### Commission on Dental Accreditation

**SITE VISITOR EVALUATION REPORT**

**Dental Laboratory Technology Education**

SITE VISITOR EVALUATION REPORT

for the Evaluation of a

**Dental Laboratory Technology Education Program**

**Commission on Dental Accreditation**

# 211 East Chicago Avenue

**Chicago, Illinois 60611**

**(312) 440-4653**

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

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Commission on Dental Accreditation

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## Accreditation Standards for

## Dental Laboratory Technology Education Programs

## **Document Revision History**

|  |  |  |
| --- | --- | --- |
| **Date** | **Item** | **Action** |
| *February 12, 2021*  | *Accreditation Standards for Dental Laboratory Technology Education Programs* | *Adopted* |
| *January 1, 2022* | *Accreditation Standards for Dental Laboratory Technology Education Programs* | *Implemented* |

**COMMISSION ON DENTAL ACCREDITATION**

**SITE VISITOR EVALUATION REPORT**

**DENTAL LABORATORY TECHNOLOGY EDUCATION**

**SITE VISITOR’S INSTRUCTIONS**

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

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

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

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

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

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

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

#### Commission on Dental Accreditation

**Site Visitor Evaluation Report (SVER) Form**

**Dental Laboratory Technology Education**

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

|  |  |
| --- | --- |
| **INSTITUTION:** |  |

**SUMMARY OF FACTUAL INFORMATION ON THE**

**DENTAL LABORATORY TECHNOLOGY PROGRAM**

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

|  |
| --- |
| Admissions |
| a. Number of classes admitted annually:  |  |  |
|  |
| b. Enrollment pattern (month and number): |  |  |
|  |  |
| c. Current total enrollment: | Maximum enrollment: |
|  | 1st year students |  | 1st year students |  |
|  | 2nd year students |  | 2nd year students |  |
|  |

|  |
| --- |
| Facilities |
| a. Identify program(s) that share dental laboratory technology facilities, e.g., dental hygiene, dental assisting, nursing: |
|  |
| b. Number of laboratory stations: |  |
| c. Number of radiography units: |  |

|  |
| --- |
| Program Faculty Numbers: |
| a. Dental laboratory technicians |
|  Full-time:  |  | Part-time: |  |
|  |  |
| b. Dentists- |
|  Full-time:  |  | Part-time: |  |
| Supervising: |  |  |
|  |  |
| c. Other faculty- |
|  Full-time:  |  | Part-time: |  |

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

|  |
| --- |
| Setting/Curriculum Delivery |
| 1. Site(s) where dental laboratory instruction occurs (See definitions within EOPP):

Off-Campus (major and minor activity sites):On-Site:Supplemental: |
|  |
| b. Describe any curriculum delivered via distance education technologies and/or non-traditional methods as defined by Commission policy (list fully on-line and hybrid courses): |
|  |

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sites Where Educational Activity Occurs (Off-Campus Sites For Didactic and Clinical Activity):** List the names and addresses of the established off-campus sites, purposes of the site, amount of time each student is assigned to the site and indicate by checkmark if the team visited the site. **The Commission recognizes that dental laboratory technology programs utilize numerous extramural dental laboratories to provide students with laboratory work experience. Please do not list extramural sites in the below chart. Additionally, please do not list sites used for community service and service learning, these are exempt from the policy.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name and Address | Owned by Institution(√) | Purpose (state the reason for site usage) | Duration (state the year and number of days a student visits the site) | Site Visited (√) and indicate if visited virtually |
|  |  |  |  |  |
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**PREVIOUS SITE VISIT RECOMMENDATIONS**

|  |  |
| --- | --- |
| 1. **Recommendations noted in the last site visit report that are current Standards, have been remedied.**
 | **YES NO** |
| Please note, if the last site visit was conducted prior to the implementation of the revised Standards (January 1, 2022), some recommendations may no longer apply. Should further guidance be required, please contact Commission staff.If **NO**, please explain below, include the concern in the draft site visit report and note at the final conference. |  |

|  |
| --- |
| **COMPLIANCE WITH COMMISSION POLICIES** |

**PROGRAM CHANGE**

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

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

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

Other types of Program Changes are enrollment increase and the addition of off-campus sites.

For enrollment increases, the program must adhere to the Policy on Enrollment Increases in Advanced Dental Education.

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

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

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

**THIRD PARTY COMMENTS**

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

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

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

**COMPLAINTS**

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

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

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

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

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

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

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

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

 **YES NO**

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

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

If applicable: Following review of “anonymous” complaints filed against the program, it has been determined that the program is in compliance with the Accreditation Standards. **YES NO N/A**

***(Answer YES if this statement is true. Answer NA if there were no***

***anonymous complaints reviewed during the site visit.)***

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

**DISTANCE EDUCATION**

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

Programs that offer distance education must ensure regular and substantive interaction between a student/resident/fellow and an instructor or instructors prior to the student’s/residents’s/fellow’s completion of a course or competency. For purposes of this definition, substantive interaction is engaging students/residents/fellows 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/residents’s/fellow’s coursework;
* Providing information or responding to questions about the content of a course or competency;
* Facilitating a group discussion regarding the content of a course or competency; or
* Other instructional activities approved by the institution’s or program’s accrediting agency.

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

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

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

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

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

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

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

 **YES NO**

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

**PROGRAM EFFECTIVENESS**

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

|  |
| --- |
| 1. **Confirm that the institution/program is assessing student achievement and provide a detailed analysis of the program’s performance with respect to student achievement. Include a description of the assessment tools used by the program and a summary of data and conclusions.**
 |

|  |
| --- |
| 1. **Describe the positive and negative program outcomes related to the program’s student achievement measures. Describe program changes made in accordance with outcomes data collected. Conversely, describe areas where program change has not been made in accordance with outcomes data collected.**
 |

|  |
| --- |
| **3. Identify specific standards where recommendations or suggestions are written related to student achievement.** |

**Complete the Narrative Below (Be sure to spell out any acronyms and label courses with the course number and name, if appropriate (e.g., DLT 104 Dental Technology):**

**Standard 1. Institutional Effectiveness**

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

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

# STANDARD 1 - INSTITUTIONAL EFFECTIVENESS

|  |  |  |
| --- | --- | --- |
|  | **Planning and Assessment** |  |
| **1-1** | **The program demonstrates its effectiveness through a formal and ongoing planning and outcomes assessment process that is systematically documented and annually evaluated.****This process includes the following:** | **YES NO** |
|  | 1. **Program goals that include, but are not limited to a purpose, mission statement, and student learning outcomes that are consistent with the goals of the sponsoring institution and appropriate to dental technology education**
 | **YES NO** |
|  | 1. **An implementation plan**
 | **YES NO** |
|  | 1. **An assessment process which includes measures of student achievement**
 | **YES NO** |
|  | 1. **Use of results for program improvement**
 | **YES NO** |
|  | Intent:*Planning for evaluation of and improvement of the educational quality of the program is broad-based, systematic, continuous and designed to promote achievement of program goals.* |  |
|  |  |  |
|  | Financial Support |  |
| **1-2** | **The program has a strategic plan which identifies stable institutional financial resources sufficient to support the program’s stated mission, goals and objectives.** | **YES NO** |
|  | **Intent:***The institution has the financial resources required to develop and sustain the program on a continuing basis. The ability to employ an adequate number of full-time faculty, replace and add equipment, procure supplies, reference material, and teaching aids is reflected in annual budget appropriations for the program. Financial allocations ensure that the program will be in a competitive position to recruit and retain qualified faculty. Annual appropriations provide for innovations and changes necessary to reflect current concepts of education in the discipline. The Commission assesses the adequacy of financial support on the basis of current appropriations. The financial resources identify stable sources of funding for the program and the degree of dependence upon a given funding source is based upon the stability of that source.* |  |
|  |  |  |
| **1-3**  | **The sponsoring institution ensures that support from entities outside of the institution does not compromise the teaching, clinical and research components of the program.** | **YES NO** |
|  |  |  |
| **1-4**  | **The authority and final responsibility for curriculum development and approval, student selection, faculty selection and administrative matters rests within the sponsoring institution.**  | **YES NO** |
|  |  |  |
|  | Institutional Accreditation |  |
| **1-5** | **Programs are sponsored by educational institutions that are responsible for postsecondary education and accredited by an agency recognized by the United States Department of Education or an officially recognized state accrediting agency.** | **YES NO** |
|  | 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 sponsors for the program.* |  |
|  |  |  |
| **1-6** | **All arrangements with co-sponsoring or affiliated institutions are formalized by means of written agreements which clearly define the roles and responsibilities of each institution involved.** | **YES NO** |
|  | Community Resources |  |
| **1-7** | **There is an active liaison mechanism between the program and dental professionals in the community.** | **YES NO** |
|  | **Intent:** *The purpose of the active liaison mechanism is to provide a mutual exchange of information for improving the program and meeting employment needs of the community. Meetings, either in-person or virtual, should be held at least once per year.* |  |

**COMMENTS: RECOMMENDATIONS &/OR SUGGESTIONS**

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

|  |
| --- |
|  |

###### STANDARD 2 – EDUCATIONAL PROGRAM

|  |  |  |
| --- | --- | --- |
|  | Admissions |  |
| **2-1** | **Admission of students is based on specific written criteria, procedures and policies.** | **YES NO** |
|  | **Minimum admissions requirements includes high school diploma or its equivalent.**  | **YES NO** |
|  |  |  |
|  | **Applicants are informed of:** |  |
|  | **the criteria and procedures for selection,**  | **YES NO** |
|  | **goals of the program,**  | **YES NO** |
|  | **curricular content,**  | **YES NO** |
|  | **course transferability, and** | **YES NO** |
|  | **employment opportunities for dental laboratory technicians.** | **YES NO** |
|  | **Intent:***Because the curriculum is science and technology-oriented and enrollment is limited by facility capacity, special program admissions criteria and procedures may be necessary. The program administrator and faculty, in cooperation with appropriate institutional personnel establish admissions procedures which are non-discriminatory, contribute to the quality of the program, and allow selection of students with potential for successfully completing the program.**.* |  |
|  |  |  |
| **2-2** | **Admission of students with advanced standing is based on the same criteria required of all applicants admitted to the program.**  | **YES NO** |
|  | **If a program considers students for advanced standing, credit is awarded based on equivalent didactic, laboratory content and student achievement.**  | **YES NO** |
|  |  |  |
|  | **Intent**: *Policies ensure that advanced standing credit is awarded based on equivalent coursework, knowledge, and/or experience that meets or exceeds content required in the curriculum and results in equivalent student competence. Advanced standing refers to applicants that may be considered for admission to a training program whose curriculum has been modified after taking into account the applicant’s past experience. Examples include transfer from a similar program at another institution, completion of training at a non-CODA accredited program, or documented practice experience in the given discipline. Acceptance of advanced standing students/residents will not result in an increase of the program’s approved number of enrollees. Applicants for advanced standing are expected to fulfill all of the admission requirements mandated for students/residents in the conventional program and be held to the same academic standards. Advanced standing students/residents, to be certified for completion, are expected to demonstrate the same standards of competence as those in the conventional program.* |  |
|  |  |  |
| **2-3** | **The number of students enrolled in the program is proportionate to the resources available.** | **YES NO** |
|  | **Intent:***In determining the number of students enrolled in a program, including off-campus sites, hybrid, or online courses, careful consideration is given to ensure that the number of students does not exceed the program’s resources, including, as appropriate, financial support, scheduling options, facilities, equipment, supplies, and faculty.* |  |
|  | **Curriculum Management** |  |
| **2-4** | **The curriculum includes at least two academic years of full-time instruction or its equivalent at the postsecondary level.** | **YES NO** |
|  | **The scope and depth of the curriculum reflects the objectives and philosophy of higher education.** | **YES NO** |
|  |  |  |
|  | **The college catalog lists the degree awarded and course titles and descriptions.**  | **YES NO** |
|  |  |  |
|  | **In a two-year college setting, the graduates of the program are awarded an associate degree or certificate of completion.** | **YES NO****NA** |
|  |  |  |
|  | **In a four-year college or university, graduates of the program are awarded an associate degree, post-degree certificate, or baccalaureate degree.**  | **YES NO****NA** |
|  |  |  |
|  | **Intent:***Minimum of at least two academic years or equivalent of full-time study are required to provide both didactic and laboratory experiences sufficient to ensure that students will acquire appropriate knowledge and skill. 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 provides maximum opportunity for students to continue their formal education with minimum duplication of learning experiences.* |  |
|  |  |  |
| **2-5** | **The curriculum is designed to reflect the interrelationship of general studies, physical sciences, dental sciences and dental laboratory techniques to promote maximum application of basic concepts in the performance of dental laboratory techniques.** | **YES NO** |
|  | **Intent:***Although there is not a prescribed sequence of instruction, the order of content presentation and learning experience is based on a reasonable relationship between the basic and applied aspects of the curriculum.* |  |
|  |  |  |
|  | **Instruction** |  |
| **2-6** | **Written documentation for each course in the curriculum is provided to students and include:** |  |
|  | 1. **Course title, number, and description**
 | **YES NO** |
|  | 1. **Instructor(s) of record and contact information**
 | **YES NO** |
|  | 1. **Course content outline including topics to be presented**
 | **YES NO** |
|  | 1. **Specific instructional objectives, student learning outcomes and assessment mechanisms**
 | **YES NO** |
|  | 1. **Course schedule including time allocated for didactic and laboratory learning experiences**
 | **YES NO** |
|  | 1. **Specific criteria and evaluation procedures for course grade calculation**
 | **YES NO** |
|  | **Intent:***Curriculum documentation is current, reviewed periodically and revised, and should include:*1. *Topics related to course content*
2. *Instructional objectives and learning experiences are related to topics*
3. *Evaluation procedures measure instructional objectives*
4. *Course or weekly schedule*
 |  |
|  |  |  |
|  | Curriculum Content |  |
| **2-7** | The basic curriculum includes content in the subject areas:  |  |
|  | general studies; | **YES NO** |
|  | physical sciences; | **YES NO** |
|  | dental sciences; | **YES NO** |
|  | legal, ethical and historical aspects of dentistry and dental laboratory technology; | **YES NO** |
|  | infectious disease and hazard control management; and | **YES NO** |
|  | basic laboratory techniques | **YES NO** |
|  |  |  |
|  | **Intent:***To ensure that foundational knowledge is established early in the program and that subsequent information is provided which is comprehensive and prepares the student to achieve competence in all components of dental laboratory practice. Content identified in each subject need not constitute a separate course, but the subject areas are included within the curriculum.* |  |
|  |  |  |
|  | **General Studies** |  |
| **2-8** | The curriculum includes content at the in-depth level in communication skills, mathematics and business principles relative to dental laboratory technology. | **YES NO** |
|  | **Intent:***Content in general studies prepares the student to work and communicate effectively with dental professionals and patients, and provides a foundation of knowledge for professional success* |  |
|  |  |  |
|  | Physical Sciences |  |
| **2-9** | **The curriculum includes content in chemistry and physics relative to dental laboratory technology.** | **YES NO** |
|  | **Intent:***Content in physical sciences should prepare the student with an understanding of physical and chemical characteristics related to dental materials and processes, and utilized in proper fabrication of dental restorations, prostheses and appliances.* |  |
|  | Dental Sciences |  |
| **2-10** | The curriculum includes content in dental materials, tooth morphology, oral anatomy and occlusion. | **YES NO** |
|  | **Intent:***Dental science content should provide the student with an understanding of physical properties, uses and manipulation of dental materials; tooth form and function; and structures of the oral cavity as related to proper application for use in fabricating dental restorations. Content should include principles of occlusion, determinants of occlusal morphology and physiology of mandibular movements.* |  |
|  |  |  |
|  | Legal, Ethical and Historical Aspects |  |
| **2-11** | The curriculum includes content in the legal, ethical and historical aspects of dentistry and dental laboratory technology to include: |  |
|  | 1. Organizations that advance certification and continuing education for dental technicians and certification of laboratories.
 | **YES NO** |
|  | 1. Work authorization/prescription of the dentist in accordance with the state dental practice act, consistent with current procedures in dental laboratory technology in the geographic area served by the program.
 | **YES NO** |
|  | 1. Federal and state laws and regulations related to operating a dental laboratory and/or working as a dental laboratory technician.
 | **YES NO** |
|  | 1. HIPAA laws related to health care professionals
 | **YES NO** |
|  | 1. Ethics for health care professionals
 | **YES NO** |
|  | **Intent:***The dental laboratory technology curriculum prepares students to assume a professional and ethical standard to understand the basic foundation in which the fundamentals of dental laboratory technology were established.* |  |
|  |  |  |
|  | **Infectious Disease and Hazard Control Management** |  |
| **2-12** | The program presents appropriate, ethical, legal and regulatory content related to bloodborne infectious diseases throughout the didactic and preclinical/clinical/laboratory components of the curriculum. | **YES NO** |
|  |  |  |
|  | Content in bloodborne infectious diseases is presented at least once during each academic term.  | **YES NO** |
|  |  |  |
|  | General Laboratory Techniques |  |
| **2-13** | The curriculum includes didactic as well as laboratory instruction in the following areas: general laboratory techniques, complete dentures, removable partial dentures, fixed prosthodontics, and orthodontics. | **YES NO** |
|  | **Intent:***Dental technology curriculum content includes theoretical aspects as well as practical application of the subjects. The theoretical aspect of the curriculum provides content necessary for the student to make appropriate judgments regarding the procedures an entry-level technician is expected to perform and access available resources. Time devoted to, and learning experience in, laboratory techniques ensures that each student has adequate opportunity to develop competency in performing all laboratory procedures and techniques in the curriculum. Students perform routine procedures that lead to the completion of clinically acceptable dental prostheses.* |  |
| **2-14** | Students demonstrate competence in general laboratory techniques, including: |  |
|  | 1. **Evaluating impressions**
 | **YES NO** |
|  | 1. **Preparing and evaluating casts**
 | **YES NO** |
|  | 1. **Fabricating custom impression trays**
 | **YES NO** |
|  | 1. **Articulating casts, using non-adjustable and semi-adjustable articulators**
 | **YES NO** |
|  | Developing functional occlusion on articulated casts | **YES NO** |
|  | 1. **Recognizing variables that affect materials**
 | **YES NO** |
|  | 1. **Utilizing various methods of fabrication (i.e., analog and/or digital)**
 | **YES NO** |
|  | 1. **Demonstrating safe handling of equipment and materials**
 | **YES NO** |
|  | 1. **Digital workflow (i.e., didactic and/or laboratory procedures)**
 | **YES NO** |
|  | **Intent:** *Dental technology curriculum content includes various methods of fabrication; students should be exposed to new technologies and processes.* |  |
|  |  |  |
|  | Complete Dentures |  |
| **2-15** | Students demonstrate competence in the knowledge and skill required to fabricate complete denture prostheses, including: |  |
|  | 1. **Identifying various methods of fabrication**
 | **YES NO** |
|  | 1. **Constructing base plates and occlusion rims**
 | **YES NO** |
|  | 1. **Arranging a balanced denture set-up using anatomical teeth**
 | **YES NO** |
|  | 1. **Contouring trial dentures prior to try-in and processing**
 | **YES NO** |
|  | 1. **Equilibrating occlusal discrepancies**
 | **YES NO** |
|  | 1. **Finishing and polishing**
 | **YES NO** |
|  | 1. **Using a semi-adjustable articulator during fabrication**
 | **YES NO** |
|  | Relining and denture repairs | **YES NO** |
|  | 1. **Fabricating surgical templates**
 | **YES NO** |
|  | **Intent:***Dental laboratory technology curriculum content includes various methods of fabrication; students should be exposed to new technologies and processes.* |  |
|  | Removable Partial Dentures |  |
| **2-16** | Students demonstrate competence in the knowledge and skill required to fabricate removable partial dentures prostheses, including: |  |
|  | 1. **Identification of the components of a removable partial denture, including various clasp designs**
 | **YES NO** |
|  | 1. **Principles of surveying and design**
 | **YES NO** |
|  | 1. **Performing blockout procedures**
 | **YES NO** |
|  | 1. **Fabricating patterns**
 | **YES NO** |
|  | 1. **Processing frameworks**
 | **YES NO** |
|  | 1. **Finishing and polishing frameworks**
 | **YES NO** |
|  | 1. **Evaluating the fit of the framework to the master cast**
 | **YES NO** |
|  | 1. **Arranging teeth on the frameworks**
 | **YES NO** |
|  | 1. **Processing and finishing removable partial denture bases**
 | **YES NO** |
|  | 1. **Various repair procedures**
 | **YES NO** |
|  | **Intent:***Dental laboratory technology curriculum content includes various methods of fabrication; students should be exposed to new technologies and processes.* |  |
|  | **Fixed Prosthodontics** |  |
| **2-17** | Students demonstrate competence in the knowledge and skill required to fabricate fixed prostheses, including inlays, onlays, full crowns and fixed partial dentures: |  |
|  | 1. **Preparing and evaluating casts with removable dies**
 | **YES NO** |
|  | 1. **Recognizing variables that affect materials**
 | **YES NO** |
|  | 1. **Identifying various methods of fabrication**
 | **YES NO** |
|  | 1. **Preparing margins utilizing magnification**
 | **YES NO** |
|  | 1. **Identifying various margin and preparation designs and their applications**
 | **YES NO** |
|  | 1. **Designing and fabricating full contour restorations**
 | **YES NO** |
|  | 1. **Designing and fabricating substructures**
 | **YES NO** |
|  | 1. **Seating fixed restoration utilizing magnification**
 | **YES NO** |
|  | 1. **Preparing substructure to receive porcelain**
 | **YES NO** |
|  | 1. **Applying and processing porcelain to substructure(s)**
 | **YES NO** |
|  | 1. **Contouring ceramic materials**
 | **YES NO** |
|  | 1. **Developing functional occlusion on full arch articulated casts**
 | **YES NO** |
|  | 1. **Adjusting occlusal and interproximal contacts**
 | **YES NO** |
|  | 1. **Performing optical external characterization**
 | **YES NO** |
|  | 1. **Finishing and polishing restorations**
 | **YES NO** |
|  | 1. **Fabricating single and multi-unit restorations**
 | **YES NO** |
|  | 1. **Demonstrating safe handling of all equipment associated with ceramic**
 | **YES NO** |
|  |  |  |
|  | Intent:*Dental technology curriculum content includes various methods of fabrication, students need to be exposed to as many new technologies and processes as possible. Including but not limited to: pressing fabrication processes.*  |  |
|  |  |  |
|  | **Orthodontics** |  |
| **2-18** | **Students demonstrate competence in the knowledge and skill necessary to fabricate orthodontic appliances, including:** |  |
|  | 1. **Recognizing variables that affect materials**
 | **YES NO** |
|  | 1. **Preparing and evaluating orthognathic study casts**
 | **YES NO** |
|  | 1. **Identifying the components of orthodontic appliances**
 | **YES NO** |
|  | 1. **Identifying and categorizing types of appliances**
 | **YES NO** |
|  | 1. **Fabricating retainers, space maintainers and tooth moving appliances**
 | **YES NO** |
|  | 1. **Contouring various types of arch wires, clasps and springs**
 | **YES NO** |
|  | 1. **Fabricating, finishing and polishing appliances**
 | **YES NO** |
|  | 1. **Soldering and band placement**
 | **YES NO** |
|  | 1. **Appliance repairs**
 | **YES NO** |
|  | **Intent:***Dental laboratory technology curriculum content includes various methods of fabrication; students should be exposed to new technologies and processes.* |  |
|  | Discipline Specific Content |  |
| **2-19** | The discipline specific portion of the curriculum prepares students to competence in additional techniques in at least one or more of the following discipline specific areas: complete dentures, removable partial dentures, fixed prosthodontics, orthodontics, and implants. | **YES NO** |
|  | **Intent:***While it is desirable that instruction in all discipline specific areas**be offered, students need the opportunity to select from at least two discipline specific areas.* *Curriculum content in the discipline specific areas includes reinforcement of techniques and procedures which were taught in the basic curriculum. A balanced emphasis is placed on incorporating productivity, flow time and quality requirements into the educational program. Dependent upon its objectives, resources and community needs, the institution may elect to extend the scope of the dental laboratory technology curriculum to include content and instruction in additional discipline specific areas. Institutions with the resources are encouraged to provide instruction in more than one discipline specific area, thus providing the opportunity for students to elect areas of specialization on the basis of their interests. Techniques and procedures are consistent with current procedures used in dental laboratory technology and the geographic area served by the program.* |  |
|  |  |  |
|  | **Practical Experience** |  |
| **2-20** | Practical experiences to support the development of competency in performing laboratory procedures are provided either in the program facilities or off-site facilities. | **YES NO** |
|  |  |  |
|  | Student Evaluation |  |
| **2-21** | Student evaluation methods include defined objective criteria that measure all defined course objectives and/or student learning outcomes.Intent:*Specific criteria and procedures for measuring student progress toward attainment of course objectives and/or student learning outcomes are developed and utilized as feedback to the student.* | **YES NO** |

**COMMENTS: RECOMMENDATIONS &/OR SUGGESTIONS**

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

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

|  |  |  |
| --- | --- | --- |
| **3-1** | The administrative structure ensures the attainment of program goals. | **YES NO** |
|  | Intent:*The administration includes formal provisions for program planning, staffing, direction, coordination and evaluation.* |  |
|  |  |  |
| **3-2** | The program is a recognized entity within the institution’s administrative structure. | **YES NO** |
|  | **Intent:***The position of the program in the institution’s administrative structure permits direct communication between the program administrator and institutional administrators who are responsible for decisions that directly affect the program*. |  |
|  |  |  |
|  | Program Administrator |  |
| **3-3** | A program administrator who is employed full-time (as defined by the institution) and who is responsible for the day-to-day implementation of the program and has the authority, responsibility and privileges necessary to manage the program. | **YES NO** |
|  |  |  |
| **3-4** | The program administrator: |  |
|  | 1. **has the educational background and occupational experience necessary to understand and fulfill the program goals**
 | **YES NO** |
|  | 1. **has attained a higher level of education than that presented in the program or be enrolled in a program progressing toward that degree**
 | **YES NO** |
|  | 1. **has current background in educational theory and methodology**
 | **YES NO** |
|  | 1. **has practical experience as a dental technician**
 | **YES NO** |
|  | 1. is certified by the National Board for Certification in Dental Laboratory Technology
 | **YES NO** |
|  |  |  |
| **3-5** | Duties: The program administrator has authority and responsibility necessary to fulfill program goals. | **YES NO** |
|  |  |  |
|  | Faculty |  |
| **3-6** | Dental laboratory technology faculty have background in and current knowledge of dental laboratory technology and the specific subjects they are teaching. | **YES NO** |
|  | **Intent:** *Dental laboratory technology faculty members have current knowledge at an appropriate level for the subject they teach.* |  |
| **3-7** | Faculty providing instruction have current educational theory and, e.g., curriculum development, educational psychology, test construction, measurement and evaluation.  | **YES NO** |
|  |  |  |
|  | Faculty providing instruction via distance education technology have instruction in distance education techniques and delivery. | **YES NO** |
|  |  |  |
| **3-8** | Faculty providing didactic instruction hold a degree higher than the degree being granted to their students or an equivalent degree to the degree being granted to their students plus five years of documented experience in the dental laboratory technology discipline area they would be teaching. | **YES NO** |
|  |  |  |
| **3-9** | A dental laboratory technician who is appointed as a dental laboratory technology program faculty member, is certified by the National Board for Certification in Dental Laboratory Technology or has achieved certification within two years of appointment to the program or is a licensed dentist. | **YES NO** |
|  |  |  |
| **3-10** | The number of faculty positions are sufficient to implement the program’s goals and objectives.  | **YES NO** |
|  |  |  |
|  | The faculty to student ratio, during laboratory instruction, does not exceed one instructor for every twelve students. | **YES NO** |
|  | **Intent:** *Student contact hour loads allow sufficient time for class preparation, student evaluation and counseling, development of subject content and appropriate evaluation criteria and methods, and professional development.* |  |
| **3-11** | Opportunities are provided for program faculty to continue their professional development.**Intent:** *Time is provided for professional association activities, research, publishing and/or practical experience.* | **YES NO** |
| **3-12** | Faculty is ensured a form of governance that allows participation in the program and institution’s decision-making processes. | **YES NO** |
|  | **Intent:** *There are opportunities for the 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.* |  |
| **3-13** | A defined evaluation process exists that ensures objective measurement of the performance of each faculty member. | **YES NO** |
|  |  |  |
|  | Support Staff |  |
| **3-14** | Services of institutional support personnel is adequate to facilitate program operation. | **YES NO** |

**COMMENTS: RECOMMENDATIONS &/OR SUGGESTIONS**

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

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**STANDARD 4 - EDUCATIONAL SUPPORT SERVICES**

|  |  |  |
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|  | Facilities |  |
| **4-1** | **The program provides adequate and appropriately maintained facilities to support the purpose/mission of the program and which are in conformance with applicable regulations.** | **YES NO** |
|  | **Intent:***The physical facilities and equipment effectively accommodate the scheduled number of students, faculty and staff, and include appropriate safety provisions for students, faculty, and staff. The facilities permit the attainment of program goals.* |  |
|  |  |  |
|  | Laboratory Facilities |  |
| **4-2** | **An adequate multipurpose laboratory facility is provided for effective instruction and include:** |  |
|  | 1. **Sufficient and secure storage space for instructional equipment, supplies, and materials, including hazardous materials**
 | **YES NO** |
|  | 1. **Policies and procedure for safe operation and maintenance of laboratory equipment**
 | **YES NO** |
|  | 1. **An appropriate number of work stations with necessary dental equipment for students**
 | **YES NO** |
|  |  |  |
|  | **Off-Campus Facilities** |  |
| **4-3** | **It is preferable and therefore recommended that the educational institution provide physical facilities and equipment which are adequate to permit achievement of program goals and objectives.**  | **YES NO** |
|  | **If the institution finds it necessary to contract for use of an existing laboratory facility for laboratory instruction, then the following conditions have been met in addition to all existing standards:**  | **YES NO** |
|  | 1. **There is a formal agreement between the educational institution and agency or institution providing the facility.**
 | **YES NO** |
|  | 1. **The program administrator retains authority and responsibility for instruction and student assignments.**
 | **YES NO** |
|  | 1. **All students receive instruction and practical experience in the facility.**
 | **YES NO** |
|  | 1. **Policies and procedures for operation of the facility are consistent with the philosophy and goals of the educational program.**
 | **YES NO** |
|  | 1. **Laboratory instruction is provided and evaluated by program faculty.**
 | **YES NO** |
|  | 1. **All students receive comparable instruction in the facility.**
 | **YES NO** |
|  | 1. **Availability of the facility accommodates the scheduling needs of the program.**
 | **YES NO** |
|  | 1. **Notification for termination of the contract ensures that instruction will not be interruption for currently enrolled students.**
 | **YES NO** |
|  | **Intent:** *This standard applies to sites off-campus used for dental laboratory technology education. All students assigned to a particular facility are expected to receive instruction in that facility. This standard does not apply to individual dental laboratory and dental office sites used for externship/practical experience.* |  |
|  |  |  |
|  | Classroom Space |  |
| **4-4** | **Classroom space for didactic instruction is provided for, and be readily accessible to, the program.** | **YES NO** |
|  |  |  |
|  | **Office Space** |  |
| **4-5** | **An office is provided for the program administrator and full-time faculty.** | **YES NO** |
|  | **Intent:***The program administrator often meets with students which requires privacy. Sensitive and confidential student and program records are also safely stored in locked cabinets and drawers. Full-time faculty are also required to hold regular office hours and require a designated office space in which they may consult students.* |  |
|  | **Learning Resources** |  |
| **4-6** | **The program provides adequate and appropriately maintained learning resources to support the goals and objectives of the program.** | **YES NO** |
|  | **Intent:***Instructional aids and equipment, and institutional learning resources are provided and include or provide access to a diversified collection of current dental, dental laboratory technology and multidisciplinary literature and references necessary to support teaching, student learning needs, services, and research. All students, including those receiving education at an off campus facility or through distance education, are provided access to learning resources.* |  |
|  |  |  |
|  | **Student Services** |  |
| **4-7** | **There are specific written due process policies and procedures for adjudication of academic and disciplinary complaints, which parallel those established by the sponsoring institution.** | **YES NO** |
|  | **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.* |  |
|  |  |  |
|  | **Distance Education** |  |
| **4-8** | **Distance education programs meet the parent program’s stated mission, goals, objectives, and standards.** | **YES NO****NA** |
|  | **Intent:** *While some differences between the parent program and distance learning are inherent, the distance program is expected to comply with the spirit as well as the letter of accreditation standards.* |  |

**COMMENTS: RECOMMENDATIONS &/OR SUGGESTIONS**

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

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**STANDARD 5 - HEALTH AND SAFETY PROVISIONS**

|  |  |  |
| --- | --- | --- |
|  | Infectious Disease Management |  |
| **5-1** | **The program documents its compliance with institutional policy and applicable regulations of local, state and federal agencies, including, but not limited to: hazardous materials, and bloodborne and infectious diseases.**  | **YES NO** |
|  | **Policies are provided to all students, faculty and appropriate support staff and continuously monitored for compliance.** | **YES NO** |
|  |  |  |
|  | **Additionally, policies on bloodborne infectious diseases are available to applicants for admission.** | **YES NO** |
|  | **Intent:***Policies provide for a safe environment for students, faculty and staff. The program should establish and enforce a mechanism to ensure laboratory asepsis, infection and biohazard control, and disposal of hazardous waste. Policies and procedures should be in place to provide for a safe environment for 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 education is provided.* |  |
|  |  |  |
| **5-2** | **Students, faculty and appropriate support staff are 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’ impressions and/or infectious objects or materials, in an effort to minimize the risk to students, faculty, and appropriate staff.** | **YES NO** |
|  | **Intent:***Students, faculty and/or staff many enter a live laboratory setting where they may be exposed to infectious pathogens during their practical experience course, field trips, and community service.* |  |
|  | **Emergency Management** |  |
| **5-3** | **The program establishes and enforces laboratory protocols and mechanisms to ensure the management of emergencies;**  | **YES NO** |
|  |  |  |
|  | **these protocols are provided to all students, faculty and appropriate staff;** | **YES NO** |
|  |  |  |
|  | **faculty, staff and students are prepared to assist with the management of emergencies.** | **YES NO** |

**COMMENTS: RECOMMENDATIONS &/OR SUGGESTIONS**

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

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| **Faculty Qualifications Checklist (OPTIONAL)** |
| **Name** | **Indicate Course Type(s) Didactic - D Lab - L Clinic - C** | **Degree Type** | **Currently Enrolled** | **Ed Meth** | **Background/****Experience** | **Current Subject Knowledge** | **CDT** | **CPR** |
| Ms. D. Educator | D, L, C | MS | x | x | x | x | x |  |
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| **Allied Course Curriculum (OPTIONAL)** |
| **Course Number and Name** | **Written Course Descriptions** | **Content Outlines** | **Incl. Topics to be Presented** | **Specific Instructional Objectives** | **Learning Experiences** | **Time Allocated for Didactic, Lab, Clinical Experiences** | **Evaluation Procedures** | **Faculty to Student Ratio** |
|  DLT 101 Intro to DLT | x | x | x | x | x | n/a | x | x |
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**Before the Final Conference…**

**Have You:**

1. Indicated a response for EACH question?

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

3. Written a recommendation for each NO answer?

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

**After the Final Conference…**

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