                                                                                                                       |     |    |
|-----------------------------------------------------------------------------------------------------------------------|-----|----|
| Will private office facilities be used as a means of providing clinical experiences in advanced dental education? (3) | YES | NO |
|-----------------------------------------------------------------------------------------------------------------------|-----|----|

*Documentary Evidence:*

## STANDARD 4 - CURRICULUM AND PROGRAM DURATION

(Please circle, bold or highlight YES, NO, or N/A and identify documentation in support of your answer. **Appendices N-R** are also required for this section. Note: required appendix information may serve as “documentary evidence” where appropriate.)

|                                                                                                                                                                                                                                                                        |     |    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| Is the advanced dental education program designed to provide knowledge and skills beyond the D.D.S. or D.M.D. training and oriented to the accepted standards of the discipline’s practice as set forth in specific standards contained in this document? (4)          | YES | NO |
| <i><b>Intent:</b> The intent is to ensure that the didactic rigor and extent of clinical experience exceeds pre-doctoral, entry level dental training or continuing education requirements and the material and experience satisfies standards for the discipline.</i> |     |    |

*Documentary Evidence:*

|                                                                                                                                                                                                                                                                                                                                                                 |     |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| Does the program include instruction or learning experiences in evidence-based healthcare? Evidence-based healthcare is an approach that requires the judicious integration of systematic assessments of relevant scientific evidence that is used to make health policy, economic recommendations, and systems management decisions affecting populations. (4) | YES | NO |
|                                                                                                                                                                                                                                                                                                                                                                 |     |    |

*Documentary Evidence:*

|                                                                                                                                                                                                                                                                                                                               |     |    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| Does the program include instruction or learning experiences in evidence-based oral health practice that focuses on health promotion and disease prevention activities? (4)                                                                                                                                                   | YES | NO |
| <i><b>Intent:</b> To ensure students/residents receive instruction or other learning experiences that leads to an understanding of the similarities and differences with the application of evidence-based oral health practice between individuals and communities for preventing of oral diseases and promoting health.</i> |     |    |

*Documentary Evidence:*

|                                                                                                                                                                         |     |    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| Is the level of discipline-specific instruction in certificate and degree-granting programs comparable? (4)                                                             | YES | NO |
| <i><b>Intent:</b> The intent is to ensure that the students/ residents of these programs receive the same educational requirements as set forth in these standards.</i> |     |    |

*Documentary Evidence:*

|                                                                                                                   |     |    |
|-------------------------------------------------------------------------------------------------------------------|-----|----|
| Will the documentation of all program activities be ensured by the program director and available for review? (4) | YES | NO |
|-------------------------------------------------------------------------------------------------------------------|-----|----|

*Documentary Evidence:*

|                                                                                                                                                                         |     |    |    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----|
| If the institution/program will enroll part-time students/residents, will the institution have guidelines regarding the enrollment of part-time students/residents? (4) | YES | NO | NA |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----|

*Documentary Evidence:*

|                                                                                                                                                                                         |     |    |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----|
| If the institution/program will enroll part-time students/residents, will they start and complete the program within a single institution, except when the program is discontinued? (4) | YES | NO | NA |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----|

*Documentary Evidence:*

|                                                                                                                                                       |     |    |    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----|
| If the institution/program will enroll students/residents on a part-time basis, will the director ensure that:                                        |     |    |    |
| a) the educational experiences, including the clinical experiences and responsibilities, be the same as required by full-time students/residents; and | YES | NO | NA |
| b) there are an equivalent number of months spent in the program? (4)                                                                                 | YES | NO | NA |

*Documentary Evidence:*

## PROGRAM DURATION

|                                                                                                                                 |     |    |    |
|---------------------------------------------------------------------------------------------------------------------------------|-----|----|----|
| If the program is a two-year dental public health program, will it encompass a minimum of two academic years in duration? (4-1) | YES | NO | NA |
|---------------------------------------------------------------------------------------------------------------------------------|-----|----|----|

*Documentary Evidence:*

|                                                                                                                                                 |     |    |    |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----|
| If the program is a one-year dental public health program, will it encompass a minimum of 12 months in duration? (4-1)                          | YES | NO | NA |
| <b><i>Intent:</i></b> One-year dental public health programs require prior attainment of a Masters in Public Health (MPH) or comparable degree. |     |    |    |

*Documentary Evidence:*

## INSTRUCTION IN ETHICS AND PROFESSIONALISM

|                                                                                                                                                                                                                                                                                                                                                                        |     |    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| Graduates receive instruction in and are able to apply the principles of ethical reasoning, ethical decision making, and professional responsibility as they pertain to the academic environment, research, patient care, practice management, and programs to promote the oral health of individuals and communities? (4-2)                                           | YES | NO |
| <b>Intent:</b> Graduates are expected to know how to draw on a range of resources such as professional codes, regulatory law, and ethical theories to guide judgment and action for issues that are complex, novel, ethically arguable, divisive, or of public concern. Graduates are expected to respect the culture, diversity, beliefs and values in the community. |     |    |

Documentary Evidence:

## INSTRUCTION IN GENERAL PUBLIC HEALTH

|                                                                                                                                                |     |    |
|------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| Will the program provide instruction at the advanced level in the following? (4-3)                                                             |     |    |
| a) Epidemiology;                                                                                                                               | YES | NO |
| b) Biostatistics;                                                                                                                              | YES | NO |
| c) Behavioral science;                                                                                                                         | YES | NO |
| d) Environmental health; and                                                                                                                   | YES | NO |
| e) Health care policy and management.                                                                                                          | YES | NO |
| <b>Intent:</b> Advanced level instruction is defined as a level higher than the baccalaureate level and/or predoctoral dental education level. |     |    |

Documentary Evidence:

|                                                                                                 |     |    |    |
|-------------------------------------------------------------------------------------------------|-----|----|----|
| Two-year dental public health programs incorporate instruction specified in standard 4-3. (4-4) | YES | NO | NA |
|-------------------------------------------------------------------------------------------------|-----|----|----|

Documentary Evidence:

|                                                                                                                                                                                                                                                                                                                                                              |     |    |    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----|
| Directors of one-year programs review each student's/resident's previous public health training and supplements it where necessary, to ensure that instruction identified in Standard 4-3 is covered. (4-5)                                                                                                                                                  | YES | NO | NA |
| <b>Intent:</b> Individuals pursuing advanced dental education in dental public health require a foundation in the principles of general public health. For students/residents entering one-year dental public health programs, the principles of general public health normally will have been covered in the prerequisite MPH or comparable degree program. |     |    |    |

Documentary Evidence:

## INSTRUCTION IN DENTAL PUBLIC HEALTH

| Will the program provide instruction in the following competencies? (4-6)                                                                                                                                                                                                                                                                                                                                                                                                      |     |    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| a) Manage oral health programs for population health;                                                                                                                                                                                                                                                                                                                                                                                                                          | YES | NO |
| b) Evaluate systems of care that impact oral health;                                                                                                                                                                                                                                                                                                                                                                                                                           | YES | NO |
| c) Demonstrate ethical decision-making in the practice of dental public health;                                                                                                                                                                                                                                                                                                                                                                                                | YES | NO |
| d) Design surveillance systems to measure oral health status and its determinants;                                                                                                                                                                                                                                                                                                                                                                                             | YES | NO |
| e) Communicate on oral and public health issues;                                                                                                                                                                                                                                                                                                                                                                                                                               | YES | NO |
| f) Lead collaborations on oral and public health issues;                                                                                                                                                                                                                                                                                                                                                                                                                       | YES | NO |
| g) Advocate for public health policy, legislation, and regulations to protect and promote the public's oral health, and overall health;                                                                                                                                                                                                                                                                                                                                        | YES | NO |
| h) Critically appraise evidence to address oral health issues for individuals and populations;                                                                                                                                                                                                                                                                                                                                                                                 | YES | NO |
| i) Conduct research to address oral and public health problems; and                                                                                                                                                                                                                                                                                                                                                                                                            | YES | NO |
| j) Integrate the social determinants of health into dental public health practice.                                                                                                                                                                                                                                                                                                                                                                                             | YES | NO |
| <i><b>Intent:</b> Recent data suggest that unmet treatment needs within the United States (US) population are increasing and that access to oral health care is limited for the most vulnerable of the US population. The intent of the competency standards is to ensure that the resident is adequately trained to identify and document unmet oral health treatment needs within a specific population and plan effective community-based programs to meet these needs.</i> |     |    |

Documentary Evidence:

## STUDENT/RESIDENT CURRICULUM PLAN

|                                                                                                                                                                                                                                                                                                                                   |     |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| Will each student/resident in the program have a written curriculum plan, designed to build upon and augment previous education and experience, and which describes the competencies to be developed during the program, activities necessary to develop the stated competencies, and methods to evaluate the competencies? (4-7) | YES | NO |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|

Documentary Evidence:

## SUPERVISED FIELD EXPERIENCE

|                                                                                                                                                                                                                                                                                                                             |     |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| Will the program include a supervised field experience at a location, determined by the program director, which requires the students/residents to gain an understanding of one or more of the competencies listed in Standard 4-6? (4-8)                                                                                   | YES | NO |
| <i><b>Intent:</b> Supervised multi-day field experiences allow students/residents to enhance their practical understanding in one or more of the competencies listed in Standard 4-6. Supervised field experiences are not meant to include attendance at meetings, conferences, fieldtrips or other didactic sessions.</i> |     |    |

Documentary Evidence:

|                                                                                                                                                      |     |    |
|------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| Will the program document, with a log of activities, the specific dental public health competency(ies) addressed during each field experience? (4-8) | YES | NO |
|------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|

*Documentary Evidence:*

### EXPERIENCES IN PUBLIC HEALTH DENTAL CARE SETTINGS

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <p>Will the program include a supervised experience at a location determined by the program director which offers an opportunity for the students/residents to gain knowledge regarding the administration of oral healthcare services (management and delivery of care) of a dental program that provides clinical care to underserved and/or vulnerable population(s)? (4-9)</p> <p><b><i>Intent:</i></b> To facilitate the development of Dental Public Health students'/residents' knowledge in the delivery of oral healthcare services to populations, students/residents should deepen their understanding of the provision of clinical care in settings that focus on underserved and/or vulnerable population(s). Experiences are multi-day mentored activities such as practicums or internships or personally providing clinical care, that offer the opportunity for students/residents to enhance their understanding and appreciation of dental care for underserved and/or vulnerable population(s). Personally providing clinical care is not a requirement of this Standard. Clinical facilities may include but are not limited to Community Health Centers, hospitals, schools, clinics that care for vulnerable populations, such as low-income children, persons living with HIV, the homeless, and those with intellectual and/or developmental disabilities. Completion of Standard 4-9 does not fulfill the requirement for Standard 4-8 (Supervised Field Experience).</p> | YES | NO |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|

*Documentary Evidence:*

|                                                                                                                                                                                                                                                                                                                          |     |    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| Will students/residents with no prior postdoctoral experience in a public health dental care setting document evidence of a minimum of 80 hours of supervised participation and documentation of the experience and understanding the challenges to delivering oral health services to the population(s) served? (4-9 a) | YES | NO |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|

*Documentary Evidence:*

|                                                                                                                                                                                                                                                                                            |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Students/Residents entering the program with equivalent postdoctoral experience in a public health dental care setting serving vulnerable and underserved populations could be exempt from the 80-hour required rotation based on the residency director's evaluation of their experience. |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|

|                                                                                                                                                                                                                                     |     |    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| In this case, will the student/resident fulfill this requirement with submission of a written, guided personal reflection on the challenges delivering oral health care services to underserved and vulnerable populations? (4-9 b) | YES | NO |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|

*Documentary Evidence:*

### RESEARCH PROJECT

|                                                                                                                                                                                                                                                                                                                                                                         |     |    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| Will the program include a supervised research experience for each student/resident approved by the program director that demonstrates application of dental public health principles and sound dental public health research methodology, biostatistics and epidemiology, and is consistent with the competencies listed in Standard 4-6? (Also see Standard 6) (4-10) | YES | NO |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|

*Documentary Evidence:*

|                                                                                                                                                                                                                                                                                                                          |     |    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| Will students/residents complete one or more residency research projects after a review of the literature and approval of a comprehensive protocol? (4-11)                                                                                                                                                               | YES | NO |
| <i><b>Intent:</b> The intent is to ensure that each student/resident is capable of conducting applied research to advance knowledge and understanding of the biological, social, behavioral, environmental and economic factors affecting the oral health status of the population and their prevention and control.</i> |     |    |

*Documentary Evidence:*

**STANDARD 5 - ADVANCED DENTAL EDUCATION STUDENTS/RESIDENTS****ELIGIBILITY AND SELECTION**

(Please circle, bold or highlight YES, NO, or N/A and identify documentation in support of your answer. **Appendices S-V** are also required for this section. Note: required appendix information may serve as “documentary evidence” where appropriate.)

|                                                                                                                                        |     |    |    |
|----------------------------------------------------------------------------------------------------------------------------------------|-----|----|----|
| Will eligible applicants to advanced dental education programs accredited by the Commission on Dental Accreditation be graduates from: |     |    |    |
| a) Predoctoral dental programs in the U.S. accredited by the Commission on Dental Accreditation; or                                    | YES | NO | NA |
| b) Predoctoral dental programs in Canada accredited by the Commission on Dental Accreditation of Canada; or                            | YES | NO | NA |
| c) International dental schools that provide equivalent educational background and standing as determined by the program. (5)          | YES | NO | NA |

*Documentary Evidence:*

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |    |    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----|
| Are specific written criteria, policies and procedures followed when admitting students/residents? (5)                                                                                                                                                                                                                                                                                                                                                                                                        | YES | NO | NA |
| <b>Intent:</b> <i>Written non-discriminatory policies are to be followed in selecting students/residents. These policies should make clear the methods and criteria used in recruiting and selecting students/residents and how applicants are informed of their status throughout the selection process. Program directors are encouraged to refer applicants to the Dental Public Health program to the American Board of Dental Public Health for eligibility requirements to obtain Diplomate status.</i> |     |    |    |

*Documentary Evidence:*

|                                                                                                                                                                                     |     |    |    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----|
| Will the admission of students/residents with advanced standing be based on the same standards of achievement required by students/residents regularly enrolled in the program? (5) | YES | NO | NA |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----|

*Documentary Evidence:*

|                                                                                                                                                                                            |     |    |    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----|
| Will students/residents with advanced standing receive a curriculum that results in the same standards of competence required by students/residents regularly enrolled in the program? (5) | YES | NO | NA |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----|

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| <b>Intent:</b> 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. |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|

*Documentary Evidence:* (If yes, as part of the documentary evidence, describe the policies and methods for awarding advanced standing credit. Indicate the type of courses for which advanced standing is granted and the maximum number of credits that can be awarded).

|                                                                                                                                                                                                                                      |     |    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| Will the selection of dentists for advanced dental education in dental public health be based on an assessment of their past academic performance to determine whether they will be able to complete the program requirements? (5-1) | YES | NO |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|

*Documentary Evidence:*

|                                                                                                                                                                                                                                                                                                                                                                              |     |    |    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----|
| If the program is a one-year dental public health program, will the applicants possess the degree of MPH or a comparable degree? (5-2)                                                                                                                                                                                                                                       | YES | NO | NA |
| <b>Intent:</b> For those students/residents admitted with a graduate degree comparable to the MPH, it is expected that the program director document the satisfactory completion of the educational requirements of Standard 4-3. Where deficiencies exist, the student's/resident's program director will create a supplemental curriculum plan to meet those requirements. |     |    |    |

*Documentary Evidence:*

## EVALUATION

|                                                                                                                                                                                                              |     |    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| Will a system of ongoing evaluation and advancement ensure that, through the director and faculty, each program:                                                                                             |     |    |
| a) periodically, but at least semiannually, assess the progress toward (formative assessment) and achievement of (summative assessment) the competencies for the discipline using formal evaluation methods; | YES | NO |
| b) provides to students/residents an assessment of their performance, at least semiannually;                                                                                                                 | YES | NO |
| c) advances students to positions of higher responsibility only on the basis of an evaluation of their readiness for advancement; and                                                                        | YES | NO |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| d) maintains a personal record of evaluation for each student/resident which is accessible to the student/resident and available for review during site visits? (5)                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | YES | NO |
| <b>Intent:</b> (a) The evaluation of competence is an ongoing process that requires a variety of assessments that can measure the acquisition of knowledge, skills and values necessary for discipline-specific level practice. It is expected that programs develop and periodically review evaluation methods that include both formative and summative assessments. (b) Student/Resident evaluations should be recorded and available in written form. (c) Deficiencies should be identified in order to institute corrective measures. (d) Student/Resident evaluation is documented in writing and is shared with the student/resident. |     |    |

Documentary Evidence:

|                                                                                                                                                               |     |    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| Will the student's/resident's curriculum plan be reviewed at least semiannually and revised when it is found that program objectives are not being met? (5-3) | YES | NO |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|

Documentary Evidence:

### DUE PROCESS

|                                                                                                                                                                                              |     |    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| Are there specific written due process policies and procedures for adjudication of academic and disciplinary complaints, which parallel those established by the sponsoring institution? (5) | YES | NO |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|

Documentary Evidence:

### RIGHTS AND RESPONSIBILITIES

|                                                                                                                                                                                                                                                              |     |    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| At the time of enrollment, will the advanced dental education student/ resident be apprised, in writing of the educational experience to be provided, including the nature of assignments to other departments or institutions and teaching commitments? (5) | YES | NO |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|

Documentary Evidence:

|                                                                                                                                                                                                                                                                                                                                                   |     |    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| Will all advanced dental education students/residents be provided with written information which affirms their obligations and responsibilities to the institution, the program and program faculty? (5)                                                                                                                                          | YES | NO |
| <b>Intent:</b> Adjudication procedures should include institutional policy which provides due process for all individuals who may potentially be involved when actions are contemplated or initiated which could result in disciplinary actions, including dismissal of a student/resident (for academic or disciplinary reasons). In addition to |     |    |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| <i>information on the program, students/residents should also be provided with written information which affirms their obligations and responsibilities to the institution, the program, and the faculty. The program information provided to the residents should include, but not necessarily be limited to, information about tuition, stipend or other compensation; vacation and sick leave; practice privileges and other activity outside the educational program; professional liability coverage; and due process policy and current accreditation status of the program.</i> |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|

*Documentary Evidence:*

|                                                                                                                       |     |    |
|-----------------------------------------------------------------------------------------------------------------------|-----|----|
| Will advanced dental education students/residents in dental public health be provided with written information about: |     |    |
| a) Tuition, stipend and/or the compensation;                                                                          | YES | NO |
| b) Vacation and sick leave;                                                                                           | YES | NO |
| c) Professional liability coverage;                                                                                   | YES | NO |
| d) Travel essential to completing the program requirement and if funds are available;                                 | YES | NO |
| e) Current accreditation status of the program; and                                                                   | YES | NO |
| f) American Board of Dental Public Health eligibility and certification process?<br>(5-4)                             | YES | NO |

*Documentary Evidence:*

**STANDARD 6 – RESEARCH**

(Please circle, bold or highlight YES, NO, or N/A and identify documentation in support of your answer.)

|                                                                                                                  |     |    |
|------------------------------------------------------------------------------------------------------------------|-----|----|
| Will advanced dental education students/residents engage in scholarly activity (see Standard 4-10 and 4-11)? (6) | YES | NO |
|------------------------------------------------------------------------------------------------------------------|-----|----|

*Documentary Evidence:*

|                                                                                                                                        |     |    |
|----------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| Will students/residents produce evidence of engagement in scholarly activity based on the research conducted during the program? (6-1) | YES | NO |
|----------------------------------------------------------------------------------------------------------------------------------------|-----|----|

*Documentary Evidence:*

## SUMMARY OF THE INITIAL ACCREDITATION APPLICATION

**Note: This summary culminates the initial accreditation application in a qualitative appraisal and analysis of the program's strengths and weakness.**

### INSTITUTION-RELATED

1. Assess the adequacy of institutional support for the program.
2. Assess whether the program will achieve its goals through training beyond the pre-doctoral level.
3. Assess whether the program will achieve its goals through stated competencies.
4. Assess whether the program will achieve its goals through outcomes.
5. Assess how calibration will occur among program directors and faculty in the student/resident evaluation process to ensure consistency of the evaluation process.
6. Assess how the faculty evaluation process will ensure consistency of the evaluation process.
7. Assess the institution's policies on advanced dental education students/residents.
8. Assess the institution's policies on eligibility and selection.
9. Assess the institution's policies on due process.
10. Assess the institution's policies on student/resident rights and responsibilities.
11. Assess the adequacy and accessibility, hours of operation and scope of holdings of the sponsoring institution's library resources.
12. Assess the institutional oversight of the quality of training at Sites Where Educational Activity Occurs.
13. If the program is co-sponsored, briefly describe the nature of this relationship (i.e. division of major responsibilities for educational components of the curriculum, fiscal oversight, and overall program management, etc., including the reporting/authority structure.
14. If written agreements between co-sponsors, affiliates or extramural facilities (including all Sites Where Educational Activity Occurs) do not exist or if the existing agreements provided as documentation with the self-study do not clearly define the current roles and responsibilities of each institution, please explain rationale or any plans for securing such agreements.

15. For each site where educational activity occurs, provide the information requested in Exhibit 1.

### **PATIENT CARE**

#### **As applicable:**

1. Assess the institution's/program's preparedness to manage medical emergencies.
2. Assess the adequacy of radiographic services and protection for patients, advanced dental education students/residents and staff.
3. Assess the program's capacity for four-handed dentistry.
4. Assess the institution's policies and procedures on hazardous materials, and bloodborne and infectious diseases for patients, advanced dental education students/residents and staff.
5. Assess how students/residents may be able to apply ethical, legal and regulatory concepts in the provision, prevention and/or support of oral health care.

### **PROGRAM-RELATED**

1. Assess the proposed student's/resident's time distribution among each program activity (e.g., didactic, clinical, supervised field experience, teaching, research) and how well it is believed to work.
2. Assess the volume and variety of the program's projected patient pool.
3. Assess the program's proposed student/resident/faculty ratio.
4. Assess the program's projected student/resident pool.
5. Assess the proposed rotations, electives and extramural, and off-campus training site experiences of the program.
6. Assess the program's proposed record keeping and retention practices.
7. Assess the proposed research activities of the program.

## **REQUIRED APPENDIX INFORMATION**

### **STANDARD 1 – INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS/AFFILIATIONS**

- Appendix A – Attach as Appendix A the institution’s educational mission and program’s goals and objectives.**
- Appendix B – Attach as Appendix B the program’s outcomes assessment plan, and outcomes measurements. If applicable include outcomes assessment results. (Exhibit 1a)**
- Appendix C – Attach as Appendix C the institution’s administrative structure in an organizational chart.**
- Appendix D - Attach as Appendix D the success rate of graduates on the board examination for the last 5 years. (If applicable)**
- Appendix E - Attach as Appendix E Sites Where Educational Activity Occurs that participate in training students/residents: (Use Exhibit 1 for each Sites Where Educational Activity Occurs used by the program. Make copies of the form as needed. Number appropriately, e.g., Appendix E1, Appendix E2, etc.)**
- Appendix F - Attach as Appendix F the names of other programs that will rotate students/residents through this sponsoring organization. Note the purpose of the affiliation and the time duration.**

Have a copy of the organization’s by-laws available at the time of the site visit.

## **STANDARD 2 – PROGRAM DIRECTOR AND TEACHING STAFF**

- Appendix G - Attach as Appendix G information regarding the program director's time commitment. (Use Exhibit 2)**
- Appendix H - Attach as Appendix H information regarding the teaching staff. (Use the Exhibits 3.1 and 3.2)**
- Appendix I - Attach as Appendix I Biosketch of the program director and all FTE teaching faculty. (Use Exhibit 3.3)**
- Appendix J - Attach as Appendix J monthly attending staff schedules.**
- Appendix K - Attach as Appendix K a blank faculty evaluation form.**

## **STANDARD 3 – FACILITIES AND RESOURCES**

- Appendix L - Attach as Appendix L information regarding facilities. (Use Exhibit 4)**
- Appendix M - Attach as Appendix M information regarding support staff. (Use Exhibit 5)**

Have a copy of the institution's infection and hazard control protocol available for inspection at the time of the site visit.

## **STANDARD 4 – CURRICULUM AND PROGRAM DIRECTOR**

- Appendix N - Attach as Appendix N the proposed percentages of the students'/residents' total program time. (Use Exhibit 6)**
- Appendix O – Attach as Appendix O students'/residents' proposed schedules for each year of the program. (Use Exhibit 7)**
- Appendix P – Attach as Appendix P information regarding General Public Health instruction. (Use Exhibit 8)**
- Appendix Q – Attach as Appendix Q a schedule of the proposed department seminars, conferences and/or lectures. Indicate the title or topics and name and title of the presenter(s) for each seminar, conference and/or lecture. Also include goals, objectives and course outlines for each course identified.**
- Appendix R – Attach as Appendix R information regarding Dental Public Health Instruction. (Use Exhibit 9)**

**STANDARD 5 – ADVANCED DENTAL EDUCATION STUDENTS/RESIDENTS**

**Appendix S – Attach as Appendix S a brochure, school catalog or formal description of the proposed program.**

**Appendix T – Attach as Appendix T a student/resident evaluation form.**

**Appendix U – Attach as Appendix U the specific written due process policies and procedures for adjudication of academic and disciplinary complaints, which parallel those established by the sponsoring institution.**

**Appendix V – Attach as Appendix V a copy of the written material which will be given to entering students/residents, describing their rights and responsibilities to the institution, program and faculty.**

**Exhibit 1****Sites Where Educational Activity Occurs**

|                                                                                                                                                                                                                                                                                                                                                     |     |    |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----|
| A. Official Name of Training Site:                                                                                                                                                                                                                                                                                                                  |     |    |    |
| City, State                                                                                                                                                                                                                                                                                                                                         |     |    |    |
| B. Is this site owned by the sponsoring institution                                                                                                                                                                                                                                                                                                 | YES | NO |    |
| C. Length and purpose of the educational activity (number of weeks, hours per week).                                                                                                                                                                                                                                                                |     |    |    |
| D. Indicate whether the experience provided at this site is required for accreditation or program requirements or supplemental.                                                                                                                                                                                                                     |     |    |    |
| E. Is the institution accredited by an agency recognized by the United States Department of Education or accredited by an accreditation organization recognized by the Centers for Medicare and Medicaid Services (CMS)?                                                                                                                            | YES | NO | NA |
|                                                                                                                                                                                                                                                                                                                                                     |     |    |    |
| F. Distance from the training site to the sponsoring institution (# of miles):                                                                                                                                                                                                                                                                      |     |    |    |
| G. One-way commuting time:                                                                                                                                                                                                                                                                                                                          |     |    |    |
| H. Indicate why this training site was selected, the nature of the training which will be provided to students/residents, teaching staff responsible for conducting the program and supervising students/residents at the training site, and how these educational experiences will supplement the training received at the sponsoring institution. |     |    |    |
| G. If written agreements have not been updated or developed to include this program, please provide timetable for updating the agreement.                                                                                                                                                                                                           |     |    |    |

**EXHIBIT 1a****OUTCOMES ASSESSMENT**  
**(Standard 1)**

This table provides one example of a format, which may be utilized to present the program's outcomes assessment plan and process. A copy should be made for each of the program's overall goals and objectives. If an alternative format is used, please be sure it includes the information below.

**Overall Goal or Objective # \_\_\_\_\_ :**

|                                                         |  |
|---------------------------------------------------------|--|
| <b>Overall Goal or Objective</b>                        |  |
| <b>Outcomes Assessment Mechanism</b>                    |  |
| <b>How often conducted</b>                              |  |
| <b>Date to be conducted/ finished by</b>                |  |
| <b>Results expected</b>                                 |  |
| <b>Results achieved</b>                                 |  |
| <b>Assessment of results</b>                            |  |
| <b>Program improvement as a result of data analysis</b> |  |
| <b>Date of next assessment</b>                          |  |

**Exhibit 2**

**PROGRAM DIRECTOR**

Please complete the following chart for all programs being reviewed at this time.

| Name of Program | Director's First Initial & Last Name | Board Certified or previously served as Program Director and Year Appointed | Year Appointed to Position | Number of Hrs/wk at Sponsoring Institution – Breakdown time into following categories:<br><ul style="list-style-type: none"> <li>• administration</li> <li>• teaching</li> <li>• research</li> <li>• other</li> </ul> | Number of Hrs/wk Devoted to Program |
|-----------------|--------------------------------------|-----------------------------------------------------------------------------|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
|                 |                                      |                                                                             |                            |                                                                                                                                                                                                                       |                                     |

**Exhibit 3.1****TEACHING STAFF**

On the table below, indicate the members of the teaching staff who are scheduled to devote ONE-HALF DAY OR MORE PER WEEK specifically to the program. Indicate whether each staff member listed is a general practitioner or specialist, the number of hours per week, and the number of weeks per year devoted to the program. If the staff member is a specialist, indicate the discipline and board status. Be sure to include the program director.

| Name | Discipline | Board Status<br>(If Specialist) | <u>Hours</u><br>per week | <u>Weeks</u><br>per year | Assignments* |
|------|------------|---------------------------------|--------------------------|--------------------------|--------------|
|      |            |                                 |                          |                          |              |
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|      |            |                                 |                          |                          |              |

\*Use the following codes to indicate assignments:

SC—Supervision of students/residents in clinic

T—Teaching Didactic Sessions (lectures, seminars, courses)

PA—Program Administration

**Exhibit 3.2****TEACHING STAFF**

Starting with the individual who has the greatest time commitment to the program, list members of the attending staff or consultants who are scheduled to devote LESS THAN ONE-HALF DAY PER WEEK, BUT AT LEAST ONE-HALF DAY (OR MORE) PER MONTH specifically to the program. Indicate whether each individual listed is a general practitioner (GP) or specialist, the number of hours per month, and the number of months per year devoted to the educational program. If the staff member or consultant is a specialist, indicate discipline and board status.

| Name | Discipline | Board Status<br>(If Specialist) | <u>Days</u><br>per month | <u>Weeks</u><br>per year | Assignments* |
|------|------------|---------------------------------|--------------------------|--------------------------|--------------|
|      |            |                                 |                          |                          |              |
|      |            |                                 |                          |                          |              |
|      |            |                                 |                          |                          |              |
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|      |            |                                 |                          |                          |              |
|      |            |                                 |                          |                          |              |

\*Use the following codes to indicate assignments:

SC—Supervision of students/residents in clinic

T—Teaching Didactic Sessions (lectures, seminars, courses)

PA—Program Administration

## Exhibit 3.3

# Commission on Dental Accreditation

## BioSketch

The Commission has mandated the use of a Biosketch in lieu of a Curriculum Vitae to ensure that no personally identifiable information is provided. Individuals must use the Biosketch when submitting information to the Commission.

Type Only; Do Not Print

Name:

Current Institution:

Address:

City, State, Zip:

Phone:

Fax:

E-mail:

**EDUCATIONAL BACKGROUND**-Include advanced dental education (Begin with college level and list all degrees and certificates including those currently pursuing)

| Name of School, City and State | Yr of Grad. | Certificate or Degree | Area of Study |
|--------------------------------|-------------|-----------------------|---------------|
|                                |             |                       |               |
|                                |             |                       |               |
|                                |             |                       |               |
|                                |             |                       |               |

**LICENSURE** (If licensure/credential will expire within three (3) months of date noted below, provide evidence of re-certification in progress.)

| License (Do not include license number) | From (Year) | To (Year) |
|-----------------------------------------|-------------|-----------|
|                                         |             |           |

### BOARD CERTIFICATION

| Certifying Organization | Discipline | Date certified |
|-------------------------|------------|----------------|
|                         |            |                |
|                         |            |                |

**CE COURSES** (For dental disciplines, provide all CE taken in the last five (5) years; For allied disciplines, provide all recent CE taken related to all subjects you currently teach-See Teaching Responsibilities)

| Course Title | Course Content and Provider | Month and Year |
|--------------|-----------------------------|----------------|
|              |                             |                |

**Dental Public Health**

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**TEACHING APPOINTMENTS (Begin with current and provide all prior teaching appointments)**

| Name of Institution, City and State | Rank | Subjects/Content Areas Taught/<br>Administrative Responsibilities | From<br>(Year) | To<br>(Year) |
|-------------------------------------|------|-------------------------------------------------------------------|----------------|--------------|
|                                     |      |                                                                   |                |              |
|                                     |      |                                                                   |                |              |

**CURRENT TEACHING RESPONSIBILITIES (Current Teaching Assignments Only)**

| Name of Institution, City, State | Course Title | Discipline and Level of<br>Students (Year) | Total Contact Hours Per Year |                   |
|----------------------------------|--------------|--------------------------------------------|------------------------------|-------------------|
|                                  |              |                                            | Didactic                     | Clinic/Laboratory |
|                                  |              |                                            |                              |                   |
|                                  |              |                                            |                              |                   |
|                                  |              |                                            |                              |                   |

**HOSPITAL APPOINTMENTS (Begin with current)**

| Name of Hospital | City | State | From<br>(Year) | To<br>(Year) |
|------------------|------|-------|----------------|--------------|
|                  |      |       |                |              |
|                  |      |       |                |              |
|                  |      |       |                |              |

**PRACTICE EXPERIENCE (All prior and current practice experience)**

| Location (City and State) | Type of Practice | From<br>(Year) | To<br>(Year) |
|---------------------------|------------------|----------------|--------------|
|                           |                  |                |              |
|                           |                  |                |              |
|                           |                  |                |              |

**MEMBERSHIP, OFFICES OR APPOINTMENTS HELD IN LOCAL, STATE OR NATIONAL DENTAL OR ALLIED DENTAL ORGANIZATIONS, INCLUDING APPOINTMENTS TO STATE BOARDS OF DENTISTRY, REGIONAL CLINICAL TESTING AGENCIES, AND CODA**

| Name of Organization | Title | From<br>(Year) | To<br>(Year) |
|----------------------|-------|----------------|--------------|
|                      |       |                |              |
|                      |       |                |              |
|                      |       |                |              |

**PUBLISHED WORKS** (For the most recent five (5) years, list articles in which you were the principal author that appeared in refereed journals or text books, by author(s), title, publication, and date)

| Author(s) | Title | Publication | Date |
|-----------|-------|-------------|------|
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## Exhibit 4

**FACILITIES AND RESOURCES**

As applicable, for each item listed below, indicate whether the item is located within the dental clinic, outside the dental clinic but readily accessible to it, or not available (check appropriate response).

| Facilities, Capabilities/Equipment                                  | Within Clinic | Readily Accessible | Not Available |
|---------------------------------------------------------------------|---------------|--------------------|---------------|
| Intraoral radiographic facilities                                   |               |                    |               |
| Extraoral radiographic facilities                                   |               |                    |               |
| Dental laboratory facilities                                        |               |                    |               |
| Operatories                                                         |               |                    |               |
| Staff offices                                                       |               |                    |               |
| Study areas                                                         |               |                    |               |
| Conference rooms                                                    |               |                    |               |
| Dental recovery area                                                |               |                    |               |
| <u>Sterilization capabilities:</u>                                  |               |                    |               |
| Autoclave                                                           |               |                    |               |
| Ethylene oxide                                                      |               |                    |               |
| Dry heat                                                            |               |                    |               |
| Emergency drugs                                                     |               |                    |               |
| <u>Emergency equipment:</u>                                         |               |                    |               |
| Oxygen under pressure                                               |               |                    |               |
| Suction                                                             |               |                    |               |
| Resuscitative equipment                                             |               |                    |               |
| Distance Education Resources<br>(videoconferencing equipment, etc.) |               |                    |               |

**Exhibit 5****SUPPORT STAFF**

As applicable, indicate the number of positions and total number of hours per week devoted to the program. If individuals listed are assigned to other activities, indicate this also.

| <b>Advanced Dental Education Program in<br/>Dental Public Health Education</b> |                                                         |                                                         |                                                         |                                                                                  |
|--------------------------------------------------------------------------------|---------------------------------------------------------|---------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------------------------|
| <b>Type of Support<br/>Staff</b>                                               | <b>Dental<br/>Assistants<br/>Total #<br/>Hours/week</b> | <b>Dental<br/>Hygienists<br/>Total #<br/>Hours/week</b> | <b>Secretarial/<br/>Clerical<br/>Total # Hours/week</b> | <b>Technical/<br/>Other<br/>(please<br/>describe)<br/>Total #<br/>Hours/week</b> |
| <b>Positions</b>                                                               |                                                         |                                                         |                                                         |                                                                                  |
| <b>1</b>                                                                       |                                                         |                                                         |                                                         |                                                                                  |
| <b>2</b>                                                                       |                                                         |                                                         |                                                         |                                                                                  |
| <b>3</b>                                                                       |                                                         |                                                         |                                                         |                                                                                  |

**Exhibit 6****Student/Resident Total Program Time**

Indicate the percentage of the students'/residents' total program time devoted to:

|                             |             |
|-----------------------------|-------------|
| Didactics                   | %           |
| Clinical activities         | %           |
| Supervised Field Experience | %           |
| Research activities         | %           |
| Teaching                    | %           |
| Other (specify)             | %           |
| <b>TOTAL</b>                | <b>100%</b> |

**Exhibit 7****Sample Student/Resident Weekly Schedule**

(Use similar format for month-by-month listing of each resident's activities)

| <b>Day</b> | <b>Resident #1</b>     |               | <b>Resident #2</b>     |           |
|------------|------------------------|---------------|------------------------|-----------|
|            | <b>AM</b>              | <b>PM</b>     | <b>AM</b>              | <b>PM</b> |
| Monday     | VAMC                   | Dental School | Research               | VAMC      |
| Tuesday    | Research               | VAMC          | Dental School          | Research  |
| Wednesday  | Dental Service Seminar |               | Dental Service Seminar |           |
| Thursday   | Field Experience       |               | Field Experience       |           |
| Friday     | Scientific Writing     | Research      | Scientific Writing     | Research  |

Exhibit 8

**Instruction on General Public Health**

Are students/residents required to take formal courses in **general** public health?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

If YES, list the title of each course, year offered, number of credit hours and, if applicable, name of affiliated institution providing the instruction.

| Course Title | Year Offered | Credit Hours | Where Given |
|--------------|--------------|--------------|-------------|
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Exhibit 9

Instruction in Dental Public Health

Are students/residents required to take formal courses in **dental** public health?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

If YES, list the title of each course, year offered, number of credit hours and, if applicable, name of affiliated institution providing the instruction.

| Course Title | Year Offered | Credit Hours | Where Given |
|--------------|--------------|--------------|-------------|
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## Procedures for Conducting an Initial Accreditation Site Visit

**Introduction:** The Commission recognizes that there may be considerable latitude in determining procedures and methodology for site visits. Experience has shown that the conference method for conducting a site visit is widely favored and has been found most satisfactory.

Conferences with administrators and faculty should be scheduled in an adequately-sized and well-ventilated meeting room with a conference table which is large enough to accommodate the visiting committee and faculty member participants. It is suggested that all conferences be scheduled for the same room. If more than one program is to be evaluated, an additional conference room for each program (within close proximity) will be required.

**Briefing Faculty on the Site Visit:** It is presumed that the program's faculty will be apprised of the Commission's visit. The program director/administrator should inform the faculty that they will be expected to explain course objectives, teaching methods, particular skills and abilities expected of students/residents upon completion of the course and the measures used to evaluate student/resident performance.

**Focus of the Accreditation Review:** Commission action on awarding initial accreditation status will be based upon the program in operation at the time of the site visit as well as upon plans for the program. The visiting committee recognizes that the program is not yet fully operational. Members of the team expect to be apprised of any facility, faculty or curricular changes that are not yet implemented.

**Resources/Materials Available On-Site:** It is expected that additional sources of information will be made available to the visiting committee on-site. Materials may include, but are not limited to: affiliation agreements, institution by-laws, and the institution's infection and hazard control protocol. If templates of student/resident files, student/resident and teaching staff evaluation records, and/or record of student/resident complaints are developed, these should be included as well.

**Visiting Committee Schedule:** While it is expected that all arrangements will be determined by the program director/administrator, experience indicates that administrators welcome suggestions by the Commission for the conduct of site visits. Although a more detailed suggested schedule of conferences will be forwarded to the program director/administrator prior to the scheduled visit, the Commission expects that an evaluation visit will include the following components:

1. An opening conference with the appropriate institutional administrators and program director/administrator at the beginning of the visit to include an overview and description of the institution and its programs. The purpose of this initial conference is to orient visiting committee members to a program's particular strengths and weaknesses. This session is also intended to orient the administrators and program director/administrator to the methods and procedures of the visiting committee. Topics frequently covered in this session include: program goals, administration, faculty recruitment and evaluation,

finances, facilities, curriculum development, assessment of outcomes, long-term planning and program development.

2. Tours of the program facilities and related learning resources facilities.
3. Conferences with faculty with teaching or administrative responsibilities for the program.
4. If the program utilizes off-campus sites for clinical experiences or didactic instruction, please review the Commission's **Policy Statement on Reporting and Approval of Sites Where Educational Activity Occurs** found in the Evaluation and Operational Policies and Procedures manual (EOPP). Please be aware that the visiting committee may visit any and all off-campus sites. In preparation for the site visit, the program will be asked to complete the "Sites Where Educational Activity Occurs" form. Completed forms will be provided to the visiting committee who will determine if a visit to any off-campus sites is warranted.
5. A final conference with the program director will be conducted at the end of the visit. The visiting committee will, at that time, summarize its recommendations relating to the educational program. The program director may choose to include other individuals, such as the dental school dean and/or faculty members, in the final conference.
6. Following the final conference with the program director, another conference, with the institution's chief executive officer and the dental school dean/chief of dental service/chief administrative officer will be conducted. The visiting committee will report briefly on the findings and recommendations related to the evaluation. Such a meeting also affords the chief executive officer an opportunity to relate plans for the entire institution that will involve the advanced dental education program. The program director is usually present during the conference with the institution's administrators.

**Guidelines and Protocol for the Site Visit:** The Commission has approved the following guidelines for visiting committee members describing their responsibilities during site visits.

- Committee members cannot accept social invitations from individuals affiliated with the host program/institution. The Commission believes firmly that the primary function of a visiting committee is program evaluation and review.
- Initial Accreditation Applications are accessible to visiting committee members at least 60 days prior to a site visit. Committee members are expected to review all materials and to be familiar with academic and administrative aspects of the program as described in the application prior to the visit.
- Committee members meet in executive sessions to review, evaluate and discuss all aspects of the program. An executive session is generally held in the evening preceding the first day of the site visit and at scheduled intervals during the site visit. In this manner, the committee chair is expected to obtain a consensus that serves as a basis for drafting the evaluation report. Institutional/Program personnel must not be present during executive sessions.
- Although committee members discuss general findings and recommendations with the administration during the final conference, a decision whether to grant initial

accreditation to the education program will be made only by the Commission at its regularly scheduled meeting following discussion and in-depth review of the committee's report and the institution's response.

- Committee members are expected to participate actively in conference discussions. They are expected to refrain from expressing personal observations regarding teaching methodology or practice technique. The Commission reminds visiting committees that department chairs and faculty members participating in accrediting conferences have given considerable time and thought to prepare for the visit. It is, therefore, assumed that visiting committees will allow chairs and faculty members to explain their teaching methodology, course content, evaluation procedures and department philosophy.
- After the site visit, Commission staff forwards a draft of the site visit report to committee members for review, study and comment. Prompt response to the preliminary draft by visiting committee members is essential to the preparation of evaluation reports for Commission review and action during regularly scheduled meetings.
- When site visit reports are presented to the Commission or its review committees for consideration and action, review committee members who were also visiting committee members are expected to recuse from the discussion of the programs evaluated.

Committee members are expected to regard all information and data obtained before and during site visits as confidential. All evaluation reports and accreditation actions of the Commission are regarded as confidential and privileged information. Therefore, disclosure of personal or committee views at any time before, during or after site visits and Commission review is not authorized. The preliminary draft of a site visit report is an unofficial document and remains confidential between the Commission and the institution's executive officers and may not, under any circumstances, be released. Site visit reports approved during a Commission meeting are transmitted to officials of parent institutions and program administrators or directors.

Public release of the final draft of the site visit report that is approved by the Commission is at the sole discretion of the institution. If there is a point of contention about a specific section of the final site visit report and the institution elects to release the pertinent section to the public, the Commission reserves the right to make the entire site visit report public.

- At the conclusion of the site visit and prior to leaving the site, committee members are requested to return their on-site copies of the data profile information and other confidential site visit documents pertaining to the visit to the Commission staff. The data profile information may be left with the program.

**Additional Information:** Additional information regarding the procedures followed during the site visit and following the visit are contained in the Commission's Evaluation and Operational Policies and Procedures manual (EOPP).

**Staff Assistance/Consultation:** The staff of the Commission on Dental Accreditation is available for consultation to all educational programs which fall within the Commission's accreditation purview. Educational institutions conducting programs oriented to dentistry are encouraged to obtain such staff counsel and guidance by written or telephone request. Consultation is provided on request prior to, as well as subsequent to, the Commission's granting

of accreditation to specific programs. Consultation shall be limited to providing information on CODA's policies and procedures. The Commission expects to be reimbursed if substantial costs are incurred. Contact Commission on Dental Accreditation's Manager of Advanced Dental Education at the Commission's number: 312-440-2672. CODA staff e-mails can be found on the CODA website at the following link:

<https://coda.ada.org/en/accreditation/codamembership/coda-staff>