

## **CHANGES MADE TO EVALUATION AND OPERATIONAL POLICIES AND PROCEDURES MANUAL (EOPP)**

Underline indicates addition; ~~Strikethrough~~ indicates deletion

### **III. GENERAL COMMISSION POLICIES AND PROCEDURES**

#### **A. POLICY AND PROCEDURE FOR DEVELOPMENT AND REVISION OF ACCREDITATION STANDARDS**

The Commission on Dental Accreditation has authority to formulate and adopt educational requirements and guidelines, i.e. standards, for the accreditation of dental educational programs within its purview. These include the predoctoral programs, as well as advanced and allied dental education programs.

In developing and revising accreditation standards, the appropriate communities of interest are substantially involved in all stages of the process. The process culminates in the adoption of accreditation standards which become the property of the Commission. Any individual who assists in developing or revising a standards document must sign a release giving the Commission the right to copyright such documents. During the initial step of the process, representatives from the discipline involved are invited to participate in the development of the preliminary document. These representatives are selected in cooperation with the organizations(s) nationally recognized in the discipline whose membership is reflective of the discipline.

The communities of interest (COI) include, but are not limited to, the following: sponsoring organizations and certifying boards of all dental and dental related disciplines under the purview of the Commission, program directors, dental school deans, administrators of non-dental school institutions offering dental programs, and constituent societies of the American Dental Association.

The Commission uses consistent definitions and terms in its standards documents. The Commission monitors the consistency of the definitions of terms used in the accreditation standards documents and lists a glossary of terms and approved definitions to be used by appropriate audiences when the revision of the accreditation standards for a discipline is initiated.

The following language is used when draft revisions of standards are circulated:

The Commission directed that the proposed revision of the (discipline) Standards be distributed to the appropriate communities of interest for review and comment. The Commission also directed that the proposed revised standards be presented in a hearing to be held....

Based on current word processing programs, the Commission now indicates a proposed deletion

with a ~~strike through~~ and recommended additions are underlined. In the case of multiple circulations of proposed revisions, each successive revision will be presented to show all currently proposed changes to the original document, which is the current document in use by the Commission. The title page of the document will provide a chronology of Commission action(s) on revisions. The header on each page will indicate the meeting at which the proposed document was considered by the Commission. In addition, documents for circulation will have line numbers throughout.

The following is a summary of the standards development and revision process:

Step 1. Development of a preliminary document by staff and selected representatives of the discipline involved.

Step 2.

- i. Consideration of preliminary document by appropriate Review Committee
- ii. Recommendation by Review Committee for circulation of document to COI by the Commission
- iii. Commission authorizes circulation

Step 3.

- i. Circulation of preliminary document to COI for review and comment
- ii. Hearings are conducted with communities of interest, as appropriate.

Step 4.

- i. Comments from COI compiled by staff
- ii. Comments reviewed by appropriate review committee and appropriate changes made
- iii. Recommendation by Review Committee to implement changes, or to recirculate for further comment if changes are significant
- iv. Commission approves changes and authorizes implementation timeframe or recirculation to COI for comments
- v. Steps 3 and 4 can be repeated, depending upon significance of changes. In the case of multiple circulations of proposed revisions, each successive revision will be presented to show all currently proposed changes to the original document, which is the current document in use by the Commission. The title page of the document will provide a chronology of Commission action(s) on revisions. The header on each page will indicate the meeting at which the proposed document was considered by the Commission. In addition, documents for circulation will have line numbers throughout.

Step 5. Commission notifies all appropriate individuals and programs of implementation timeframe

Revised: 2/22; 2/15; 1/14; 7/09, 1/04 5/89; 12/89; Reaffirmed: 8/23; 8/18; 8/12, 8/10, 7/07, 7/01;  
Adopted: 4/83; CODA: 12/91:15, 12/90:2, 12

**1. Frequency Of Citings:** Each of the Review Committees and the Commission regularly review an updated analysis of the number of “must” statement citings and their distribution among the “must” statements in the accreditation standards for each discipline. These analyses are conducted at the summer meetings. Frequency of Citings Reports are provided to programs and presented at workshops. To ensure confidentiality, Frequency of Citings Reports will not be

made available in disciplines where a limited number (three or less) of programs have been site visited.

Reaffirmed: [8/23](#); 8/18; 8/12, 8/10

## B. POLICY ON ASSESSING THE VALIDITY AND RELIABILITY OF THE ACCREDITATION STANDARDS

The Commission on Dental Accreditation has developed accreditation standards for use in assessing, ensuring and improving the quality of the educational programs in each of the disciplines it accredits.

The Commission believes that a minimum time span should elapse between the adoption of new standards or implementation of standards that have undergone a comprehensive revision and the assessment of the validity and reliability of these standards. This minimum period of time is directly related to the academic length of the accredited programs in each discipline. The Commission believes this minimum period is essential in order to allow time for programs to implement the new standards and to gain experience in each year of the curriculum.

The Commission's policy for assessment is based on the following formula: The validity and reliability of accreditation standards will be assessed after they have been in effect for a period of time equal to the minimum academic length of the accredited program plus three years. Thus, the validity and reliability of the new standards for a one year program will be assessed after four years while standards which apply to programs four years in length will be assessed seven years after implementation. In conducting a validity study, the Commission considers the variety of program types in each discipline and obtains data from each type in accord with good statistical practices.

The Commission's ongoing review of its accreditation standards documents results in standards that evolve in response to changes in the educational and professional communities. Requests to consider specific revisions are received from a variety of sources and action on such revisions is based on broad input and participation of the affected constituencies. Such ongoing assessment takes two main forms, the development or revision of specific standards or a comprehensive revision of the entire standards document.

Specific issues or concerns may result in the development of new standards or the modification of existing standards, in limited areas, to address those concerns. Comprehensive revisions of standards are made to reflect significant changes in disease and practice patterns, scientific or technological advances, or in response to changing professional needs for which the Commission has documented evidence.

If none of the above circumstances prompts an earlier revision, in approximately the fifth year after the validity and reliability of the standards has been assessed, the Commission will conduct a study to determine whether the accreditation standards continue to be appropriate to the discipline. This study will include input from the broad communities of interest. The

communities will be surveyed and invited to participate in some national forum, such as an invitational conference, to assist the Commission in determining whether the standards are still relevant and appropriate or whether a comprehensive revision should be initiated.

The following alternatives, resulting in a set of new standards, might result from the assessment of the adequacy of the standards:

- Authorization of a comprehensive revision of the standards;
- Revision of specific sections of the standards;
- Refinement/clarification of portions of the standards; and
- No changes in the standards but use of the results of this assessment during the next revision.

The new document is developed with input from the communities of interest in accord with Commission policies. An implementation date is specified and copyright privileges are sought when the document is adopted. Assessment of the validity and reliability of these new standards will be scheduled in accord with the policy specified above. Exceptions to the prescribed schedule may be approved to ensure a consistent timetable for similar disciplines (e.g. advanced dental education programs and/or allied dental education programs).

8/23: 8/18; 7/07, 07/00; Reaffirmed: 8/23; 8/12, 8/10, 7/06; Adopted: 12/88

### C. PROCEDURES FOR HEARING ON STANDARDS

The Commission makes every effort to have two Commissioners attend each hearing on standards sponsored by the Commission. The Commission believes that two Commissioners is an appropriate number to routinely attend hearings on standards, but also believes that those in attendance are not always appropriately visible. Thus, the Commission directed that all members of the Commission who are present during Commission sponsored hearings on standards be introduced at the beginning of the hearing on standards and, if feasible, be seated at a head table to ensure their visibility to those offering testimony.

The purpose of a hearing on standards is to provide individuals, institutions and organizations that will be affected by the document with an opportunity to comment. The Commissioner selected to chair the hearing is generally responsible for:

- Calling the hearing to order, indicating that the hearing is one (1) hour but will be concluded in 30 minutes if limited comments are received and the agenda is completing during that time;
- Introducing him/herself, other Commission members and Commission staff present;
- Explaining the purpose of the hearing on standards;
- Providing brief background information on the proposed revision;
- Explaining the ground rules for the hearing;
- Listening to comments and maintaining the order and flow of the hearing; and
- Concluding the hearing.

The goal of a hearing on standards is to hear as many varied points of view on the proposed documents as possible in an orderly fashion. The following ground rules facilitate achieving this

goal:

- The document should be reviewed on a page-by-page basis so that comments on specific issues can be provided at the same time.
- General comments on the document can be considered either before or after the page-by-page review, as determined by the Chair.
- Individuals who wish to provide comments should wait to be recognized by the Chair, and identify themselves by giving their name, city, state, and educational institution, if applicable.
- Individuals reference the specific section of the document on which they wish to comment by indicating the page and line numbers of the section.
- Comments should be as concise as possible.
- Individuals should provide written comments that summarize their verbal remarks to the Chair by the end of the hearing.

Hearings on standards should be constructive. It is sometimes helpful for the Chair to ask an individual who is speaking at length against a section of the proposed document whether he/she has a specific suggestion for revision. This can help to clarify the speaker's objection more precisely and to bring the comments to closure.

Occasionally, an individual or a few individuals may monopolize a hearing on standards. In fairness to other attendees who may wish to speak, the Chair should direct individuals who have had ample opportunity to express their opinions to conclude their remarks.

Commissioners are present to listen to representatives of the communities of interest and should avoid becoming involved in debates about the relative merits of specific sections of the document.

Similarly, hearings on standards attendees should refrain from engaging in heated debates with each other. If such debates develop, the Chair may wish to remind participants that the Commission is interested in considering all viewpoints on the issues and that no decision regarding any issue will be determined during a hearing on standards.

At the close of the hearing on standards, the Chair should advise attendees of other opportunities for comment (i.e. other hearings on standards, if any, and the deadline for written comments) and indicate when the Commission will take the final action on the document.

Revised: 8/21; 2/15; Reaffirmed: 8/23; 8/18; 8/12, 8/10, 7/07, 7/01; CODA: 12/91:15

#### D. CONFLICT OF INTEREST POLICY

Evaluation policies and procedures used in the accreditation process provide a system of checks and balances regarding the fairness and impartiality in all aspects of the accreditation process. Central to the fairness of the procedural aspects of the Commission's operations and the impartiality of its decision making process is an organizational and personal duty to avoid real or perceived conflicts of interest. The potential for a conflict of interest arises when one's duty to

make decisions in the public's interest is compromised by competing interests of a personal or private nature, including but not limited to pecuniary interests.

Conflict of interest is considered to be: 1) any relationship with an institution or program, or 2) a partiality or bias, either of which might interfere with objectivity in the accreditation review process. Procedures for selection of representatives of the Commission who participate in the evaluation process reinforce impartiality. These representatives include: Commissioners, Review Committee members, site visitors, and Commission staff.

In addition, procedures for institutional due process, as well as strict guidelines for all written documents and accreditation decisions, further reinforce adherence to fair accreditation practices. Every effort is made to avoid conflict of interest, either from the point of view of an institution/program being reviewed or from the point of view of any person representing the Commission.

On occasion, current and former volunteers involved in the Commission's accreditation process (site visitors, review committee members, commissioners) are requested to make presentations related to the Commission and its accreditation process at various meetings. In these cases, the volunteer must make it clear that the services are neither supported nor endorsed by the Commission on Dental Accreditation. Further, it must be made clear that the information provided is based only on experiences of the individual and not being provided on behalf of the Commission.

Revised: 8/15; 8/14; Reaffirmed: 8/23; 8/18; 2/18; 8/12, 8/10

**1. Visiting Committee Members:** Conflicts of interest may be identified by either an institution/program, Commissioner, site visitor or Commission staff. An institution/program has the right to reject the assignment of any Commissioner, site visitor or Commission staff because of a possible or perceived conflict of interest. The Commission expects all programs, Commissioners and/or site visitors to notify the Commission office immediately if, for any reason, there may be a conflict of interest or the appearance of such a conflict.

All active site visitors who independently consult with educational programs accredited by CODA or applying for accreditation must identify all consulting roles to the Commission and must file with the Commission a letter of conflict acknowledgement signed by themselves and the institution/program with whom they consulted. All conflict of interest policies as noted elsewhere in this document apply. Contact the CODA office for the appropriate conflict of interest declaration form.

Conflicts of interest include, but are not limited to, a site visitor who:

- is a graduate of a program at the institution;
- has served on the program's visiting committee within the last seven (7) years;
- has served as an independent consultant, employee or appointee of the institution;
- has a family member who is employed or affiliated with the institution;
- has a close professional or personal relationship with the institution/program or key

personnel in the institution/program which would, from the standpoint of a reasonable person, create the appearance of a conflict;

- manifests a partiality that prevents objective consideration of a program for accreditation;
- is a former employee of the institution or program;
- previously applied for a position at the institution within the last five (5) years;
- is affiliated with an institution/program in the same state as the program's primary location;
- is a resident of the state; and/or
- is in the process of considering, interviewing and/or hiring key personnel at the institution.

Note: Because of the nature of their positions, a state board representative will be a resident of the state in which a program is located and may be a graduate of the institution/program being visited. These components of the policy do not apply for state board representatives, although the program retains the right to reject an individual's assignment for other reasons.

If an institutional administrator, faculty member or site visitor has doubt as to whether or not a conflict of interest could exist, Commission staff should be consulted prior to the site visit. The Chair, Vice-Chair and a public member of the Commission, in consultation with Commission staff and legal counsel, may make a final determination about such conflicts.

Revised: 2/21; 8/18; 2/18; 2/16; 8/14; 1/14; 2/13; 8/10; Reaffirmed: [8/23](#); 8/12

**2. Commissioners, Review Committee Members And Members Of The Appeal Board:** The Commission firmly believes that conflict of interest or the appearance of a conflict of interest must be avoided in all situations in which accreditation recommendations or decisions are being made by Commissioners, Review Committee members, or members of the Appeal Board. No Commissioner, Review Committee member, or member of the Appeal Board should participate in any way in accrediting decisions in which he or she has a financial or personal interest or, because of an institutional or program association, has divided loyalties and/or has a conflict of interest on the outcome of the decision.

During the term of service as a Review Committee member, these individuals should not serve as site visitors for an actual accreditation site visit to an accredited or developing program, unless deemed necessary. Two instances when a review committee member could serve on a site visit include: 1) an inability to find a site visitor from the comprehensive site visitor list, or 2) when the review committee believes a member should attend a visit for consistency in the review process. This applies only to site visits that would be considered by the same review committee on which the site visitor is serving. Review committee members may not independently consult with a CODA-accredited program or a program applying for CODA accreditation. In addition, review committee members may not serve as a site visitor for mock accreditation purposes. These policies help avoid conflict of interest in the decision making process and minimize the need for recusals.

During the term of service as a commissioner or appeal board member, these individuals may not independently consult with a CODA-accredited program or a program applying for CODA accreditation. In addition, Commissioners or appeal board may not serve on a site visit team during their terms.

Areas of conflict of interest for Commissioners, Review Committee members and/or members of the Appeal Board include, but are not limited to:

- close professional or personal relationships or affiliation with the institution/program or key personnel in the institution/program which may create the appearance of a conflict;
- serving as an independent consultant or mock site visitor to the institution/program;
- being a graduate of the institution/program;
- being a current employee or appointee of the institution/program;
- previously applied for a position at the institution within the last five (5) years;
- being a current student at the institution/program;
- having a family member who is employed by or affiliated with the institution;
- manifesting a professional or personal interest at odds with the institution or program;
- key personnel of the institution/program having graduated from the program of the Commissioner, Review Committee member, or member of the Appeal Board;
- having served on the program's visiting committee within the last seven (7) years; and/or
- no longer a current employee of the institution or program but having been employed there within the past ten (10) years.

To safeguard the objectivity of the Review Committees, conflict of interest determinations shall be made by the Chair of the Review Committee. If the Chair, in consultation with a public member, staff and legal counsel, determines that a Review Committee member has a conflict of interest in connection with a particular program, the Review Committee member will be instructed to not access the report either in advance of or at the time of the meeting. Further, the individual must leave the room when they have any of the above conflicts. In cases in which the existence of a conflict of interest is less obvious, it is the responsibility of any committee member who feels that a potential conflict of interest exists to absent himself/herself from the room during the discussion of the particular accreditation report.

To safeguard the objectivity of the Commission, conflict of interest determinations shall be made by the Chair of the Commission. If the Chair, in consultation with a public member, staff and legal counsel, determines that a Commissioner has a conflict of interest in connection with a particular program, the Commissioner will be instructed to not access the report either in advance of or at the time of the meeting. Further, the individual must leave the room when they have any of the above conflicts. In cases in which the existence of a conflict of interest is less obvious, it is the responsibility of any Commissioner who feels that a potential conflict of interest exists to absent himself/herself from the room during the discussion of the particular accreditation report.

To safeguard the objectivity of the Appeal Board, any member who has a conflict of interest in connection with a program filing an appeal must inform the Director of the Commission. The Appeal Board member will be instructed to not access the report for that program either in advance of or at the time of the meeting, and the individual must leave the room when the program is being discussed. If necessary, the respective representative organization will be contacted to identify a temporary replacement Appeal Board member.



Conflicts of interest for Commissioners, Review Committee members and members of the Appeal Board may also include being from the same state, but not the same program. The Commission is aware that being from the same state may not itself be a conflict; however, when residence within the same state is in addition to any of the items listed above, a conflict would exist.

This provision refers to the concept of conflict of interest in the context of accreditation decisions. The prohibitions and limitations are not intended to exclude participation and decision-making in other areas, such as policy development and standard setting.

Commissioners are expected to evaluate each accreditation action, policy decision or standard adoption for the overall good of the public. The American Dental Association (ADA) Constitution and Bylaws limits the involvement of the members of the ADA, the American Dental Education Association and the American Association of Dental Boards in areas beyond the organization that appointed them. Although Commissioners are appointed by designated communities of interest, their duty of loyalty is first and foremost to the Commission. A conflict of interest exists when a Commissioner holds appointment as an officer in another organization within the Commission's communities of interest. Therefore, a conflict of interest exists when a Commissioner or a Commissioner-designee provides simultaneous service to the Commission and an organization within the communities of interest. (Refer to Policy on Simultaneous Service)

Revised: 2/21; 8/16; 2/16; 2/15; 8/14; 1/14, 8/10; Reaffirmed: 8/23; 8/18; 8/12

**3. Commission Staff Members:** Although Commission on Dental Accreditation staff does not participate directly in decisions by volunteers regarding accreditation, they are in a position to influence the outcomes of the process. On the other hand, staff provides equity and consistency among site visits and guidance interpreting the Commission's policies and procedures.

For these reasons, Commission staff adheres to the guidelines for site visitors, within the time limitations listed and with the exception of the state residency, including:

- graduation from a program at the institution within the last five years;
- service as a site visitor, employee or appointee of the institution within the last five years; and/or
- close personal or familial relationships with key personnel in the institution/program.

Revised: 8/14; 8/10, 7/09, 7/07, 7/00, 7/96, 1/95, 12/92; Reaffirmed: 8/23; 8/18; 8/12, 1/03;  
Adopted: 1982

## E. CONFIDENTIALITY POLICY

All materials generated and received in the accreditation process are confidential. In all instances Protected Health Information (PHI), Personally Identifiable Information (PII) and student/resident/fellow identifying information must not be improperly disclosed. The Commission's confidentiality policies apply to Commissioners, Review Committee members, members of the Appeal Board, and site visitors. Confidential materials are maintained to ensure

the integrity of the institution/program and of the accreditation process, and may be shared by the Commission in instances related to USDE re-recognition or responding to state or federal legal requirements, as appropriate. Because of the confidential nature of the accreditation process, the Commission identifies three (3) points of contact with whom Commission staff is authorized to communicate, either in writing or verbally. These individuals are designated by the sponsoring institution and include the chief executive officer (university president/chancellor/provost or medical center director), the chief academic officer (dean/academic dean/chair/chief of dental service, etc.), and the program director. Commission staff is not authorized to discuss program-specific situations or share confidential material with any other individual(s).

Confidentiality applies without limitation, to the following:

**SELF-STUDY DOCUMENT:** At the discretion of the institution, the administration may either release information from this document to the public or keep it confidential. The Commission will not release the self-study document.

**SITE VISIT REPORT:** The preliminary draft of a site visit report is an unofficial document and remains confidential between the Commission and the institution's executive officers and may not, under any circumstances, be released. Members of a visiting committee who review preliminary drafts of the report must consider the report as privileged information and must not discuss it or make its contents known to anyone, under any circumstances. Oral comments made by site visit team members during the course of the site visit are not to be construed as official site visit findings unless documented within the site visit report and may not be publicized. Further, publication of site visit team members' names and/or contact information is prohibited. Reasons for assigning any non-adverse status other than full approval remain confidential between the institution and the Commission unless the institution wishes to release them. Public release of the final draft of the site visit report that is approved by the Commission is at the sole discretion of the institution. If there is a point of contention about a specific section of the final site visit report and the institution elects to release the pertinent section to the public, the Commission reserves the right to make the entire site visit report public.

**INSTITUTION'S RESPONSE TO A SITE VISIT REPORT:** Release of this information is at the sole discretion of the institution. An institution's response must not improperly disclose any Protected Health Information; however, if any such information is included in the response, such information will not be made public.

**TRANSMITTAL LETTER OF ACCREDITATION NOTIFICATION:** Information such as accreditation status granted and scheduled dates for submission of additional information is public information. However, release of other information or details is at the sole discretion of the institution and will not be disclosed by the Commission.

**PROGRESS REPORT:** The scheduled date for submission of progress reports is public information. Release of the content of a progress report is at the sole discretion of the institution. If there is a point of contention about a particular portion of the progress report and the institution elects to release the pertinent portion to the public, the Commission reserves the right to make

public the entire progress report. Progress reports must not disclose Protected Health Information (PHI) or Personally Identifiable Information (PII).

**SURVEYS:** Routinely gathered data are used in the accreditation process and also provide a national data base of information about the accredited dental and dental-related educational programs. The Commission may release to the public any portion of survey data that is collected annually unless the terms of confidentiality for a specific section are clearly indicated on the survey instrument. Subsections of each survey instrument containing data elements which are confidential are clearly marked. Any data which may be reported from confidential subsections are published in a manner which does not allow identification of an individual institution/program.

**EXIT INTERVIEWS:** The final conference or exit interview between the site visit committee and the chief executive officer, dental dean, chief of dental service or the program director(s) is also confidential. Additional people may be included at the discretion of the institutional administration. The interview is a confidential summation of the preliminary findings, conclusions, recommendations and suggestions which will appear in the site visit report to the institution. This is a preliminary oral report and the preliminary written report is often only in draft stage at this point; therefore, this session may not be recorded in either audio or video format. Note taking is permitted and encouraged.

**ON-SITE INTERVIEWS AND ORAL COMMUNICATIONS:** In order to carry out their duties as on-site evaluators, visiting committee members must communicate freely with administrators, faculty, staff and students and any other appropriate individuals affiliated with an education program. As part of their on-site accreditation duties, committee members are expected to share with other team members pertinent and relevant information obtained during interviews. All oral communications occurring on-site, however, are confidential. Interviews may not be recorded in either audio or video format. Note taking is permitted and encouraged. When the site visit ends, team members may communicate orally, or in writing, only with Commission staff or other team members about any on-site interview or conversation. All questions related to any aspect of the site visit including oral communications must be referred to the Commission office.

**MEETING MATERIALS/DISCUSSIONS:** Background reports and informational materials related to accreditation matters are regularly prepared for review by the Commission and its Review Committees. These materials and all discussions related to accreditation matters routinely remain confidential. All Ad Hoc and Standing Committee meeting materials remain confidential unless the Commission determines the materials warrant public distribution. The Commission determines when, and the manner in which, newly adopted policy and informational reports will receive public distribution.

**PROTECTED HEALTH INFORMATION:** Patients' protected health information, which includes any information that could identify an individual as a patient of the facility being site visited, may not be used by the site visitors, Review Committee members, or Commissioners for any purpose other than for evaluation of the program being reviewed on behalf of the Commission. Protected Health Information may not be disclosed to anyone other than

Commissioners, Commission staff, Review Committee members or site visitors reviewing the program from which the Protected Health Information was received. Individual Protected Health Information should be redacted from Commission records whenever that information is not essential to the evaluation process. If a site visitor, Review Committee member, or Commissioner believes any Protected Health Information has been inappropriately used or disclosed, he/she should contact the Commission office.

MEETINGS: Policy portions of the Review Committee and Commission-meetings are open to observers, while accreditation actions are confidential and conducted in closed session. All Ad Hoc and Standing Committee meetings, and all meetings related to CODA operations are confidential and conducted in closed session. All deliberations of the Appeal Board are confidential and conducted in closed session.

NOTICE OF REASONS FOR ADVERSE ACTION: Notice of the reasons for which an adverse accreditation action (i.e. deny or withdraw) is taken is routinely provided to the Secretary of the U.S. Department of Education, any appropriate state agencies, and, upon request, to the public.

Revised: 8/23; 8/20; 8/18; 2/18; 2/16; 8/14; 1/05, 2/01, 7/00; Reaffirmed: 8/12, 8/10; Adopted: 7/94, 5/93

**1. Reminder Of Confidentiality:** To be read at meetings or on site visits:

The Commission on Dental Accreditation reminds you that confidentiality is an integral part of the accreditation process. The Commission must have access to much sensitive information in order to conduct its review of programs and in the course of its operations and meetings. The confidentiality of this information must be protected by participants of meetings as well as by participants on accreditation site visits.

To remind you of the seriousness with which the Commission views its commitment to protect confidentiality, the Commission requires that all participants of meetings and site visits sign an Agreement of Confidentiality. In signing the Agreement which was provided mailed to you, you indicated your familiarity with the Commission's policy on confidentiality and agreed to abide by it. If you have not already signed the Agreement, please arrange to do so.

Unless indicated otherwise, all meeting and site visit materials, all information obtained on-site, all patient Protected Health Information, and all discussions related to the accreditation of programs and Commission operations are confidential. Patients' Protected Health Information, which includes any information that could identify an individual as a patient of the facility you are visiting or reviewing, may not be used by you for any purpose other than for evaluation of the program on behalf of the Commission. If you believe any Protected Health Information has been inappropriately used or disclosed, you must contact the Commission office. And, please remember that confidentiality has no expiration date -- it lasts forever!

Revised: 8/23; 1/05; Reaffirmed: 8/18; 8/12, 8/10, 7/01; Adopted: 12/85

**2. The Agreement Of Confidentiality:**

Agreement of Confidentiality

I am aware that, as a participant of an accreditation site visit, committee, or the Commission, I have access to accreditation information which must remain confidential. I have read and understand the Commission on Dental Accreditation’s policy on Confidentiality and Public Disclosure and agree to protect the confidentiality of all accreditation materials, all patient Protected Health Information, recommendations and suggestions and discussions before, during and after the meeting or site visit.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

Revised: 1/05; Reaffirmed: 8/23; 8/18; 8/12, 8/10, 7/01; Adopted: 12/8

F. POLICY ON PUBLIC DISCLOSURE

Following each meeting, final accreditation actions taken with respect to all programs, are disclosed to all appropriate agencies, including the general public. The public includes other programs or institutions, faculty, students and future students, governing boards, state licensing boards, USDE, related organizations, federal and state legislators and agencies, members of the dental community, members of the accreditation community and the general public. In general, it includes everyone not directly involved in the accreditation review process at a given institution.

If the Commission, subsequent to and following the Commission’s due process procedures, withdraws or denies accreditation from a program, the action will be so noted in the Commission's lists of accredited programs. Any inquiry related to application for accreditation would be viewed as a request for public information and such information would be provided to the public. The scheduled dates of the last and next comprehensive site visits are also published as public information.

The Commission has procedures in place to provide a brief statement summarizing the reasons for which it takes an adverse accreditation action. If initial accreditation were denied to a developing program or accreditation were withdrawn from a currently accredited program, the reasons for that denial would be provided to the Secretary of the U.S. Department of Education, the appropriate accrediting agencies, any appropriate state licensing or authorizing agencies, and to the public. In addition, the official comments that the affected institution or program may wish to make with regard to that decision, or evidence that the affected institution has been offered the opportunity to provide official comment will also be made available to the Secretary of the U.S. Department of Education, the appropriate accrediting agencies, any appropriate state licensing or authorizing agencies, and to the public

All documents relating to the structure, policies, procedures, and accreditation standards of the Commission are available to the public upon written request. Other official documents require varying degrees of confidentiality.

Revised: 1/05, 2/01, 7/00; Reaffirmed: 8/23; 8/18; 8/12, 8/10; Adopted: 7/94, 5/93

## G. POLICY ON SIMULTANEOUS SERVICE

A member of the Commission on Dental Accreditation, including its Standing and Review Committees,\* and Appeal Board, may not simultaneously serve as a principal officer of another organization within any of the Commission's primary communities of interest if that organization has a role in appointing or co-appointing a member of the Commission. The Commission interprets principal officer to mean those in the position of being final decision-makers which usually includes positions such as the president, president-elect, immediate past president, secretary or treasurer of an organization, as well as members of any executive committee that has decision-making authority which does not require confirmation by a board or house. The Commission has defined primary community of interest in this context as any organizations who have a role in appointing Commissioners, and the Regional Clinical Testing Agencies. Additional criteria found in CODA's Rules for nominations apply during an individual's entire term on CODA.

When such a conflict is revealed at the time of appointment, the appointing organization will be informed that the conflict exists and requested to take steps to identify a replacement on the specific committee, Appeal Board, or Commission.

When such a conflict arises during the term of a current Commissioner, Review Committee, or Appeal Board member, the Commissioner, or Review Committee, or Appeal Board member will be asked to resolve the conflict by resigning from one of the conflicting appointments. In the event that the member resigns from the Commission or Appeal Board, the appointing organization will appoint another individual to complete the unfinished term, as specified by the *Rules* of the Commission on Dental Accreditation. In the event that the member resigns from the Review Committee, the Commission will contact the representative organization for nominations to fulfill the unfinished term.

If the term of the vacated Commission, Appeal Board, or Review Committee position has fifty percent (50%) or less of a full four-year term remaining at the time the successor member is appointed, the successor member shall be eligible for appointment to a new, consecutive four-year term. If more than fifty percent (50%) of the vacated term remains to be served at the time of the appointment, the successor member shall not be eligible for another term.

~~\*this applies to appointments made after 2013~~

Revised: 8/23; 2/19; 8/18; 8/16; 2/16; 2/13, 7/09, 7/01, 7/95; Reaffirmed: 8/13; 8/10, 7/07

## H. NON-DISCRIMINATION POLICY:

The Commission on Dental Accreditation does not discriminate against any person in the conduct of its activities because of race, color, religion, sex, sexual preference, gender identity, age, disability or national origin.

Revised: 8/23; Reaffirmed: 8/18; 8/13; 8/10, 7/07, 7/01, 5/84, 7/95

## I. POLICY ON PROFESSIONAL CONDUCT AND PROHIBITION AGAINST HARASSMENT

All staff members and volunteers must treat each other and all others with whom we work on behalf of the ADA<sup>1</sup> with integrity, courtesy and professionalism. It is ADA policy that all staff members and volunteers are responsible for assuring that the work place is free from improper harassment. With this policy, the ADA prohibits not only unlawful harassment, but also other unprofessional and discourteous actions. For example, rude, insulting, disrespectful, disruptive, uncivil and unprofessional comments or conduct will also not be tolerated.

### **To Report a Potential Incident**

If you believe you have experienced or have become aware of an incident of harassment or a violation of our professional conduct policy, report it as soon as possible to your supervisor and/or Human Resources at (312) 440-2005.

Workplace harassment isn't limited to sexual harassment, and doesn't preclude same-gender harassment; it can occur between any two people - co-workers, managers, or even non-employees like clients, contractors, or vendors.

The ADA absolutely prohibits sexual harassment and harassment on the basis of one's status as a member of a legally-protected class, such as race, color, religion, sex (including pregnancy, childbirth and related medical conditions), gender, gender identify, national origin, age (40 or older), disability (mental or physical), sexual orientation, military status, genetic information, and marital status. These types of discriminatory harassment are prohibited by state and federal laws and may subject the ADA and/or the individual harasser to liability for any such unlawful conduct.

Offensive conduct may include, but is not limited to, offensive jokes, slurs, epithets or name calling, physical assaults or threats, intimidation, ridicule or mockery, insults or put-downs, offensive objects or pictures, unwelcome sexual advances, unwanted physical contact (including touching), and all other verbal, or physical conduct directed at an individual because of their status as a member of a protected class that is unwelcome and interferes with work performance. Such conduct constitutes unlawful harassment when:

- Submission to such conduct is made either implicitly or explicitly a condition of the individual's employment;
- Submission to or rejection of such conduct is used as the basis for decisions affecting an individual's employment; or
- Such conduct is sufficiently severe or pervasive to alter the conditions of employment and to create a hostile or abusive working environment.

Each staff member and volunteer must exercise his or her own good judgment to avoid engaging in conduct that may be perceived by others as harassment. As an ADA staff member or volunteer, you are responsible for keeping our work environment free of all such harassment. If

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<sup>1</sup> For purposes of these HR protocols 'the ADA' collectively refers to the American Dental Association and its two affiliated organizations, the for-profit company ADA Business Enterprises, Inc. (ADABEI) and the not-for-profit educational and research focused ADA Foundation (ADAF).

you believe that you have been harassed, or if you become aware of an incident of harassment, whether by an employee, a member, or a non-employee or non-member, you should report it as soon as possible to your supervisor, a volunteer leader, and/or to the Human Resources, (312-440-2005).

If the incident is reported to an employee's supervisor or a volunteer leader, the supervisor or volunteer leader must then report the incident to the head of ADA Human Resources. Do not allow an inappropriate situation to continue by not reporting it, regardless of who is creating that situation.

No staff member or volunteer in this organization is exempt from this policy. This policy applies to the immediate work place as well as to ADA related activity outside the ordinary work place, such as travel on ADA business, meetings outside the ADA building, email and telephone communications, and ADA-sponsored social or recreational events.

**\*\* Reminder to Supervisors and Volunteer Leaders\*\***

If you witness or are informed of a potential incident of harassment or violation of our professional conduct policy, you **MUST** report it to Human Resources at (312) 440-2005.

In response to every complaint, the ADA will take prompt investigatory actions and corrective and preventative actions where necessary. A staff member who brings such a complaint to the ADA in good faith will not be adversely affected as a result of reporting the harassment or objectionable conduct. All staff members should be aware that the privacy of the charging party and the person accused of the harassment will be protected to the extent consistent with effective enforcement of this policy.

The ADA will retain confidential documentation of all allegations and investigations. Any staff member or volunteer found to have violated this policy may be subject to disciplinary action up to and including discharge from employment with the ADA or removal from a volunteer position. Any memoranda regarding a determination that a violation of the Professional Conduct Policy and Prohibition against Harassment has occurred shall be placed in a staff member's personnel file.  
Effective: January 1, 2015

*Procedures Applicable to Professional Conduct Policy and Prohibition against Harassment*

- a. If you believe that there has been a violation of the ADA's Professional Conduct Policy and Prohibition against Harassment (ADA's Policy) immediately contact your supervisor, or Human Resources.
- b. If an incident is reported to a supervisor or volunteer leader, the supervisor or volunteer leader must then notify Human Resources of the incident.
- c. In a timely and confidential manner, the ADA will conduct an investigation of any complaint that is made pursuant to the ADA's Policy. Human Resources will conduct an investigation, which includes interviewing witnesses with potential knowledge of the objectionable conduct.
- d. It is the obligation of each staff member and volunteer to cooperate in these investigations by providing truthful, thorough information.



- e. The alleged harasser is given an opportunity to relate his/her version of the events and to provide any information that the ADA should consider before it finalizes its investigation. If the alleged harasser refuses to participate, the ADA will base its decision on the other information gathered during the investigation, the inferences drawn from that evidence and the alleged harasser's unwillingness to cooperate in the interview.
- f. Information obtained pursuant to the investigation is confidential and will be reported to those within the ADA on a "need to know" basis. The privacy of the complaining party and the person accused of the harassment will be protected to the extent consistent with effective enforcement of this Policy.
- g. Attempting to influence the investigation or to disclose confidential information by discussing it with others can be cause for disciplinary action, up to and including discharge, except to the extent such disclosure may be legally permissible.
- h. Human Resources, in consultation with legal counsel, will make a recommendation to the Executive Director as to whether there has been a violation of the ADA's Policy and whether corrective action, if any, should be taken.
- i. Any staff member found to have violated the Professional Conduct Policy and Prohibition against Harassment will be subject to disciplinary action up to and including discharge. Any memoranda regarding violation of the Professional Conduct Policy and Prohibition against Harassment will be placed in the staff member's personnel file.

The ADA prohibits managers and supervisors from taking adverse job consequences against staff who engage in protected activities such as :1) lodging a discrimination complaint or concern, 2) participating in an investigation of such a discrimination complaint or concern or 3) opposing employment practices that an employee reasonably believes discriminate against the employee or another staff member.

The ADA prohibits any form of retaliation against any staff member for making a bona fide complaint under this policy or for assisting in a complaint investigation. Any individual, however, whose complaint is determined to be false or made in bad faith, or supported by false information, may be subject to disciplinary action.

The ADA specifically reserves its right to change, modify or eliminate any of the provisions of its Procedures Applicable to the Professional Conduct Policy and Prohibition against Harassment Policy at any time with or without notice. Effective: January 1, 2015.

Revised: 8/15; 8/14; 7/09, 1/03, 7/97; Reaffirmed: 8/23; 8/18; /13; 8/10; CODA: 01/95:11

## J. PROGRAM FEE POLICY

Programs accredited by the Commission pay an annual fee. The annual fee is doubled in the year of the program's regular interval accreditation site visit. As there is some variation in fees for different disciplines based on actual accreditation costs, programs should contact the Commission office for specific information. Other than doubling of the annual fee during the site visit year, site visits are conducted without any additional charge to the institution and the Commission assumes all expenses incurred by its site visitors. However, accredited programs with multiple sites which must be site visited during a regular site visit and programs sponsored

by the U.S. military in international locations are assessed a fee at the time of the site visit. The fee is established on a case-by-case basis, dependent upon the specific requirements to conduct the visit (e.g. additional site visitors, additional days, and additional travel time and expenses). Fees are also assessed to the program for the conduct of special focused site visits. (See Invoicing Process for Special Focused Site Visits in Policy on Special Site Visits). International dental education programs also pay an annual fee and site visit fees (See International Dental Education Site Visits). Expenses for representatives from the state board of dentistry or from other agencies, such as a regional accrediting agency, are not assumed by the Commission. Fee structures are evaluated annually by the Commission. The Commission office should be contacted for current information on fees.

An annual administrative fee is also applied to each program. Fees may also be associated with staff consulting services (See Staff Consulting Services, and International Policies and Procedures)-administrative fees related to the Commission policy on protected health information and personally identifiable information (See Policy and Procedures Related to Compliance with the Health Insurance Portability and Accountability Act).

All institutions offering programs accredited by the Commission on Dental Accreditation are expected to adhere to the due date for payment of all fees for each accredited program sponsored by the institution. Written requests for an extension must specify a payment date no later than thirty (30) days beyond the initial due date. Failure to pay fees by the designated deadline is viewed as an institutional decision to no longer participate in the Commission's accreditation program. Following appropriate reminder notice(s), if payment or a request for extension is not received, it will be assumed that the institution no longer wishes to participate in the accreditation program. In this event, the Commission will immediately notify the chief executive officer of the institution of its intent to withdraw the accreditation of the program(s) at its next scheduled meeting. Programs which have been discontinued or had accreditation withdrawn will not be issued a refund of accreditation fees.

Revised: 1/20; 2/19; 2/15; 8/14; 8/13; 7/08; Reaffirmed: [8/23](#); 8/18; 8/13; 8/10, 7/07, 7/01, 7/95

#### K. POLICY ON CODA ADMINISTRATIVE FUND

In 2020, the Commission on Dental Accreditation approved the reclassification of its Research and Development Fund (R&D Fund) to an Administrative Fund.

The Commission on Dental Accreditation Administrative Fund may include but is not limited to the following uses:

- Commission studies and activities related to quality assurance and strategic planning
- Conduct of business through newly formed ad hoc or sub-committees not previously budgeted; engagement of site visitors to gain unique expertise or to provide training
- Ongoing review and enhancement of business resources, human resources, and technology resources in various aspects of the CODA accreditation program

- Expenses related to Shared Services Agreement with the American Dental Association not previously budgeted
- Other business purposes as applicable to the work of the Commission on Dental Accreditation

#### Criteria Guideline for Distribution of Funds:

1. Funds \$5,000 or less: Funds in this category are classified as discretionary funds that may be used by the CODA Director. A maximum of \$5,000 per use is permissible, with a requirement for immediate reporting on the use of the funds, via email, to the Finance Committee for informational purposes. The discretionary funds do not require a formal request by a CODA committee, nor do they require prior approval for use by the Finance Committee or Commission.
2. Funds between \$5,001 and \$20,000: Projects which require this level of funding must be reviewed and approved by the Finance Committee prior to use. Approval by the Commission is not required.
3. Funds greater than \$20,000: Projects which require funding in excess of \$20,000 must be submitted for review and approval by the Commission upon recommendation of the Finance Committee.

#### All Funding Disbursements:

- The Finance Committee and Commission will review a full accounting of the Administrative Fund and uses of the fund at each finance committee and Commission meeting.
- Fund allocations requiring approval by the Finance Committee or the Commission require formal requests/proposals from the Commission's review committees or standing committees; disbursement of funds within the Director's discretionary allocation do not require formalized requests.

Reaffirmed: 8/23; Adopted: 2/20

#### L. GUIDELINES FOR MANAGING PROGRAM FILES

All correspondence is maintained and documentation related to one accreditation cycle will be stored electronically. Electronic documents/correspondence do not need signatures (per Commission legal counsel). Transmittal letters can be saved to the accredited program's document retention Knowledge Center space without a signature.

#### Accredited programs

- All correspondence and letters of transmission of Commission action;
- All site visit reports ~~The most recent site visit report~~ (including the institution's response);
- Two (2) most recent self-studies; Most recent self-study (with the hospital's bylaws, and course outlines appendix);
- ~~Second most recent self-study (without hospital bylaws or course outlines appendix)~~;
- ~~All previous site visit reports (including institution's responses)~~;
- Progress reports related to the two (2) most recent site visit reports (~~without course outlines~~);

and

- Special Reports: (e.g. interim review, major change, transfer of sponsorship) occurring during time period of the two most recent site visit reports.

Discontinued programs

- All correspondence and letters of transmission of Commission action and site visit reports;
- Two (2) most recent site visit reports (with institutional responses);
- Two (2) most recent self-studies; and
- Progress reports related to the two (2) most recent site visit reports

Programs with accreditation withdrawn

- All correspondence and letters of transmission of Commission action;
- Two (2) most recent site visit reports (with institutional responses);
- Two (2) most recent self-studies (~~without hospital bylaws or course outlines~~); and
- Progress reports related to the two (2) most recent site visit reports.

Revised: 8/23; 8/02, 8/03, 8/99; Reaffirmed: 8/18; 8/15; 8/10, 7/09; Adopted: 9/92

## IV. POLICIES AND PROCEDURES RELATED TO ACCREDITATION OF PROGRAMS

### A. ACCREDITATION STATUS DEFINITIONS

#### 1. Programs That Are Fully Operational:

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

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

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

- sudden changes in institutional commitment;
- natural disaster which affects affiliated agreements between institutions; faculty support; or facilities;
- changes in institutional accreditation;

- interruption of an educational program due to unforeseen circumstances that take faculty, administrators or students away from the program.

Revised: 8/17; 2/16; 5/12; 1/99; Reaffirmed: 8/23; 8/18; 8/13; 8/10, 7/05; Adopted: 1/98

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

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

Revised: 8/23; 7/08; Reaffirmed: 8/18; 8/13; 8/10; Adopted: 2/02

### **Other Accreditation Actions:**

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

Reaffirmed: 8/23; 8/18; Adopted: 2/16

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

**Intent to Withdraw:** A formal warning utilized by the Commission on Dental Accreditation to notify an accredited program and the communities of interest that the program’s accreditation

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

Revised: 2/16; 8/13; Reaffirmed: 8/23; 8/18

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

Revised 6/17; Reaffirmed: 8/23; 8/18; 8/13; 8/10, 7/07, 7/01; CODA: 12/87:9

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

Reaffirmed: 8/23; 8/18; 8/13; Adopted: 8/11

## B. APPLICATION FOR ACCREDITATION FOR FULLY OPERATIONAL PROGRAMS WITH ENROLLMENT AND WITHOUT ACCREDITATION

Those programs that have graduated at least one class of students/residents and are enrolling students/residents in every year of the program are considered fully operational. These programs will complete the self-study document and will be considered for the accreditation status of "approval with reporting requirements" or "approval without reporting requirements" following a comprehensive site visit (Please see procedures for the conduct of a comprehensive site visit). Students/Residents who are enrolled in the program at the time accreditation is granted, and who successfully complete the program, will be considered graduates of an accredited program. Students/Residents who graduated from the program prior to the granting of accreditation will not be considered graduates of an accredited program.

Because accreditation is voluntary, a program may withdraw its application for accreditation at any time prior to the Commission taking action regarding an accreditation status. When an

accreditation status has been granted, the program has the right to ask that the status be discontinued at any time for any reason.

Upon request, the Commission office will provide more specific information about types of programs, application forms, deadlines for submission and accreditation standards. Program administrators and faculty are encouraged to consult with Commission staff during this initial process.

An application fee must be submitted with a program's application for accreditation. Programs should contact the Commission office for the current fee schedule.

The following steps apply:

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

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

application fee must be submitted.

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

### C. APPLICATION FOR INITIAL ACCREDITATION FOR DEVELOPING PROGRAMS

A program which has not enrolled and graduated at least one class of students/residents and does not have students/residents enrolled in each year of the program is defined by the Commission as “developing.” The same review steps that apply for Application for Accreditation for Fully Operational Programs with Enrollment and Without Accreditation apply to Application for Initial Accreditation for Developing Programs.

The developing program must not enroll students/residents until initial accreditation status has been obtained. Once a program is granted “initial accreditation” status, a site visit will be conducted in the second year of programs that are four or more years in duration and again prior to the first class of students/residents graduating. Programs that are less than four (4) years in duration will be site visited again prior to the first class of students/residents graduating.

An institution which has made the decision to initiate and seek accreditation for a program that falls within the Commission on Dental Accreditation’s purview is required to submit an application for accreditation. “Initial accreditation” status may then be granted to programs which are developing, according to the accreditation standards.

Because accreditation is voluntary, a program may withdraw its application for accreditation at any time prior to the Commission taking action regarding an accreditation status. The initial accreditation status is granted based upon one or more site evaluation visit(s) and until the program is fully operational. When an accreditation status has been granted, the program has the right to ask that the status be discontinued at any time for any reason.

Upon request, the Commission office will provide more specific information about types of programs, application forms, deadlines for submission and accreditation standards. Program administrators and faculty are encouraged to consult with Commission staff during this initial process.

An application fee must be submitted with a program’s application for initial accreditation. Programs should contact the Commission office for the current fee schedule.

The following steps apply:

1. An application for accreditation is completed by the program and submitted to the Commission on Dental Accreditation, along with appropriate documentation and application fee. Provided that the application is in order, the first opportunity for the Commission to consider the program is generally 12 to 18 months following the Commission’s formal acknowledgment of receipt of the application, initiation of the review process, and following an initial site visit.



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

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

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

### **1. Enrollment Of Students In A Developing Program Prior To Granting Of Initial Accreditation Status:**

An additional purpose of accreditation recognized by the United States Department of Education (USDE) is the protection of the public through the identification of qualified personnel to staff the health care system. Therefore, the Commission on Dental Accreditation established accreditation classifications, which have proven to be acceptable to educational institutions. Published definitions are a widely recognized means for carrying out accreditation functions.

"Initial accreditation" status is an accreditation classification that is applicable to developing programs. It is granted when a proposed or developing program demonstrates that it has the potential to meet the accreditation standards.

For this reason, the Commission is firm in its policy that the developing program must not enroll students/residents until “initial accreditation” status has been obtained. If a program enrolls students/residents without first having been granted “initial accreditation” status, the Commission will not accept the application for accreditation until after the first enrolled class has graduated. In addition, the Commission expects that the program will notify all students/residents enrolled of the possible ramifications of enrollment in a program operating without accreditation. The Commission will also notify the applicable state board of dentistry.

When “initial accreditation” status is denied and the program wishes to reapply, it is the responsibility of the institution to make use of all possible resources, including consultation with the Commission on Dental Accreditation. (Refer to the Policy on Public Disclosure and Confidentiality for additional information regarding the announcement of an action to deny accreditation).

Revised: 2/16; 7/08, 8/02, 7/96; Reaffirmed: 8/23; 8/18; 8/13; 8/10, 7/07, 7/01; CDE: 12/74:19

## **2. Time Limitation For Initial Accreditation:**

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

Revised: 8/02; Reaffirmed: 8/23; 8/18; 8/13; 8/10; CODA: 05/80:12

## CRITERIA FOR CONSIDERATION OF AN APPLICATION FOR ACCREDITATION

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

- a. A dean/program director/program administrator, as applicable, who meets the requirements of the discipline-specific standards, has been appointed at the time the application is submitted and at least six (6) months prior to a projected accreditation site visit. Should the dean/program director/program administrator change during the application review, the program must notify the Commission immediately and a delay of six (6) months for a projected site visit (should one have been directed) will be applied.
- b. The program is sponsored by an institution that, at the time of the application, complies with the discipline-specific accreditation standards related to institutional accreditation.
- c. A strategic plan/outcomes assessment process, which will regularly evaluate the degree to which the program’s stated goals and objectives are being met, is developed and documented, including the program’s expected measures for student/resident/fellow achievement and schedule for ongoing program review.
- d. The long and short-term financial commitment of the institution to the program is documented and is sufficient to support the program’s stated goals and objectives during development and long-term.

- e. If the program will rely on support from entities outside of the institution to comply with the Accreditation Standards or program requirements (e.g. access to clinical facility or resources for required instruction), contractual agreements are drafted and signed providing assurance that a program dependent upon the resources of a variety of institutions and/or extramural clinics and/or other entities has adequate support. The program must document that support from outside entities does not compromise its authority as the sponsor of the program.
- f. Policies related to student/resident/fellow admission process and due process procedures are developed and documented.
- g. A projection of the number, qualifications, assignments and appointment dates of faculty is developed and is sufficient to support the program during development and long-term. The program must provide evidence of availability of adequate faculty and a hiring plan.
- h. An explanation is included of how the curriculum was developed including who developed the curriculum and the philosophy underlying the curriculum. If curriculum materials are based on or are from an established education program, documentation that permission was granted to use these materials is provided.
- i. The curriculum must be mapped for all years of the program, including documentation of all competencies that will be required in each course. Curriculum materials for each course in all years of the program must be presented and include general and specific course and instructional objectives, learning activities, evaluation instruments (including, as applicable, sample tests, quizzes, and grading criteria). All evaluation instruments for laboratory, pre-clinical, clinical, and clinical enrichment experiences are developed and included.
- j. Class schedule(s) for all years noting how each class will utilize the facility are developed and provided, including a mapping of facility utilization when the program is in full operation. If the capacity of the facility does not allow all students/residents/fellows to be in laboratory, pre-clinical laboratory and/or clinic at the same time, a plan documenting how students/residents/fellows will spend laboratory, pre-clinical and/or clinical education sessions has been developed and is included.
- k. As applicable, formal diagrams or blueprints of the didactic, laboratory, pre-clinical laboratory and clinical facilities, and equipment needs are developed to support the anticipated enrollment date. An equipment procurement timeline and/or construction timeline has been developed and documented to support the anticipated enrollment date.
- l. As applicable, policies and procedures related to clinical operation including but not limited to ionizing radiation, infection control and hazardous material, and bloodborne and infectious diseases are developed and documented.
- m. As applicable, the adequacy of the patient caseload in terms of size, variety and scope to support required clinical experiences is available and documented. The program's patient classification system, patient recruitment system, and student/resident/fellow patient experience tracking system are developed and documented.

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

## J. SITE VISITORS

**2. Criteria For Nomination Of Site Visitors:** For predoctoral dental education programs, the Commission solicits nominations for site visitors from the American Dental Education Association

to serve in five of six roles on dental education program site visits. The site visitor roles are Chair, Basic Science, Clinical Science, Curriculum, and Finance. Nominations for the sixth role, national licensure site visitor, are solicited from the American Association of Dental Boards.

For advanced dental education programs, the Commission solicits nominations for site visitors from the discipline-specific sponsoring organizations and their certifying boards.

For allied dental education programs, the American Dental Education Association is an additional source of nominations that augments, not supersedes, the nominations from the Commission's other participating organizations, American Dental Assistants Association (ADAA), American Dental Hygienists' Association (ADHA) and National Association of Dental Laboratories (NADL)

Revised: 8/18; 8/15; 8/14; 8/12; Reaffirmed: 8/19; 8/10, 7/07, 7/01; CODA: 05/93:6-7

The Commission requests all agencies nominating site visitors to consider regional distribution, gender and minority representation and previous experience as a site visitor. Although site visitors are nominated by a variety of sources, the Commission carefully reviews the nominations and appoints site visitors on the basis of need in particular areas of expertise. The pool of site visitors is utilized for on-site evaluations, for special consultations and for special or Review Committees.

Appointments are made at the Winter (January/February) Commission meeting and become effective upon Commission action and completion of site visitor mandatory training.

Revised: 4/22; 2/22; 1/20; 8/19; 8/18; 8/14; 8/12, 7/09, 7/07, 7/01; Reaffirmed: 8/10; Adopted: 7/98

In addition to the discipline-specific criteria noted below, the following criteria apply to all site visitor nominees.

**Criteria for Educator Site Visitor Nominees.** The following are criteria for educator site visitor nominees:

- Commitment to predoctoral, advanced, and/or allied dental education;
- Active involvement in an accredited predoctoral, advanced, or allied dental education program as a full- or part-time faculty member;
- Subject matter experts with formal education and credentialed in the applicable discipline; and

**Criteria for Practitioner Site Visitor Nominees.** The following are criteria for practitioner site visitor nominees:

- Commitment to predoctoral, advanced, and/or allied dental education;
- Current active license and work effort as a practitioner or clinical instructor; and
- Formal education and credential in the applicable discipline.

Adopted 4/22

- A. **Predoctoral Dental Education:** The accreditation of predoctoral dental education programs is conducted through the mechanism of a visiting committee. Membership on such visiting committees is general dentistry oriented rather than discipline or subject matter area oriented. The composition of such committees shall be comprised, insofar as possible, of site visitors having broad expertise in dental curriculum, basic sciences, clinical sciences, finance, national licensure (practitioner) and one Commission staff member. The evaluation visit is oriented to an assessment of the educational program's success in training competent general practitioners.

Although a basic science or clinical science site visitor may have training in a specific basic science or discipline-specific advanced dental education area, it is expected that when serving as a member of the core committee evaluating the predoctoral program, the site visitor serves as a general dentist. Further, it is expected that all findings, conclusions or recommendations that are to be included in the report must have the concurrence of the visiting committee team members to ensure that the report reflects the judgment of the entire visiting committee.

In appointing site visitors, the Commission takes into account a balance in geographic distribution as well as representation of the various types of educational settings and diversity. Because the Commission views the accreditation process as one of peer review, predoctoral dental education site visitors, with the exception of the national licensure site visitor, are affiliated with dental education programs.

The following are criteria for the six roles of predoctoral dental education site visitors:

**Chair:**

- Must be a current dean of a dental school or have served as dean within the previous three (3) years.
- Should have accreditation experience through an affiliation with a dental education program accredited by the Commission and as a previous site visitor.

**Basic Science:**

- Must be an individual who currently teaches one or more biomedical science courses to dental education students or has done so within the previous three (3) years.
- Should have accreditation experience through an affiliation with a dental education program accredited by the Commission or as a previous site visitor.

**Clinical Science:**

- Must be a current clinical dean or an individual with extensive knowledge of and experience with the quality assurance process and overall clinic operations.
- Has served in the above capacity within the previous three (3) years.
- Should have accreditation experience through an affiliation with a dental education program accredited by the Commission or as a previous site visitor.

**Curriculum:**

- Must be a current academic affairs dean or an individual with extensive knowledge and experience in curriculum management.
- Has served in the above capacity within the previous three (3) years.
- Should have accreditation experience through an affiliation with a dental education program accredited by the Commission or as a previous site visitor.

Finance:

- Must be a current financial officer of a dental school or an individual with extensive knowledge of and experience with the business, finance and administration of a dental school.
- Has served in the above capacity within the previous three (3) years.
- Should have accreditation experience through an affiliation with a dental education program accredited by the Commission or as a previous site visitor.

National Licensure:

- Should be a current clinical board examiner or have served in that capacity within the previous three (3) years.
- Should have an interest in the accreditation process.

Revised: 8/18; 2/18; 2/16; 8/14; 1/99; Reaffirmed: 8/19; 8/10, 7/07, 7/01; CODA: 07/05, 05/77:4

B. Advanced Dental Education: In the disciplines of dental public health, dental anesthesiology, endodontics, oral and maxillofacial pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, oral medicine, orofacial pain, orthodontics and dentofacial orthopedics, pediatric dentistry, periodontics and prosthodontics, sponsoring organizations are advised that candidates recommended to serve as site visitors be board certified and/or have completed or participated in a CODA-accredited advanced dental education program in the discipline and must have experience in advanced dental education as teachers or administrators. Each applicable Review Committee will determine if board certification is required. Some sponsoring organizations have established additional criteria for their nominations to the Commission.

C. Allied Dental Education in Dental Hygiene: In appointing site visitors, the Commission takes into account a balance in geographic distribution, representation of the various types of educational settings, and diversity. Because the Commission views the accreditation process as one of peer review, the dental hygiene education site visitors are affiliated with dental hygiene education programs.

The following are criteria for selection of dental hygiene site visitors:

- a full-time or part-time appointment with a dental hygiene program accredited by the Commission on Dental Accreditation;
- a baccalaureate or higher degree;
- background in educational methodology;
- accreditation experience through an affiliation with a dental hygiene education program that has completed a site visit; and
- accreditation experience within the previous three (3) years.

Revised: 8/21; 8/18; 8/16; 8/14; Reaffirmed: 8/19; 8/10; Adopted: 7/09

D. Allied Dental Education in Dental Assisting: The following are criteria for selection of dental assisting site visitors:

- certification by the Dental Assisting National Board as a dental assistant;
- full-time or part-time appointment with a dental assisting program accredited by the Commission on Dental Accreditation;
- equivalent of three (3) years full-time dental assisting teaching experience;
- baccalaureate or higher degree;
- demonstrated knowledge of accreditation; and
- current background in educational methodology.

Revised: 8/18; 8/16; 8/14; 2/13, 1/08, 1/98, 2/02; Reaffirmed: 8/19; 8/10, 7/08; CODA: 07/95:5

E. Allied Dental Education in Dental Laboratory Technology: The following are criteria for selection of dental laboratory technology site visitors:

- background in all five (5) dental laboratory technology specialty areas: complete dentures, removable dentures, crown and bridge, dental ceramics, and orthodontics;
- background in educational methodology
- knowledge of the accreditation process and the Accreditation Standards for Dental Laboratory Technology Education Programs;
- Certified Dental Technician (CDT) credential through the National Board of Certification (NBC); and
- full or part-time appointment with a dental laboratory technology education program accredited by the Commission on Dental Accreditation or previous experience as a Commission on Dental Accreditation site visitor.

Revised: 8/18; 8/14; Reaffirmed: 8/19; 8/10; Adopted: 07/09

F. Allied Dental Education in Dental Therapy: The following are criteria for selection of dental therapy site visitors:

- a full-time or part-time appointment with a predoctoral dental or allied dental education program accredited by the Commission on Dental Accreditation or an accredited (or recognized) dental therapy program;
- a baccalaureate or higher degree;
- background in educational methodology;
- accreditation experience through an affiliation with a dental therapy, allied, or predoctoral dental program that has completed a site visit;\*
- accreditation experience within the previous three (3) years;\*
- must either be a licensed dentist educator (general dentist) or licensed dental therapist educator; and
- the “licensed dentist educator” may be predoctoral dental educator site visitors (*i.e., a general dentist educator who serves as curriculum or clinical predoctoral site visitor*) or allied dental educator site visitors.

\*temporarily waived for dental therapist educator position until after CODA determines there exists an adequate supply of site visitors. accredits a minimum of three (3) dental therapy education programs.

Dental therapy site visit team consist of three (3) members as follows: one (1) dental therapist educator, one (1) predoctoral dentist educator (curriculum or clinical site visitor), and one (1) additional site visitor that could be either a second dental therapist educator, second predoctoral dentist educator, or an allied dentist educator. If needed due to lack of dental therapy educator availability, such that if a dental therapy educator cannot be identified in accordance with Commission policy then the three-person site visit team may be composed of predoctoral educators and allied dentists, three (3) people total in any combination.

Revised: 8/23; 2/21; 8/18; 8/16; Reaffirmed: 8/19; Adopted: 02/16

## F. COMMISSION COMMITTEES

The Commission on Dental Accreditation has six (6) standing committees: Quality Assurance and Strategic Planning, Documentation and Policy Review, Finance, Nomination, Communication and Technology, and International Accreditation (Predoctoral only). Additionally, ad hoc committees and other committees and task forces may be formed to address specific issues or concerns. An ad hoc committee functions until the issue is resolved or until it becomes a standing committee of the Commission.

Occasionally, a Commissioner may be asked to serve on other task forces or joint committees that could include representatives from the American Dental Association, the American Dental Education Association or other organizations.

The charge to each of the Commission's standing committees follows:

### **Quality Assurance and Strategic Planning**

- Develop and implement an ongoing strategic planning process;
- Develop and implement a formal program of outcomes assessment tied to strategic planning;
- Use results of the assessment processes to evaluate the effectiveness of the Commission and make recommendations for appropriate changes, including the appropriateness of its structure;
- Monitor USDE, and other quality assurance organizations e.g. Council on Higher Education Accreditation (CHEA), American National Standards Institute/International Organization for Standardization (ANSI/ISO), and International Network for Quality Assurance Agencies in Higher Education (INQAAHE) for trends and changes in parameters of quality assurance; and
- Monitor and make recommendations to the Commission regarding changes that may affect its operations, including expansion of scope and international issues.

### **Documentation and Policy Review**

- Ensure all Commission documents reflect consistency in application of Commission policies, and that relevant sections of accreditation standards are consistent across disciplines;
- Review and consolidate the recommendations of all review committees into standard language for the Commission's consideration for adoption, when new or revised standards are proposed and will impact more than one discipline; and
- Develop Commission policies and procedures contained in the Evaluation and Operational



Policies and Procedures manual.

- Periodically review current Commission policies and procedures to ensure that they are current and relevant.

### **Nomination**

- Review nominations and make recommendations for appointment of consumer/public members to the Commission;
- Review nominations and make recommendations for appointment of individuals to Review Committees of the Commission;
- Ensure the pre-nomination education process provides information regarding expectations and duties of commissioners, review committee members, and site visitors; and
- Periodically review nomination and selection criteria and make recommendations for changes if necessary, consistent with the Commission's strategic plan and policies.

### **Finance**

- Monitor, review and make recommendations to the Commission concerning the annual budget, provide administrative oversight of the administrative fund, and review and make recommendations regarding the Intercompany Memorandum of Understanding and Services Agreement.

### **Communication and Technology**

- Evaluate and recommend alternative methods, including the use of enhanced technology, for monitoring programs' continuous compliance with the standards;
- Evaluate and recommend new technological advances in accreditation for reporting and management of information, allowing accreditation to move toward the concepts of continuous assessment, data collection, and readiness;
- Monitor technological trends in alternative site visit methods;
- Develop and implement strategies to increase the effectiveness, quality, content, and processes of communication with all the Commission's communities of interest;
- Ensure that Commission communications strategies allow for transparency and accountability; and
- Oversee the publication of the e-newsletter, the CODA Communicator, with emphasis on communicating the value/outcomes of accreditation.

### **Site Visit Process and Training**

- Monitor trends and USDE regulations related to CODA's site visit process;
- Evaluate site visit feedback from site visitors and programs;
- Review and develop protocols and materials to enhance the site visit process;
- Oversee and provide input on training for new and reappointed site visitors;
- Oversee and provide input on training for programs preparing for site visits; and
- Oversee and provide input to educate new program directors on working with the Commission.

### **International Accreditation (Predoctoral only)**

- Provide international consultation fee-based services to international predoctoral dental

education programs, upon request.

- Develop and implement international consultation policies and procedures to support the international consultation program.
- Monitor and make recommendations to the Commission regarding changes that may affect its operations related to international issues.

Revised: 8/23; 1/20; 2/19; 8/17; 2/16; Reaffirmed: 8/22; Adopted: 8/10

## G. MATERIALS AVAILABLE FROM THE COMMISSION

These materials are available from the Commission on Dental Accreditation upon request.

- Application for initial accreditation for each discipline
- Accreditation standards documents for each discipline
- Self-study documents for each discipline
- Accredited Program Listing:
  - Predoctoral Dental Education Programs,
  - Allied Dental Education Programs, and
  - Advanced Dental Education Programs
- Annual Reports for Predoctoral Advanced, and Allied Dental Education are available online, including:
  - Supplement: Dental School Tuition, Admission and Attrition
  - Supplement: Dental School Faculty and Support
  - Supplement: Dental School Trends
  - Supplement: Dental School Curriculum, Clock Hours of Instruction

Reports listed as confidential include information which was collected with the understanding that the reports would not identify specific educational institutions. Thus, these reports use randomly assigned code numbers for each predoctoral dental education program rather than the name of the institution. Confidential reports include the Supplement: Analysis of Dental School Finances - Financial Report

- Guidelines:
  - Preparation of Reports (Response to Site Visit Reports and Progress Reports)
  - Submitting Teach-Out Reports by Institutions Discontinuing or Closing Commission-Accredited Educational Programs Preparing Phase-out Reports by Institutions Terminating Educational Programs
  - Preparing Requests for Transfer of Sponsorship
  - Reporting Program Changes in Accredited Programs
  - Documentation Guidelines for Selected Recommendations (in site visit reports)
  - Requesting an Enrollment Increase (~~predoctoral and advanced~~)
  - Reporting and Approval of Sites Where Educational Activity Occurs (Adopted 2/16)
  - Electronic Submission of Documents
  - Privacy and Data Security Requirements for Institutions

- Privacy and Data Security Requirements for International Institutions
- Outcomes Assessment - a resource packet on assessing outcomes  
Revised: 8/23; 8/17; Reaffirmed: 8/22;

#### A. INFORMATION ON THE COMMISSION'S WEBSITE

The following information is posted on the Commission's website as indicated. Some of these items are mandated by the Commission, while others are merely viewed as a service to accredited programs.

The following items are routinely posted following the Commission's winter meeting:

- Report of Unofficial Actions of the Commission
- List of Commissioners and appended biographical information
- List of Scheduled Site Visits
- Policy On Third Party Comments
- Policy on Complaints and Guidelines for Filing a Complaint
- Summer Commission Meeting – Open Session Announcement and Materials, as available
- Commission policies, procedures and guidelines for reporting program changes:
  - Guidelines for Requesting Increase in Enrollment (~~for all dental and advanced dental education programs~~)
  - Policy and Guidelines for Reporting Program Changes In Accredited Programs
  - Policy and Guidelines on Reporting and Approval of Sites Where Educational Activity Occurs
  - Policy and Guidelines for Preparing a Teach-Out Report
  - Policy and Guidelines for Transfer of Sponsorship
  - Policy and Guidelines for Interruption of Education
  - Policy and Guidelines for Reporting the Use of Distance Education
  - BioSketch Templates
  - Electronic Submission Guidelines
  - Privacy and Data Security Summary for Institutions/Programs

The following items are routinely posted following the Commission's summer meeting:

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  - Policy and Guidelines for Reporting Program Changes In Accredited Programs
  - Policy and Guidelines on Reporting and Approval of Sites Where Educational Activity Occurs

- Policy and Guidelines for Preparing a Teach-Out Report
- Policy and Guidelines for Transfer of Sponsorship
- Policy and Guidelines for Interruption of Education
- Policy and Guidelines for Reporting the Use of Distance Education
- BioSketch Templates
- Electronic Submission Guidelines
- Privacy and Data Security Summary for Institutions/Programs

The following items are posted at appropriate intervals:

- Department of Education Observers May Attend Site Visits
- Re-recognition: Opportunity for Third Party Testimony  
Revised: [8/23](#); 8/21; 8/20; 2/16; 8/15; 2/15; Reaffirmed: 8/10

### C. REPORTING PROGRAM CHANGES IN ACCREDITED PROGRAMS

The Commission on Dental Accreditation recognizes that education and accreditation are dynamic, not static, processes. Ongoing review and evaluation often lead to changes in an educational program. The Commission views change as part of a healthy educational process and encourages programs to make them as part of their normal operating procedures.

At times, however, more significant changes occur in a program. Changes have a direct and significant impact on the program's potential ability to comply with the accreditation standards. These changes tend to occur in the areas of finances, program administration, enrollment, curriculum and clinical/laboratory facilities, but may also occur in other areas. All program changes that could affect the ability of the program to comply with the Accreditation Standards must be reported to the Commission. When a change is planned, Commission staff should be consulted to determine reporting requirements. Reporting program changes in the Annual Survey does not preclude the requirement to report changes directly to the Commission. Failure to report and receive approval in advance of implementing the change, using the Guidelines for Reporting Program Change, may result in review by the Commission, a special site visit, and may jeopardize the program's accreditation status.

Advanced dental education programs must adhere to the Policy on Enrollment Increases in Advanced Dental Education Programs. In addition, programs adding off-campus sites must adhere to the Policy on Reporting and Approval of Sites Where Educational Activity Occurs. Guidelines for Reporting and Approval of Sites where Educational Activity Occurs are available from the Commission office. Guidelines for Requesting an Increase in Enrollment in a Predoctoral Dental Education Program, ~~and~~ Guidelines for Reporting Enrollment Increases in Advanced Dental Education Programs, and Guidelines for Reporting Enrollment Increases in Dental Hygiene Education Programs are available from the Commission office.

On occasion, the Commission may learn of program changes which may impact the program's ability to comply with accreditation standards or policy. In these situations, CODA will contact the sponsoring institution and program to determine whether reporting may be necessary. Failure to report and receive approval prior to the program change may result in further review by the Commission and/or a special site visit, and may jeopardize the program's accreditation status.

The Commission's Policy on Integrity also applies to the reporting of changes. If the Commission determines that an intentional breach of integrity has occurred, the Commission will immediately notify the chief executive officer of the institution of its intent to withdraw the accreditation of the program(s) at its next scheduled meeting.

A Report of Program Change must document how the program will continue to meet accreditation standards. The Commission's Guidelines for Reporting Program Changes are available on the Commission's website and may clarify what constitutes a change and provide guidance in adequately explaining and documenting such changes.

The following examples illustrate, but are not limited to, changes that must be reported by **May 1 or November 1** and must be reviewed by the appropriate Review Committee and **approved by the Commission prior to the implementation** to ensure that the program continues to meet the accreditation standards:

- Establishment of Off-Campus Sites not owned by the sponsoring institution used to meet accreditation standards or program requirements (See Guidelines on Reporting and Approval of Sites Where Educational Activity Occurs);
- Changes to Off-Campus Sites that impact the use of the site (e.g. minor site to major site, or termination of enrollment at or discontinued use of major site);
- Transfer of sponsorship from one institution to another;
- Changes in institutional accreditor or pending or final adverse actions. (See Policy on Regard For Decisions of States and Other Accrediting Agencies);
- Moving a program from one geographic site to another, including but not limited to geographic moves within the same institution;
- Program director qualifications not in compliance with the standards. In lieu of a CV, a copy of the new or acting program director's completed BioSketch must be provided to Commission staff. Contact Commission Staff for the BioSketch template.
- Substantial increase in program enrollment as determined by preliminary review by the discipline-specific Review Committee Chair.
  - Requests for *retroactive permanent* increases in enrollment will not be considered. Requests for *retroactive temporary* increases in enrollment may be considered due to special circumstances on a case-by-case basis. Programs are reminded that resources must be maintained even when the full complement of students/residents is not enrolled in the program. (see Policy on Enrollment Increases In Advanced Dental Education Programs and Predoctoral programs see Guidelines for Requesting an Increase in Enrollment in a Predoctoral Dental Education Program);
- Change in the nature of the program's financial support that could affect the ability of the program to meet the standards;

- Curriculum changes that could affect the ability of the program to meet the standards;
- Reduction in faculty or support staff time commitment that could affect the ability of the program to meet the standards;
- Change in the required length of the program;
- Reduction of program dental facilities that could affect the ability of the program to meet the standards;
- Addition of advanced standing opportunity, part-time track or multi-degree track, or other track offerings;
- Expansion of a developing dental hygiene or assisting program which will only be considered after the program has demonstrated success by graduating the first class, measured outcomes of the academic program, and received approval without reporting requirements; and/or
- Implementation of changes in the use of distance education that could affect the ability of the program to meet the standards (see reporting requirements found in the Policy on Distance Education).

The following examples illustrate, but are not limited to, additional program changes that must be reported in writing **at least thirty (30) days prior to the anticipated implementation of the change** and are not reviewed by the Review Committee and the Commission but are reviewed at the next site visit:

- Establishment of Off-Campus Sites owned by the sponsoring institution used to meet accreditation standards or program requirements;
- Expansion or relocation of dental facilities within the same building;
- Change in chief executive officer, chief academic officer, and program director. **For the program director only (new, acting, interim):** In lieu of a CV, a copy of a completed BioSketch must be provided to Commission staff. Contact Commission Staff for the BioSketch template.
- First-year non-enrollment. See Policy on Non Enrollment of First Year Students/Residents.

The Commission recognizes that unexpected, changes may occur. If an unexpected change occurs, it **must be reported no more than 30 days following the occurrence**. 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 (See Policy/Guidelines on Interruption of Education). Failure to proactively plan for change will not be considered an unexpected change. Depending upon the timing and nature of the change, appropriate investigative procedures including a site visit may be warranted.

The Commission uses the following process when considering reports of program changes. Program administrators have the option of consulting with Commission staff at any time during this process.

1. A program administrator submits the report by **May 1 or November 1**.
2. Commission staff reviews the report to assess its completeness and to determine whether the change could impact the program's potential ability to comply with the accreditation standards. If this is the case, the report is reviewed by the appropriate Review Committee for the discipline

and by the Commission.

3. Receipt of the report and accompanying documentation is acknowledged in one of the following ways:
  - a. The program administrator is informed that the report will be reviewed by the appropriate Review Committee and by the Commission at their next regularly scheduled meeting. Additional information may be requested prior to this review if the change is not well-documented; or
  - b. The program administrator is informed that the reported change will be reviewed during the next site visit.
4. If the report will be considered by a Review Committee and by the Commission, the report is added to the appropriate agendas. The program administrator receives notice of the results of the Commission's review.

The following alternatives may be recommended by Review Committees and/or be taken by the Commission in relation to the review of reports of program changes received from accredited educational programs.

- *Approve the report of program change:* If the Review Committee or Commission does not identify any concerns regarding the program's continued compliance with the accreditation standards, the transmittal letter should advise the institution that the change(s) have been noted and will be reviewed at the next regularly-scheduled site visit to the program.
- *Approve the report of program change and request additional information:* If the Review Committees or Commission does not identify any concerns regarding the program's compliance with the accreditation standards, but believes follow up reporting is required to ensure continued compliance with accreditation standards, additional information will be requested for review by the Commission. Additional information could occur through a supplemental report or a focused site visit,
- *Postpone action and continue the program's accreditation status, but request additional information:* The transmittal letter will inform the institution that the report of program change has been considered, but that concerns regarding continued compliance with the accreditation standards have been identified. Additional specific information regarding the identified concerns will be requested for review by the Commission. The institution will be further advised that, if the additional information submitted does not satisfy the Commission regarding the identified concerns, the Commission reserves the right to request additional documentation, conduct a special focused site visit of the program, or deny the request.
- *Postpone action and continue the program's accreditation status pending conduct of a special site visit:* If the information submitted with the initial request is insufficient to provide reasonable assurance that the accreditation standards will continue to be met, and the Commission believes that the necessary information can only be obtained on-site, a special focused site visit will be conducted.
- *Deny the request:* If the submitted information does not indicate that the program will continue to comply with the accreditation standards, the Commission will deny the request for a program change. The institution will be advised that they may re-submit the request of program change with additional information if they choose. If the program change was submitted retroactively, and non-compliance is identified, the program's accreditation status will be changed. The transmittal letter will inform the institution that the report of program

change has been considered, but an area of non-compliance with the accreditation standards has been identified. The program's accreditation status is changed and additional specific information regarding the identified area(s) of non-compliance will be requested for review by the Commission.

Revised: 8/23; 2/22; 8/21; 2/21; 8/20; 1/20; 8/18; 2/18; 8/17; 8/16; 2/16; 8/15; 2/15; 8/13 2/12, 8/11, 8/10, 7/09, 7/07, 8/02, 7/97; Reaffirmed: 7/07, 7/01, 5/90; CODA: 05/91:11

#### E. POLICY ON PREPARATION AND SUBMISSION OF DOCUMENTS TO THE COMMISSION

All institutions offering programs accredited by the Commission are expected to prepare documents that adhere to guidelines set forth by the Commission on Dental Accreditation, including required verification signatures by the institution's chief executive officer, the institution's chief academic officer, and program director. These documents may include, but are not limited to, self-study, responses to site visit/progress reports, initial accreditation applications, reports of program change, and transfer of sponsorship and exhibits. The Commission's various guidelines for preparing and submitting documents, including electronic submission, can be found on the Commission's website or obtained from the Commission staff.

In addition, all institutions must meet established deadlines for submission of requested information. Any information that does not meet the preparation or submission guidelines or is received after the prescribed deadlines may be returned to the program, which could affect the accreditation status of the program.

**Electronic Submission of Accreditation Materials:** All institutions will provide the Commission with an electronic copy of all accreditation documents and related materials, which conform to the Commission's Electronic Submission Guidelines. Electronic submission guidelines can be found on the Commission's website or obtained from the Commission staff. Accreditation documents and related materials must be complete and comprehensive. Documents that fail to adhere to the stated Guidelines for submission will not be accepted and the program will be contacted to submit a corrected document. In this case, documents may not be reviewed at the assigned time which may impact the program's accreditation status.

**Compliance with Health Insurance Portability and Accountability Act (HIPAA).** HIPAA is the federal law that governs how "Covered Entities" handle the privacy and security of patients' protected health information (PHI). HIPAA Covered Entities include health care providers that send certain information electronically as well as certain health plans and clearinghouses. The Commission may be deemed a "Business Associate" of institutions that are HIPAA Covered Entities. A Business Associate is an individual or entity that performs a function or activity on behalf of a HIPAA Covered Entity involving the use or disclosure of individually identifiable health information. Business Associates must comply with certain provisions of the HIPAA Security, ~~and~~ Privacy and Breach Notification ~~Rules~~ provisions and implement training programs. The Commission "HIPAA Policy and Procedure Manual" is updated periodically. All Commission site visitors, Review Committee members, Commissioners, and staff are required to complete a CODA HIPAA training exercise on a yearly basis.



The program's documentation for CODA must not contain any patient protected health information (PHI) or sensitive personally identifiable information (PII). If the program submits documentation that does not comply with the policy on PHI or PII, CODA will assess an administrative processing fee of \$4,000 per program submission to the institution; a program's resubmission that continues to contain PHI or PII will be assessed an additional \$4,000 administrative processing fee.

Revised: 8/23; 8/20; Adopted 1/20 (Formerly Policy on Electronic Submission of Accreditation Materials, Commission Policy and Procedure Related to Compliance with the Health Insurance Portability and Accountability Act [HIPAA] and Policy on Preparation and Submission of Reports to the Commission)

#### L. POLICY ON ENROLLMENT INCREASES IN ADVANCED DENTAL EDUCATION PROGRAMS

An advanced dental education program considering or planning an enrollment increase, or any other substantive change, should notify the Commission early in the program's planning. Such notification will provide an opportunity for the program to seek consultation from Commission staff regarding the potential effect of the proposed change on the accreditation status and the procedures to be followed.

The following advanced dental education disciplines have authorized total complement enrollment: dental public health, endodontics, oral and maxillofacial pathology, oral and maxillofacial radiology, oral and maxillofacial surgery (per year enrollment is authorized), orthodontics and dentofacial orthopedics, pediatric dentistry, periodontics, and prosthodontics. Programs with authorized enrollment must use the discipline-specific Guidelines to request and obtain approval for an increase in enrollment prior to implementing the increase.

Programs may, from time to time, require a temporary, one-time only increase in enrollment to permit a student/resident/fellow to complete a program, which was extended beyond the program's regular completion date. A program must use the discipline-specific Guidelines to request a temporary, one-time only increase in enrollment prior to implementing the increase. Upon submission of the program change report, a temporary, one-time only increase in program enrollment of up to a maximum of six (6) months may be reviewed and approved by the Review Committee Chair, if the program provides evidence of sufficient resources and procedures to support the temporary increase. If the temporary, one-time only increase in enrollment may not be adequately supported, as determined by preliminary review by the discipline-specific Review Committee Chair, prior approval by CODA will be required and the report will be considered at the next regularly scheduled Commission meeting.

The following advanced dental education disciplines do not have authorized enrollment: advanced education in general dentistry, general practice residency, dental anesthesiology, oral medicine, and orofacial pain. However, approval of an increase in enrollment in these advanced dental education programs must be reported to the Commission if the program's total enrollment increases beyond the enrollment at the last site visit or prior approval of enrollment increase. Programs must use the

discipline-specific Guidelines to request an increase in enrollment prior to implementing the increase. Upon submission of the program change report, a substantial increase in program enrollment as determined by preliminary review by the discipline-specific Review Committee Chair, will require prior approval by CODA.

A request for an increase in enrollment with all supporting documentation must be submitted in writing to the Commission by **May 1 or November 1**. A program must receive Commission approval for an increase in enrollment prior to publishing or announcing the additional positions or accepting additional students/residents. Failure to comply with this policy will jeopardize the program's accreditation status, up to and including withdrawal of accreditation.

Requests for *retroactive permanent* increases in enrollment will not be considered. The Commission may consider retroactive temporary enrollment increases due to special circumstances on a case-by-case basis, including, but not limited to:

- Student/Resident extending program length due to illness, parental leave, incomplete projects/clinical assignments, or concurrent enrollment in another program;
- Unexpected loss of an enrollee and need to maintain balance of manpower needs;
- Urgent manpower needs demanded by U.S. armed forces; and
- Natural disasters.

If a program has enrolled beyond the approved number of students/residents without prior approval by the Commission, the Commission may or may not retroactively approve the enrollment increase without a special focused site visit at the program's expense.

If the focused visit determines that the program does not have the resources to support the additional student(s)/resident(s), the program will be placed on "intent to withdraw" status and no additional student(s)/resident(s) beyond the previously approved number may be admitted to the program until the deficiencies have been rectified and approved by the Commission. Student(s)/Resident(s) who have already been formally accepted or enrolled in the program will be allowed to continue.

Revised: [8/23](#); 2/22; 8/20; 1/20; 8/18; 8/16; 2/16; 8/15; 8/10; Reaffirmed: 7/07; CODA: 08/03:22

#### D. DUE PROCESS RELATED TO APPEAL OF ACCREDITATION STATUS DECISIONS

An institution/program may request a special appearance (hearing) before the appropriate Review Committee in order to supplement the written information about the program which has already been provided to the Review Committee. (See Due Process Related to Review Committee Special Appearance).

If the Review Committee's recommended accreditation status to the Commission is "approval with reporting requirements," "approval with reporting requirements, intent to withdraw," or if the Review Committee recommends denying a requested program change, the Review Committee will make a recommendation to the Director and Chair of the Commission and indicate whether an appearance before the full Commission is appropriate.

If representatives of the institution choose to appear before the Commission, they may present

arguments that the Review Committee made an error in judgment, based on the information available, in making the accreditation status or action recommendation. Alternately, representatives of the institution may choose to appear before the Commission to address the Commission's questions related to the Review Committee's recommendation. During the special appearance before the Commission, no new information regarding correction of deficiencies subsequent to the Review Committee special appearance may be presented. The institution's representative(s) may attend the Commission meeting only during the time assigned for the hearing.

If the Commission determines the program accreditation status is "approval with reporting requirements," "approval with reporting requirements, intent to withdraw," or denies a requested program change, and the institution/program believes that the Commission has made an error in judgment regarding accreditation status or action, a special appearance (hearing) before the Commission may be requested sixty (60) days prior to the Commission meeting. The special appearance (hearing) before the Commission would be held at the next regularly scheduled meeting. At the hearing, representatives of the institution may present arguments that the Commission, based on the information available when the decision was made, made an error in judgment in determining the accreditation status of the program. The Director of the Board of Commissioners must receive any written evidence or argument at least thirty (30) days prior to the hearing. Under these circumstances, no new information regarding correction of deficiencies subsequent to the previous Commission meeting may be presented. The institution's representative(s) may attend the Commission meeting only during the time assigned for the hearing.

The decision of the Commission on the accreditation status of the program after this special appearance is final.

Revised: 8/23; 2/23; 8/18; 8/16; Reaffirmed: 8/21; 8/10

## II. REVIEW COMMITTEES AND BOARD OF COMMISSIONERS

### A. REVIEW COMMITTEES AND REVIEW COMMITTEE MEETINGS

1. **Structure:** The chair of each Review Committee will be the appointed Commissioner from the relevant discipline.
  - i. The Commission will appoint all Review Committee members.
    - a. Review Committee positions not designated as discipline-specific will be appointed from the Commission where feasible, e.g. a public representative on the Commission could be appointed to serve as the public member on the Dental Laboratory Technology Review Committee; an ADA appointee to the Commission could be appointed to the Dental Assisting Review Committee as the general dentist practitioner.
    - b. Discipline-specific positions on Review Committees will be filled by appointment by the Commission of an individual from a small group of qualified nominees (at least two) submitted by the relevant national organization, discipline-specific

- sponsoring organization or certifying board. Nominating organizations may elect to rank their nominees, if they so choose. If fewer than two (2) qualified nominees are submitted, the appointment process will be delayed until such time as the minimum number of required qualified nominations is received.
- ii. Consensus is the method used for decision making; however if consensus cannot be reached and a vote is required, then the Chair may only vote in the case of a tie (American Institute of Parliamentarians Standard Code of Parliamentary Procedures).
  - iii. Member terms will be staggered, four year appointments; multiple terms may be served on the same or a different committee, with a one-year waiting period between terms. A maximum of two (2) terms may be served in total. The one-year waiting period between terms does not apply to public members.
  - iv. One public member will be appointed to each committee. Following consideration of workload, public members may concurrently serve on more than one (1) review committee.
  - v. The size of each Review Committee will be determined by the committee's workload.
  - vi. As a committee's workload increases, additional members will be appointed while maintaining the balance between the number of content experts and non-content experts. Committees may formally request an additional member through New Business at Review Committee/Commission meetings. If an additional member is approved, this member must be a joint nomination from the professional organization and certifying board, as applicable.
  - vii. Conflict of interest policies and procedures are applicable to all Review Committee members.
  - viii. Review Committee members who have not been on a site visit within the last two (2) years prior to their appointment on a Review Committee should attend the Commission's site visitor training workshop ~~observe at least one site visit~~ within their first year of service on the Review Committee.
  - ix. In the case of less than 50% of discipline-specific experts, including the Chair, available for a review committee meeting, for specified agenda items or for the entire meeting, the Review Committee Chair may temporarily appoint an additional discipline-specific expert(s) with the approval of the CODA Director. The substitute should be a previous Review Committee member or an individual approved by both the Review Committee Chair and the CODA Director. The substitute would have the privileges of speaking, making motions, and voting.
  - x. Recommendations to the Commission from the Review Committee must be taken at meetings in which there is both a quorum and at least one (1) discipline-specific expert, other than the Chair, present.
  - xi. Consent agendas may be used by Review Committees, when appropriate, and may be approved by a quorum of the Review Committee present at the meeting.  
Revised: 8/23; 8/22; 2/22; 8/20; 1/20; 8/18; 8/17; 2/15; 1/14, 2/13, 8/10, 7/09; 7/08; 7/07;  
Adopted: 1/06

## B. COMMISSION AND COMMISSION MEETINGS

The Commission and its Review Committees meet twice each year to consider site visit reports

and institutional responses, progress reports, information from annual surveys, applications for initial accreditation, and policies related to accreditation. These meetings are held in the winter and the summer.

Reports from site visits conducted less than 90 days prior to a Commission meeting are usually deferred and considered at the next Commission meeting. Commission staff can provide information about the specific dates for consideration of a particular report.

The Commission has established policy and procedures for due process which are detailed in the Due Process section of this manual.

Revised: 8/17; 8/14; 7/06, 7/96; Reaffirmed: 8/22; 8/10; Adopted: 7/96

## **1. Composition and Criteria**

### **Composition**

The Board of Commissioners shall consist of:

Four (4) members who shall be appointed by the Board of Trustees from the names of active, life or retired members of this Association. None of the appointees shall be a faculty member of any dental education program working more than one day per week or a member of a state board of dental examiners or jurisdictional dental licensing agency.

Four (4) members who are active, life or retired members of this Association and also active members of the American Association of Dental Boards shall be selected by the American Association of Dental Boards. None of these members shall be a faculty member of any dental education program.

Four (4) members who are active, life or retired members of this Association and also active members of the American Dental Education Association shall be selected by the American Dental Education Association. None of these members shall be a member of any state board of dental examiners or jurisdictional dental licensing agency.

The remaining Commissioners shall be selected as follows: one (1) certified dental assistant selected by the American Dental Assistants Association from its active or life membership, one (1) licensed dental hygienist selected by the American Dental Hygienists' Association, one (1) certified dental laboratory technician selected by the National Association of Dental Laboratories, one (1) student selected jointly by the American Student Dental Association and the Council of Students, Residents and Fellows of the American Dental Education Association, one (1) dentist who is board certified in the respective discipline-specific area of practice and is selected by each of the following organizations: American Academy of Oral and Maxillofacial Pathology, American Academy of Oral and Maxillofacial Radiology, American Academy of Oral Medicine, American Academy of Orofacial Pain, American Academy of Pediatric Dentistry, American Academy of Periodontology, American Association of Endodontists, American Association of Oral and Maxillofacial Surgeons, American Association of Orthodontists, American Association of Public Health Dentistry, American College of Prosthodontists, American Society of Dentist

Anesthesiologists; one (1) dentist who is jointly appointed by the American Dental Education Association and the Special Care Dentistry Association, and four (4) members of the public who are neither dentists nor allied dental personnel nor teaching in a dental or allied dental education institution and who are selected by the Commission, based on established and publicized criteria. In the event a Commission member sponsoring organization fails to select a Commissioner, it shall be the responsibility of the Commission to select an appropriate representative to serve as a Commissioner. The Director of the Commission shall be an ex-officio member of the Board without the right to vote.

### **Criteria (All Appointees)**

- Ability to commit to one (1) four (4) year term;
- Willingness to commit ten (10) to twenty (20) days per year to activities, including training, comprehensive review of print and electronically delivered materials, and travel to Commission headquarters;
- Ability to evaluate an educational program objectively in terms of such broad areas as curriculum, faculty, facilities, student evaluation and outcomes assessment;
- Stated willingness to comply with all Commission policies and procedures (e.g. Agreement of Confidentiality; Conflict of Interest Policy; Operational Guidelines; Simultaneous Service; HIPAA Training, Licensure Attestation, and Professional Conduct Policy and Prohibition Against Harassment);
- Ability to conduct business through electronic means (email, Commission Web Sites); and
- Active, life or retired member of the American Dental Association, where applicable.

Revised: 2/21; 8/18; 8/17; Reaffirmed: 8/22; Adopted: 8/14

### **Public/Consumer Commissioner:**

- A commitment to bring the public/consumer perspective to Commission deliberations. The appointee should not have any current or past (within the past three years) formal or informal connection to the profession of dentistry; also, the appointee should have an interest in, or knowledge of, health-related and accreditation issues. In order to serve, the appointee must not be a:
  - a. Dentist or member of an allied dental discipline;
  - b. Member of a predoctoral, advanced, or allied dental education program faculty;
  - c. Employee, member of the governing board, owner, or shareholder of, or independent consultant to, a predoctoral, advanced, or allied dental education program that is accredited by the Commission on Dental Accreditation, has applied for initial accreditation or is not-accredited;
  - d. Member or employee of any professional/trade association, licensing/regulatory agency or membership organization related to, affiliated with or associated with the Commission, dental education or dentistry; and
  - e. Spouse/Partner, parent, child or sibling of an individual identified above (a through d).

Revised: 8/22; Adopted: 4/22

**2. Policy On Absence From Commission Meetings:** When a Commissioner notifies the Director that he/she will be unable to attend a meeting of the Commission, the Director will

notify the Chair. The Chair determines if another individual should be invited to attend the meeting in the Commissioner's absence. A substitute will be invited if the Commissioner's discipline would not otherwise be represented. This individual must be familiar with the Commission's policies and procedures; and therefore, must be a current or former member of the appropriate Review Committee and must represent the same discipline or appointing organization as the absent Commissioner. In the event that these criteria cannot be met, the Commission Chair may elect not to invite another individual to the meeting. The substitute would have the privileges of speaking, introducing business, making motions, and voting.

Revised: 8/17; 8/10, 7/97; Reaffirmed: 8/22; 7/07, 7/01; CODA: 12/86:14

**3. New Commissioner Orientation and Training:** Newly appointed Commissioners will undergo a six-month training period prior to beginning their official term. This training includes attendance at a Commission meeting, at the discipline-specific review committee meeting and the Commission's site visitor training workshop within their first year of service on the Commission; and an appropriate site visit.

Reaffirmed: 8/23; 8/22; 8/17; 8/14; Adopted: 8/11

## COMMISSION ON DENTAL ACCREDITATION

### POLICY ON TEMPORARY USE OF ALTERNATIVE SITE VISIT METHODS

On March 13, 2020, a national emergency was declared due to the COVID-19 pandemic. As a result of the continued impact on travel, the Commission on Dental Accreditation (CODA) has determined temporary use of alternative site visit (i.e., virtual or hybrid site visit) methods may be necessary to fulfill the Commission's obligation to conduct accreditation site visits to programs that are currently accredited by, or apply for accreditation by, the Commission. The term of this policy shall be in effect upon CODA approval and until the termination date of the temporary flexibility granted through the United States Department of Education.

Alternative site visit methods *may be used* to conduct site visits to U.S.-based dental education programs seeking accreditation (applicant programs) as well as regular reaccreditation and special focused site visits, as applicable. The conduct of a site visit using alternative methods will be based on travel, health and safety concerns and/or restrictions in the geographic location(s) that may be visited by the Commission's staff and volunteers, or for other reasons deemed appropriate by the Commission during the pandemic (for example, institutional, local, state, or federal directives).

Alternative site visit methods *may not be used* for any portion of the international accreditation process, including but not limited to the CODA Preliminary Accreditation Consultation Visit (PACV) process and the CODA predoctoral dental education international accreditation process.

Alternative site visits may be entirely virtual (all site visitors remote), or hybrid (at least one (1) on-site Commission site visitor in the discipline), as determined by the Commission in consultation with the program and site visit committee, and subject to the Commission's

final decision.

- Virtual site visits will require an on-site visit by a Commission site visit team (with 1-2 team members and, as necessary, Commission staff), as dictated by the Commission. The on-site visit to the educational program will occur within a reasonable amount of time following the conduct of a virtual site visit unless cause exists to conduct the visit earlier, subject to CODA's site visit schedule and ongoing health, safety, and/or travel concerns and/or restrictions. During the in-person visit, the Commission reserves the right to review the portions of the program that could not be completed virtually (e.g. facility tours, clinic observations, educational activity site tours, confidential document reviews, patient record reviews, etc.) and any areas in which concerns were raised during the virtual site visit, or other standards, policies and/or procedures that may arise during the course of the in-person site visit.
- Hybrid site visits will be structured to include all components of the site visit process, with both virtual and on-site review of the program by Commission site visitors. As such, the Commission will view the hybrid site visit as equivalent to an on-site visit, with no secondary visit required based solely upon the methodology used to conduct the site visit.
- Following the virtual (followed by a later on-site visit) or hybrid site visit, the program's next regular reaccreditation on-site visit will be scheduled seven (7) years following the date of the virtual or hybrid site visit in all disciplines except oral and maxillofacial surgery (residency and fellowship), which will be scheduled five (5) years following the date of the virtual or hybrid site visit. The Commission reserves the right to conduct an earlier visit to the program in accordance with Commission policies and procedures (e.g. special focused site visit, pre-graduation site visit).

Generally, for all alternative site visit methods, the Commission's current policy and procedure related to the conduct of a site visit and Commission review of site visit reports, progress reports, and other due process noted in the Evaluation and Operational Policies and Procedures will apply.

The following principles apply to the temporary use of alternative site visit methods:

- The program will be issued a preliminary draft site visit report following the site visit, regardless of site visit format, in accordance with Commission policy. The preliminary draft site visit report will be provided to the Commission along with the program's response, should one be submitted, and the Commission will make an accreditation decision based on this report.
- When Accreditation Standards are revised during the period in which the program is submitting progress reports for either the virtual, hybrid or in-person site visit, the program will be responsible for demonstrating compliance with the new standards. Further, identification of new deficiencies during the reporting time period will not result in a modification of the specified deadline for compliance with prior deficiencies.
- In order to conduct a virtual or hybrid site visit, the program being site visited must host the visit using their meeting technology (Zoom is preferred). If the program cannot comply with technological support, the site visit will be delayed and the



program must submit a formal request for extension of accreditation using the Report of Program Change, which will be considered by the Commission at its next regular meeting.

- All virtual/hybrid site visits will be conducted using the time zone of the program being visited, documenting all time zones using CODA’s site visit schedule template.
- Audio and/or video recording of the site visit is strictly prohibited.
- The Commission will dictate the portions of a site visit that will be conducted using alternative site visit methods.
  - The following applies to the conduct of a **virtual-only site visit**:
    - The Commission and its site visit team will dictate the final schedule of the site visit.
    - Tours of vacant facilities may be conducted virtually. However, all clinical observations and tours that may involve access to patients, will be conducted on-site only.
    - All program information must be provided to the site visitors in aggregate form and must conform to CODA’s privacy and data security policy. Documents that include Protected Health Information (PHI), Personally Identifiable Information (PII), FERPA or other confidential records will not be reviewed virtually.
    - Student/Resident/Fellow interviews will be conducted virtually
    - All typical “on-site documentation” will be provided to the site visit committee and Commission in advance of the site visit, and must be limited to the essential documents to demonstrate a program’s compliance. The on-site documents will be uploaded to CODA’s electronic accreditation portal along with the program’s self-study. Following the site visit, the program’s “on-site documentation” will be securely destroyed and will not be retained in the program’s accreditation file, unless necessary to document a site visit finding.
  - The following applies to the conduct of a **hybrid site visit**:
    - The Commission and its site visit team will dictate the final schedule of the site visit.
    - All clinical observations and tours that may involve access to patients, will be conducted by the on-site visitor only. Tours of vacant facilities may be conducted virtually for the entire visiting committee.
    - All program information must be provided to the site visitors in aggregate form and must conform to CODA’s privacy and data security policy. Documents that include Protected Health Information (PHI), Personally Identifiable Information (PII), FERPA or other confidential records will be reviewed on-site only.
    - Student/Resident/Fellow interviews will be conducted virtually and on- site.
    - All typical “on-site documentation” will be provided to the site visit committee and Commission in advance of the site visit, and must be limited to the essential documents to demonstrate a program’s

compliance. The on-site documents will be uploaded to CODA's electronic accreditation portal along with the program's self-study. Following the site visit, the program's "on-site documentation" will be securely destroyed and will not be retained in the program's accreditation file, unless necessary to document a site visit finding.

The following protocol will be applied to the in-person site visit following a virtual site visit:

- Virtual Regular Site Visit – A program that conducted its regular (5 or 7 year cycle) site visit virtually will have an on-site visit within a reasonable amount of time.
- Virtual Special Focused Site Visit – Since this type of site visit involves a special situation and does not alter the date of the program's regular site visit, there will be no requirement to conduct the in-person site visit unless the Commission deems necessary.
- Virtual New Program (Application) Site Visit:
  - Developing Program – A developing program's pre-enrollment site visit will be followed by a pre-graduation site visit. Additionally, programs that are four years in length are required to have a mid-initial accreditation site visit. Given the next site visit to a developing program will occur at the pre-graduation or mid-initial accreditation stage, there will be no requirement to conduct the in-person new program site visit unless the Commission deems necessary.
  - Fully Operational Program – A fully operational program will engage in a regular site visit and, if granted accreditation, will be placed on a regular site visit cycle (5 or 7 year cycle). Given the new program site visit conducted virtually and timeline for the next visit could be 5 to 7 years, this type of program will have an on-site visit within a reasonable amount of time.

To ensure continuity of the review, one (1) site visitor who attended the virtual site visit to a single discipline should conduct the on-site follow-up visit. If two (2) or more programs were virtually visited at an institution, the team could consist of two (2) site visitors, total, representing at least two (2) disciplines. If a visitor who attended the virtual visit cannot be identified, any active site visitor in the discipline(s) may conduct the on-site follow-up visit. The final team composition for the on-site follow-up will be dictated by the Commission and may also include a virtual Commission staff.

The in-person follow-up visit will focus on the areas of the site visit that may have been difficult to accomplish virtually. A template schedule will be developed to include the following components for all follow-up in-person site visits: 1) introduction to the visit; 2) tour of facilities (including educational activity sites, as needed); 3) clinical observations; 4) program records review related to items that could not be fully reviewed virtually (confidential document reviews, patient record reviews, etc.); and 5) review of the program's progress on areas of noncompliance cited during the virtual site visit. Related to areas of noncompliance cited during the virtual site visit, it will be the Commission, through review of the program's ongoing progress reports and the findings of the on-site visit, which will determine the program's compliance. Additionally, while not the focus of the in-person follow-up visit, if compliance concerns arise regarding additional Standards beyond those cited during the virtual site visit, the site visitor(s) will review the program's compliance in these areas.

A template Site Visit Schedule and template Site Visitor Evaluation Report specific to the on-site visit process following a virtual site visit will be provided through the Commission office.

Revised: 8/23; 2/22; Adopted February 12, 2021