

Commission on Dental Accreditation

Accreditation Standards for Dental Assisting Education Programs

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**Commission on Dental Accreditation
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Document Revision History

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January 30, 2020	Definition of Terms (Should and Dental Emergencies) and Standards 2-11 and 3-7	Adopted
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Mission Statement of the Commission on Dental Accreditation

The Commission on Dental Accreditation serves the public and dental professions by developing and implementing accreditation standards that promote and monitor the continuous quality and improvement of dental education programs.

Commission on Dental Accreditation
Adopted: August 5, 2016; Revised August 6, 2021

ACCREDITATION STATUS DEFINITIONS

1. Programs That Are Fully Operational:

Approval (*without reporting requirements*): An accreditation classification granted to an educational program indicating that the program achieves or exceeds the basic requirements for accreditation.

Approval (*with reporting requirements*): An accreditation classification granted to an educational program indicating that specific deficiencies or weaknesses exist in one or more areas of the program. Evidence of compliance with the cited standards or policies must be demonstrated within a timeframe not to exceed eighteen (18) months if the program is between one and two years in length or two years if the program is at least two years in length. If the deficiencies are not corrected within the specified time period, accreditation will be withdrawn, unless the Commission extends the period for achieving compliance for good cause. Identification of new deficiencies during the reporting time period will not result in a modification of the specified deadline for compliance with prior deficiencies.

Circumstances under which an extension for good cause would be granted include, but are not limited to:

- sudden changes in institutional commitment;
- natural disaster which affects affiliated agreements between institutions; faculty support; or facilities;
- changes in institutional accreditation;
- interruption of an educational program due to unforeseen circumstances that take faculty, administrators or students away from the program.

Revised: 8/17; 2/16; 5/12; 1/99; Reaffirmed: 8/18; 8/13; 8/10, 7/05; Adopted: 1/98

2. Programs That Are Not Fully Operational: A program which has not enrolled and graduated at least one class of students/residents and does not have students/residents enrolled in each year of the program is defined by the Commission as not fully operational. The accreditation classification granted by the Commission on Dental Accreditation to programs which are not fully operational is “initial accreditation.” When initial accreditation status is granted to a developing education program, it is in effect through the projected enrollment date. However, if enrollment of the first class is delayed for two consecutive years following the projected enrollment date, the program’s accreditation will be discontinued, and the institution must reapply for initial accreditation and update pertinent information on program development. Following this, the Commission will reconsider granting initial accreditation status.

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 Dental Assisting Standards

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).

Reaffirmed: 8/10; Revised: 7/08; Adopted: 2/02

Other Accreditation Actions:

Teach-Out: An action taken by the Commission on Dental Accreditation to notify an accredited program and the communities of interest that the program is in the process of voluntarily terminating its accreditation due to a planned discontinuance or program closure. The Commission monitors the program until students/residents who matriculated into the program prior to the reported discontinuance or closure effective date are no longer enrolled.

Reaffirmed: 8/18; Adopted: 2/16

Discontinued: An action taken by the Commission on Dental Accreditation to affirm a program’s reported discontinuance effective date or planned closure date and to remove a program from the Commission’s accredited program listing, when a program either 1) voluntarily discontinues its participation in the accreditation program and no longer enrolls students/residents who matriculated prior to the program’s reported discontinuance effective date or 2) is closed by the sponsoring institution.

Intent to Withdraw: A formal warning utilized by the Commission on Dental Accreditation to notify an accredited program and the communities of interest that the program’s accreditation will be withdrawn if compliance with accreditation standards or policies cannot be demonstrated by a specified date. The warning is usually for a six-month period, unless the Commission extends for good cause. The Commission advises programs that the intent to withdraw accreditation may have legal implications for the program and suggests that the institution’s legal counsel be consulted regarding how and when to advise applicants and students of the Commission’s accreditation actions. The Commission reserves the right to require a period of non-enrollment for programs that have been issued the Intent to Withdraw warning.

Revised: 2/16; 8/13; Reaffirmed: 8/18

Withdraw: An action taken by the Commission when a program has been unable to demonstrate compliance with the accreditation standards or policies within the time period specified. A final action to withdraw accreditation is communicated to the program and announced to the communities of interest. A statement summarizing the reasons for the Commission’s decision and comments, if any, that the affected program has made with regard to this decision, is available upon request from the Commission office. Upon withdrawal of accreditation by the Commission, the program is no longer recognized by the United States Department of Education. In the event the Commission withdraws accreditation from a program, students currently enrolled in the program at the time accreditation is withdrawn and who successfully complete the program, will be considered graduates of an accredited program. Students who enroll in a program after the accreditation has been withdrawn will not be considered graduates of a Commission accredited program. Such graduates may be ineligible for certification/licensure examinations.

Revised 6/17; Reaffirmed: 8/18; 8/13; 8/10, 7/07, 7/01; CODA: 12/87:9

Denial: An action by the Commission that denies accreditation to a developing program (without enrollment) or to a fully operational program (with enrollment) that has applied for accreditation. Reasons for the denial are provided. Denial of accreditation is considered an adverse action.

Reaffirmed: 8/18; 8/13; Adopted: 8/11

Preface

The Accreditation Standards for Dental Assisting Education Programs have been developed for the following reasons: (1) to protect the public, (2) to serve as a guide for dental assisting program development, (3) to serve as a stimulus for the improvement of established programs, (4) to provide criteria for the evaluation of new and established programs, and (5) to protect enrolled students. To be accredited by the Commission on Dental Accreditation a dental assisting program must meet the standards set forth in this document. These standards are national in scope and represent the minimum requirements for accreditation. It is expected that institutions that voluntarily seek accreditation will recognize the ethical obligation of complying with the spirit as well as the letter of these standards.

The importance of academic freedom is recognized by the Commission; therefore, the standards are stated in terms which allow an institution flexibility in the development of an educational program. The Commission encourages curricular experimentation, development of institutional individuality, and achievement of excellence without establishment of uniformity. No curriculum has enduring value, and a program will not be judged by conformity to a given type.

Programs and their sponsoring institutions are encouraged to provide for the educational mobility of students through articulation arrangements and career laddering (e.g., between dental assisting education programs and dental hygiene education programs). Institutions and programs are also strongly encouraged to develop mechanisms to award advanced standing for students who have completed coursework at other educational programs accredited by the Commission on Dental Accreditation or by use of appropriate qualifying and proficiency examinations.

The Commission on Dental Accreditation

From the early 1940's until 1975, the Council on Dental Education was the agency recognized as the national accrediting organization for dentistry and dental-related educational programs. On January 1, 1975, the Council on Dental Education's accreditation authority was transferred to the Commission on Dental Accreditation and Dental Auxiliary Education Programs, an expanded agency established to provide representation of all groups affected by its accrediting activities.

In 1979, the name of the Commission was changed to the Commission on Dental Accreditation.

The Commission is comprised of 30 members. It includes a representative of the American Dental Assistants Association (ADAA) and other disciplines accredited by the Commission as well as public representatives.

Specialized Accreditation

Specialized accrediting agencies exist to assess and verify educational quality in particular professions or occupations to ensure that individuals will be qualified to enter those disciplines. A specialized accrediting agency recognizes the course of instruction which comprises a unique set of skills and knowledge, develops the accreditation standards by which such educational programs are evaluated, conducts evaluation of programs, and publishes a list of accredited programs that meet the national accreditation standards. Accreditation standards are developed in consultation with those affected by the standards who represent the board communities of interest. The Commission on Dental Accreditation is the specialized accrediting agency recognized by the United States Department of Education to accredit programs which provide basic preparation for licensure or certification in dentistry and the related disciplines.

Dental Assisting Accreditation

In 1957, the Council on Dental Education sponsored the first national workshop on dental assisting. Practicing dentists, dental educators and dental assistants participated in the workshop during which recommendations pertaining to education and certification of dental assistants were formulated. These recommendations were considered in developing the first “Requirements for an Accredited Program in Dental Assisting Education” which were approved by the House of Delegates of the American Dental Association in 1960. The accreditation standards have been revised seven times--in 1969, 1973, 1979, 1991, 1998, 2014, and 2020 to reflect the dental profession’s changing needs and educational trends.

In an effort to provide the communities of interest with appropriate input into the latest revision of the standards, the Commission on Dental Accreditation utilized the following procedures: appointing an ad hoc committee, holding open hearings and distributing widely a draft of the proposed revision of the standards for review and comment. Prior to approving the revised standards in August 2019, the Commission carefully considered comments received from all sources. The revised accreditation standards were implemented in January 2020.

Prior to 1960, the ADAA approved courses of training for dental assistants, varying in length from 104 clock hours to two academic years. Subsequent to the adoption in 1960 of the first accreditation standards, the Council on Dental Education granted “provisional approval” to those programs approved by the ADAA which were at least one academic year in length until site visits could be conducted. Thus 26 programs appeared on the first list of accredited dental assisting programs published in 1961.

Statement of General Policy

Maintaining and improving the quality of dental assisting education is a primary aim of the Commission on Dental Accreditation. In meeting its responsibilities as a specialized accrediting agency recognized by the dental profession and the United States Department of Education, the Commission on Dental Accreditation:

1. Evaluates dental assisting education programs on the basis of the extent to which program goals, institutional objectives and approved accreditation standards are met.
2. Supports continuing evaluation of and improvements in dental assisting education programs through institutional self-evaluation.
3. Encourages innovations in program design based on sound educational principles.
4. Provides consultation in initial and ongoing program development.

As a specialized accrediting agency, the Commission relies on an authorized institutional accrediting agency's evaluation of the institution's objectives, policies, administration, financial and educational resources and its total educational effort. The Commission's evaluation will be confined to those factors which are directly related to the quality of the dental assisting program. In evaluating the curriculum in institutions that are accredited by a recognized regional accrediting agency, the Commission will concentrate on those courses which have been developed specifically for the dental assisting program and core courses developed for related disciplines. When an institution has been granted an accreditation status or candidate for accreditation status by a regional agency, the Commission will accept that status as evidence that the general studies courses included in the dental assisting curriculum meet accepted standards, provided the level and content of such courses are appropriate for the discipline.

This entire document constitutes the Accreditation Standards for Dental Assisting Education Programs. Each standard is numbered (e.g., 1-1,1-2) and in bold print. Where appropriate, standards are accompanied by statements of intent that explain the rationale, meaning and significance of the standard. Expanded guidance in the form of examples to assist programs in better understanding and interpreting the must statements within the standards follow. This format is intended to clarify the meaning and application of standards for both those responsible for educational programs and those who evaluate these programs for the Commission.

Definitions of Terms Used in Dental Assisting Accreditation Standards

The terms used in this document indicate the relative weight that the Commission attaches to each statement. Definitions of these terms are provided.

Standard: Offers a rule or basis of comparison established in measuring or judging capacity, quantity, quality, content and value; criterion used as a model or pattern.

Must: Indicates an imperative need, duty or requirement; an essential or indispensable item; mandatory.

Should: Indicates a method to achieve the standard; highly desirable, but not mandatory.

Intent: Intent statements are presented to provide clarification to the dental assisting education programs in the application of and in connection with compliance with the Accreditation Standards for Dental Assisting Education Programs. The statements of intent set forth some of the reasons and purposes for the particular Standards. As such, these statements are not exclusive or exhaustive. Other purposes may apply.

Examples of evidence to demonstrate compliance may include: Desirable condition, practice or documentation indicating the freedom or liberty to follow a suggested alternative.

Clinical Competence: The achievement of a predetermined level of special skill derived from education and experience in the clinical setting.

Clinical Instruction: Indicates any instruction in which students receive supervised experience in performing functions on patients. Clinical performance of the functions is evaluated by faculty according to predetermined criteria.

Clinical Experience: Clinical experiences that exceed the basic clinical education requirements of the program and that are provided to enhance the basic clinical education. Experiences may be provided in an on-campus comprehensive dental clinic and/or in extramural dental offices or clinics. Students are supervised and evaluated by both faculty and non-program personnel according to predetermined learning objectives and evaluation criteria.

Competence: The level of knowledge and skill determined by the program and required of students/new graduates in performing dental assisting functions.

Competency evaluation: Assessment of skill level related to specific performance objective

Didactic Instruction: Refers to lectures, demonstrations or other instruction without active participation by students.

Distance Education: As defined by the United States Department of Education, distance education is “an educational process that is characterized by the separation, in time or place, between instructor and student. The term includes courses offered principally through the use of (1) television, audio or computer transmission; (2) audio or computer conferencing; (3) video cassettes or disks; or (4) correspondence.”

Familiarity: A simplified knowledge for the purposes of orientation and recognition of general principles.

HIPAA: Health Insurance Portability and Accountability Act

In-depth: A thorough knowledge of concepts and theories for the purpose of critical analysis and the synthesis of more complete understanding (highest level of knowledge).

Institution: The post-secondary entity that directly sponsors the dental assisting program and provides immediate administration and local leadership.

Instruction: Describes any teaching, lesson, rule or precept; details of procedure; directives.

Laboratory/Preclinical Competence: The achievement of a predetermined level of special skill derived from laboratory/preclinical instruction.

Laboratory or Preclinical Instruction: Indicates instruction in which students receive experience under faculty supervision, performing functions using materials, study models, manikins or other simulation methods; student performance is evaluated by faculty according to predetermined criteria.

Special Needs: Those patients whose medical, physical, psychological, cognitive or social conditions make it necessary to consider a wide range of assessment and care options in order to provide dental treatment for that individual. These individuals include, but are not limited to, people with cognitive and/or developmental disabilities, complex medical conditions, significant physical limitations, and vulnerable older adults.

Dental Emergencies: Those emergencies treated by a dental professional.

The Commission’s accreditation standards have been stated, purposefully, in terms which allow flexibility, innovation and experimentation. Regardless of the method(s) used to provide instruction, the Commission expects that each accredited program will comply with the spirit as well as the letter of the accreditation standards.

STANDARD 1 – INSTITUTIONAL EFFECTIVENESS

Planning and Assessment

- 1-1 The program must demonstrate its effectiveness through a formal and ongoing planning and outcomes assessment process that is systematically documented and annually evaluated. This process must include the following:**
- a. Dental assisting program goals that include, but are not limited to student outcomes that are consistent with the goals of the sponsoring institution and appropriate to dental assisting education;**
 - b. Time-table for implementation that indicates roles and responsibilities of all participants;**
 - c. Methods to assess goals and provide outcomes that include, but are not limited to, measures of student achievement;**
 - d. Review and analysis of compiled data obtained from assessment methods, and related conclusions;**
 - e. Findings and conclusions are used for program improvement, and for revisions to the overall planning and outcomes assessment process.**

Intent:

Outcomes assessment planning is broad-based, systematic, and designed to promote achievement of the program's stated goals and objectives. Through this process, evaluation and improvement of the educational quality of the program is monitored.

Examples of evidence to demonstrate compliance may include the bulleted points below:

- a. Dental assisting program goals that include, but are not limited to, student outcomes, that are consistent with the goals of the sponsoring institution and appropriate to dental assisting education:
 - The program's purpose and goals are consistent with the sponsoring institution's mission and strategic plan and appropriate to dental assisting education.
 - The Commission on Dental Accreditation expects each program to regularly examine and re-define its goals and objectives as necessary, based on the current needs of the program and that one program goal is to comprehensively prepare competent individuals in the discipline.
 - Long and short-term goals that address program growth, promotion, and outreach; admissions; faculty recruitment, qualifications and development; financial resources; on-site patient care and treatment; needs of local community and liaison mechanism.
 - Established benchmarks with rationale provided

- b. A time-table for implementation that indicates roles and responsibilities of all participants:
 - Schedule for planning that coincides with strategic planning timetable of larger institution
 - Names, titles, and responsibilities of those individuals involved in the planning and outcomes assessment process
 - Meeting minutes

- c. Methods to assess goals and provide outcomes that include, but are not limited to, measures of student achievement:
 - Periodic analyses to measure the validity of established admission criteria and procedures
 - Audit of faculty qualifications and participation in professional development opportunities
 - Community needs surveys
 - Assessment of attrition rates in relation to admissions criteria
 - Clinical externship, graduate, employer surveys
 - Employment data
 - State and national certification examinations and/or licensure rates
 - Consideration of individual course examinations and completion

- d. Review and analysis of data obtained from assessment methods, and related conclusions:
 - The expertise of institutional research personnel is utilized
 - Interpretations of data and correlations with program objectives are provided
 - Data comparisons with established benchmarks and national averages
 - Spread sheets, scores, percentage pass-rates

- e. Findings and conclusions are used for program improvement, and for changes to the planning and outcomes assessment process:
 - Meeting minutes that describe suggested changes and implementation
 - Curriculum revisions
 - Budget changes or re-allocations
 - Goals revisions or eliminations and/or appropriate additions
 - Descriptions of future strategies with time-table

Financial Support

- 1-2 The institution must demonstrate stable financial resources to ensure support of the dental assisting program's stated mission, goals and objectives on a continuing basis. Resources must be sufficient to ensure adequate and qualified faculty and staff, clinical and laboratory facilities, equipment, supplies, reference materials and teaching aids that reflect technological advances and current professional standards.**

Examples of evidence to demonstrate compliance may include:

- Program's mission, goals and objectives
- Institutional strategic plan
- Previous and current-year revenue and expense statements for the past three years
- Revenue and expense projections for the program for the next three to five years

- 1-3 The sponsoring institution must ensure that support from entities outside of the institution does not compromise the teaching, clinical and research components of the program.**

- 1-4 The authority and final responsibility for curriculum development and approval, student selection, faculty selection and administrative matters must rest within the sponsoring institution.**

Examples of evidence to demonstrate compliance for DA 1-3 and DA 1-4 may include:

- Written agreement(s)
- Contract(s)/Agreement(s) between the institution/program and sponsor(s) related to facilities, funding, faculty financial support

Institutional Accreditation

- 1-5 Programs must be sponsored by institutions of post-secondary education which are accredited by an agency recognized by the United States Department of Education.**

Intent:

Dental schools, four-year colleges and universities, community colleges, technical institutes, vocational schools, private schools and recognized federal service training centers which offer appropriate fiscal, facility, faculty and curriculum resources are considered appropriate settings for the program.

Examples of evidence to demonstrate compliance may include:

- Accreditation (or candidate status) from a recognized institutional (regional, national or state) accrediting agency such as: Middle States Commission on Higher Education; New England Commission of Higher Education;

Commission on Technical and Career Institutions, New England Association of Schools and Colleges; Higher Learning Commission; Northwest Commission on Colleges and Universities; Southern Association of Colleges and Schools, Commission on Colleges; WASC Accrediting Commission for Community and Junior Colleges; WASC Senior Colleges and University Commission; Accrediting Bureau of Health Education Schools; Accrediting Commission for Career Schools and Colleges; Distance Education Accrediting Commission; The Council on Occupational Education

1-6 All arrangements with co-sponsoring or affiliated institutions must be formalized by means of written agreements which clearly define the roles and responsibilities of each institution involved.

Intent:

This standard is not applicable to designated extended campus facilities. Co-sponsoring or affiliated institution allow dental assisting program students to utilize all resources available to their regularly enrolled students, e.g., bookstore, library, health center fitness facility, etc. as defined in an affiliation agreement.*

***See DA Standard 4-10**

Examples of evidence to demonstrate compliance may include:

- Formal affiliation agreement(s) with termination clause

Community Resources

1-7 There must be an active advisory committee to serve as a liaison between the program, local dental and allied dental professionals and the community. Dentists and dental assistants must be equally represented.

Intent:

The purpose of the advisory committee is to provide a mutual exchange of information for program enhancement, meeting program and community needs, standards of patient care, and scope of practice. Membership should include representation from a variety of practice settings. The program administrator, faculty, students, and appropriate institutional personnel are non-voting participants.

Examples of evidence to demonstrate compliance may include:

- Membership responsibilities are defined and terms staggered to provide both new input and continuity
- Diverse membership with consideration given to student representation, recent graduate(s), public representation, and a profile of the local dental community.
- Responsibilities of program representatives on the committee are defined in writing.
- Meeting minutes are maintained and distributed to committee members.

STANDARD 2 – EDUCATIONAL PROGRAM

Admissions

- 2-1 Admission of students must be based on specific published criteria, procedures and policies that include a high-school diploma or its equivalent, or post- secondary degree. Previous academic performance or other predictors of scholastic aptitude and ability must be utilized as criteria in selecting students with the potential to successfully complete the program. Applicants must be informed of the criteria and procedures for selection, goals of the program, curricular content, course transferability, scope of practice and employment opportunities for dental assistants.**

Intent:

The dental assisting program is based on a science-oriented program of study and skill development offered at the post-secondary level that requires critical thinking, psychomotor skills, and ethical reasoning.

The program administrator and faculty, in cooperation with appropriate institutional personnel establish admissions criteria and procedures which are non-discriminatory, contribute to the quality of the program, and allow selection of post-secondary students with the potential to be successful. Because enrollment is limited by facility, capacity, and special program admissions criteria and procedures are necessary to ensure that students are selected based on a demonstrated potential for completing the program. Published promotional materials and website information related to student recruitment and admissions comply with the Commission's "Policy on Principles of Ethics in Programmatic Advertising and Student Recruitment."

Examples of evidence to demonstrate compliance may include:

Criteria and Selection Process:

- There is an established admissions committee which includes the program administrator, representatives of the program faculty, general education faculty who teach dental assisting students and counseling staff.
- Previous college academic performance and/or performance on standardized national scholastic tests are utilized for criteria in selecting students.
- High school class rank
- Cumulative grade point averages in previous education with particular attention given to grades in science subjects
- Copies of catalogs, program brochures, admissions packets, or other published materials.

Academic Strengthening:

- If academic strengthening is needed to meet basic admission criteria or to proceed satisfactorily through the curriculum, the institution and program should have the

- resources necessary to assist students.
- Academic strengthening occurs prior to entry into the program courses.

2-2 Admission of students with advanced standing must be based on the same criteria required of all applicants admitted to the program. The program must ensure that advanced standing credit awarded is based on equivalent didactic, laboratory and preclinical content and student achievement.

Intent:

Policies ensure that advanced standing credit is awarded based on equivalent coursework, knowledge, and/ or experience that meets or exceeds content required in the curriculum and results in equivalent student competence. The curriculum may be structured to allow individual students to meet performance standards specified for graduation in less than the required length as well as to provide the opportunity for students who require more time to extend the length of their instructional program. The curriculum design may provide maximum opportunity for students to continue their formal education with minimum duplication of learning experiences.

Advanced standing refers to applicants that may be considered for admission to a training program whose curriculum has been modified after taking into account the applicant's past experience. Examples include transfer from a similar program at another institution, completion of training at a non-CODA accredited program, or documented practice experience in the given discipline. Acceptance of advanced standing students/residents will not result in an increase of the program's approved number of enrollees. Applicants for advanced standing are expected to fulfill all of the admission requirements mandated for students/residents in the conventional program and be held to the same academic standards. Advanced standing students/residents, to be certified for completion, are expected to demonstrate the same standards of competence as those in the conventional program.

Examples of evidence to demonstrate compliance may include:

- Policies and procedures for advanced standing
- Results of appropriate qualifying or challenge examinations
- Course equivalency or other measures to demonstrate equal scope and level of knowledge
- Copies of transcripts
- Articulation agreement
- Equivalency determination by a nationally recognized transcript evaluator

2-3 The program must demonstrate that student enrollment numbers are proportionate to the number of faculty, availability of appropriate classroom, laboratory, and clinical facilities, equipment, instruments, and supplies.

Intent:

In determining the maximum number of dental assisting students enrolled in a program, including off-campus sites, hybrid, or on-line courses, careful consideration

is given to ensure that the number of students does not exceed the program resources including, as appropriate, financial support, scheduling options, facilities, equipment, and faculty.

Examples of evidence to demonstrate compliance may include:

- Blueprints or floor plan
- Number of clinical stations
- Schedule for use of facility
- Budget
- Radiographic units
- Equipment and instrument inventory list
- Comprehensive faculty assignment schedule

Curriculum Management

- 2-4 The curriculum must be structured on the basis of, a minimum of, 900 instructional hours at the postsecondary level that includes 300 clinical practice hours.**

Intent:

Instructional hours should include didactic, laboratory, preclinical, and clinical content required in the standards. Curriculum content not required by the standards accordingly increases the length of the program. Clinical practice hours assisting a dentist are obtained in a facility that provides comprehensive dental treatment.

Examples of evidence to demonstrate compliance may include:

- Institutional catalogue with program requirements
- Schedule of classes
- Tracking mechanism for clinical externship hours
- Official student roster with positive attendance hours

- 2-5 The curriculum must be designed to reflect the interrelationship of its biomedical sciences, dental sciences, clinical and behavioral sciences, preclinical and clinical practice. Curriculum must be sequenced to allow assimilation of foundational content in oral anatomy; basic chairside skills, medical emergencies, confidentiality and privacy regulations, infection control, sterilization, and occupational safety precautions, procedures and protocols prior to any patient contact or clinical experiences. Content must be integrated with continued elevation throughout the program. Curriculum must demonstrate sufficient depth, scope, sequence of instruction, quality and emphasis to ensure achievement of the curriculum's defined competencies and program's goals and objectives.**

Intent:

Curriculum content should be sequenced to allow assimilation of foundational knowledge and critical thinking skills necessary to ensure patient safety, and opportunity for students to develop the knowledge and skills necessary to ensure

patient, student, faculty, and staff safety when performing or assisting in clinical procedures involving patients, including student partners.

Programs that admit students in phases, including modular or open-entry shall provide content in tooth anatomy, tooth numbering, general program guidelines, basic chairside skills, emergency and safety precautions, infection control and sterilization protocols associated with, and required for patient treatment, prior to any other program content and/ or performances of activities involving preclinical/clinical activities.

Examples of evidence to demonstrate compliance may include:

- Curriculum map demonstrating progression of content elevation

2-6 The dental assisting program must have a formal, written curriculum management plan, which includes:

- a. at minimum, an annual curriculum review and evaluation process with input from faculty, students, administration and other appropriate sources;**
- b. evaluation of the effectiveness of all courses as they support the program's goals and competencies;**
- c. a defined mechanism for coordinating instruction among dental assisting program faculty.**

Intent:

Curriculum management should assure the incorporation of emerging information and sequencing, the elimination of unwarranted repetition, and the attainment of student competence. Periodic workshops and in-service sessions should be held for the dissemination of curriculum information and modifications.

Examples of evidence to demonstrate compliance may include:

- competencies documentation demonstrating relationship of course content to defined competencies of the program
- documentation of ongoing curriculum review and evaluation
- minutes of meetings documenting curriculum review and evaluation
- student evaluation of instruction
- curriculum management plan
- documentation of calibration exercises

Instruction

2-7 Written documentation of each course in the curriculum must be provided to students at the start of each course and include:

- a. The course title, number, description, faculty presenting course and**

- contact information**
- b. Course objectives including competency statements**
- c. Content outline including topics to be presented**
- d. Course schedule including learning and evaluation mechanisms for didactic, laboratory, and clinical learning experiences**
- e. Specific criteria for final course grade calculation**

Examples of evidence to demonstrate compliance may include:

- Course syllabus
- Rubrics for grade calculation
- Institutional grading policies
- Competencies
- Course schedules to include activities, assignments, and evaluations for each date the course meets.

Student Evaluation

2-8 Objective student evaluation methods must be utilized to measure all defined course objectives to include:

- a. Didactic, laboratory, preclinical and clinical content**
- b. Specific criteria for measuring levels of competence for each component of a given procedure**

Examples of evidence to demonstrate compliance may include:

- Rubric for grading
- Evaluation criteria to measure progress for didactic, laboratory, preclinical and course objectives
- Skills assessments
- Grading policies for multiple assessment attempts

Preclinical Instruction

Essential Dental Assisting Skills

2-9 Curriculum content must include didactic and laboratory/preclinical objectives in the following dental assisting skills and functions. Prior to performing these skills/functions in a clinical setting, students must demonstrate knowledge of, and laboratory/preclinical competence in the program facility.

- a. Take/review and record medical and dental histories**
- b. Take and record vital signs**
- c. Assist with and/or perform soft tissue extra/intra oral examinations**
- d. Assist with and/or perform dental charting**

- e. Manage infection and hazard control protocol consistent with published professional guidelines
- f. Prepare tray set-ups for a variety of procedures and specialty areas
- g. Seat and dismiss patients
- h. Operate oral evacuation devices and air/water syringe
- i. Maintain clear field of vision including isolation techniques
- j. Perform a variety of instrument transfers
- k. Utilize appropriate chairside assistant ergonomics
- l. Provide patient preventive education and oral hygiene instruction
- m. Provide pre-and post-operative instructions prescribed by a dentist

- n. Maintain accurate patient treatment records
- o. Identify and respond to medical and dental emergencies

Chairside Dental Assisting Functions

2-10 Curriculum content must include didactic and laboratory/preclinical objectives in the following dental assisting skills and functions. Prior to performing these skills/functions in a clinical setting, students must demonstrate knowledge of, and laboratory/preclinical competence in the program facility.

- a. Assist with and/or apply topical anesthetic and desensitizing agents
- b. Assist with and/or place and remove rubber dam
- c. Assist with and/or apply fluoride agents
- d. Assist with and/or apply bases, liners, and bonding agents
- e. Assist with and/or place, fabricate, and remove provisional restorations
- f. Assist with and/or place and remove matrix retainers, matrix bands, and wedges
- g. Assist with and/or remove excess cement or bonding agents
- h. Assist with a direct permanent restoration
- i. Fabricate trays, e.g., bleaching, mouthguard, custom
- j. Preliminary impressions
- k. Clean removable dental appliances

Advanced/Expanded Dental Assisting Functions

2-11 Where graduates of a CODA-accredited program are authorized to perform additional functions defined by the program's state-specific dental board or regulatory agency, and the program has chosen to include those functions in the program curriculum, the program must include content at the level, depth, and scope required by the state. Further, curriculum content must include didactic and laboratory/preclinical objectives for the additional dental assisting skills and functions. Students must demonstrate laboratory/preclinical competence in performing these skills in the program

facility prior to clinical practice. Students must be informed of the duties for which they are trained in the educational program.

Intent:

Functions allowed by the state dental board or regulatory agency for dental assistants are taught and evaluated at the depth and scope required by the state. The inclusion of additional functions does not compromise the length and scope of the educational program or content required in the Accreditation Standards.

Examples of evidence may include but are not limited to:

- a. Place and/or remove retraction cord
- b. Take final impressions
- c. Place, pack, finish restorations
- d. Perform polishing of coronal surfaces of teeth
- e. Perform pit and fissure sealant application
- f. Perform cement removal
- g. Perform restoration polishing
- h. Perform monitoring and/or administration of Nitrous Oxide-Oxygen analgesia
- i. Remove sutures
- j. Perform pulp vitality tests
- k. Place and remove periodontal dressing
- l. Perform orthodontic functions

2-12 Students must demonstrate competence in the knowledge at the familiarity level in dental practice management:

- a. Computer and dental software
- b. Business ethics and jurisprudence
- c. Business oral and written communications
- d. Inventory systems and supply ordering
- e. Maintenance and retention of business records
- f. Management of patient information
- g. Recall systems

Biomedical Sciences

2-13 The biomedical science aspect of the curriculum must include content at the in- depth level in bloodborne pathogens and hazard communications standards and content must be integrated throughout the didactic, preclinical, laboratory and clinical components of the curriculum.

Intent:

The biomedical sciences provide a basic understanding of body structure and function; disease concepts; and dietary considerations of the dental patient.

Dental Sciences

Intent:

Dental science content provides the student with an understanding of materials used in intra-oral and laboratory procedures, including experience in their manipulation; an understanding of the development, form and function of the structures of the oral cavity and of oral disease; pharmacology as they relate to dental assisting procedures; and scientific principles of dental radiography.

- 2-14 The dental science aspect of the curriculum must include content at the familiarity level in:**
- a. Oral pathology**
 - b. General anatomy and physiology**
 - c. Microbiology**
 - d. Nutrition**
 - e. Pharmacology to include:**
 - i. Drug requirements, agencies, and regulations**
 - ii. Drug prescriptions**
 - iii. Drug actions, side effects, indications and contraindications**
 - iv. Common drugs used in dentistry**
 - v. Properties of anesthetics**
 - vi. Drugs and agents used to treat dental-related infection**
 - vii. Drug addiction including opioids and other substances**
 - f. Patients with special needs including patients whose medical, physical, psychological, or social conditions make it necessary to modify normal dental routines.**

- 2-15 The dental science aspect of the curriculum must include content at the in-depth level in oral anatomy.**

Intent:

Content in oral anatomy should include oral histology and oral embryology

- 2-16 The curriculum must include content at the in-depth level in dental materials. Students must demonstrate knowledge of the properties, and competence in the uses and manipulation of, dental materials to include:**
- a. Gypsum**
 - b. Restorative materials**
 - c. Dental cements**
 - d. Impression materials**
 - e. Acrylics and or thermoplastics**
 - f. Waxes**
 - g. Fabrication of casts, temporary crown and/or bridge**
 - h. Abrasive agents used to polish coronal surfaces and appliance**
 - i. Study casts/occlusal registrations**

2-17 The curriculum must include content at the in-depth level in dental radiology. Students must demonstrate knowledge and skills to produce diagnostic dental image surveys on manikins. Prior to exposing dental images on patients, students must demonstrate competence in:

- a. Radiation health protection techniques,**
- b. Processing procedures,**
- c. Anatomical landmarks and pathologies,**
- d. Mounting survey of dental images, and**
- e. Placing and exposing dental images on manikins**

2-18 Prior to exposing dental images during extramural clinical assignments, students must demonstrate competence, under faculty supervision, in exposing diagnostically acceptable full-mouth dental image surveys on a minimum of two patients in the program, or contracted facility.

Intent:

Full-mouth dental image surveys are comprised of periapical and bitewing images.

Clinical and Behavioral Sciences

2-19 The curriculum must include didactic content at the in-depth level to include:

- a. General dentistry**
- b. Dental specialties**
- c. Chairside assisting**
- d. Dental-related environmental hazards**
- e. Preventive dentistry**
- f. Management of dental and medical emergencies**

Intent:

Content provides background for preclinical and clinical experiences.

2-20 The program must demonstrate effectiveness in creating an academic environment that supports ethical and professional responsibility to include:

- a. Psychology of patient management and interpersonal communication**
- b. Legal and ethical aspects of dentistry**

Intent:

Faculty, staff and students should know how to draw on a range of resources such as professional codes, regulatory law and ethical theories to guide judgment and action for issues that are complex, novel, ethically arguable, divisive or of public concern.

Examples of evidence may include:

- Faculty, student, staff membership and participation in dental professional organizations, e.g., American Dental Assistants Association, American Dental Education Association, American Dental Association
- Professional Code of Conduct
- State Dental Practice Act
- Student Handbook
- Professional and ethical expectations

2-21 The dental assisting program must provide opportunities and encourage students to engage in service and/or community-based learning experiences.

Intent:

Community-based experiences are essential to develop dental assistants who are responsive to the needs of a culturally diverse population.

Examples of evidence may include:

- Service hours
- Volunteer activities

Clinical Externship Experience

2-22 Clinical experience assisting a dentist must be an integral part of the educational program designed to perfect students' competence in performing chairside assisting functions, rather than to provide basic instruction. Students must have a minimum of 300 hours of clinical experience.

Intent:

More than fifty percent (50%) of the clinical assignments should be accomplished through assignment to general dentistry offices, and may include a pediatric dental office. Clinical experiences should be at different locations with different dentists.

Examples of evidence to demonstrate compliance may include:

- Attendance logs
- Time-sheets
- Clinical rotation schedule
- Student journals

2-23 Each student must be assigned to two or more offices or clinics for clinical experience and assisting in general dentistry situations is emphasized.

Intent:

Dental Assisting Standards

More than fifty percent (50%) of the clinical assignments should be accomplished through assignment to general dentistry offices, and may include a pediatric dental office. Clinical experiences should be at different locations with different dentists.

- 2-24 The major portion of the students' time in clinical assignments must be spent assisting with, or participating in, patient care.**
- 2-25 The dental assisting faculty must plan, approve, supervise, and evaluate the student's clinical experience, and the following conditions must be met:**
- a. A formal agreement exists between the educational institution and the facility providing the experience**
 - b. The program administrator retains authority and responsibility for the student**
 - c. Policies and procedures for operation of the facility are consistent with the philosophy and objectives of the dental assisting program.**
 - d. The facility accommodates the scheduling needs of the program**
 - e. Notification for termination of the agreement ensures that instruction will not be interrupted for currently assigned students**
 - f. Expectations and orientation are provided to all parties prior to student assignment**

2-26 Students must maintain a record of their activities in each clinical assignment.

2-27 During the clinical phase of the program, program faculty must conduct seminars periodically with students for discussion of clinical experiences.

Intent:

Seminar discussions provide students with opportunities to share clinical experiences with other students and faculty.

2-28 When clinical experience is provided in extramural facilities, dental assisting faculty must visit each facility to assess student progress. Budgetary provisions must be made to support faculty travel.

2-29 Objective evaluation criteria must be utilized by faculty and office or clinical personnel to evaluate students' competence in performing specified procedures during clinical experience.

STANDARD 3 – ADMINISTRATION, FACULTY AND STAFF

- 3-1 The program must be a recognized entity within the institution’s administrative structure which supports the attainment of program goals.**

Intent:

The position of the program in the institutions administrative structure should permit direct communication between the program administrator and institutional administrators who are responsible for decisions that directly affect the program. The administration of the program should include formal provisions for program planning, staffing, management, coordination and evaluation.

Examples of evidence to demonstrate compliance may include:

- Institutional organizational flow chart
- Short and long-range strategic planning documents
- Examples of program and institution interaction to meet program goals
- Dental assisting representation on key college or university committees
- Institutions program review

Program Administrator

- 3-2 The program administrator must have a full-time commitment to the institution and an appointment which provides time for program operation, evaluation and revision. The program administrator must have the authority and responsibilities for:**

- a. Budget preparation
- b. Fiscal administration
- c. Curriculum development and coordination
- d. Selection and recommendation of individuals for faculty appointment and promotion
- e. Supervision and evaluation of faculty
- f. Determining faculty teaching assignments and schedules
- g. Determining admissions criteria and procedures
- h. Scheduling use of program facilities
- i. Development and responsibilities to maintain CODA accreditation compliance and documentation

Intent:

The program administrator’s teaching contact hours and course responsibilities are less than a full-time instructor who does not have administrative responsibilities or as defined by the collective bargaining agreement of the institution or state teachers association. The program administrator’s teaching contact hours and course responsibilities allow sufficient time to fulfill assigned administrative responsibilities.

3-3 The program administrator must be a Dental Assisting National Board “Certified Dental Assistant” or dentist licensed to practice in the state of the program location*, with occupational experience in the application of fourhanded dentistry principles, either as a dental assistant or working with a chairside assistant.

Intent:

*A dental hygienist appointed after January 1, 2000, would be eligible for such an appointment after acquiring the “Certified Dental Assistant” credential offered by the Dental Assisting National Board and obtaining occupational experience in the application of clinical chairside dental assisting involving fourhanded dentistry. *A dentist currently licensed in the United States who has obtained a teaching dispensation from the state that grants him/her the ability to practice dentistry as defined by the state’s dental practice act within a teaching institution, is exempt from this requirement. Honorary emeritus status issued by the Dental Assisting National Board is not recognized by the Commission on Dental Accreditation.*

3-4 The program administrator must have a baccalaureate degree or higher. The program administrator must have had instruction in educational theory and methodology, e.g., curriculum development, educational psychology, test construction, measurement and evaluation.

Examples of evidence to demonstrate compliance may include:

- Biosketch
- Documented evidence of instruction in educational methodology from a recognized provider or accredited institution. Instruction may occur through recognized continuing education providers, online courses, seminars, conferences or meetings
- Transcripts to document degree completion

Faculty

3-5 Dental assisting faculty must have background in and current knowledge of dental assisting, the specific subjects they are teaching and educational theory and methodology consistent with teaching assignment, e.g., curriculum development, educational psychology, test construction, measurement and evaluation.

Intent:

Dental assisting faculty have current knowledge at an appropriate level for the subject they teach, educational theory and methodology, and if applicable, in distance education techniques and delivery. Licensed dentists who provide supervision in the facility as required by the state dental practice act, who are not evaluating students, should have qualifications that comply with the state’s dental practice act, and are calibrated with program policies and protocols, goals and

objectives.

Examples of evidence may include:

- Documented evidence of instruction in educational methodology from a recognized provider or accredited institution. Instruction may occur through recognized continuing education providers, online courses, seminars, conferences or meetings
- Transcripts
- Certificate of completion

3-6 Faculty providing didactic instruction must have earned at least a baccalaureate degree.

Intent:

**Military program faculty with a rank of staff sergeant, E5, or non-commissioned officer are exempt.*

Examples of evidence to demonstrate compliance may include:

- Transcript(s)

3-7 Laboratory, preclinical and clinical faculty must hold any current dental assisting credential required by the state in addition to a Dental Assisting National Board “Certified Dental Assistant” credential*.

Intent:

Faculty members teaching additional or expanded dental assisting functions should be credentialed appropriately in those functions as required by the state. Faculty who are state-licensed dentists are not required to obtain additional certification. Licensed dental hygiene faculty who teach dental radiography, coronal polishing, and the placement of pit and fissure sealants would be eligible to teach these functions to dental assisting students without obtaining additional certification. Honorary emeritus status issued by the Dental Assisting National Board is not recognized by the Commission on Dental Accreditation.

Examples of evidence to demonstrate compliance may include:

- Copy of certification certificate or card
- Copy of license or dental credential
- Clinical faculty have recent experience in the application of four-handed dentistry principles
- Curriculum vitae

3-8 The number of faculty positions must be sufficient to implement the program’s goals and objectives. The faculty/student ratio during clinical and radiography (clinical and laboratory) sessions must not exceed one instructor to six students. During laboratory and preclinical instruction in dental materials and chairside assisting procedures, the faculty/student ratio must not exceed one instructor for each twelve students.

Intent:

Dental Assisting Standards

Student contact hour loads allow sufficient time for class preparation, student evaluation and counseling, development of subject content and appropriate evaluation criteria and methods, and professional development. Student partner-patients are not counted as students when calculating the ratio.

Examples of evidence to demonstrate compliance may include:

- Class schedules reflecting faculty/student ratio
- Listing of ratios for laboratory, preclinical and clinical courses

3-9 Opportunities must be provided for program faculty to continue their professional development.

Intent:

Time is provided for professional association activities, research, publishing and/or practical experience.

Examples of evidence to demonstrate compliance may include:

- Each faculty member is provided release time and financial support to attend at least one national or regional conference or workshop related to dental assisting education each year.
- Formal in-service for full and part-time faculty are held regularly.
- The program/institution provides periodic in-service workshops for faculty designed to provide an orientation to program policies, goals, objectives and student evaluation procedures.

3-10 Faculty must be ensured a form of governance that allows participation in the program and institution's decision-making process.

Intent:

There are opportunities for program faculty representation on institution-wide committees and the program administrator is consulted when matters directly related to the program are considered by committees that do not include program faculty.

3-11 A defined evaluation process must exist that ensures objective measurement of the performance of each faculty member.

Intent:

An objective evaluation system including student, administration and peer evaluation can identify strengths and weaknesses for each faculty member (to include those at distance sites) including the program administrator. The results of evaluations should be communicated to faculty members on a regular basis to ensure continued improvement.

Examples of evidence to demonstrate compliance may include:

- The faculty evaluation system includes student, administration and peer evaluation to help identify areas of strengths and weaknesses for each faculty member.

- Measurement mechanism(s) address teaching, scholarship and service.
- The evaluations are communicated to each faculty member.

Support Staff

3-12 Institutional support personnel must be assigned to facilitate program operation.

Examples of evidence to demonstrate compliance may include:

- Secretarial and clerical staff are assigned to assist the administrator and faculty in preparing course materials, typing correspondence, maintaining student records, and providing supportive services for student recruitment activities and admissions.
- The secretarial personnel are located in an area which is readily accessible to the faculty.
- There are support services to assist the faculty in ordering supplies and equipment, maintaining and distributing equipment, and providing other instructional aid assistance.
- Services of maintenance and custodial staff ensure that the unique requirements of the program facilities are met.
- The program faculty and students have access to available institutional specialists such as those in the areas of curriculum, testing, computer usage, counseling and instructional resources equal to that of other programs.

STANDARD 4 – EDUCATIONAL SUPPORT SERVICES

- 4-1 The program must provide adequate and appropriately maintained facilities to support the purpose/mission of the program and which are in conformance with applicable regulations.**

Intent:

The physical facilities and equipment effectively accommodate the schedule, the number of students, faculty and staff, and include appropriate provisions to ensure health and safety for patients, students, faculty and staff. The facilities permit attainment of program goals. This Standard applies to all sites where students receive instruction.

Clinical Facilities

- 4-2 A clinical facility must be available for students to obtain required experience with faculty supervision.**
- 4-3 Each treatment area must contain functional equipment including:**
- a. Power-operated chair(s) for treating patients in a supine position**
 - b. Dental units and mobile stools for the operator and the assistant which are designed for the application of current principles of dental assistant utilization.**
 - c. Air and water syringe**
 - d. Adjustable dental light**
 - e. High and low speed handpieces**
 - f. Oral evacuating equipment**
 - g. Work surface for the chairside assistant**

Examples of evidence to demonstrate compliance may include:

- One treatment area per five students enrolled in the program is considered minimal
- Floor plan

- 4-4 Each treatment area must accommodate an operator and a patient as well as the student and faculty.**
- 4-5 The sterilizing area must include sufficient space for preparing, sterilizing and storing instruments.**

4-6 Instruments and appropriate models and armamentaria must be provided to accommodate students' needs in learning to identify, exchange, prepare procedural trays and assist in procedures including:

- a. Diagnostic**
- b. Operative**
- c. Surgical**
- d. Periodontal**
- e. Orthodontic**
- f. Removable and fixed prosthodontics**
- g. Endodontic**

Examples of evidence to demonstrate compliance for DA 4-2 through 4-6 may include:

- List of equipment
- List of instruments

Radiography Facilities

4-7 A radiography facility must accommodate initial instruction and practice required for students to develop competence in exposing and processing dental images with faculty supervision.

4-8 Each radiography area must provide equipment for faculty supervision and effective instruction to accommodate several students simultaneously that include:

- a. Dental radiography units which meet applicable regulations**
- b. Radiographic teaching manikins**
- c. Radiographic view boxes and/or monitors**
- d. Processing units with darkroom capacity or digital equipment**
- e. Multiple sets of image receptor holding devices**
- f. Radiation-monitoring devices are provided for students and faculty (according to state regulations)**
- g. Lead aprons and cervical collars for each unit**
- h. Counter with sink**
- i. Dental chair or unit**

Intent:

The radiography facilities should allow the attainment of program goals and objectives. Radiography facilities and equipment should effectively accommodate the clinic and/or laboratory schedules, the number of students, faculty and staff, and comply with applicable regulations to ensure effective instruction in a safe environment.

Laboratory Facilities

- 4-9 A sufficient multipurpose laboratory facility must be provided for effective instruction which allows for required laboratory activities and can accommodate all scheduled students simultaneously. There must be an appropriate number of student stations, equipment, supplies, instruments and space for individual student performance of laboratory procedures with faculty supervision.**

Intent:

The location and number of general use equipment such as lathes, model trimmers, dremmels, handpieces, vibrators, and other devices as well as dental materials, instruments, trays, mixing bowls, spatulas, etc. allows each student the access needed to develop proficiency in performing procedures.

Examples of evidence to demonstrate compliance may include:

- Outlets for electrical equipment are available in the laboratory.
- Sinks and plaster control devices are adequate in number to promote cleanliness and efficiency.
- Adequate ventilation (exhaust)
- Placement and storage location of equipment, supplies, instruments and materials that is conducive to efficient and safe utilization
- Student stations that are designed and equipped for students work while seated including sufficient ventilation and lighting, necessary utilities, storage space and an adjustable chair
- Documentation of compliance with applicable local, state and federal regulations.

Extended Campus Laboratory/Clinical Facilities

- 4-10 It is preferable and, therefore recommended, that the educational institution provide physical facilities and equipment which are adequate to permit achievement of the program's objectives. If the institution finds it necessary to contract for use of an existing facility for laboratory, preclinical and/or clinical education, then the following conditions must be met in addition to all existing standards.**
- a. **There is a formal agreement between the educational institution and agency or institution providing the facility.**
 - b. **The program administrator retains authority and responsibility for instruction.**
 - c. **All students receive instruction and practice experience in the facility.**
 - d. **Policies and procedures for operation of the facility are consistent with the philosophy and objectives of the educational program.**
 - e. **Availability of the facility accommodates the scheduling needs of the program.**
 - f. **Notification for termination of the contract ensures that instruction will not be interrupted for currently enrolled students.**

- g. Instruction is provided and evaluated by calibrated dental assisting program faculty.**

Intent:

This standard applies to sites off-campus used for laboratory, preclinical and/or clinical education. All students assigned to a particular facility are expected to receive instruction in that facility. This standard is not applicable to dental offices/clinic sites used for clinical/externship practice experience.

Examples of evidence to demonstrate compliance may include:

- Contract with extended campus facilities
- Course and faculty schedules for the off-campus site
- Affiliation agreements and policies/objectives of off-campus site

Classroom Space

- 4-11 Classroom space must be provided for, and be readily accessible to, the program.**

Examples of evidence to demonstrate compliance may include:

- Classroom size accommodates the number of students enrolled in each class.
- Classrooms are designed and appropriately equipped for effective instruction.

Office Space

- 4-12 Office space must be provided for the program administrator and faculty.**

Examples of evidence to demonstrate compliance may include:

- Privacy for student counseling
- A private office for the program administrator
- Student and program records stored to ensure confidentiality and safety

Learning Resources

- 4-13 The program must provide adequate and appropriately maintained learning resources to support the goals and objectives of the program.**

Intent:

Instructional aids and equipment, and institutional learning resources are provided and include access to a diversified collection of current dental, dental assisting and multidisciplinary literature and references necessary to support teaching, student learning needs, services, and research. All students, including those receiving education at a distance site, are provided access to learning resources.

Examples of evidence to demonstrate compliance may include:

- A diversified and current collection may include: anatomy and physiology, anesthesia and pain control, applied psychology, current concepts of dental assistant utilization, dental and oral anatomy, dental materials, diet and nutrition, emergencies, ethics and jurisprudence, history of dentistry, microbiology, operative dentistry, oral health education, oral histology, oral pathology, pharmacology, practice management, preventive dentistry, radiology and radiation safety, sterilization and infection control, tooth morphology and the recognized dental specialties.
- References on educational methodology and medical and dental dictionaries and indices are available.
- Skeletal and anatomic models and replicas, sequential samples of laboratory procedures, slides, films, video and other media which depict current techniques and projection equipment are available for instruction.
- A wide range of electronic resources, printed materials and instructional aids and equipment are available for utilization by students and faculty including: current and back issues of major scientific and professional journals related to dentistry and dental assisting/dental hygiene/dental laboratory technology; a diversified collection of current references on dentistry and related subjects.
- There is a mechanism for program faculty to periodically review and select current titles and instructional aids of acquisition.
- Facility hours and policies are conducive to faculty and student use.
- Student access to a virtual library

Student Services

4-14 There must be specific written due process policies and procedures for adjudication of academic and disciplinary complaints, which parallel those established by the sponsoring institution.

Intent:

These policies and procedures protect the students as consumers; provide avenues for appeal and due process; ensure that student records accurately reflect work accomplished, and are maintained in a secure manner; ensure confidentiality of and access to student records is followed; ensure student participation when appropriate. The institution provides services to the allied dental students equal to those available to other students.

Examples of evidence to demonstrate compliance may include:

- Personal, academic and career counseling of students
- Appropriate information about the availability of financial aid and health services
- Student advocacy
- Information about further educational opportunities
- Ethical standards and policies to protect the students as consumers and avenues for appeal and due process

- Student records accurately reflect work accomplished during the program and are maintained in a secure manner.
- Policies concerning confidentiality of and access to student records are followed.

4-15 The program must provide a mechanism to facilitate student remediation when indicated.

Intent:

Students are provided with opportunities to successfully complete the program without compromising the integrity of the program.

Examples of evidence to demonstrate compliance may include:

- Policies and procedures for early identification of “at-risk” students
- Counseling and support services
- Scheduled remediation time
- Skills lab
- Tutor or mentoring program

STANDARD 5 – HEALTH AND SAFETY PROVISIONS

Infectious Disease/Radiation Management

5-1 The program must document its compliance with institutional policy and applicable local, state and federal regulations and/or guidelines related to health and safety.

- a. Policies must include:**
 - i) radiation hygiene and protection,**
 - ii) ionizing radiation,**
 - iii) hazardous materials, and**
 - iv) bloodborne and infectious diseases.**
- b. Policies must be provided to all students, faculty and appropriate support staff and continuously monitored for compliance.**
- c. Policies on bloodborne and infectious disease(s) must be made available to applicants for admission and patients.**

Intent:

The dental assisting program should establish and enforce a mechanism to ensure adequate preclinical/clinical/laboratory asepsis, infection and biohazard control and disposal of hazardous waste.

Policies and procedures on the use of ionizing radiation should include criteria for patient selection, frequency of exposing and retaking radiographs on patients, consistent with current, accepted dental practice.

Policies and procedures should be in place to provide for a safe environment for patients, students, faculty and staff. The confidentiality of information pertaining to the health status of each individual is strictly maintained.

This Standard applies to all program sites where laboratory and clinical education is provided.

Examples of evidence to demonstrate compliance may include:

Infectious Disease Management

- Written protocols on preclinical/clinical/laboratory asepsis, infection and biohazard control and disposal of hazardous waste
- Program policy manuals
- Compliance with applicable state and/or federal regulations
- Established post-exposure guidelines as defined by the Centers for Disease Control and Prevention
- Non-discriminatory admissions criteria

Radiation Management

- The program has developed and adheres to a policy on the use of ionizing radiation including criteria for patient selection, frequency of exposing radiographs on patients and retaking radiographs consistent with current accepted dental practice.
- Radiographs are exposed for diagnostic purposes, not solely to achieve instructional objectives.
- All radiographs exposed on patients are utilized while patient care is being provided for integration of radiography with clinical procedures.

- 5-2 Students, faculty and appropriate support staff must be encouraged to be immunized against and/or tested for infectious diseases, such as mumps, measles, rubella, hepatitis B and tuberculosis prior to contact with patients and/or infectious objects or materials, in an effort to minimize the risk to patients and dental personnel.**

Examples of evidence to demonstrate compliance may include:

- Forms
- Documentation
- Immunization records
- Declination forms

Emergency Management

- 5-3 The program must establish and enforce preclinical/clinical/laboratory protocols and mechanisms to ensure the management of emergencies; these protocols must be provided to all students, faculty and appropriate staff.**

Examples of evidence to demonstrate compliance may include:

- Emergency equipment, including oxygen, is readily accessible and functional.
- Instructional materials
- Written protocol
- Emergency kit
- Safety devices and equipment are installed and functional.
- A first aid kit for use in managing clinic and/or laboratory accidents is accessible.

5-4 All students, faculty and support staff must be currently certified in basic life support procedures, including cardiopulmonary resuscitation with an Automated External Defibrillator (AED), prior to the direct provision of patient care.

Examples of evidence to demonstrate compliance may include:

- Documentation of current certification in basic life support procedures maintained by the program for students, faculty and support staff involved in the direct provision of patient care.
- Documentation for anyone who is medically or physically unable to perform such services.

STANDARD 6 – PATIENT CARE SERVICES

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

Intent:

These standards apply to any dental assisting program operating an on-site or distance site clinic which provides comprehensive dental care to patients (e.g., diagnosis and treatment planning, operative and/or surgical procedures).

- 6-1 The program must conduct a formal system of quality assurance for the patient care program that demonstrates evidence of:**
- a. Standards of care that are patient-centered, focused on comprehensive care and written in a format that facilitates assessment with measurable criteria**
 - b. An ongoing review of a representative sample of patients and patient records to assess the appropriateness, necessity and quality of the care provided**

Examples of evidence to demonstrate compliance may include:

- Description of the quality assurance process for the patient care program
- Samples of outcomes assessment measures to assess patients' perceptions of quality care, i.e., patient satisfaction surveys and results
- Results of patient records review and use of results to improve patient care program

- 6-2 The program must develop and distribute to appropriate students, faculty, staff and each patient a written statement of patients' rights.**

- 6-3 Patients accepted for dental care must be advised of the scope of dental care available at the dental assisting program facilities. Patients must also be advised of their treatment needs and appropriately referred for the procedures that cannot be provided by the program.**