### Commission on Dental Accreditation

**SITE VISITOR EVALUATION REPORT**

**FORM**

**Advanced Dental Education Program in Prosthodontics**

SITE VISITOR EVALUATION REPORT

for the Evaluation of an Advanced Dental Education Program in Prosthodontics

**Commission on Dental Accreditation**

# 211 East Chicago Avenue

**Chicago, Illinois 60611**

**(312) 440-4653**

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

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Commission on Dental Accreditation

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**Site Visitor Evaluation Report Form for**

## Advanced Dental Education Programs in Prosthodontics

## Document Revision History

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | | **Item** | | **Action** | |
| August 5, 2022 | | Accreditation Standards for Advanced Dental Education Programs in Prosthodontics | | Adopted and Implemented | |
| August 9, 2024 | | Revised Definitions of Terms and Standard 1 related to Sponsoring Institution and Authority to Operate | | Adopted | |
| January 1, 2025 | | Revised Definitions of Terms and Standard 1 related to Sponsoring Institution and Authority to Operate | | Implemented | |
| January 30, 2025 | | Revised Intent Statement for Standard 1-2 related to Use of Sites Where Educational Activity Occurs | | Adopted and Implemented | |
|  | | | | | | |
|  | | | | | | |

COMMISSION ON DENTAL ACCREDITATION

**SITE VISITOR EVALUATION REPORT (SVER)**

PROSTHODONTICS EDUCATION SITE VISITOR’S INSTRUCTIONS

**Previous Recommendations and Compliance with Commission Policies**

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

**Program Effectiveness**

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

**Verification of Compliance with Accreditation Standards**

Each statement in this form corresponds to a specific standard (“must” statement) contained in the Accreditation Standards for Advanced Dental Education Program in Prosthodontics. Standards are referenced after each statement. For example, the reference (4-35) indicates that the statement is based on standard number 4-35. Intent statements are presented to provide clarification to the advanced dental education program in prosthodontics in the application of and in connection with compliance with the Accreditation Standards for Advanced Dental Education Programs in Prosthodontics. The statements of intent set forth some of the reasons and purposes for the particular standards. As such, these statements are not exclusive or exhaustive. Other purposes may apply. Additionally, interviews and on-site observations should provide you with an opportunity to verify the description or process by which the program complies.

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

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

If non-compliance with the Standards can be substantiated, **highlight, underline, circle, bold or place a box around NO** following the particular statement in this document. If you indicate **NO**, you must use the “Comments” area at the end of each section to reference the statement (Question #) and ***provide as much information as possible, clearly describing the nature and seriousness of the deficiency(ies) in***

***as much detail as possible, including a rationale for citing the deficiency***. If a standard isn’t being met, state the current situation and the resulting situation. Describe the educational impact of this deficiency. In addition, you must make a recommendation, which should be written as a restatement of the particular statement you have indicated as **NO**. Space for any additional comments is provided at the end of this document.

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

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

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

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

COMMISSION ON DENTAL ACCREDITATION

**SITE VISITOR EVALUATION REPORT**

**PROSTHODONTICS EDUCATION**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Institution Name: |  | | | | | |
| Institution Address: |  | | | | | |
| Dean (If applicable): |  | | | | | |
| Hospital Administrator (if applicable): |  | | | | | |
| Chief of Dental Service (if applicable): |  | | | | | |
| Program Director: |  | | | | | |
| Is the program director board certified? Check “yes” or “no.” | YES | | | NO | | |
|  | | |  | | |
| If the program director is not board certified, has the program director previously served as a program director prior to January 1, 1997? Check “yes” or “no.” If “yes”, where has the program director served: | YES | | | NO | | |
|  | | |  | | |
| Verify the year the program director was appointed: |  | | | | | |
| Check the type of program: | 12-month  (maxillofacial) | | 34-month  (minimum) | | | 45-month  (combined) |
|  | |  | | |  |
| Site Visitor: | Phone: | | | | | |
| Site Visitor: | Phone: | | | | | |
| Date of Visit: |  | | | | | |
|  |  | | | | | |
| Enrollment: | Year | Full-time | | | Part-time | |
|  | 1 |  | | |  | |
|  | 2 |  | | |  | |
|  | 3 |  | | |  | |
|  | 4 |  | | |  | |
| Identify the CODA-authorized enrollment (total complement in all years): |  | | | | | |
| Indicate program duration for: | # months | | | | | |
| Full-time students/residents: |  | | | | | |
| Part-time students/residents: (if applicable) |  | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Program grants: | Certificate | Degree | Both | | |
| (√) all that apply  **If a degree is offered, indicate type, what institution confers the degree and whether it is optional or required.** |  |  |  | | |
| **For the clinical phases of the program, document the amount of time (FTE/PTE) that faculty members are assigned to the advanced dental education program in each of the following categories:**   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | Total  Number |  | Board  Certified |  | Educationally Qualified\* |  | Other\*\* | | Full-time |  |  |  |  |  |  |  | | Half-time |  |  |  |  |  |  |  | | Less than half-time |  |  |  |  |  |  |  |   \* Individual is eligible but has not applied to the relevant Board for certification.  \*\*Individual is neither a Diplomate nor Candidate for board certification by the relevant certifying Board.  **Document the cumulative full-time equivalent (F.T.E.) for all faculty specifically assigned to this advanced dental education program.** For example: a program with the following staffing pattern – one full-time (1.00) + one half-time (0.50) + one two days per week (0.40) + one half-day per week (0.10) – would have an F.T.E. of 2.00.   |  |  | | --- | --- | | Cumulative F.T.E.: |  | | | | | | |
|  | | | |  | |
| **Persons Interviewed:** | | | | | |
| Chief of Dental Service: | | | | | |
| Program Director: | | | | | |
| Other Dental Faculty: | | | | | |
| Students/Residents: | | | | | |
| Others: | | | | | |
| **List the outcomes measures used to evaluate the program:** | | | | | |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Sites Where Educational Activity Occurs (Off-Campus Sites For Didactic and Clinical Activity):** List the names and addresses of the established off-campus sites, purposes of the site, amount of time each student/resident is assigned to the site and indicate by checkmark if the team visited the site.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Name and Address | Owned by Institution  (√) | Purpose (state the reason for site usage) | Duration (state the year and number of days a student/resident visits the site) | Site Visited (√) and indicate if visited virtually | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | | | |   If students/residents from other accredited prosthodontics programs rotate through this institution, provide the name of the other program, purpose of the affiliation and amount of time each student/resident is assigned to this institution. | | | | |

# Previous SITE VISIT Recommendations

|  |  |  |
| --- | --- | --- |
| **1.** | **Recommendations noted in the last site visit report, that are current standards, have been remedied.** | N/A |
| YES | NO |

Please note, if the last site visit was conducted prior to the implementation of the most current Standards (see document revision history) some recommendations may no longer apply. Should further guidance be required, please contact Commission on Dental Accreditation staff.

If no, please identify by standard the ongoing area(s) of non-compliance.

|  |
| --- |
|  |
|  |

#### COMPLIANCE WITH COMMISSION POLICIES

**PROGRAM CHANGE**

**1. The program has reported to the Commission all changes which have YES NO**

**occurred within the program since the program’s previous site visit.**

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

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

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

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

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

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

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

**THIRD PARTY COMMENTS**

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

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

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

**COMPLAINTS**

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

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

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

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

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

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

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

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

**YES NO**

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

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

**DISTANCE EDUCATION**

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

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

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

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

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

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

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

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

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

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

**YES NO**

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

**PROGRAM EFFECTIVENESS**

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

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

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

**Standard 1. Institutional Effectiveness**

The program has/has not documented its effectiveness using a formal and ongoing outcomes assessment process to include measures of prosthodontic education student/resident achievement. Based on a review of the program’s outcomes assessment process and student/resident achievement measures, the visiting committee found the program uses assessment measures to include: [insert assessment measures used – Q1]. The program has demonstrated positive programmatic student/resident achievement outcomes through [include positive outcomes measures – Q2]. The program has not demonstrated positive student/resident achievement outcomes in [insert negative outcome areas – Q2]. The visiting committee noted the program recently made enhancements to [insert examples where program change made based on OA process – Q3] based on the student/resident achievement data collected and analyzed in the outcomes assessment plan. *(Or conversely, the visiting committee did not identify areas within the program where student/resident achievement data has been utilized to affect change.)* ***Following this paragraph, if a recommendation or suggestion is warranted, add additional content.***

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

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

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

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

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

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

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

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| **If a health care organization is the sponsor (must meet one item below):** |  |  |  |
| The health care organization is accredited by an agency recognized by the United States Department of Education. (1) | YES | NO | NA |
| The health care organization is accredited by an accreditation organization recognized by the Centers for Medicare and Medicaid Services (CMS). (1) | YES | NO | NA |
| The health care organization receives regular on-site inspections through the Health Resources and Services Administration Operational Site Visit (HRSA-OSV) process. (1)  *Note: The program must provide documentary evidence of an institutional accreditor recognized by the United States Department of Education,* ***or*** *documentary evidence that its institutional accreditor is currently recognized by CMS,* ***or*** *that it has received HRSA-OSV inspection.* | YES | NO | NA |

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

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

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

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

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

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

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

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **USE OF SITES WHERE EDUCATIONAL ACTIVITY OCCURS** |  | | |  | | |
| (If the program does not use educational activity sites, please skip this section) | |  | | | |
| |  |  |  |  | | --- | --- | --- | --- | | The primary sponsor of the educational program accepts full responsibility for the quality of education provided in all sites where educational activity occurs*.* (1) | YES | NO | NA | | All arrangements with sites where educational activity occurs, not owned by the sponsoring institution, are formalized by means of current written agreements that clearly define the roles and responsibilities of the parties involved such as: | YES | NO | NA | | The following items are covered in such inter-institutional agreements |  |  |  | | a) Designation of a single program director | YES | NO | NA | | b) The teaching staff; | YES | NO | NA | | c) The educational objectives of the program | YES | NO | NA | | d) The period of assignment of students/residents; and | YES | NO | NA | | e) Each institutions financial commitment. (1-1)  ***Intent:*** *The items that are covered in inter-institutional agreements do not have to be contained in a single document. They may be included in multiple agreements, both formal and informal (e.g., addenda and letters of mutual understanding).* | YES | NO | NA | | | |  | |
| |  |  |  |  | | --- | --- | --- | --- | | For each site, including those at major and minor educational activity sites, is an on-site clinical supervisor who is an educationally qualified specialist in the curriculum areas for which he/she is responsible. (1-2)  ***Intent:*** *Students/Residents engaging in prosthodontic related experiences should be supervised by an educationally qualified prosthodontist. The on-site clinical supervisor provides administrative oversight and is responsible to the program director.* | YES | NO | NA | |  | | |  | | |

**COMMENTS: RECOMMENDATIONS &/OR SUGGESTIONS**

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

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**STANDARD 2 - PROGRAM DIRECTOR AND TEACHING STAFF**

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

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

|  |  |  |
| --- | --- | --- |
| Documentation of all program activities is ensured by the program director and available for review. (2) | YES | NO |

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| --- | --- | --- |
| The program director has primary responsibility for the organization and execution of the educational and administrative components to the program. (2-1) | YES | NO |

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| --- | --- | --- |
| The program director devotes sufficient time to: |  |  |
| (a) Participate in the student/resident selection process, unless the program is sponsored by federal services utilizing a centralized student/resident process; | YES | NO |
| (b) Develop and implement the curriculum plan to provide a diverse educational experience in biomedical and clinical sciences; | YES | NO |
| (c) Maintain a current copy of the curriculum’s goals, objectives, and content outlines; | YES | NO |
| (d) Maintain a record of the number and variety of clinical experiences | YES | NO |
| (e) Ensure that the majority of faculty assigned to the program are educationally qualified prosthodontists; | YES | NO |
| (f) Provide written faculty evaluations at least annually to determine the effectiveness or the faculty in the educational program; | YES | NO |
| (g) Conduct periodic staff meeting for the proper administration of the educational program: and | YES | NO |
| (h) Maintain adequate records of clinical supervision. (2-1.1) | YES | NO |

|  |  |  |
| --- | --- | --- |
| The program director encourages students/residents to seek certification by the American Board of Prosthodontics. (2-2) | YES | NO |

|  |  |  |
| --- | --- | --- |
| The number and time commitment of the teaching staff is sufficient to: |  |  |
| (a) Provide didactic and clinical instruction to meet curriculum goals and objectives;  and | YES | NO |
| (b) Provide supervision of all treatment provided by students/residents through specific  and regularly scheduled clinic assignments. (2-3) | YES | NO |

|  |  |  |
| --- | --- | --- |
| The program shows evidence of an ongoing faculty development process. (2-4)  ***Intent:*** *Ongoing faculty development is a requirement to improve teaching and learning, to foster curricular change, to enhance retention and job satisfaction of faculty, and to maintain the vitality of academic dentistry as the wellspring of a learned profession.* | YES | NO |

|  |  |  |
| --- | --- | --- |
| All faculty, including those at major and minor educational activity sites, are calibrated  to ensure consistency in training and evaluation of students/residents that supports the  goals and objectives of the program. (2-5) | YES | NO |

**COMMENTS: RECOMMENDATIONS &/OR SUGGESTIONS**

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

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**STANDARD 3 - FACILITIES AND RESOURCES**

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

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

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

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

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

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

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| |  | | --- | | Private office facilities as a means of providing clinical experiences in advanced dental education is only approved when the discipline has included language that defines the use of such facilities in its discipline-specific standards. (3)  ***Intent:***  *Required prosthodontic clinical experiences do not occur in private office facilities unless affiliated with the sponsoring institution.* | | **Answer YES if a statement is true; answer NO if a statement is false.** | | YES | NO | NA |

**Do the facilities include the following (3-1):**

|  |  |  |
| --- | --- | --- |
| Physical facilities permit students/residents to operate under circumstances prevailing in the practice of prosthodontics. (3-1) | YES | NO |
| The clinical facilities specifically identified for the advanced dental education program in prosthodontics. (3-1.1) | YES | NO |
| There are a sufficient number of completely equipped operatories to accommodate the number of students/residents enrolled. (3-1.2) | YES | NO |
| Laboratory facilities specifically identified for the advanced dental education program in prosthodontics. (3-1.3) | YES | NO |
| The laboratory equipped to support the fabrication of most prostheses required in the program. (3-1.4) | YES | NO |
| There is sufficient laboratory space to accommodate the number of students/residents enrolled in the program, including provisions for storage of personal and laboratory armamentaria. (3-1.5) | YES | NO |

|  |  |  |
| --- | --- | --- |
| Radiographic equipment for extra-and intraoral radiographs is accessible to the student/resident. (3-2) | YES | NO |

|  |  |  |
| --- | --- | --- |
| Lecture, seminar, study space and administrative office space is available for the conduct of the educational program. (3-3) | YES | NO |

**Do library resources include the following (3-4):**

|  |  |  |
| --- | --- | --- |
| Library resources include access to a diversified selection of current dental, biomedical, and other pertinent reference material. (3-4) | YES | NO |
| Library resources also include access to appropriate current and back issues of major scientific journals as well as equipment for retrieval and duplication of information.  (3-4.1) | YES | NO |

|  |  |  |
| --- | --- | --- |
| Facilities include access to computer, photographic, and audiovisual resources for educational, administrative and research support. (3-5) | YES | NO |

|  |  |  |
| --- | --- | --- |
| Adequate allied dental personnel are assigned to the program to ensure clinical and laboratory technical support. (3-6) | YES | NO |

|  |  |  |
| --- | --- | --- |
| Secretarial and clerical assistance is sufficient to meet the educational and administrative needs of the program. (3-7) | YES | NO |

|  |  |  |
| --- | --- | --- |
| Laboratory technical support is sufficient to ensure efficient operation of the clinical program and meet the educational needs of the program. (3-8) | YES | NO |

**COMMENTS: RECOMMENDATIONS &/OR SUGGESTIONS**

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

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**STANDARD 4 - CURRICULUM AND PROGRAM DURATION**

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

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

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

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

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| If the institution/program enrolls students/residents on a part-time basis, the director ensures that: |  |  |  |
| (1)The educational experiences, including the clinical experiences and responsibilities, are the same as required by full-time students/residents; and | YES | NO | NA |
| (2) There are an equivalent number of months spent in the program. (4) | YES | NO | NA |

**PROGRAM DURATION**

|  |  |  |  |
| --- | --- | --- | --- |
| The postdoctoral program in prosthodontics encompasses a minimum of 34 months.  (4-1) | YES | NO | NA |

|  |  |  |  |
| --- | --- | --- | --- |
| The postdoctoral program in prosthodontics that includes integrated maxillofacial training encompasses a minimum of 45 months. (4-2) | YES | NO | NA |

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| --- | --- | --- | --- |
| The program is a 12-month postdoctoral program in maxillofacial prosthetics that is preceded by successful completion of an accredited prosthodontics program. (4-3) | YES | NO | NA |

**CURRICULUM**

|  |  |  |
| --- | --- | --- |
| Students/Resident have the didactic/clinical background that supports successful completion of the prosthodontic specialty board examination and fosters life-long learning. (4-4)  ***Intent****: Program directors promote prosthodontic board certification. It is expected that students/residents continue their life-long professional development by employing the didactic and clinical knowledge acquired during the program.* | YES | NO |

|  |  |  |
| --- | --- | --- |
| Written goals and objectives, including course outlines for didactic courses are developed for all instruction included in this curriculum. (4-5)  ***Intent****: The curriculum should be designed to enable the student/resident to attain skills representative of a clinician competent in the theoretical and practical aspects at the advanced level of prosthodontics. Advanced level instruction may be provided through the following: formal courses, seminars, lectures, self-instructional modules, clinical assignments and laboratory.* | YES | NO |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Students/Residents prepare and present diagnostic data, treatment plans and the results of patient treatment. (4-6) | | YES | | NO | |
|  | |  |  |  | |
| The amount of time devoted to didactic instruction and research is at least 30% of the total educational experience. (4-7) | | YES | | NO | |
|  | |  |  |  | |
| A minimum of 60% of the total program time is devoted to providing patient services, including direct patient care and laboratory procedures. (4-8) | | YES | | NO | |
|  | |  |  |  | |
| If time is devoted to organized teaching experiences, it does not compromise the didactic and clinical goals and objectives of the overall program. (4-9)  ***Intent****:* *If time is devoted to teaching experiences for the student/resident, it should be evaluated in relation to the goals and objectives of the overall program and the benefit of the individual student/resident.* | | YES | | NO | | NA |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **DIDACTIC PROGRAM** | |  | | |  | |
| Instruction is provided at the in-depth level for the diagnosis of diseases affecting prosthodontic treatment, including caries risk assessment and intervention. (4-10)  ***Intent****:* *Students/Residents should receive instruction regarding diagnosis, etiology, pathogenesis and prevention of diseases that directly affect treatment outcomes. Risk assessment and prognosis should be included. It is expected that such foundational learning would be directly supportive of requisite clinical curriculum competencies.* (4-10) | | | YES | | NO | |
|  | |  | |  | | | | |
| Instruction is provided at the in-depth level in each of the following areas as both separate entities and integrated treatment approaches used to address patient needs and expectations. | | |  | |  | |
| (a) Fixed prosthodontics; | | | YES | | NO | |
| (b) Removable prosthodontics; | | | YES | | NO | |
| (c) Implants and implant therapy; | | | YES | | NO | |
| (d) Occlusion; | | | YES | | NO | |
| (e) Esthetics; | | | YES | | NO | |
| (f) Biomaterials; | | | YES | | NO | |
| (g) Digital technology; | | |  | |  | |
| (h) Wound healing; | | | YES | | NO | |
| (i) Surgical principles; | | | YES | | NO | |
| (j) Infection Control; | | | YES | | NO | |
| (k) Craniofacial anatomy and physiology related to prosthodontic therapy including  dental implant placement; | | | YES | | NO | |
| (l) Diagnostic Imaging, including three dimensional imaging related to prosthodontic  therapy including dental implant placement; and | | | YES | | NO | |
| (m) Prosthodontic diagnosis and treatment planning. (4-11)  ***Intent****:* *Students/Residents should receive in-depth didactic instruction that supports prosthodontic treatment outcomes. This should include digital dentistry as it relates to assessment and diagnosis for patients. Students/Residents should be able to plan, design, provide restorations, and replace missing teeth and the associated structures applying digital technologies. Didactic learning should directly support clinical decision making and requisite clinical curriculum competencies toward achieving patient esthetics and function. This includes foundational knowledge of surgical principles, procedures, and complications, as they relate to implant placement, as well as biomaterial properties including biocompatibility, biomechanics and biotechnology as they apply to prosthodontic treatment plans.* | | | YES | | NO | |
|  | | |  | |  | | | |
| Instruction is provided at the understanding level in each of the following biomedical areas: | | |  | |  | |
| (a) Oral pathology; | | | YES | | NO | |
| (b) Applied pharmacology; and | | | YES | | NO | |
| (c) Oral microbiology. (4-12) | | | YES | | NO | |
|  | | |  | |  | | | |
| Instruction is provided at the understanding level in each of the following clinical areas: | | |  | |  | |
| (a) Temporomandibular disorders and orofacial pain; | | | YES | | NO | |
| (b) Evidence-based health care principles including identifying, appraising and  applying available evidence; | | | YES | | NO | |
| (c) Ethics and professionalism; | | | YES | | NO | |
| (d) Preprosthetic surgery; | | | YES | | NO | |
| (e) Geriatric considerations in prosthodontic care; | | | YES | | NO | |
| (f) Maxillofacial prosthetics; | | | YES | | NO | |
| (g) Medical emergencies; | | | YES | | NO | |
| (h) Research methodology; and | | | YES | | NO | |
| (i) Pain control and sedation. (4-13) | | | YES | | NO | |
|  | | |  | |  | | | |
|  | | |  | |  | | | |
| Instruction is provided at the understanding level in diagnostic and treatment planning aspects of other recognized dental specialties as they relate to referral, patient treatment and prosthodontic outcomes. (4-14)  ***Intent****: This is to ensure students/residents receive instruction in diagnosis and treatment planning and as a member of interdisciplinary teams in order to develop, implement and assess treatment approaches that optimize therapeutic outcomes. Students/Residents should receive instruction in relating proposed treatments to survival, physiologic, psychological and economic outcomes. This instruction includes risk assessment and prognosis prediction based upon considered treatment options and individual patient needs.* | | | YES | | NO | |
|  | | |  | |  | | | |

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| --- | --- | --- |
| Students/Residents are receiving didactic discipline-specific instruction including but not limited to: |  |  |
| (a) Craniofacial growth and development; | YES | NO |
| (b) Biostatistics; | YES | NO |
| (c) Intraoral photography; | YES | NO |
| (d) Practice management; | YES | NO |
| (e) Scientific writing; | YES | NO |
| (f) Sleep disorders; | YES | NO |
| (g) Teaching methodology including public speaking; and | YES | NO |
| (h) Behavioral science. (4-15) | YES | NO |

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| --- | --- | --- |
|  | **CLINICAL PROGRAM** |  |

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| --- | --- | --- |
| Students/Residents are competent at the advanced prosthodontic level in the treatment of clinical conditions associated with missing or deficient teeth and/or oral and maxillofacial tissues using biocompatible substitutes- by achieving clinical competence in the following areas: |  |  |
| (a) Patient assessment, including medical history, dental history, temporomandibular  assessment, extraoral and intraoral examination, radiologic assessment and occlusal  analysis; | YES | NO |
| (b) Systemic, infectious and neoplastic disease screening, including patient education  for prevention; | YES | NO |
| (c) Diagnosis; | YES | NO |
| (d) Risk assessment and prognosis; | YES | NO |
| (e) Treatment planning; | YES | NO |
| (f) Adjunct referral; | YES | NO |
| (g) Patient Care; | YES | NO |
| (h) Outcomes assessment; and | YES | NO |
| (i) Maintenance (4-16)  ***Intent****: Students/Residents should use advanced methods including existing and emerging technologies for diagnosis, treatment planning, referral, and prosthodontic treatment to optimize occlusion, masticatory function and esthetics.* | YES | NO |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| |  |  |  | | --- | --- | --- | | Students/Residents are competent in the application of principles related to caries risk assessment and intervention. (4-17) | YES | NO | |  |  |  |

|  |  |  |
| --- | --- | --- |
| Students/Residents are competent in managing and treating a wide scope of complex clinical conditions for edentulous, partially edentulous and dentate patients. (4-18)  ***Intent****: Students/Residents should manage and treat patients with clinical conditions at a level beyond experiences at the predoctoral dental education level. Students/Residents should provide prosthodontic therapy for a wide scope of patients with esthetic and functional needs above the level of general dentistry, including patients with varying degrees of cognitive and physical impairment.* | YES | NO |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | |  |  | |
| |  |  |  | | --- | --- | --- | | Students/Residents are competent in the application of principles associated with fixed prosthodontics, removable prosthodontics and implants, and as members of a treatment team. (4-19)  ***Intent****: Students/Residents should evaluate and use existing and appropriate newly introduced technologies to replace teeth and their associated structures using biologically active and passive therapies for fixed and removable prosthodontic treatment. These include experiences beyond those learned at the predoctoral level and use natural teeth and dental implants as part of the treatment.* | YES | NO |  |  |  |  | | --- | --- | --- | | Students/Residents are competent in the application of evidence-based health care principles. (4-20)  ***Intent****: Students/Residents should be able to identify, appraise, apply and communicate best evidence as it relates to health care and clinical and translational research, including how such research is conducted, evaluated, applied and communicated to patients and health care providers.* | YES | NO |  |  |  |  | | --- | --- | --- | | Students/Residents are competent regarding the principles of ethical decision making pertaining to academic, research, patient care and practice environments. (4-21)  ***Intent****: Students/Residents should be able to draw on a range of resources such as professional codes, regulatory law, and ethical theories to guide judgment and action for issues that are complex, novel, ethically arguable, divisive or of public concern.* | YES | NO | | | | | |  |  |  |
|  | | | | |  |  |  |
| Students/Residents are competent in the application of principles of esthetic dentistry. (4-22)  ***Intent****: Students/Residents should use existing and newly introduced technologies and apply principles of esthetic dentistry to restore existing teeth and replace missing teeth and their associated structures. These experiences should be beyond those learned at the predoctoral level supported by natural teeth and dental implants as part of the treatment.* | YES | NO |
| |  |  |  | | --- | --- | --- | | Students/Residents are competent in the placement and restoration of dental implants, including referral. (4-23)  ***Intent****: Replacement of missing teeth and the associated oral and maxillofacial tissues using biocompatible substitutes is a core component of Prosthodontics and its definition. These experiences should demonstrate the student’s/resident’s role in the process of assessment, diagnosis, treatment planning, implementation of prosthetic rehabilitation, and referral.* | YES | NO | | | | | |  |  | |
|  | | | | |  |  |  |
| |  |  |  | | --- | --- | --- | | Students/Residents are competent in leading and coordinating oral health care with other members of the health care team. (4-24)  *Intent: Students/Residents should be able to plan, evaluate and provide direction for patient treatment in consultation with other health care providers in a multi-disciplinary team. Students/Residents should be able to direct laboratory technicians supporting treatment at the advanced prosthodontic level.* | YES | NO | | | | | |  |  | |

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| --- | --- | --- |
| Students/Residents are competent in selection and application of biomaterials recognizing esthetic, biomechanical and biocompatibility implications of prosthodontic therapies. (4-25)  **Intent**: *Students/Residents should be able to treatment plan for clinical predictability based on patient and restoration factors.* | YES | NO |

|  |  |  |
| --- | --- | --- |
| Students/Residents are competent in the application of digital dentistry and its  principles.(4-26)  ***Intent:*** *Students/Residents should be able to apply digital technologies in the assessment and diagnosis of patients. Students/Residents should be able to plan, design, provide restorations, and replace missing teeth and the associated structure applying digital technologies.* | YES | NO |

|  |  |  |
| --- | --- | --- |
| Students/Residents are competent in laboratory procedures used in the treatment of edentulous, partially edentulous and dentate patients. (4-27)  ***Intent****: Students/Residents should be able to use existing technologies to plan, design and fabricate prostheses. They should be capable of directing dental technicians in prosthodontic laboratory procedures. They should be able to evaluate newly introduced technologies and apply these as appropriate.* | YES | NO |

|  |  |  |
| --- | --- | --- |
| Students/Residents are competent in the prosthodontic management of patients with temporomandibular disorders and/or orofacial pain. (4-28)  ***Intent****: Students/Residents should recognize signs and symptoms associated with temporomandibular disorders and/or orofacial pain and either provide appropriate treatment or refer, consistent with contemporary practice and the best interest of the patient.* | YES | NO |

|  |  |  |
| --- | --- | --- |
| Students/Residents have experience with patients requiring maxillofacial prosthetic care. (4-29)  ***Intent****: Students/Residents should have clinical patient experiences screening, diagnosing, assessing risk, treatment planning, referring and following-up patients requiring maxillofacial services.* | YES | NO |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | **MAXILLOFACIAL PROSTHETICS** | | | |  | | | | | | |
|  | | |  | | | |  | | | | | | |
|  | | | **Note**: Applications of these Standards to programs of various scope/length is as follows:   1. Prosthodontics programs that encompass a minimum of forty-five months that include integrated maxillofacial prosthetic training: all sections of these Standards apply; 2. Prosthodontics programs that encompass a minimum of thirty-four months: all sections of these Standards apply except standards 4-30 through 4-38, inclusive; 3. Twelve-month maxillofacial prosthetic programs: all sections of these Standards apply except standards 4-4 and 4-10 through 4-29 inclusive. | | | |  | | | | | | |
|  | | |  | | | |  | | | | | | |
|  | | | **PROGRAM DURATION** | | | |  | | | | | | |
|  | | |  | | | |  | | | | | | |
| An advanced dental education program in maxillofacial prosthetics provided with a 45- month integrated prosthodontics program which includes fixed prosthodontics, removable prosthodontics, implant prosthodontics and maxillofacial prosthetic experiences; or a one-year program devoted specifically to maxillofacial prosthetics which follows completion of a prosthodontic program. (4-30) | | | | YES | | | | NO | | |
|  | | |  | | | |  | | | | | | |
|  | | | **DIDACTIC PROGRAM** | | | |  | | | | | | |
| Instruction is provided at the in-depth level in each of the following: | | | |  | | | |  | | |
| (a) Etiology, multidisciplinary treatments, treatment sequela, and prosthetic treatment  planning of defects of the craniofacial complex that are the result of disease,  trauma and developmental/congenital processes; | | | | YES | | | | NO | | |
| (b) Implant therapy in the patients described in 4-30; | | | | YES | | | | NO | | |
| (c) Intra-oral and extra-oral prosthetic considerations for patients receiving surgical,  radiation or drug therapies that impact the health of the craniofacial structures.  (4-31)  ***Intent***:  *Students/Residents should have the biomedical and clinical didactic background that supports the various aspects of prosthodontic therapy they provide and guide during their clinical experiences in treating patients with craniofacial deformities. Students/Residents should receive instruction in the advantages, disadvantages, indications and outcome assessments of multidisciplinary care of these patients and the impact this has on prosthetic interventions. This fundamental didactic background is necessary whether the student/resident provides therapy or serves as the referral source to other providers. This includes surgical and postsurgical management of patients requiring implant therapy. It is expected that such foundational learning would be directly supportive of requisite clinical curriculum competencies.* | | | | YES | | | | NO | | |
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| Students/Residents have didactic/clinical background that supports successful completion of the prosthodontic specialty board examination and fosters life-long learning. (4-32)  ***Intent****: Program directors should promote prosthodontic board certification to attain the appropriate hospital appointment for the clinical practice of maxillofacial prosthetics. It is expected that students/residents continue their life-long professional development by employing the didactic and clinical knowledge acquired during the maxillofacial program.* | | | | YES | | | | NO | | |
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| Instruction is provided at the understanding level in each of the following as they impact health and reconstruction of the craniofacial complex and prosthodontic rehabilitation: | | |  | | | |  | | |
| (a) Medical oncology; | | | YES | | | | NO | | |
| (b) Ablative and reconstructive surgery of the head and neck; | | | YES | | | | NO | | |
| (c) Radiation oncology; | | | YES | | | | NO | | |
| (d) Speech and deglutition; | | | YES | | | | NO | | |
| (e) Developmental and congenital craniofacial anomalies; | | | YES | | | | NO | | |
| (f) Advanced digital technology; and | | | YES | | | | NO | | |
| (g) Biomaterials used in maxillofacial prosthetics. (4-33) | | | YES | | | | NO | | |
|  | | | **CLINICAL PROGRAM** | | | |  | | | | | | |

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| Student/Residents are competent to perform pre-prosthetic and maxillofacial prosthetic treatment procedures in the hospital operating room. (4-34)  ***Intent****: Students/Residents should be able to perform pre-prosthetic procedures in preparation for maxillofacial rehabilitation as members of an inter-disciplinary treatment team in the hospital operating room that will directly affect the final reconstructive and rehabilitative outcome of patients with craniofacial complex defects.* | | YES | | | NO | |
| Students/Residents are competent in the hospital operating room to guide and assist multidisciplinary team members in resection and reconstructive treatment procedures that impact prosthetic rehabilitation for patients with maxillofacial and craniofacial complex defects. (4-35)  ***Intent****: Students/Residents should be able to guide and assist multidisciplinary team members in the operating room to enhance the resection contours and selection and positioning of flaps/grafts for reconstruction and rehabilitation of prosthetic patients with various craniofacial complex defects.* | | | YES | | | NO | |
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| Students/Residents are competent in the pre-prosthetic, prosthetic and post-prosthetic management and performing treatment of patients with defects of the craniofacial complex. (4-36)  ***Intent****: Students/Residents should be able to deliver care for various deformities restoring/improving functional deficits. Such experiences should be beyond those learned at graduate prosthodontic level, and should use natural teeth and dental and craniofacial implants as part of the treatment.* | | YES | | | NO | |

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| Students/Residents are competent to direct and teach laboratory technicians supporting treatment for the maxillofacial prosthetic patients. (4-37)  ***Intent****: Students/Residents should be able to instruct laboratory technicians and allied health personnel in the unique laboratory and supportive procedures required for intraoral and extraoral maxillofacial prostheses.* | | YES | | | NO | | |
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| Students/Residents demonstrate competency in multidisciplinary diagnostic and treatment planning conferences relevant to maxillofacial prosthetics, as it fulfills the mission of the program, which may include: | | |  | | |  | | |
| (a) Cleft palate and craniofacial conferences; | | | YES | | | NO | | |
| (b) Clinical pathology conferences; | | | YES | | | NO | | |
| (c) Head and neck cancer treatment planning conferences; | | | YES | | | NO | | |
| (d) Medical oncology treatment planning conferences; | | | YES | | | NO | | |
| (e) Radiation therapy diagnosis and treatment planning conferences; | | | YES | | | NO | | |
| (f) Reconstructive surgery conferences; and | | | YES | | | NO | | |
| (g) Tumor boards. (4-38) | | | YES | | | NO | | |
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**COMMENTS: RECOMMENDATIONS &/OR SUGGESTIONS**

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

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|  | **STANDARD 5 – ADVANCED DENTAL EDUCATION STUDENTS/RESIDENTS** |  |
|  | **ELIGIBILITY AND SELECTION** |  |
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| Eligible applicants to advanced dental education programs accredited by the Commission on Dental Accreditation are from: |  |  |  |
| (a) Predoctoral dental programs in the U.S. accredited by the Commission on Dental  Accreditation; or | YES | NO | NA |
| (b) Predoctoral dental programs in Canada accredited by the Commission on Dental  Accreditation of Canada; or | YES | NO | NA |
| (c) International dental schools that provide equivalent educational background and  standing as determined by the program. (5) | YES | NO | NA |

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

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

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| Students/Residents with advanced standing receive an appropriate curriculum that results in the same standards of competence required by students/residents regularly enrolled in the program. (5)  *Intent: Advanced standing refers to applicants that may be considered for admission to a training program whose curriculum has been modified after taking into account the applicant’s past experience. Examples include transfer from a similar program at another institution, completion of training at a non-CODA accredited program, or documented practice experience in the given discipline. Acceptance of advanced standing students/residents will not result in an increase of the program’s approved number of enrollees. Applicants for advanced standing are expected to fulfill all of the admission requirements mandated for students/residents in the conventional program and be held to the same academic standards. Advanced standing students/residents, to be certified for completion, are expected to demonstrate the same standards of competence as those in the conventional program.* | | YES | | NO | | NA | |

**EVALUATION**

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| A system of ongoing evaluation and advancement ensures that, through the director and faculty, each program: |  |  |
| (a) Periodically, but at least semiannually, evaluates the knowledge, skills, ethical  conduct and professional growth of its students/residents, using appropriate written  criteria and procedures; | YES | NO |
| (b) Provides to students/residents an assessment of their performance, at least  semiannually; | YES | NO |
| (c) Advanced students/residents to positions of higher responsibility only on the basis  of an evaluation of their readiness for advancement; and | YES | NO |
| (d) Maintains a personal record of evaluation for each student/resident which is  accessible to the student/resident and available for review during site visits? (5)  ***Intent:*** *(a) The evaluation of competence is an ongoing process that requires a variety of assessments that can measure the acquisition of knowledge, skills and values necessary for discipline-specific level practice. It is expected that programs develop and periodically review evaluation methods that include both formative and summative assessments (b) Student/Resident evaluations should be recorded and available in written form (c) Deficiencies should be identified in order to institute corrective measures (d) Student/Resident evaluation is documented in writing and is shared with the student/resident.* | YES | NO |

**DUE PROCESS**

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

**RIGHTS AND RESPONSIBILITIES**

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

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

**COMMENTS: RECOMMENDATIONS &/OR SUGGESTIONS**

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

STANDARD 6 - RESEARCH

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| Advanced dental education students/residents engage in scholarly activity. (6).  ***Intent****: The student/resident is expected to be engaged in scholarly activity.  They are encouraged to be involved in the creation of new knowledge, evaluation of research, development of critical thinking skills and furthering the profession of prosthodontics.* | YES | NO |

**COMMENTS: RECOMMENDATIONS &/OR SUGGESTIONS**

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

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**Before the Final Conference…**

**Have You:**

1. Indicated a response for EACH question?

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

3. Written a recommendation for each NO answer?

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

**After the Final Conference…**

**Be sure to return the completed Site Visitor Evaluation Report to Commission staff within 1 week after the site visit (preferably by e-mail).**