### Commission on Dental Accreditation

**SITE VISITOR EVALUATION REPORT**

**FORM**

**Advanced Dental Education Program in Dental Public Health**

SITE VISITOR EVALUATION REPORT FORM

for the Evaluation of an Advanced Dental Education Program in Dental Public Health

**Commission on Dental Accreditation**

**401 North Michigan Avenue, Suite 3300**

**Chicago, Illinois 60611-4250**

**(312) 440-4653**

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

## Copyright ©2025

Commission on Dental Accreditation

## All rights reserved. Reproduction is strictly prohibited without prior written permission.

##  Site Visitor Evaluation Report Form

## Advanced Dental Education Program in

## Dental Public Health

## Document Revision History

|  |  |  |
| --- | --- | --- |
| **Date** | **Item** | **Action** |
| August 3, 2018 | Accreditation Standards for Advanced Specialty Education Programs in Dental Public Health | Adopted and Implemented |
| August 3, 2018 | Revised Terminology Related to Advanced Education Programs | Adopted |
| January 1, 2019 | Revised Terminology Related to Advanced Education Programs | Implemented |
| August 7, 2020 | Revised Intent Statement for Standard 4-1 | Adopted and Implemented |
| February 10, 2023 | Revised Standard 2-4 | Adopted |
| July 1, 2023 | Revised Standard 2-4 | Implemented |
| August 9, 2024  | Revised Definitions of Terms and Standard 1 related to Sponsoring Institution and Authority to Operate  | Adopted  |
| January 1, 2025  | Revised Definitions of Terms and Standard 1 related to Sponsoring Institution and Authority to Operate  | Implemented  |
|  |  |  |
|  |  |  |

COMMISSION ON DENTAL ACCREDITATION

**SITE VISITOR EVALUATION REPORT (SVER)**

DENTAL PUBLIC HEALTH EDUCATION

**SITE VISITOR’S INSTRUCTIONS**

**Previous Recommendations and Compliance with Commission Policies**

At the beginning of this document are areas related to the program’s compliance with previous recommendations and Compliance with Commission Policies. You are to review these areas during the site visit, include findings in the draft site visit report and note at the final conference.

**Program Effectiveness**

Immediately following the section related to Compliance with Commission Policies. This section must be completed by the site visit team. Please be sure to include ways in which the program has made changes to the program (changes in instruction, clinical training, policies, etc.) based on analysis of data gained through the outcomes assessment process.

**Verification of Compliance with Accreditation Standards**

Each statement in this form corresponds to a specific standard (“must” statement) contained in the Accreditation Standards for Advanced Dental Education Program in Dental Public Health. Standards are referenced after each statement. For example, the reference (4-7) indicates that the statement is based on standard number 4-7. Intent statements are presented to provide clarification to the advanced dental education in dental public health program in the application of and in connection with compliance with the Accreditation Standards for Advanced Dental Education Programs Dental Public Health. 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. Additionally, interviews and on-site observations should provide you with an opportunity to verify the description or process by which the program complies.

As a site visitor, you are to verify through documentary evidence (on-site or attached to self-study document) whether the program is in compliance with each statement. Additionally, interviews and on-site observations should provide you with an opportunity to verify the description or process by which the program complies.

**Please highlight, underline, circle, bold or place a box around ether YES or NO for each statement**. If you indicate **YES** following a particular statement, it will be assumed that the program meets the requirements set forth in the Standards. No further comment is necessary. However, you may, at your option, use the “Comments” section to make a suggestion for program enhancement. Suggestions should reflect minimal compliance with accreditation standards (rather than clear deficiencies) and indicate the need to monitor and enhance designated aspects of the program. Institutions are not required to respond formally to suggestions.

If non-compliance with the Standards can be substantiated, **highlight, underline, circle, bold or place a box around NO** following the particular statement in this document. If you indicate **NO**, you must use the “Comments” area at the end of each section to reference the statement (Question #) and ***provide as much information as possible, clearly describing the nature and seriousness of the deficiency(ies) in as much detail as possible, including a rationale for citing the deficiency***. If a standard isn’t being met, state the current situation and the resulting situation. Describe the educational impact of this deficiency. In addition, you must make a recommendation, which should be written as a restatement of the particular statement you have indicated as **NO**. Space for any additional comments is provided at the end of this document.

If no deficiencies are identified in a particular section, it will be assumed that, in your opinion, the area meets the requirements described in the Standards. Institutions are required to take actions that will address and correct deficiencies cited in the recommendations.

**After the Site Visit:** Within **one (1) week** of the site visit, the site visit chair must return this completed evaluation report form, including the team’s report of recommendation and suggestions, **VIA email.** **Paper Site Visitor Evaluation Reports (SVER) will not be accepted**.

In Summary: If you **highlight, underline, circle, bold or place a box around NO**, you must fully describe the deficiency in as much detail as possible, including a rationale for citing the deficiency, and make a recommendation which will be a RESTATEMENT of the statement for which you have indicated **NO**. If you **circle, bold or highlight YES**, you may or may not make a suggestion.

If you have any questions during the site visit, you are encouraged to contact Commission staff at 312-440-2672.

COMMISSION ON DENTAL ACCREDITATION

**SITE VISIT EVALUATION REPORT (SVER)**

DENTAL PUBLIC HEALTH EDUCATION

|  |  |
| --- | --- |
| Institution Name |  |
| Institution Address |  |
| Dean (If applicable) |  |
| Hospital Administrator (if applicable) |  |
| Chief of Dental Service (if applicable) |  |
| Program Director |  |
| The program director is board certified. Check “yes” or “no.” “√” | YES | NO |
|  |  |
| If the program director is not board certified, has the program director previously served as a program director prior to January 1, 1997? Check “yes” or “no.”If “yes”, where has the program director served: | YES | NO |
|  |  |
| Verify the year the program director was appointed: |  |
| Site Visitor: | Phone: |
| Site Visitor: | Phone: |
| Date of Visit: |  |
|  |  |
| Enrollment: | Year | Full-time | Part-time |
|  | 1 |  |  |
|  | 2 |  |  |
| Identify the CODA-authorized enrollment (total complement in all years): |  |  |  |
| Indicate program duration for: Full time-students/residents \_\_\_\_\_\_\_ monthsPart-time students/residents \_\_\_\_\_\_\_ months

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Program grants: | Certificate |  | Degree |  | Both |  |

**If a degree is offered, indicate type, what institution confers the degree and whether it is optional or required.** |   |   |   |
|  |  |  |  |

|  |
| --- |
| Indicate the number of faculty members specifically assigned to the advanced education program in each of the following categories and their educational qualifications:  |
|  | Total Number  | # Board Certified | # Educationally Qualified\* | Other\*\* |
| Full-time |  |  |  |  |
| Half-time |  |  |  |  |
| Less than half-time |  |  |  |  |
| \* Individual is eligible but has not applied to the relevant Board for certification.\*\*Individual is neither a Diplomate nor Candidate for board certification by the relevant certifying Board. |
| Verify the cumulative full-time equivalent (F.T.E.) for all faculty specifically assigned to this advanced dental education program. For example: a program with the following staffing pattern – one full-time (1.00) + one half-time (0.50) + one two days per week (0.40) + one half-day per week (0.10) – would have an F.T.E. of 2.00.  | Cumulative F.T. E |
|  |
| **Persons Interviewed:** |
| Chief of Dental Service: |
| Program Director: |
| Other Dental Faculty: |
| Students/Residents: |
| Others: |
| **List the outcomes measures used to evaluate the program:** |

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

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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/resident is assigned to the site and indicate by checkmark if the team visited the site.

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

 |

 |

 |
| If students/residents from other accredited Dental Public Health programs rotate through this institution, provide the name of the other program, purpose of the affiliation and amount of time each student/resident is assigned to this institution.  |

**PREVIOUS SITE VISIT RECOMMENDATIONS**

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

|  |  |  |  |
| --- | --- | --- | --- |
| Recommendations noted in the last site visit report that are current Standards have been remedied.\* \*Please note, if the last site visit was conducted prior to the implementation of the revised Standards, some recommendations may no longer apply. Should further guidance be required, please contact Commission on Dental Accreditation staff.If NO, please explain below and include language addressing the continuing concern in the site visit report. | YES | NO | NA |

 |

**COMPLIANCE WITH COMMISSION POLICIES**

**PROGRAM CHANGE**

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

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

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

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

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

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

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

**THIRD PARTY COMMENTS**

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

The program is responsible for soliciting third-party comments from communities of interest such as students/residents 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/residents 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/resident complaints received since the Commission’s last comprehensive review of the program. The policy on Complaints can be found in the Commission’s “Evaluation and Operational Policies and Procedures”(EOPP) manual.

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

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **b.** | **Record of student/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. |

**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 and an instructor or instructors prior to the student’s/resident’s completion of a course or competency. For purposes of this definition, substantive interaction is engaging students/residents in teaching, learning, and assessment, consistent with the content under discussion, and also includes at least two of the following:

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

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 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/resident’s academic engagement and success and ensures that an instructor is responsible for promptly and proactively engaging in substantive interaction with the student/resident when needed on the basis of such monitoring, or upon request by the student/resident. | **YES** | **NO** |

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| a. | The identity of each student/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 student/resident identity. | **YES** | **NO** |
| c. | Program provides a written statement to make it clear that the verification processes used are to protect student/resident privacy. | **YES** | **NO** |
| d. | Students/Residents are notified of additional charges associated with the student/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/Resident Achievement:**

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

**Complete the Narrative Below by taking the summary data you have described above and placing the information in each of the highlighted areas to capture all assessments measures (#1), positive and negative outcomes (#2), and corrective actions (#3) made by the program:**

**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 public health education student/resident achievement. Based on a review of the program’s outcomes assessment process and student/resident achievement measures, the visiting committee found the program uses assessment measures to include: [insert assessment measures used – Q1]. The program has demonstrated positive programmatic student/resident achievement outcomes through [include positive outcomes measures – Q2]. The program has not demonstrated positive student/resident achievement outcomes in [insert negative outcome areas – Q2]. The visiting committee noted the program recently made enhancements to [insert examples where program change made based on OA process – Q3] based on the student/resident 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.***

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

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

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

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

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

|  |  |  |
| --- | --- | --- |
| The financial resources are sufficient to support the program’s stated goals and objectives. (1)***Intent:*** *The institution should have the financial resources required to develop and sustain the program on a continuing basis*. *The program should have the ability to employ an adequate number of full‑time faculty, purchase and maintain equipment, procure supplies, reference material and teaching aids as reflected in annual budget appropriations. Financial allocations should ensure that the program will be in a competitive position to recruit and retain qualified faculty. Annual appropriations should provide for innovations and changes necessary to reflect current concepts of education in the advanced dental education discipline. The Commission will assess the adequacy of financial support on the basis of current appropriations and the stability of sources of funding for the program* | YES | NO |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **If a hospital is the sponsor,** the hospital is accredited by an accreditation organization recognized by the Centers for Medicare and Medicaid Services (CMS). (1)*Note:  If a hospital is the sponsor, the site visit team must confirm that theinstitutional accreditor is recognized by CMS at the time of the site visit.* | YES | NO | NA |

|  |  |  |  |
| --- | --- | --- | --- |
| **If an educational institution is the sponsor,** the educational institution is accredited by an agency recognized by the United States Department of Education. (1) | YES | NO | NA |

|  |  |  |  |
| --- | --- | --- | --- |
| **If a health care organization is the sponsor (must meet one item below):**  |  |  |  |
| The health care organization is accredited by an agency recognized by the United States Department of Education. (1) | YES | NO | NA |
| The health care organization is accredited by an accreditation organization recognized by the Centers for Medicare and Medicaid Services (CMS). (1\*) | YES | NO | NA |
| *Note: The program must provide documentary evidence of an institutional accreditor recognized by the United States Department of Education,* ***or*** *documentary evidence that its institutional accreditor is currently recognized by CMS.* |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| If applicable, the bylaws, rules and regulations of the hospital or health care organizations that sponsors or provides a substantial portion of the advanced dental education program ensure that dentists are eligible for medical staff membership and privileges including the right to vote, hold office, serve on medical staff committees and admit, manage and discharge patients. (1) | YES | NO | NA |

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

|  |  |  |
| --- | --- | --- |
| The dental public health program is sponsored by federal, state or local public health agencies, dental schools, health facilities, schools of public health, or other institutions of higher learning. (1-1\*)  | YES  | NO  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| The advanced dental education program conferring a degree has institutional accreditation and authority to confer a degree. (1)***Intent:*** *The educational program demonstrates either: a) documentation of receipt of federal aid as evidence to operate, or b) documentation of a state business license as evidence to operate. Additionally, as required by the state, the program demonstrates authority through an appropriate state agency when issuing a certificate of completion. If conferring a degree, the program demonstrates authorization from its institutional accrediting agency. Federally operated agencies receive operational and certificate granting authority through federal oversight.**Note: The program must provide the institution’s letter of accreditation from its institutional accreditor, and authority to confer the degree awarded by the program.* | YES | NO | NA |

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

|  |  |  |
| --- | --- | --- |
| The program has a formal system of quality assurance for programs that provide patient care. (1) | YES | NO |

|  |  |  |
| --- | --- | --- |
| The position of the program in the administrative structure is consistent with that of other parallel programs within the institution. (1) | YES | NO |

|  |  |  |
| --- | --- | --- |
| The program director has the authority, responsibility and privileges necessary to manage the program. (1) | YES | NO |

|  |
| --- |
| USE OF SITES WHERE EDUCATIONAL ACTIVITY OCCURS |
| If the program does not use educational activity sites, please skip this section and proceed to Standard 2. |

|  |  |  |  |
| --- | --- | --- | --- |
| The primary sponsor of the educational program accepts full responsibility for the quality of education provided in all sites where educational activity occurs*.* (1) | YES | NO | NA |

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

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

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

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| The objectives of the assignments to each affiliated educational activity sites are identified and are used in evaluating the effectiveness of assignments. (1-5) | YES | NO | NA |

**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 - PROGRAM DIRECTOR AND TEACHING STAFF**

|  |  |  |
| --- | --- | --- |
| The program is administered by a director who is board certified in the respective advanced dental education discipline of the program, or if appointed after January 1, 1997, and is not board certified, has previously served as a program director. (2)***Intent:*** *The director of an advanced dental education program is to be certified by a nationally accepted certifying board in the advanced dental education discipline. Board certification is to be active. The board certification requirement of Standard 2 is also applicable to an interim/acting program director. A program with a director who is not board certified but who has previous experience as an interim/acting program director in a Commission-accredited program prior to 1997 is not considered in compliance with Standard 2* | YES | NO |

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

|  |  |  |
| --- | --- | --- |
| The program director is appointed to the sponsoring institution and has sufficient authority and time to achieve the educational goals of the program and assess the program’s effectiveness in meeting its goals. (2) | YES | NO |
| Documentation of all program activities is ensured by the program director and available for review. (2) | YES | NO |

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

|  |  |  |
| --- | --- | --- |
| The program is directed by a single individual who has at least a 40% appointment to the sponsoring institution. (2-1)***Intent:*** *Other activities do not dilute a program director’s ability to discharge his/her primary obligations to the educational program.* | YES | NO |

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

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

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |   |   |
| Appropriate faculty or consultants are available to support student/resident instruction and research. (2-3) | YES | NO |

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

|  |  |  |
| --- | --- | --- |
| The programshows evidence of an ongoing faculty development process, for full-time faculty. (2-5)***Intent:*** *Ongoing faculty development is a requirement to improve teaching and learning, to foster curricular change, to enhance student retention and job satisfaction of faculty, and to maintain the vitality of academic dentistry as the wellspring of a learned profession*.  | YES | NO |

**COMMENTS: RECOMMENDATIONS &/OR SUGGESTIONS**

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

|  |
| --- |
|  |

**STANDARD 3 - FACILITIES AND RESOURCES**

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

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

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

|  |  |  |
| --- | --- | --- |
| Equipment and supplies for use in managing medical emergencies are readily accessible and functional. (3)***Intent*:** *The facilities and resources (e.g.; support/secretarial staff, allied personnel and/or technical staff) should permit the attainment of program goals and objectives. To ensure health and safety for patients, students/residents faculty and staff, the physical facilities and equipment should effectively accommodate the clinic and/or laboratory schedule.* | YES | NO |

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

|  |  |  |
| --- | --- | --- |
| The program documents its compliance with the institution’s policy and applicable regulations of local, state and federal agencies, including but not limited to radiation hygiene and protection, ionizing radiation, hazardous materials, and bloodborne and infectious diseases. (3) | YES | NO |

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

|  |  |  |
| --- | --- | --- |
| The above policies are provided to all students/residents, faculty and appropriate support staff and continuously monitored for compliance. (3) | YES | NO |

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

|  |  |  |
| --- | --- | --- |
| Policies on blood borne and infectious diseases are made available to applicants for admission and patients. (3)***Intent:*** *The program may document compliance by including the applicable program policies. The program demonstrates how the policies are provided to the students/residents, faculty and appropriate support staff and who is responsible for monitoring compliance. Applicable policy states how it is made available to applicants for admission and patients should a request to review the policy be made.* | YES | NO |

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

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

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

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

|  |  |  |
| --- | --- | --- |
| Private office facilities are not used as a means of providing clinical experiences unless the discipline has included language that defines the use of such facilities in its discipline-specific standards. (3) | YES | NO |

#### COMMENTS: RECOMMENDATIONS &/OR SUGGESTIONS

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

|  |
| --- |
|  |

**STANDARD 4 - CURRICULUM AND PROGRAM DURATION**

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

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

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

|  |  |  |
| --- | --- | --- |
| The program includes instruction or learning experiences in evidence-based practice. (4) | YES | NO |

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

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

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

|  |  |  |
| --- | --- | --- |
| Documentation of all program activities is ensured by the program director and available for review. (4) | YES | NO |

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

|  |  |  |  |
| --- | --- | --- | --- |
| If the institution/program enrolls part-time students/residents, the institution has guidelines regarding enrollment of part-time students/residents. (4) | YES | NO | NA |

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

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| If the institution/program enrolls students/residents on a part-time basis, the director ensures that: |   |   |  |
| 1. The educational experiences, including the clinical experiences and responsibilities, are the same as required by full-time students/residents; and
 | YES | NO | NA |
| 1. There are an equivalent number of months spent in the program. (4)
 | YES | NO | NA |

|  |  |  |
| --- | --- | --- |
|  | **INSTRUCTION IN ETHICS AND PROFESSIONALISM** |  |
| Graduates receive instruction in and are able to apply the principles of ethical reasoning, ethical decision making and professional responsibility as they pertain to the academic environment, research, patient care, practice management, and programs to promote the oral health of individuals and communities (4-1)***Intent:*** *Graduates are expected to know how to draw on a range of resources such as professional codes, regulatory law, and ethical theories to guide judgment and action for issues that are complex, novel, ethically arguable, divisive, or of public concern. Graduates are expected to respect the culture, diversity, beliefs and values in the community.* | YES | NO |
|  | **INSTRUCTION IN GENERAL PUBLIC HEALTH** |  |
| The program provides instruction at the advanced level in the following:  |  |  |
| a) Epidemiology; | YES | NO |
| b) Biostatistics; | YES | NO |
| c) Behavioral science; | YES | NO |
| d) Environmental health; and  | YES | NO |
| e) Health care policy and management. (4-2)***Intent:*** *Advanced level instruction is defined as a level higher than the baccalaureate level and/or predoctoral dental education level.* | YES | NO |

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

|  |  |  |  |
| --- | --- | --- | --- |
| Two-year dental public health programs incorporate instruction in Standard 4-2. (4-3)  |  YES |  NO | NA |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Program Directors of one-year programs review each students/residents previous public health training and supplements where necessary to ensure that instruction identified in Standard 4-2 is covered. (4-4)***Intent:*** *Individuals pursuing advanced education in dental public health require a foundation in the principles of general public health. For students/residents entering one-year dental public health programs, the principles of general public health normally will have been covered in the prerequisite MPH or comparable degree program.* | YES | NO | NA |

**INSTRUCTION IN DENTAL PUBLIC HEALTH**

|  |  |  |
| --- | --- | --- |
| The program provides instruction in the following competencies: |   |   |
| a) Manage oral health programs for population health; | YES | NO |
| b) Evaluate systems of care that impact oral health; | YES | NO |
| c) Demonstrate ethical decision-making in the practice of dental public health; | YES | NO |
| d) Design surveillance systems to measure oral health status and its determinants; | YES | NO |
| e) Communicate on oral and public health issues; | YES | NO |
| f) Lead collaborations on oral and public health issues; | YES | NO |
| g) Advocate for public health policy, legislation, and regulations to protect and  promote the public’s oral health, and overall health; | YES | NO |
| h) Critically appraise evidence to address oral health issues for individuals and populations; | YES | NO |
| i) Conduct research to address oral and public health problems; and | YES | NO |
| j) Integrate the social determinants of health into dental public health practice. (4-5)***Intent:*** *Recent data suggest that unmet treatment needs within the United States (US) population are increasing and that access to oral health care is limited for the most vulnerable of the US population. The intent of the competency standards is to ensure that the student/resident is adequately trained to identify and document unmet oral health treatment needs within a specific population and plan effective community-based programs to meet these needs.* | YES | NO |

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  | **STUDENT/RESIDENT CURRICULUM PLAN** |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Each student/resident in the program has a written curriculum plan, designed to build upon and augment previous education and experience, and which describes the competencies to be developed during the program, activities necessary to develop the stated competencies, and methods to evaluate the competencies. (4-6) | YES | NO |

|  |  |  |
| --- | --- | --- |
|  | **SUPERVISED FIELD EXPERIENCE** |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| The program includes a supervised field experience at a location determined by the program director which requires the students/residents to gain an understanding of one or more competencies listed in Standard 4-5. (4-7)**Intent:** Supervised field experiences are multi-week or multi-day mentored experiences such as practicums or internships that allow students/residents to enhance their practical understanding in one or more of the competencies listed in Standard 4-5.  Supervised field experiences are not meant to include attendance at meetings, conferences, fieldtrips or other didactic sessions.  | YES | NO |

|  |  |  |
| --- | --- | --- |
|  | **RESEARCH PROJECT** |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| The program includes a supervised research experi4ence for each student/resident, approved by the program director that demonstrates application of dental public health principles and sound research methodology and is consistent with the competencies listed in Standard 4-5. (Also see Standard 6). (4-8) | YES | NO |

|  |  |  |
| --- | --- | --- |
|  | **PROGRAM DURATION** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| If the program is a two-year dental public health program it encompasses a minimum of two academic years in duration. (4-9) | YES | NO | NA |

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

|  |  |  |  |
| --- | --- | --- | --- |
| If the program is a one-year dental public health program it encompasses a minimum of 12 months in duration. (4-10) | YES | NO | NA |

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

|  |  |  |
| --- | --- | --- |
|  | **ELIGIBILITY AND SELECTION** |  |
|  |  |  |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Eligible applicants to advanced dental education programs accredited by the Commission on Dental Accreditationare graduates from: |   |   |  |
| 1. Predoctoral dental programs in the U.S. accredited by the Commission on Dental Accreditation; or
 | YES | NO | NA |
| 1. Predoctoral dental programs in Canada accredited by the Commission on Dental Accreditation of Canada; or
 | YES | NO | NA |
| 1. International dental schools that provide equivalent educational background and standing as determined by the program. (5)
 | YES | NO | NA |

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

|  |  |  |
| --- | --- | --- |
| Specific written criteria, policies and procedures are followed when admitting students/residents. (5)***Intent:*** *Written non-discriminatory policies are to be followed in selecting students/residents. These policies should make clear the methods and criteria used in recruiting and selecting students/residents and how applicants are informed of their status throughout the selection process.* | YES | NO |

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

|  |  |  |  |
| --- | --- | --- | --- |
| Admission of students/residents with advanced standing is based on the same standards of achievement required by students/residents regularly enrolled in the program. (5) | YES | NO | NA |

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

|  |  |  |  |
| --- | --- | --- | --- |
| Students/Residents with advanced standing receive an appropriate curriculum that results in the same standards of competence required by students/residents regularly enrolled in the program.***Intent****: 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.*  | YES | NO | NA |

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

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| Applicants for one-year dental public health programs possess the degree of MPH or a comparable degree. (5-2) | YES | NO | NA |

|  |  |  |
| --- | --- | --- |
|  | **EVALUATION** |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| A system of ongoing evaluation and advancement ensures that, through the director and faculty, each program: |   |   |
| 1. Periodically, but at least semiannually, assess the progress toward (formative assessment) and achievement of (summative assessment) in competencies for the discipline using formal evaluation methods;
 | YES | NO |
| 1. Provides to students/residents an assessment of their performance, at least semiannually;
 | YES | NO |
| 1. Advances students/residents to positions of higher responsibility only on the basis of an evaluation of their readiness for advancement; and
 | YES | NO |
| 1. Maintains a personal record of evaluation for each student/resident which is accessible to the student/resident and available for review during site visits. (5)

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

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

|  |  |  |
| --- | --- | --- |
| The student’s/resident’s curriculum plan is reviewed at least semiannually and revised as appropriate if it is found that program objectives are not being met. (5-3) | YES | NO |

|  |  |  |
| --- | --- | --- |
|  | **DUE PROCESS** |  |
|  |  |  |

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

|  |  |  |
| --- | --- | --- |
|  | **RIGHTS AND RESPONSIBILITIES** |  |
|  |  |  |

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

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

|  |  |  |
| --- | --- | --- |
| All advanced dental education students/residents are provided with written information which affirms their obligations and responsibilities to the institution, the program and the program faculty. (5)***Intent:*** *Adjudication procedures should include institutional policy which provides due process for all individuals who may potentially be involved when actions are contemplated or initiated which could result in disciplinary actions, including dismissal of a student/resident (for academic or disciplinary reasons). In addition to information on the program, students/residents should also be provided with written information which affirms their obligations and responsibilities to the institution, the program, and the faculty. The program information provided to the students/residents should include, but not necessarily be limited to, information about tuition, stipend or other compensation; vacation and sick leave; practice privileges and other activity outside the educational program; professional liability coverage; and due process policy and current accreditation status of the program.* | YES | NO |

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

|  |  |  |
| --- | --- | --- |
| Advanced education students/residents in dental public health are provided with written information about: |   |   |
| 1. Tuition, stipend and /or the compensation;
 | YES | NO |
| 1. Vacation and sick leave;
 | YES | NO |
| 1. Professional liability coverage;
 | YES | NO |
| 1. Travel essential to completing the program requirements and if funds are available; and
 | YES | NO |
| 1. Current accreditation status of the program. (5-4)
 | YES | NO |

**COMMENTS: RECOMMENDATIONS &/OR SUGGESTIONS**

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

|  |
| --- |
|  |

**STANDARD 6 - RESEARCH**

|  |  |  |
| --- | --- | --- |
| Advanced dental education students/residents engage in scholarly activity (see Standard 4-8). (6) | YES | NO |

|  |  |  |
| --- | --- | --- |
| Students/Residents understand research methodology. (6-1) | YES | NO |

|  |  |  |
| --- | --- | --- |
| Students/Residents understand biostatistics and epidemiology. (6-2) | YES | NO |

|  |  |  |
| --- | --- | --- |
| Students/Residents complete one or more residency research projects after a review of literature and approval of a comprehensive protocol. (6-3) | YES | NO |

|  |  |  |
| --- | --- | --- |
| Students/Residents produce evidence of engagement in scholarly activity based on the research. (6-3)***Intent****: The intent is to ensure that each student/resident is capable of conducting applied research to advance knowledge and understanding of the biological, social, behavioral, environmental and economic factors affecting the oral health status of the population and their prevention and control. Students/Residents are encouraged to document new knowledge in the literature for the benefit of others.*  | 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].)

|  |
| --- |
|  |

**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 within 1 week after the site visit (by e-mail).**

**Thank you!**