# Guidelines for Requesting an Increase in Authorized Enrollment in Orthodontics and Dentofacial Orthopedics Residency and Fellowship Programs

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.

Programs are reminded that resources must be maintained even when the full complement of students/residents/fellows is not enrolled in the program.

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: 2/24; 8/23; 2/22; 8/20; 1/20; 8/18; 8/16; 2/16; 8/15; 8/10; Reaffirmed: 8/25; 7/07; CODA:

**TIMING OF REQUESTS:** Requests for and approval of an increase in authorized enrollment in orthodontics and dentofacial orthopedics residency and fellowship programs must take place prior to the implementation of the increase. Programs should be cognizant of the impending need for enrollment increases (e.g., a training position for one of the uniformed services, grant applications for program expansion) and proactively request permission for the increase. The Commission will not consider inter-cycle requests. Reports **must** be submitted to the Commission no later than May 1 for submission to the Summer meeting or November 1 for submission to the Winter meeting.

**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.

**FORMAT:** The report must be clear and concise and must follow the "Required Documentation" and "Mechanics" sections illustrated within this guideline. Reports that fail to adhere to the stated guidelines may be returned to the program.

**REQUIRED DOCUMENTATION (11 areas):** Program directors must ensure that the proposed enrollment increase does not jeopardize the program's ability to meet the Accreditation Standards.

The following documentation must be submitted with the request for enrollment increase and provided in the table format provided below:

| Topic | Answer/Description |
|---|---|
| 1. The date the program plans to increase enrollment | |
| 2. The current enrollment in all years of the program | |
| 3. The proposed increase in enrollment, with an indication of whether this increase is of a one time only nature (and the number of years during which it will apply) or a permanent increase | |
| 4. The reason for the increase | |
| 5. The ratio of teaching staff to students/residents after the proposed increase | |
| 6. A copy of a proposed student/resident activity schedule (typical week or month) after the proposed increase is in effect | |
| 7. A copy of a proposed faculty clinic coverage schedule after the proposed increase is in eff | |
| 8. The number of and types of allied support staff available to students/residents after the proposed enrollment increase | |
| 9. The ratio and variety of orthodontics procedures per orthodontics student/resident | |
| 10. The sources and volume of patient availability | |
| 11. Clinical faculty/resources: operatories, student/resident work/study area, computer access, and so on. | |

Omission of any of these 11 documentation areas may postpone Commission action on the request for increase in enrollment.

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.**

**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 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/policies-and-guidelines/electronic-submission-guidelines

1. **VERIFICATION PAGE (Use required template provided)**

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

2. **DOCUMENTATION** – The report must be succinct and provide only the information necessary to fully describe the change. 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 (PDF), are found in the Policies/Guidelines section of the Commission's website at https://coda.ada.org/policies-and-guidelines/hipaa-compliance. Programs that fail to comply with CODA's policy will be assessed an administrative fee of $4000.***

**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 personal information (SPI). If the program submits documentation that does not comply with the policy on PHI or SPI, 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 SPI will be assessed an additional $4,000 administrative processing fee.

Revised: 2/24; 8/23; 8/20; Reaffirmed: 8/25; 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)

**ANNOUNCEMENT OF REVIEW RESULTS:** The Commission's actions to approve or deny the request for enrollment increases in advanced dental education programs in orthodontics and dentofacial orthopedics, like other accreditation actions, will be transmitted to the institutions/programs within 30 days following the Winter (January/February) or Summer (July/August) meeting.

**DENIAL OF REQUESTS**: Requests may be denied if the program cannot ensure continued compliance with the Accreditation Standards as demonstrated by documentation of the major program resource areas identified in the Policy on Enrollment Increases in Advanced Dental Education Programs.

**OTHER CHANGES IN ENROLLMENT:** Decreases in enrollment on a one-time-only basis or on a permanent basis must be reported to the Commission, but do not require *prior authorization*. In the case of one-time-only decreases, programs are advised to maintain clinical experiences for the enrollment number for which they are authorized.

**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/about-coda/coda-staff

# ADMINISTRATOR VERIFICATION FOR ALL REPORT SUBMISSIONS
## Discipline Name

**Type of Report: Enter Type of Report (progress, response to site visit, program change, etc.)**

**Date of Submission: Enter Actual Date of Submission of Report**

**I have reviewed this document and verify that the information in it is accurate and complete, and that it complies with the *Commission on Dental Accreditation's Privacy and Data Security Requirements for Institutions* found at https://coda.ada.org/policies-and-guidelines/hipaa-compliance (the "Requirements") and that this document contains no prohibited Sensitive Personal Information (SPI) or Protected Health Information (PHI) as defined in the Requirements, and that the individual(s) signing and/or submitting this verification has the authority to sign and submit on behalf of the sponsoring institution, themselves, and the other individuals listed below.**

| **SPONSORING INSTITUTION** ***(If the program is co-sponsored, a verification page from each sponsor must be submitted)*** |
|---|
| **Institution Name:**<br>Street Address<br>(do not list P.O. Boxes)<br>City, State, Zip |
| **Chief Executive Officer**<br>(Univ. Pres, Chancellor, Hospital President)<br>Name:<br>Title:<br>Phone:<br>E-Mail:<br>Signature:<br>Date: |
| **Chief Administrative Officer**<br>(Dental Dean/Chair/Chief of Dental Service)<br>Name:<br>Title:<br>Phone:<br>E-Mail:<br>Signature:<br>Date: |
| **Program Director**<br>Name:<br>Title:<br>Phone:<br>E-Mail:<br>Signature:<br>Date: |

# Commission on Dental Accreditation
# Privacy and Data Security Reminders

***Protect sensitive personal information ("SPI") such as social security numbers, drivers' license numbers, credit card numbers, account numbers, etc.***

## Security Reminder: Sensitive Personal Information

Before submitting any documents to CODA or to a CODA site visitor, an institution must:

- Review for SPI and patient identifiers.
- Fully and appropriately redact any SPI 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** SPI 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 SPI or patient identifiers from institutions. Any PHI/SPI 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. 11/16/2023)

1. **Sensitive Personal 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 Personal Information" or "SPI"):

   - Social Security number
   - Credit or debit card information (number, expiration date, or security code)
   - Drivers' license number, passport number, or other government issued ID number
   - Financial account number
   - 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.** Protected Health Information (PHI), including Patient Identifiers, may only be viewed by CODA or its volunteers on-site during a site visit. Programs must not submit PHI in any form to the Commission office or Commission volunteers. Before submitting information to the Commission, a program/institution **must remove the following data elements** of any individual patient, and of relatives, household members, and employers of the individual (the "Patient Identifiers"):

   1. Names, including initials
   2. Address (including street address, city, zip code, county, precinct)
   3. Dates, including treatment date, admission date, age over 89 or any elements of dates (including year) indicative of such age, date of birth, or date of death [a range of dates (e.g., May 1 – 31, 2021) 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 to the items above, 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 submits any documentation that does not comply with the directives noted above, CODA will assess an administrative fee of $4000 per program submission to the institution; a program's resubmission that continues to contain prohibited data will be assessed an additional $4000 fee.***

- Programs/Institutions may only provide access, and CODA Site Visitors and Commission volunteers are only authorized to access, Sensitive Information and Patient Identifiers:
    - On-site during a site visit, and
    - 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 must clearly mark the document as "Fictitious Example".**