GUIDELINES FOR PREPARATION OF REPORTS
COMMISSION ON DENTAL ACCREDITATION
(Response To Site Visit Reports and Progress Reports)

PURPOSE: A response to a site visit report or a progress report documents the degree to which recommendations contained in the Commission's formal site visit report have been implemented. A well-written and effective report both describes and documents all progress made related to the recommendations since the site visit. Documentation of what has already been accomplished carries more weight than plans for what will be done.

Note: When Accreditation Standards are revised during the period in which the program is submitting progress reports, the program will be responsible for demonstrating compliance with the new standards.

AUDIENCE: Reports are considered by the appropriate review committee for the particular discipline and by the Commission on Dental Accreditation. The reviewers have not participated in the original site visit of the program and count on a clear, concise and detailed report from the program to give them the understanding they need to review the program's progress.

DEADLINES FOR SUBMISSION OF REPORTS: Programs/Institutions must meet established deadlines for submission of requested information. Any information received after the prescribed deadline may be returned to the program or held for consideration at the following meeting in accord with the wishes of the program. The Commission's timelines for demonstration of full compliance with the cited standards will not be modified as a result of the delayed review.

POLICY ON MISSED DEADLINES: So that the Commission may conduct its accreditation program in an orderly fashion, all institutions offering programs accredited by the Commission are expected to adhere to deadlines for requests for program information. Programs/institutions must meet established deadlines to allow scheduling of regular or special site visits and for submission of requested information. Program information (i.e. self-studies, progress reports, annual surveys or other kinds of accreditation-related information requested by the Commission) is considered an integral part of the accreditation process. If an institution fails to comply with the Commission's request, or a prescribed deadline, 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.

<div align="right">Revised: 2/16; Reaffirmed: 8/20; 8/15; 8/10, 7/07, 7/01, 5/88</div>

FORMAT: The report must be clear and concise and must follow the "Format" and "Mechanics" illustrated within this guideline. Reports that fail to adhere to the stated guidelines may be returned to the program and may not be reviewed at the assigned time. The Commission's timelines for demonstration of full compliance will not be modified due to a delayed review resulting from improperly formatted reports.

The attached "Sample Format for Report" must be used as a template to prepare your report. For each RECOMMENDATION in the report, you will need to furnish information about ACTIONS taken and DOCUMENTATION verifying these actions. Often ACTIONS taken without supporting DOCUMENTATION is insufficient to demonstrate compliance. Therefore, be sure to provide appropriate documentation. The following steps will help to provide a clear, concise and well-documented report:

1. QUOTE EACH RECOMMENDATION and relevant narrative from the formal site visit report in its entirety and identify it by the recommendation number used within the site visit report.

2. DESCRIBE ACTIONS taken to implement each recommendation. This description should follow the quoted recommendation. Be succinct, but include enough detail and documentation to clearly describe all progress made. *If this is a second or third progress report, remember to report ALL progress since the time of the SITE VISIT for each remaining recommendation.*

3. PROVIDE DOCUMENTATION and supportive materials related to implementation of the recommendation. If this is a progress report, refer to the transmittal letter for specific documentation requested by the Commission. Supporting documentation should be clear and concise.

   a. Examples of materials that might be submitted include:
      - minutes of committee and/or faculty meetings
      - revised course and/or clinic schedules, including dates and assigned faculty
      - revised course outlines with objectives
      - evaluation forms
      - tracking mechanisms to monitor student competence
      - numbers/types of procedures/clinical experiences provided
      - inter-departmental memos, student/resident logs, revised policies
      - approved purchase orders, invoices
      - copy of formal outcomes assessment plan, including goals and objectives

      The nature of the recommendation will determine the best documentation. Such supporting documentation is often crucial to the Commission's decision to judge a recommendation met. The attached "Documentation Guidelines for Selected Recommendations" provides a number of frequently cited recommendation topics and describes the documentation which should be submitted to demonstrate compliance.

   b. As part of the response to each recommendation, please include a LIST of the documentation provided and label appropriately.

The Commission has directed that program materials be submitted electronically through a secure CODA electronic submission portal or by email, solely. **Paper copies and/or electronic copies mailed to the Commission office will not be accepted.**

Updated 2.22

MECHANICS: The following guidelines must be observed when preparing your report. Electronic Submission Guidelines are available and **must be strictly followed**.

The Commission requires **one (1) report** be submitted **for each program affected** following the Electronic Submission Guidelines. Failure to comply with these guidelines will constitute an incomplete report. Electronic Submission Guidelines are available on the CODA website at this link: https://coda.ada.org/en/policies-and-guidelines/electronic-submission-guidelines

1. COVER PAGE – *Must* include the following information:

   a. date of report
   b. name and address of the institution
   c. program title;
   d. name, title, telephone number, e-mail address and signature of the program director;
   e. name, title, telephone number, e-mail address and signature of the department head/dean;
   f. name, title, telephone number, e-mail address and signature of the chief executive officer of the institution (the chief executive officer of the institution sponsoring the program must be copied on the letter to the Commission).

   The report must include a signed cover/verification page and must conform to the Commission's electronic submission guidelines.

2. Table of contents and/or list of appendices. Pages should be numbered.

3. DOCUMENTATION-- If documentation is extensive, include a LIST OF supporting documentation as a table of contents and in the text of the report, and include the actual items **in one (1) separate document that conforms to the electronic submission guidelines.**

   Institutions/Programs are expected to follow Commission policy and procedure on privacy and data security, including those related to compliance with the Health Insurance Portability and Accountability Act (HIPAA). The Commission's statement on HIPAA, as well as the Privacy and Data Security Summary for Institutions/Programs (PDF), are found in the Policies/Guidelines section of the Commission's website at https://coda.ada.org/en/policies-and-guidelines/hipaa. Programs that fail to comply with CODA's policy will be assessed an administrative fee of $4000.

4. HIGHLIGHT CHANGES--PLEASE highlight changes when they are in the context of lengthy documents (e.g., colored font, boldface, capitalized text).

5. AUTHORITY--The report **MUST** be signed by the chief executive officer of the institution (e.g., the president of the college), chief administrative officer (e.g., dean of the dental school/department chair), and program director. **Reports missing appropriate authorization may be returned to the institution. Appropriate authorization must be received prior to review.**

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) (Excerpt): 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: 8/20; 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)

ASSISTANCE: If you have questions, it is preferred that you contact staff via email. CODA staff emails can be found on the CODA website at the following link: https://coda.ada.org/en/accreditation/coda-membership/coda-staff

Staff can also be contacted at the phone number and extension below: 312-440-(ext.)

- dental education programs and dental therapy programs, extension 2721;
- advanced dental education programs in dental public health, oral and maxillofacial pathology, oral and maxillofacial radiology, pediatric dentistry and prosthodontics, extension 2672;
- advanced dental education programs in endodontics, oral and maxillofacial surgery, orthodontics and dentofacial orthopedics and periodontics, and fellowships in oral and maxillofacial surgery and orthodontics and dentofacial orthopedics, extension 2714;
- advanced dental education programs in advanced education in general dentistry, general practice residency, dental anesthesiology, oral medicine and orofacial pain, extension 2788;
- dental assisting programs and dental laboratory technology programs, extension 4660; and
- dental hygiene programs, extension 2695

Updated 2.22

Commission on Dental Accreditation
Privacy and Data Security Reminders

Protect sensitive personally identifiable information ("PII") such as social security numbers, drivers' license numbers, credit card numbers, account numbers, etc.

Security Reminder: Personally Identifiable Information

Before submitting any documents to CODA or to a CODA site visitor, an institution must:
- Review for PII and patient identifiers.
- Fully and appropriately redact any PII and patient identifiers.
- Make sure the redacted information is unreadable in hard copy and electronic form. You must use appropriate redaction methods to ensure personal information cannot be read or reconstructed.

CODA **does not accept** PII or patient identifiers in any materials submitted by a program.

Security Reminder: Patient Identifiers

Before submitting any information about a patient to CODA or to a CODA site visitor, you must **thoroughly redact all 18 patient identifiers listed on the next page.**
Examples of information about a patient:
- Dental records
- Rosters of procedures (procedure logs)
- Chart review records (chart audit records)
- Information from affiliated teaching institutions, to include items listed above
- Brochures with patient images and/or information
- Presentations with patient images and/or information
- Course materials (exams, lecture materials) with patient images and/or information

If **even one** identifier is readable, do not submit the information to CODA.

CODA **does not accept** documents containing PII or patient identifiers from institutions. Any PHI/PII that is necessary for CODA accreditation may only be reviewed by CODA site visitors when they are on-site at the institution.

When redacting identifiers, you must ensure that the information is unreadable and cannot be reconstructed in both hard copy and electronic form. For example, certain information redacted on a hard copy can become readable when the hard copy is scanned. Instead, it may be effective to use opaque cover-up tape on the hard copy, scan, and then ensure the redacted information on the scanned version is not visible/readable through the redaction.

Commission on Dental Accreditation
Privacy and Data Security Requirements for Institutions
(Rev. 8/2021)

1. **Sensitive Information.** To protect the privacy of individuals and to comply with applicable law, the Commission on Dental Accreditation ("CODA" or "the Commission") **prohibits all programs/institutions from disclosing in electronic or hard copy documents** provided to CODA other than on-site during a site visit, any of the following information ("Sensitive Information" or "PII"):
   - Social Security number
   - Credit or debit card number or other information (e.g., expiration date, security code)
   - Drivers' license number, passport number, or other government issued ID
   - Account number with a pin or security code that permits access
   - Health insurance information, such as policy number or subscriber I.D.
   - Medical information, such as information about an individual's condition, treatment, or payment for health care
   - Mother's maiden name
   - Taxpayer ID number
   - Full date of birth
   - Any data protected by applicable law (e.g., HIPAA, state data security law)
   - Biometric data, such as fingerprint or retina image
   - Username or email address, in combination with a password or security question that permits access to an online account

2. **Patient Identifiers.** Before submitting information about a patient to CODA other than on-site during a site visit, a program/institution **must remove the following data elements** of the individual, and of relatives, household members, and employers of the individual (the "Patient Identifiers"):

   1. Names, including initials
   2. Address (including city, zip code, county, precinct)
   3. Dates, including treatment date, admission date, age, date of birth, or date of death [a range of dates (e.g., May 1 – 31, 2015) is permitted provided such range cannot be used to identify the individual who is the subject of the information]
   4. Telephone numbers
   5. Fax numbers
   6. E-mail addresses
   7. Social Security numbers
   8. Medical record numbers
   9. Health plan beneficiary numbers
   10. Account numbers
   11. Certificate/license numbers
   12. Vehicle identifiers and serial numbers, including license plate numbers
   13. Device identifiers and serial numbers

14. Web Universal Resource Locators (URLs)
15. Internet Protocol (IP) address numbers
16. Biometric identifiers (e.g., finger and voice prints)
17. Full face photographic images and comparable images
18. Any other unique identifying number, characteristic, or code:
    - that is derived from information about the individual
    - that is capable of being translated so as to identify the individual, or
    - if the mechanism for re-identification (e.g., the key) is also disclosed

In addition, the information provided to CODA cannot be capable of being used alone or in combination with other information to identify the individual.

3. **Redaction.** When removing any Sensitive Information or Patient Identifier from paper or electronic documents disclosed to CODA, programs/institutions shall **fully and appropriately** remove the data such that the data cannot be read or otherwise reconstructed. Covering data with ink is not an appropriate means of removing data from a hard copy document and may sometimes be viewable when such documents are scanned to an electronic format.

4. **Administrative fee.** *If the program/institution submits any documentation that does not comply with the directives noted above, CODA will assess an administrative fee of $4000 to the program/institution; a resubmission that continues to contain prohibited data will be assessed an additional $4000 fee.*

5.
    - CODA Site Visitors and Commission volunteers are only authorized to access Sensitive Information and Patient Identifiers:
        o Onsite during a site visit, and
        o That are necessary for conducting the accreditation site visit
    - CODA Site Visitors and Commission volunteers may not download or make hard copies or electronic copies of Sensitive Information or Patient Identifiers.

NOTE: If a document includes fictitious information, which may otherwise appear to be Sensitive Information or Patient Identifiers, the program is expected to clearly mark the document as "Fictitious Example".

FORMAT FOR REPORT

(to be used as template for report)

NARRATIVE: (Quote narrative preceding recommendation in the site visit report)

RECOMMENDATION # _____: (state recommendation)

DESCRIBE PROGRESS MADE IN IMPLEMENTING THIS RECOMMENDATION SINCE THE SITE VISIT. COMPARE THE CURRENT SITUATION WITH THAT EXISTING AT THE TIME OF THE SITE VISIT:

LIST ALL DOCUMENTATION THAT IS SUBMITTED IN SUPPORT OF THIS PROGRESS:

EXAMPLE REPORT

NARRATIVE: Despite the fact that the visiting committee verified that the program had designed outcomes measures, evidence was lacking that the outcomes assessment was implemented on an ongoing basis and that the evaluation results were used to ensure that program goals were being met.

RECOMMENDATION 1: It is recommended that the program document its effectiveness using a formal and ongoing outcomes assessment process to include measures of student achievement.

DESCRIBE PROGRESS MADE IN IMPLEMENTING THIS RECOMMENDATION SINCE THE SITE VISIT. COMPARE THE CURRENT SITUATION WITH THAT EXISTING AT THE TIME OF THE SITE VISIT:

A thorough analysis of the current status of all graduates of the program has been completed. This analysis shows the present location and professional activities of every graduate since the program's inception in 2018. The objective is to demonstrate, conclusively, that over a period of three years, this program has produced graduates who have been a credit to the program and the dental profession.

The following appendices have been prepared to provide specific documentation of the program's outcomes assessment process.

LIST ALL DOCUMENTATION THAT IS SUBMITTED IN SUPPORT OF THIS PROGRESS:

1-1. Copy of program's formal outcomes assessment plan linking program goals with objectives
1-2. Schedule of outcomes measures data collection
1-3. Location and status of graduates; 2018-present
1-4. Publications by former graduates in professional journals
1-5. Results of National Postdoctoral In-service Examination
1-6. Documentation of program changes resulting from outcomes assessment process

Updated 2.22

Commission on Dental Accreditation

Documentation Guidelines for Selected Recommendations

DOCUMENTATION GUIDELINES FOR SELECTED RECOMMENDATIONS

This document has been prepared to assist programs and their sponsoring institutions in preparing the documentation needed when responding to recommendations after a Commission on Dental Accreditation site visit. "Recommendation Topics" present a number of topics common to all dental and dental-related disciplines, which are frequently cited as recommendations in site visit reports. Following each topic is a description of the "Documentation" which a program may submit in order to demonstrate compliance with the standards upon which the recommendations are based. Submission of items other than those recommended in this document may or may not be acceptable. Programs are strongly urged to follow the documentation listed in the Guidelines. Documentation must show how the intent of the recommendations has been met.

This document is to complement any guidance that the Commission's specific accreditation standards and related documents may provide in the form of intent statements and examples of evidence or required documentation. Additionally, letters of transmittal, which are referenced from time to time throughout this document, provide the specific documentation requested to demonstrate compliance with the standards on which recommendations are based, as a result of Commission review.

This document is to be used by institutions/programs responding to preliminary draft site visit reports before Commission review or to formal reports of progress after Commission review. Commission site visitors may also find this document useful in their evaluation of, and discussion with, institutions/programs.

Commission on Dental Accreditation
211 East Chicago Avenue
Chicago, Illinois 60611
312/440-4653 www.ada.org/en/coda

TABLE OF CONTENTS
RECOMMENDATION TOPICS
AND APPLICABLE STANDARD(S)

AFFILIATIONS

Recommendation Topic

Need for documentary evidence of arrangements between the sponsoring and relevant affiliated institutions, formalized by means of written agreements, which clearly define the roles and responsibilities of each institution involved

Documentation

- Copy of current signed affiliation agreement(s), with addenda if applicable
- Several documents, both at the institution level and at the program level. At the institution level, a formal, legally binding inter-institutional agreement, that could cover in general the items of agreement as identified in the accreditation standard, attesting to the accountability of the institution for the arrangements, with signatures from the chief executive officers of each organization. At the program level, there could be several documents, standing free from the inter-institutional agreement, like Memoranda of Understanding (MOU), which would provide the specific documentary evidence of the items of agreement and be executed between appropriate personnel representing both parties of the agreement, including the dental school dean or chief of dental service. The MOU would reflect the current program for example, with names of program personnel and student assignment periods. In this fashion, the most current information regarding arrangements between the sponsoring and the affiliated organizations would be ensured in the MOU and the information in the inter-institutional agreement would not need to be revised unless arrangements are completely changed to warrant such a revision.

EDUCATIONAL PROGRAM/CURRICULUM

Recommendation Topic

1. Increase in course content (contact hours/clock hours)
2. Increase scope/depth to specific area

Documentation

- Specific increase in course content/scope and depth (refer to information specifically identified in the site visit report or transmittal letter)
- Documentation of approval of change, including authorization from curriculum committee, administration and/or either program director or chief administrative officer
- Syllabus documenting changes with modifications highlighted

EDUCATIONAL PROGRAM/CURRICULUM CONT.

Recommendation Topic

1. Need to demonstrate completeness/availability of course outlines and/or syllabi

    Documentation

    - Revised course outlines or syllabi (refer to information specifically identified in the site visit report or transmittal letter)
        - Date distributed to students/residents

Recommendation Topic

1. Curriculum management plan is inadequate or incomplete.

    Documentation

    - Description of ongoing curriculum review and evaluation process (refer to information specifically identified in the site visit report or transmittal letter)
    - Minutes of curriculum committee meetings (if applicable)
    - Samples of course evaluation documents (do not send completed forms)

FACILITIES/EQUIPMENT

Recommendation Topic

1. Program lacks adequate and/or appropriately maintained facilities

    Documentation

    - Description of specific facility changes
    - Plans for improvements/changes (provide a schematic where appropriate)
    - Implementation dates and anticipated completion date
    - Administrative approval including financial commitment
    - Purchase requisitions

Recommendation Topic

1. Lack of long- and short-range plans to replace equipment

   Documentation

   - Long-range plans
   - Short-range plans
   - Administrative approval, including financial commitment

INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS

Recommendation Topic

1. Lack of institutional mission statement
2. Lack of program goals and objectives

   Documentation

   - Written institutional mission statement/ measurable program goals and objectives
   - Copies of catalog pages or website pages which show placement of the institution's mission statement, program goals, and objectives

Recommendation Topic

1. Need for program to document its effectiveness using a formal and ongoing outcomes assessment process to include measures of student/resident achievement

  Documentation

  - Copy of formal plan, including measurable program goals and objectives
  - Sample outcomes with specific measurements and plan(s) to address deficiency
  - Schedule for data collection including identifying the party responsible for data collection
  - Evidence of short-range data collected, in accord with data collection schedule
  - Documentation of changes effected as a result of implementing outcomes assessment process, where applicable (for example: committee meeting minutes where program matters are considered, copies of policies and program changes

Recommendation Topic

1. Insufficient financial resources/support for the program

  Documentation

  - Copy of the budget changes needed to accomplish program goals/objectives and date of implementation
  - Revised appropriations (refer to information specifically identified in the site visit report or transmittal letter).

Recommendation Topic

1. Inappropriate course sequencing of instruction within the curriculum or for a specified course

    Documentation

    - Description of re-sequencing within the curriculum or specific course (refer to information specifically identified in the site visit report or transmittal letter)
    - Date of implementation
    - Documentation of approval of change (including authorization from curriculum committee, administration, and/or either program director or chief administrative officer, as applicable)
    - Samples of revised course schedule or course outline/syllabi

Recommendation Topic

1. Inadequate patient care experiences in specified areas

    Documentation

    - Log of patient care experiences since the site visit as noted by the student/resident and program to document sufficient variety and scope of experiences (refer to information specifically identified in the site visit report or transmittal letter). **All patient identification must be removed. See "Security Reminder: Patient Records."**
    - Include specific details of the variety and types and quantity of cases treated
    - Numbers of patient experiences per class (before and after recommendation was cited)
    - Methods used to address the issue including a plan for improvement with anticipated completion date

PATIENT CARE SERVICES

Recommendation Topic

1. Need for a formal system of quality assurance

   Documentation

   - Protocol for audit of patient records, sample form and summary of results, if available (do not send completed forms)
   - Protocol for review of patient case completion, sample form and summary of results, if available (do not send completed forms)
   - Quality assurance policy and procedures
   - Additional outcomes assessment information including corrective actions taken, if any
   - Copy of Standards of Care used by program
   - Refer to information specifically identified in the site visit report or transmittal letter

Recommendation Topic

1. Need for patient records to be organized and legible

   Documentation

   - Documentation of record reviews. **<u>All patient identification must be removed. See "Security Reminder: Patient Records."</u>**

Recommendation Topic

1. Need for a structured system of continuous quality improvement

   Documentation

   - Quality improvement plan and reports
   - Results of quality assurance plan and responses from the program

PATIENT CARE SERVICES CONT.

Recommendation Topic

1. Need for evidence that quantitative criteria for student/resident advancement and graduation do not compromise the delivery of comprehensive patient care

    Documentation

    - Sample quantitative criteria for resident/student advancement
    - Refer to information specifically identified in site visit report or transmittal letter

Recommendation Topic

1. Need for a written statement of patients' rights that is distributed to all patients, appropriate students/residents, faculty, and staff

    Documentation

    - Patients' Bill of Rights and implementation date
    - Method of distribution

Recommendation Topic

1. Need for patient access to professional services at all times for the management of dental emergencies

    Documentation

    - Information provided to patients regarding emergency services and after-hours care
    - After-hours dental emergency plan

Recommendation Topic

1. Need for all students/residents, faculty and support staff involved in the direct provision of patient care to be continuously recognized/certified in basic life support (B.L.S.)

> **Documentation**
>
> - Summary log of recognition (certification) records maintained by the program
> - Exemption documentation for anyone who is medically or physically unable to perform such services

Recommendation Topic

1. Need for the establishment and documentation of compliance with the institution's policy and applicable regulations of local, state and federal agencies, including, but not limited to, radiation hygiene and protection, ionizing radiation, hazardous materials, and bloodborne and infectious diseases.

> **Documentation**
>
> - Copy of new or revised cited policies
> - Copy of new or revised cited procedures ensuring compliance

Recommendation Topic

1. Need for patient confidentiality

> **Documentation**
>
> - Patient confidentiality policies
> - Monitoring mechanisms

PROGRAM DIRECTOR/ADMINISTRATOR, FACULTY AND STAFF

Recommendation Topic

1. Need for revised program director/administrator appointment/commitment to program and/or institution

   Documentation

   - Copy of institution/program's definition of full-time and part-time commitment
   - Copy of program director/administrator's job description
   - Copy of program director/administrator's schedule
   - Letter from supervising administrator indicating approval and explaining institutional commitment to program director/administrator

Recommendation Topic

1. Need for program director/administrator to assume specified administrative duties

   Documentation

   - Copy of new or revised job description, with changed job responsibilities highlighted
   - Copy of program director/administrator's schedule
   - Letter from supervising administrator indicating approval and explaining institutional commitment to program director/administrator

Recommendation Topic

1. Need for additional faculty commitment to ensure achievement of program goals

   Documentation

   - List of faculty with appointment dates and/or new assignments highlighted; attach curriculum vitae
   - Schedule of faculty commitments in the areas of teaching, research and service; i.e., general availability to the program
   - Letter of offer and signed agreement of offer for new hires

PROGRAM DIRECTOR/ADMINISTRATOR,
FACULTY AND STAFF CONT.

Recommendation Topic

1. Need for faculty to have additional qualifications (refer to information specifically identified in the site visit report or transmittal letter)

   Documentation

   - Documentation demonstrating degrees earned, with additional coursework highlighted, e.g., completed college courses, continuing education courses, in-service training
   - Copies of credentials earned

     OR

   - Documentation demonstrating specific plans for faculty to achieve education including course titles, sponsoring institutions and anticipated schedule for completion

Recommendation Topic

1. Need for program director/administrator to hold specific credentials

   Documentation

   - Copies of credentials attained and current status of credential

Recommendation Topic

1. Need for opportunities for faculty professional development

   Documentation

   - Copy of program/institution's policy and plans relative to professional development
   - Date of implementation
   - Administrative approval
   - Examples of professional development programs faculty have completed

**PROGRAM DIRECTOR/ADMINISTRATOR,
FACULTY AND STAFF CONT.**

Recommendation Topic

1. Need for opportunities for faculty involvement in program development, institutional governance and/or promotion and tenure process equal to that of other institutional faculty

   Documentation

   - Copies of institution policies and procedures
   - Examples of faculty participation
   - Faculty meeting minutes

Recommendation Topic

1. Lack of formal faculty evaluation system

   Documentation

   - Copies of program/institution's policy and procedures on faculty evaluation, including mechanisms to implement and monitor the policy (do not send completed forms)

Recommendation Topic

1. Need for additional support staff commitment, e.g., clerical/secretarial/allied/technical
2. Need to demonstrate that students/residents performing support/clerical/technical duties is not to compensate for lack of support staff

   Documentation

   - If new hire: a) copy of position description and/or advertisement demonstrating duties and time commitment to specific program and b) employment date
   - If reassignment of existing staff: a) copy of revised duties; b) time commitment/schedule and c) effective date of reassignment
   - Letter of offer and signed agreement of offer for new hires

RESEARCH

Recommendation Topic

1. Inadequate research and/or scholarly activities

   Documentation

   - Listing of all current faculty and student/resident research and scholarly activities since the site visit (e.g., listing of all active funded, submitted for funding and/or non-funded research projects; publications and/or submitted for publication; and presentations or lectures not normally associated with graduate or undergraduate courses)
   - Percentage of time allocated to research/scholarly activity

STUDENT/RESIDENT EVALUATIONS

Recommendation Topic

1. Lack of student/resident evaluation criteria/procedures/instruments

   Documentation

   - Criteria and procedures used to evaluate students/residents (refer to information specifically identified in the site visit report or transmittal letter)
   - Samples of evaluation forms, including the date of implementation. (do not send completed forms)

Recommendation Topic

1. Inadequate/incomplete evaluation of student/resident competency

   Documentation

   - Detailed description of specific competency evaluation method used, including process
   - Samples of criteria/forms/etc. used to evaluate competency (do not send completed forms)
   - Demonstration of outcomes of competency assessment