

INFORMATIONAL REPORT ON FREQUENCY OF CITINGS OF ACCREDITATION STANDARDS FOR DENTAL HYGIENE EDUCATION PROGRAMS

Background: The Commission on Dental Accreditation approved the Accreditation Standards for Dental Hygiene Education Programs on February 12, 2021, with implementation on July 1, 2022. Since that implementation date, 143 site visits have been conducted by visiting committees of the Commission utilizing the July 1, 2022 Standards. At the time of this report, the Standards included 90 “must” statements addressing 153 required areas of compliance. The data provided in **Appendix 1** are based on the areas of non-compliance cited by visiting committees during site visits conducted July 1, 2022 through October 31, 2024.

Analysis: The data in **Appendix 1** indicates that a total of 373 areas of non-compliance were made during the period of reporting. Of these, 41 (10.99%) were related to Standard 1-Institutional Effectiveness; 163 (43.69%) were related to Standard 2-Educational Program; 93 (24.93%) were related to Standard 3-Administration, Faculty and Staff; 41 (10.99%) were related to Standard 4-Educational Support Services; 12 (3.22%) were related to Standard 5-Health and Safety Provisions; and 25 (6.70%) related to Standard 6-Patient Care Services.

Analysis of the data indicates that the most frequently cited areas of non-compliance are within Standard 2-Educational Program. The subsets of Standard 2-12 were cited most frequently and received a total of 43 citations. Standard 2-12 (patient care competencies) requires graduate be competent in providing dental hygiene care for various patient types. Citations within Standard 2-12, patient types, were distributed as follows: child (10), adolescent (11), adult (6), geriatric (8), and special needs patients (8). Continued monitoring of Standard 2-12 and standards related to patient care is indicated. Standard 2-24 (curriculum management plan) was the second most frequently cited Standard with 33 citations; the most frequently cited subset of Standard 2-24 was part “b” that requires evaluation of the effectiveness of all courses as they support the program’s goals and competencies, which received 14 citations. Standard 1-1 (outcomes assessment) and Standard 3-6 (faculty) were the third most frequently cited with 31 citations. Standard 1-1 had the most citings related to analyzing outcomes and using results for program improvements. The most frequently cited subset of Standard 3-6 was part “b” that requires documented background in current educational methodology concepts consistent with teaching assignments received 13 citations. Additionally, the fourth most frequently cited was under Standard 3-2 (program administrator), the dental hygiene program administrator must have a full-time appointment as defined by the institution, whose primary responsibility is for operation, supervision, evaluation and revision of the program, received 22 citations.

Summary: Based on existing data, it appears that most dental hygiene programs are in compliance with the majority of the Accreditation Standards. The Commission will continue to receive reports annually summarizing the updated data on frequency of citings of individual Standards.

Recommendation: This report is informational in nature and no action is required.

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**ACCREDITATION STANDARDS FOR DENTAL HYGIENE
EDUCATION PROGRAMS
(July 2022 Standards)**

Frequency of Citings Based on Required Areas of Compliance

Total Number of Programs Evaluated: 143
July 1, 2022 through October 31, 2024

STANDARD 1- INSTITUTIONAL EFFECTIVENESS – 14 Required Areas of Compliance

<u>Non-Compliance Citings</u>	<u>Accreditation Standard</u>	Required Areas of Compliance	
	1-1	The program must demonstrate its effectiveness using a formal and ongoing planning and assessment process that is systematically documented by:	
1		a.	developing a plan addressing teaching, patient care, research and service;
2		b.	an ongoing plan consistent with the goals of the sponsoring institution and the goals of the dental hygiene program;
6		c.	implementing the plan to measure program outcomes in an ongoing and systematic process;
10		d.	assessing and analyzing the outcomes, including measures of student achievement;
12		e.	use of the outcomes assessment results for annual program improvement and reevaluation of program goals.
2	1-2	The program must have a stated commitment to a humanistic culture and learning environment that is regularly evaluated.	
5	1-3	The institution must have a strategic plan which identifies stable financial resources sufficient to support the program's stated mission, goals and objectives. A financial statement document must be submitted providing revenue and expense data for the dental hygiene program.	
	1-4	The sponsoring institution must ensure that support from entities outside of the institution does not compromise the teaching, clinical and research components of the program.	
	1-5	The authority and final responsibility for curriculum development and approval, student selection, faculty selection and administrative matters must rest within the sponsoring institution.	

	1-6	Programs must be sponsored by institutions of higher education that are accredited by an institutional accrediting agency (i.e., a regional or appropriate* national accrediting agency) recognized by the United States Department of Education for offering college-level programs.
	1-7	All arrangements with co-sponsoring or affiliated institutions must be formalized by means of written agreements which clearly define the roles and responsibilities of each institution involved.
3	1-8	There must be an active liaison mechanism between the program and the dental and allied dental professions in the community. The authority and final responsibility for curriculum development and approval, student selection, faculty selection and administrative matters must rest with the educational institution.

STANDARD 2- EDUCATIONAL PROGRAMS – 60 Required Areas of Compliance

<u>Non-Compliance Citings</u>	<u>Accreditation Standard</u>	Required Areas of Compliance
2	2-1	The curriculum must include at least two academic years of full-time instruction or its equivalent at the postsecondary college-level. The scope and depth of the curriculum must reflect the objectives and philosophy of higher education. The college catalog must list the degree awarded and course titles and descriptions.
		In a two year college setting, the graduates of the program must be awarded an associate degree. In a four year college or university, graduates of the program must be awarded an associate or comparable degree, post-degree certificate, or baccalaureate degree.
2	2-2	A process must be established to assure students meet the academic, professional and/or clinical criteria as published and distributed. Academic standards and institutional due process policies must be followed for remediation or dismissal. A college document must include institutional due process policies and procedures.
2	2-3	Admission of students must be based on specific written criteria, procedures and policies. Previous academic performance and/or performance on standardized national tests of scholastic aptitude or other predictors of scholastic aptitude and ability must be utilized as criteria in selecting students who have the potential for successfully completing the program. Applicants must be

		informed of the criteria and procedures for selection, goals of the program, curricular content, course transferability and the scope of practice of and employment opportunities for dental hygienists.	
1	2-4	Admission of students with advanced standing must be based on the same standards of achievement required by students regularly enrolled in the program. Students with advanced standing must receive an appropriate curriculum that results in the same standards of competence required by students regularly enrolled in the program.	
2	2-5	The number of students enrolled in the program must be proportionate to the resources available.	
	2-6	The dental hygiene program must:	
1		1.	define and list the overall graduation competencies that describe the levels of knowledge, skills and values expected of graduates.
6		2.	employ student evaluation methods that measure all defined graduation competencies.
2		3.	document and communicate these competencies and evaluation methods to the enrolled students.
	2-7	Course syllabi for dental hygiene courses must be available at the initiation of each course and include:	
2		1.	written course descriptions
1		2.	content and topic outlines
3		3.	specific instructional objectives
5		4.	learning experiences
5		5.	evaluation methods
3	2-8	The curriculum must include content in the following four areas: general education, biomedical sciences, dental sciences and dental hygiene science. This content must be integrated and of sufficient depth, scope, sequence of instruction, quality and emphasis to ensure achievement of the curriculum's defined competencies.	
2	2-8a	General education content must include oral and written communications psychology and sociology:	
2	2-8b	Biomedical science content must include content in anatomy, physiology, chemistry, biochemistry, microbiology, immunology, general and maxillofacial pathology and/or pathophysiology, nutrition and pharmacology.	
2	2-8c	Dental sciences content must include tooth morphology, head, neck and oral anatomy, oral embryology and histology, oral pathology, radiography, periodontology, pain management, and dental materials.	
	2-8d	Dental hygiene science content must include oral health education	

		and preventive counseling, health promotion, patient management, clinical dental hygiene, provision of services for and management of patients with special needs, community dental/oral health, medical and dental emergencies, legal and ethical aspects of dental hygiene practice, infection and hazard control management, and the provision of oral health care services to patients with bloodborne infectious diseases.	
	2-9	The basic clinical education aspect of the curriculum must include a formal course sequence in scientific principles of dental hygiene practice, which extends throughout the curriculum and is coordinated and integrated with clinical experience in providing dental hygiene services.	
6	2-10	Clinical experiences must be distributed throughout the curriculum. The number of hours of preclinical practice and direct patient care must ensure that students attain clinical competence and develop appropriate judgment.	
6	2-11	The dental hygiene program must have established mechanisms to ensure a sufficient number of patient experiences that afford all students the opportunity to achieve stated competencies.	
	2-12	Graduates must be competent in providing dental hygiene care for all patient populations including:	
10		1.	Child
11		2.	Adolescent
6		3.	Adult
8		4.	Geriatric
8		5.	Special needs
	2-13	Graduates must be competent in providing the dental hygiene process of care which includes:	
1		a.	comprehensive collection of patient data to identify the physical and oral health status;
1		b.	analysis of assessment findings and use of critical thinking in order to address the patient's dental hygiene treatment needs;
1		c.	establishment of a dental hygiene care plan that reflects the realistic goals and treatment strategies to facilitate optimal oral health;
2		d.	provision of comprehensive patient-centered treatment and evidence-based care in a manner minimizing risk and optimizing oral health;
2		e.	measurement of the extent to which goals identified in the dental hygiene care plan are achieved;
1		f.	complete and accurate recording of all documentation

			relevant to patient care.
10	2-14	Graduates must be competent in providing dental hygiene care for all types of classifications of periodontal diseases including patients who exhibit moderate to severe periodontal disease.	
8	2-15	Graduates must be competent in interprofessional communication, collaboration and interaction with other members of the health care team to support comprehensive patient care.	
	2-16	Graduates must demonstrate competence in:	
		a.	assessing the oral health needs of community-based programs
		b.	planning an oral health program to include health promotion and disease prevention activities
1		c.	implementing the planned program, and,
2		d.	evaluating the effectiveness of the implemented program.
1	2-17	Graduates must be competent in providing appropriate life support measures for medical emergencies that may be encountered in dental hygiene practice.	
1	2-18	Where graduates of a CODA accredited dental hygiene program are authorized to perform additional functions defined by the program's state-specific dental board or regulatory agency, required for initial dental hygiene licensure, and the program has chosen to include those functions in the program curriculum, the program must include content at the level, depth, and scope required by the state. Students must be informed of the duties for which they are educated within the program.	
	2-19	Graduates must be competent in the application of the principles of ethical reasoning, ethical decision making and professional responsibility as they pertain to the academic environment, research, patient care and practice management.	
	2-20	Graduates must be competent in applying legal and regulatory concepts to the provision and/or support of oral health care services.	
1	2-21	Graduates must be competent in the application of self-assessment skills to prepare them for life-long learning.	
	2-22	Graduates must be competent in the evaluation of current scientific literature.	
	2-23	Graduates must be competent in problem solving strategies related to comprehensive patient care and management of patients.	

	2-24	The dental hygiene program must have a formal, written curriculum management plan, which includes:	
9		a.	an annual formal curriculum review and evaluation process with input from faculty, students, administration and other appropriate sources;
14		b.	evaluation of the effectiveness of all courses as they support the program's goals and competencies;
10		c.	a defined mechanism for coordinating instruction among dental hygiene program faculty.

STANDARD 3- FACULTY AND STAFF – 24 Required Areas of Compliance

<u>Non-Compliance Citings</u>	<u>Accreditation Standard</u>	Required Areas of Compliance
	3-1	The program must be a recognized entity within the institution's administrative structure which supports the attainment of program goals.
22	3-2	The dental hygiene program administrator must have a full-time appointment as defined by the institution, whose primary responsibility is for operation, supervision, evaluation and revision of the program.
2	3-3	The program administrator must be a dental hygienist or a dentist who is a graduate of a program accredited by the Commission on Dental Accreditation and possesses a masters or higher degree, who has background in education and the professional experience necessary to understand and fulfill the program goals. A dentist who was appointed as program administrator prior to July 1, 2022 is exempt from the graduation requirement.

	3-4	The program administrator must have the authority and responsibility necessary to fulfill program goals including:	
		a.	curriculum development, evaluation and revision;
1		b.	faculty recruitment, assignments, supervision and evaluation;
3		c.	input into faculty evaluation;
		d.	initiation of program or department in-service and faculty development;
		e.	assessing, planning and operating program facilities;
4		f.	input into budget preparation and fiscal administration;
2		g.	coordination, evaluation and participation in determining admission criteria and procedures as well as student promotion and retention criteria.
1	3-5	The faculty to student ratios must be sufficient to ensure the development of competence and ensure the health and safety of the public.	
3		1.	In preclinical and clinical sessions, the ratio must not exceed one (1) faculty to five (5) students.
3		2.	In radiography laboratory sessions, the ratio must not exceed one (1) faculty to five (5) students.
2		3.	In other dental sciences laboratory sessions, the ratio must not exceed one (1) faculty to 10 students.
	3-6	Full-time and part-time faculty of a dental hygiene program must possess a baccalaureate or higher degree. All part-time clinical and dental science laboratory faculty appointed prior to July 1, 2022 are exempt from the degree requirement.	
		All dental hygiene program faculty members must have:	
11		a.	current knowledge of the specific subjects they are teaching.
13		b.	documented background in current educational methodology concepts consistent with teaching assignments.
1		c.	faculty who are dental hygienists or dentists must be graduates of programs accredited by the Commission on Dental Accreditation. A dentist who was appointed as a faculty prior to July 1, 2022 is exempt from the graduation requirement.
6		d.	evidence of faculty calibration for clinical evaluation.
	3-7	Opportunities must be provided for the program administrator and full-time faculty to continue their professional development.	
1	3-8	A defined faculty evaluation process must exist that ensures objective measurement of the performance of each faculty member.	

1	3-9	Opportunities for promotion, tenure, and development must be the same for dental hygiene faculty as for other institutional faculty.
12	3-10	Qualified institutional support personnel must be assigned to the program to support both the instructional program and the clinical facilities providing a safe environment for the provision of instruction and patient care.
5	3-11	Student assignments to clerical and dental assisting responsibilities during clinic sessions must be minimal and must not be used to compensate for limitations of the clinical capacity or to replace clerical or clinical staff.

STANDARD 4- EDUCATIONAL SUPPORT SERVICES – 33 Required Areas of Compliance

<u>Non-Compliance Citings</u>	<u>Accreditation Standard</u>	Required Areas of Compliance	
	4-1	The program must provide adequate and appropriately maintained facilities to support the academic and clinical purposes of the program that are in conformance with applicable regulations.	
		The dental hygiene facilities must contain the following:	
2		a.	sufficient clinical facility with clinical stations for students including conveniently located hand washing sinks and view boxes and/or computer monitors; a working space for the patient's record adjacent to units; functional, modern equipment; an area that accommodates a full range of operator movement and opportunity for proper instructor supervision;
2		b.	a number of clinical stations based on the number of students admitted to a class (If the number of stations is less than the number of students in the class, one clinical station is available for every student scheduled for each clinical session.);
1		c.	a capacity of the clinic that accommodates individual student practice on a regularly scheduled basis throughout all phases of preclinical technique and clinical instruction;
1		d.	a sterilizing area that includes sufficient space for preparing, sterilizing and storing instruments;
3		e.	sterilizing equipment and personal protective equipment/supplies that follow current infection and hazard control protocol;

5		f.	facilities and materials for students, faculty and staff that provide compliance with accepted infection and hazard control protocols;
1		g.	space and furnishings for patient reception and waiting provided adjacent to the clinic;
2		h.	patient records kept in an area assuring safety and confidentiality.
1	4-2	Radiography facilities must be sufficient for student practice and the development of clinical competence.	
		The radiography facilities must contain the following:	
3		a.	an appropriate number of radiography exposure rooms which include: modern dental radiography units; teaching manikin(s); and conveniently located hand-washing sinks;
1		b.	modern processing and/or scanning equipment;
1		c.	an area for mounting and viewing radiographs;
2		d.	documentation of compliance with applicable local, state and federal regulations.
		Regardless of the number of machines provided, it must be demonstrated that time is available for all students to obtain required experience with faculty supervision and that acceptable faculty teaching loads are maintained.	
1	4-3	A multipurpose laboratory facility must be provided for effective instruction and allow for required laboratory activities.	
1		If the laboratory capacity requires that two or more sections be scheduled, time for all students to obtain required laboratory experience must be provided.	
		Laboratory facilities must conform to applicable local, state and federal regulations and contain the following:	
3		a.	placement and location of equipment that is conducive to efficient and safe utilization with ventilation and lighting appropriate to the procedures;
2		b.	student work areas that are designed and equipped for students to work with necessary utilities and storage space;
3		c.	documentation of compliance with applicable local, state and federal regulations.
	4-4	When the institution uses an additional facility for clinical education that includes program requirements then the following conditions must be met in addition to all existing Standards:	

		a.	a formal contract between the educational institution and the facility;
		b.	a contingency plan developed by the institution should the contract be terminated;
		c.	a location and time available for use of the facility compatible with the instructional needs of the dental hygiene program;
		d.	the dental hygiene program administrator retains authority and responsibility for instruction and scheduling of student assignments;
2		e.	clinical instruction is provided and evaluated by calibrated dental hygiene program faculty;
1		f.	all dental hygiene students receive comparable instruction in the facility;
1		g.	the policies and procedures of the facility are compatible with the goals of the educational program.
	4-5	Classroom space which is designed and equipped for effective instruction must be provided for and readily accessible to the program.	
1	4-6	Office space which allows for privacy must be provided for the program administrator and all faculty to enable the fulfillment of faculty assignments and ensure privacy for confidential matters.	
1		Student and program records must be stored to ensure confidentiality and safety.	
	4-7	Instructional aids and equipment must be provided for student learning.	
		Institutional library holdings must include or provide access to a diversified collection of current dental, dental hygiene and multidisciplinary literature and references necessary to support teaching, student learning needs, service, research and development.	

		There must be a mechanism for program faculty to periodically review, acquire and select current titles and instructional aids.
	4-8	There must be specific written due process policies and procedures for adjudication of academic and disciplinary complaints that parallel those established by the sponsoring institution.

STANDARD 5- HEALTH AND SAFETY PROVISIONS – 12 Required Areas of Compliance

<u>Non-Compliance Citings</u>	<u>Accreditation Standard</u>	Required Areas of Compliance
3	5-1	The program must document its compliance with institutional policy and applicable regulations of local, state, and federal agencies regarding infectious diseases and radiation management.
		A. Policies must include, but not be limited to:
		1. Radiation hygiene and protection,
1		2. Use of ionizing radiation,
		3. Hazardous materials, and
1		4. Bloodborne and infectious diseases.
4		B. Policies must be provided to all students, faculty, and appropriate support staff, and continuously monitored for compliance.
1		C. Policies on bloodborne and infectious diseases must be made available to applicants for admission and patients.
	5-2	Students, faculty and appropriate support staff must be encouraged to be immunized against and/or tested for infectious diseases, such as mumps, measles, rubella, tuberculosis 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.

	5-3	The program must establish, enforce, and instruct students in preclinical/ clinical/laboratory protocols and mechanisms to ensure the management of common medical emergencies in the dental setting. These program protocols must be provided to all students, faculty and appropriate staff.
1		Faculty, staff and students must be prepared to assist with the management of emergencies. All students, clinical faculty and clinical support staff must be continuously recognized/certified in basic life support procedures, including healthcare provider cardiopulmonary resuscitation with an Automated External Defibrillator (AED).

STANDARD 6- PATIENT CARE SERVICES – 10 Required Areas of Compliance

<u>Non-Compliance Citings</u>	<u>Accreditation Standard</u>	Required Areas of Compliance	
2	6-1	The program must have policies and mechanisms in place that inform patients, verbally and in writing, about their comprehensive treatment needs. Patients accepted for dental hygiene care must be advised of the scope of dental hygiene care available at the dental hygiene facilities.	
	6-2	The program must have a formal written patient care quality assurance plan that allows for a continuous systematic review of patient care standards. The quality assurance plan must be applied at least annually and include:	
2		a.	standards of care that are patient-centered, focused on comprehensive care, and written in a format that facilitates assessment with measurable criteria;
3		b.	an ongoing audit of a representative sample of patient records to assess the appropriateness, necessity and quality of the care provided;
7		c.	mechanisms to determine the cause of treatment deficiencies;
8		d.	patient review policies, procedure, outcomes and corrective measures.
	6-3	The use of quantitative criteria for student advancement and graduation must not compromise the delivery of comprehensive dental hygiene patient care.	

	6-4	The program must develop and distribute a written statement of patients' rights to all patients, appropriate students, faculty, and staff.
3	6-5	The program's policies must ensure that the confidentiality of information pertaining to the health status of each individual patient is strictly maintained.

CONSIDERATION OF PROPOSED REVISIONS TO STANDARD 3-6 OF THE ACCREDITATION STANDARDS FOR DENTAL HYGIENE EDUCATION PROGRAMS

Background: At its Winter 2023 meeting, the Commission on Dental Accreditation (CODA) considered a letter from 17 state dental associations related to workforce shortages in dental assisting and dental hygiene education programs. The Commission discussed the letter and directed that a formal letter be sent to the state dental associations requesting additional information on the request, and that an Ad Hoc Committee be established to consider ratios within the Commission's Accreditation Standards. Subsequently, the Commission considered this matter in Summer 2023 and Winter 2024. At its Summer 2024 meetings, the DH RC and Commission considered the Report of the Ad Hoc Committee to Study Dental Hygiene Standards Related to Ratios. The DH RC and CODA considered proposed revisions to Dental Hygiene Standard 3-6, related to faculty degree requirements, and also noted that the Ad Hoc Committee recommended no changes to Standards 3-3 (program administrator degree requirement) and 3-5 (faculty to student ratio).

Summer 2024: At its Summer 2024 meeting, the DH RC discussed whether there should be a minimum number of years of experience for faculty who hold an associate degree and concluded that most institutions have hiring requirements for prior education and experience. The DH RC believed that the proposed revision to Standard 3-6 would enable programs to hire additional faculty to support the clinical phase of the program. Following consideration, the DH RC agreed with the findings of the Ad Hoc Committee including the proposed revisions to Dental Hygiene Standard 3-6, related to the faculty degree requirement and believed that the proposed revisions should be circulated to the communities of interest for review and comment for six (6) months, with a Hearing in conjunction with the October 2024 American Dental Association Annual Meeting, with comments reviewed at the Commission's Winter 2025 meetings. The DH RC believed a shortened circulation was warranted since this change would benefit programs with hiring additional faculty to support student enrollment. At its Summer 2024 meeting, the Commission on Dental Accreditation concurred with the recommendations of the DH RC and directed circulation of the proposed revision to Standard 3-6.

Winter 2025: At its Winter 2025 meeting, the Dental Hygiene Review Committee considered the proposed revision to Standard 3-6 of the Accreditation Standards for Dental Hygiene Education Programs that was circulated to the communities of interest for review and comment through December 1, 2024. The DH RC carefully reviewed and discussed all comments received during the period of public comment. The DH RC noted the comment portal permitted two (2) categories of response to indicate the respondent either agreed or disagreed with the proposed revision to Standard 3-6. While reviewing the specific comments made, the DH RC identified that the respondents may have selected "agree" or "disagree" with the proposed revision to Standard 3-6; however, in the additional comment section, the majority of the respondents provided a narrative response that further clarified agreement in some areas and disagreement in other areas of the proposed revision. For example, respondents may have disagreed with the

portion of the revision that would permit internationally trained dental hygienists and dentists that hold credentials required by the state to teach in dental hygiene education programs, while agreeing with the proposed revision regarding the degree requirements of didactic, laboratory, and clinical faculty.

The Dental Hygiene Review Committee also considered the comments related to internationally trained dentists and dental hygienists serving as faculty within a dental hygiene education program. The DH RC concluded the majority of comments were in disagreement with this proposed revision. The “disagree” comments received by the Commission were related to the portion of the proposed revision for internationally trained dentists and dental hygienists requiring these individuals to hold credentials required by the state in lieu of the requirement for graduation from a CODA-accredited program as is required for all other faculty appointed after July 1, 2022. The DH RC discussed the comments on state licensure requirements and state teaching credentials as the reason given by individuals who disagreed with the proposed revision to this portion of the Standard. The comments discussed the variability of educational background and dental practice experience among internationally trained dentists and dental hygienists. The DH RC discussed the expectation that internationally trained faculty should have similar credentials to other faculty who graduated from a CODA-accredited program. The Review Committee concluded that this portion of the proposed revision to Standard 3-6 should be further revised to better communicate that the program could hire internationally trained dentists and dental hygienists if the faculty candidate met the institution’s and the state’s minimum requirements through a credentialing process. The DH RC reviewed the current Dental Education Standard 3-1 and focused on the qualifications and experience portions as a guide to continue the discussion regarding internationally trained dentists and dental hygienists teaching in dental hygiene education programs. The DH RC agreed that the wording found in Dental Education Standard 3-1 would capture the purpose of the revision to clarify that an internationally trained dentist or dental hygienist would have to be deemed qualified to teach in the dental hygiene program.

Following consideration, the Dental Hygiene Review Committee recommended that the Commission implement the proposed revision to Dental Hygiene Standard 3-6 related to the minimum degree requirement for faculty teaching didactic, clinical, and laboratory sciences, with immediate implementation. The DH RC also recommended that an alternate proposed revision to Dental Hygiene Standard 3-6 c, related to internationally trained dentist and dental hygienist qualifications for teaching in a dental hygiene education program, be circulated with the emphasis on the individual being “qualified through appropriate knowledge and experience in the discipline as determined by the credentialing of the individual faculty as defined by the program/institution and state in which the program is located.” The DH RC believed that the proposed revision to Dental Hygiene Standard 3-6 c, should be circulated to the communities of interest for a period of six (6) months, with Hearings conducted in conjunction with the American Dental Education Association (ADEA) Annual Meeting, with review of all comments received by the Review Committee and Commission in Summer 2025.

At its Winter 2025 meeting, the Commission considered the recommendation of the Dental Hygiene Review Committee and adopted the revision to Standard 3-6 related to the minimum degree requirement for faculty teaching didactic, clinical, and laboratory sciences, with immediate implementation. The Commission also directed that the proposed revision to Dental Hygiene Standard 3-6 c (**Appendix 1**), be circulated to the communities of interest for a period of six (6) months, with a Hearing conducted in conjunction with the American Dental Education Association (ADEA) Annual Meeting, with review of all comments received by the Review Committee and Commission in Summer 2025.

Summer 2025: As directed by the Commission on Dental Accreditation, the proposed revision to Standard 3-6 c of the Accreditation Standards for Dental Hygiene Education Programs, related to internationally trained dentists and dental hygienists teaching in dental hygiene education programs, found in **Appendix 1**, was circulated to the communities of interest for review and comment through June 1, 2025. The Commission office received a total of eight (8) formal written comments through the Dental Hygiene Comment Portal prior to the June 1, 2025 deadline (**Appendix 2**). No (0) comments were received at the March 2025 Virtual Hearing on Standards.

Summary: At this meeting, the Dental Hygiene Education Review Committee and the Commission are asked to consider the proposed revisions to Standard 3-6 c of the Accreditation Standards for Dental Hygiene Education Programs (**Appendix 1**), and the eight (8) formal written comments submitted through the Dental Hygiene Comment Portal prior to the June 1, 2025 deadline (**Appendix 2**). If further revisions are proposed, the Commission may wish to circulate the proposed changes to the communities of interest for an additional comment period. Alternately, if the proposed revisions are adopted, the Commission may wish to consider an implementation date.

Recommendation:

Commission on Dental Accreditation

At its Winter 2025 meeting, the Commission directed that the proposed revision to Accreditation Standards for Dental Hygiene Education Programs be distributed to the appropriate communities of interest for review and comment, with comment due June 1, 2025, for review at the Summer 2025 Commission meeting.

Written comments will only be accepted through the Commission's Electronic Comment Submission Portal at this link:

https://surveys.ada.org/jfe/form/SV_et7ANkVUkh5VabY

Additions are Underlined

Accreditation Standards for Dental Hygiene Education Programs

STANDARD 3 - ADMINISTRATION, FACULTY AND STAFF

Faculty

- 3-6 All faculty of a dental hygiene program who teach in a didactic course must possess a baccalaureate or higher degree. All faculty whose teaching is limited to a clinical and dental science laboratory course must possess an associate or higher degree.

All dental hygiene program faculty members must have:

- a) current knowledge of the specific subjects they are teaching.
- b) documented background in current educational methodology concepts consistent with teaching assignments.
- c) faculty who are dental hygienists or dentists must be graduates of programs accredited by the Commission on Dental Accreditation. A dentist who was appointed as a faculty prior to July 1, 2022 is exempt from the graduation requirement. An internationally trained dentist or dental hygienist must be qualified through appropriate knowledge and experience in the discipline as determined by the credentialing of the individual faculty as defined by the program/institution and state in which the program is located.
- d) evidence of faculty calibration for clinical evaluation.

Intent:

Faculty should have background in current education theory and practice, concepts relative to the specific subjects they are teaching, clinical practice experience and, if applicable, distance education techniques and delivery. These criteria apply to dentists and dental hygienists who supervise students' clinical procedures should have qualifications which comply with the state dental or dental hygiene practice act. Individuals who teach and supervise dental hygiene students in clinical enrichment experiences should have qualifications comparable to faculty who teach in the dental hygiene clinic and are familiar with the program's objectives, content, instructional methods and evaluation procedures.

Examples of evidence to demonstrate compliance may include:

- faculty curriculum vitae with recent professional development activities listed
- evidence of participation in workshops, in-service training, self-study courses, on-line and credited courses
- attendance at regional and national meetings that address education
- mentored experiences for new faculty
- scholarly productivity
- maintenance of existing and development of new and/or emerging clinical skills

Comments Received Through Comment Portal Prior to June 1, 2025 (8 Comments)

Date of Comment	Commentor Name	Comment (Agree with Revision or Disagree with Revision)".
02/28/2025	Erin Haley-Hitz	Disagree
03/14/2025	Nicole Card	Agree
03/14/2025	Mallory Roberts	Disagree
03/20/2025	Kasey Penoyer	Disagree
03/26/2025	Rachel Watkins	Disagree
05/07/2025	Annette Puzan Representing Council on Dental Education and Licensure (CDEL)	Agree
05/27/2025	Ryan Dunn Representing Virginia State Dental Association	Agree
05/28/2025	Scott Berman	Agree

From: [Commission on Dental Accreditation \(CODA\)](#)
To: [REDACTED]
Cc: [Navickas, Kathleen](#)
Subject: CODA Comment Submission Confirmation
Date: Friday, February 28, 2025 8:17:18 AM

Thank you for your interest in the Commission on Dental Accreditation (CODA). Your comment has been successfully submitted. Below, please find a copy of your comment as recorded.

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Response Summary:

The Commission on Dental Accreditation directed that the proposed revisions of Accreditation Standards for Dental Hygiene Education programs be distributed to the communities of interest for review and comment. The document is available at the [Commission website](#).

All communities of interest are invited to submit comment on the proposed revision through the link below. Please note that by submitting a comment you agree to the Commission publishing your name, title, affiliation and comment in a public forum through its policy reports at the meeting during which comments will be considered.

The Commission will neither publish your contact information nor follow up with you related to the comment, including its successful or unsuccessful submission. Further, the Commission reserves the right to redact inappropriate and/or unprofessional comments.

Click next to submit a comment.

Q2. Please complete the requested information.

<i>First Name</i>	Erin
<i>Last Name</i>	Haley-Hitz

Email	
Title	President, ADHA

Q3. Please select one of the following options that best describes you or your organization:

- Dental Organization/Dental Association

Q4. Is this an official comment from your organization?

- Yes. Please enter the name of your organization below.:
ADHA

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.

Standard 3-6 (c) and (d)

Q6. Do you agree with the proposed revision?

- Disagree

Q7. Enter your comment. Type or copy and paste in the text box below.

February 28, 2025

Testimony Opposing the Proposed Change to Faculty Accreditation Standards

Dear CODA Commissioners,

On behalf of the American Dental Hygienists' Association, we are writing to express our strong opposition to the proposed modification to the faculty accreditation standard, Standards 3-6 (c) and 3-6 (d), which would allow internationally trained dentists and dental hygienists to bypass the requirement of graduating from a Commission on Dental Accreditation (CODA) accredited program. This change undermines the integrity of dental hygiene education and lowers the established standards necessary to ensure the highest quality of training for future dental hygiene professionals. The current requirement that faculty be graduates of CODA accredited programs ensures that all educators possess a standardized level of education, clinical training, and knowledge of U.S. dental hygiene practice. Removing this requirement and permitting internationally trained dentists and dental hygienists to teach without meeting the same accreditation standards poses significant risks to the profession and to patient care:

1. Differences in Educational and Clinical Standards – Dental and dental hygiene education and clinical training vary widely across countries. CODA accredited programs uphold rigorous, consistent

standards in curriculum, patient care, and competency assessments that align with industry standards, established standards of clinical dental hygiene practice, and healthcare regulations. Internationally educated dental and dental hygiene professionals may not have undergone the same level of instruction, clinical experience, or licensure requirements, potentially compromising the quality of education provided to students.

2. Inconsistency in Faculty Qualifications – By exempting internationally trained dentists and dental hygienists from the CODA accredited graduation requirement, the proposed change creates a double standard where some faculty must meet stringent educational criteria while others do not. This inconsistency weakens the credibility of faculty qualifications, undermines program integrity, and diminishes trust in dental hygiene education programs.

3. Potential Risks to Student Training and Patient Care – Faculty members play a crucial role in shaping the next generation of dental hygiene professionals. Allowing individuals without CODA accredited education to teach could result in gaps in knowledge, inconsistencies in clinical instruction, and inadequate preparation for students entering the profession. Internationally trained dental and dental hygiene professionals may not be familiar with essential aspects of practice in the United States, making them less equipped to provide instruction that fully prepares students for their careers in the U.S. healthcare environment. This education shortfall, in turn, could compromise patient care and safety.

4. Preserving the Integrity of U.S. Dental Hygiene Education – The purpose of CODA accreditation is to establish and maintain high standards across all dental hygiene educational programs nationwide. If faculty are not held to the same rigorous standards required for graduates, it undermines the credibility of the education system and devalues the qualifications of those who have completed CODA accredited programs.

Thank you for your time and consideration.

Sincerely,

Erin Haley-Hitz, RDH, BSDH, MS, FADHA, MAADH

Lancette Van Guilder, BS, RDH, PHEDH, CEAS, FADHA

Jessica August, , MSDH, CDA, RDH, FADHA

Q8. Do you have additional comment?

- I have NO additional comment and ready to submit.

Scoring

- Score: 0

Embedded Data:

N/A

From: [Commission on Dental Accreditation \(CODA\)](#)
To: [REDACTED]
Cc: [Navickas, Kathleen](#)
Subject: CODA Comment Submission Confirmation
Date: Friday, March 14, 2025 6:12:51 AM

Thank you for your interest in the Commission on Dental Accreditation (CODA). Your comment has been successfully submitted. Below, please find a copy of your comment as recorded.

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Response Summary:

The Commission on Dental Accreditation directed that the proposed revisions of Accreditation Standards for Dental Hygiene Education programs be distributed to the communities of interest for review and comment. The document is available at the [Commission website](#).

All communities of interest are invited to submit comment on the proposed revision through the link below. Please note that by submitting a comment you agree to the Commission publishing your name, title, affiliation and comment in a public forum through its policy reports at the meeting during which comments will be considered.

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Click next to submit a comment.

Q2. Please complete the requested information.

<i>First Name</i>	Niccole
<i>Last Name</i>	Card

Email	
Title	Program Director

Q3. Please select one of the following options that best describes you or your organization:

- College/University

Q4. Is this an official comment from your organization?

- Yes. Please enter the name of your organization below.:
SUNY Orange Dental Hygienr

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.

STANDARD 3 - ADMINISTRATION, FACULTY AND STAFF 3-6

Q6. Do you agree with the proposed revision?

- Agree

Q7. Enter your comment. Type or copy and paste in the text box below.

none

Q8. Do you have additional comment?

- I have NO additional comment and ready to submit.

Scoring

- Score: 0
-

Embedded Data:

N/A

From: [Commission on Dental Accreditation \(CODA\)](#)
To: [REDACTED]
Cc: [Navickas, Kathleen](#)
Subject: CODA Comment Submission Confirmation
Date: Friday, March 14, 2025 7:37:31 AM

Thank you for your interest in the Commission on Dental Accreditation (CODA). Your comment has been successfully submitted. Below, please find a copy of your comment as recorded.

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Response Summary:

The Commission on Dental Accreditation directed that the proposed revisions of Accreditation Standards for Dental Hygiene Education programs be distributed to the communities of interest for review and comment. The document is available at the [Commission website](#).

All communities of interest are invited to submit comment on the proposed revision through the link below. Please note that by submitting a comment you agree to the Commission publishing your name, title, affiliation and comment in a public forum through its policy reports at the meeting during which comments will be considered.

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Click next to submit a comment.

Q2. Please complete the requested information.

<i>First Name</i>	Mallory
<i>Last Name</i>	Roberts

Email	
Title	Director, Division of Dental Education

Q3. Please select one of the following options that best describes you or your organization:

- College/University

Q4. Is this an official comment from your organization?

- Yes. Please enter the name of your organization below.:
Indiana University South Bend

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.

Dental Hygiene Standard 3-6

Q6. Do you agree with the proposed revision?

- Disagree

Q7. Enter your comment. Type or copy and paste in the text box below.

I respectfully disagree with the proposed edits to CODA Standard 3-6, as they risk undermining the integrity and significance of accreditation in ensuring safe and effective educational practices. Allowing instructors who have not graduated from a program that meets CODA Standards to teach, while simultaneously holding students to rigorous academic and professional standards, weakens the very foundation of accreditation. This change does not adequately address the faculty shortage issue but rather diminishes the credibility of accredited programs.

A more meaningful approach would be to establish accreditation standards that ensure faculty receive fair and market-competitive compensation, as well as equitable workloads in terms of both full-time equivalency (FTE) and direct instructional hours, comparable to faculty in other disciplines such as the liberal arts. Addressing these systemic issues would have a far greater impact on faculty recruitment and retention than lowering instructional qualifications. I strongly urge CODA to reconsider this revision, as it sets a concerning precedent that could erode the standards and expectations that accreditation is meant to uphold for all dental programs.

Q8. Do you have additional comment?

- I have NO additional comment and ready to submit.

Scoring

- Score: 0

Embedded Data:

N/A

From: [Commission on Dental Accreditation \(CODA\)](#)
To: [REDACTED]
Cc: [Navickas, Kathleen](#)
Subject: CODA Comment Submission Confirmation
Date: Thursday, March 20, 2025 10:11:35 AM

Thank you for your interest in the Commission on Dental Accreditation (CODA). Your comment has been successfully submitted. Below, please find a copy of your comment as recorded.

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Results***

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Response Summary:

The Commission on Dental Accreditation directed that the proposed revisions of Accreditation Standards for Dental Hygiene Education programs be distributed to the communities of interest for review and comment. The document is available at the [Commission website](#).

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Click next to submit a comment.

Q2. Please complete the requested information.

<i>First Name</i>	Kasey
<i>Last Name</i>	Penoyer

Email	
Title	DH Director

Q3. Please select one of the following options that best describes you or your organization:

- College/University

Q4. Is this an official comment from your organization?

- No. This is a personal comment.

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.

Accreditation Standards for Dental Hygiene Education Programs
Standard 3-6C

Q6. Do you agree with the proposed revision?

- Disagree

Q7. Enter your comment. Type or copy and paste in the text box below.

CODA accreditation ensures a certain standard is maintained. Faculty and students who graduate from a CODA-accredited program should be the standard. Allowing outside entities to determine who is “qualified through appropriate knowledge and experience in the discipline” will allow variability in the qualifications and education of faculty. If students need to achieve the competencies to graduate from a CODA-accredited program then why shouldn't that standard be maintained for the faculty who teach them?

Q8. Do you have additional comment?

- I have NO additional comment and ready to submit.

Scoring

- Score: 0
-

Embedded Data:

N/A

From: [Commission on Dental Accreditation \(CODA\)](#)
To: [REDACTED]
Cc: [Navickas, Kathleen](#)
Subject: CODA Comment Submission Confirmation
Date: Wednesday, March 26, 2025 5:34:34 PM

Thank you for your interest in the Commission on Dental Accreditation (CODA). Your comment has been successfully submitted. Below, please find a copy of your comment as recorded.

[Download as PDF](#)

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Results***

[\[Click Here\]](#)

Response Summary:

The Commission on Dental Accreditation directed that the proposed revisions of Accreditation Standards for Dental Hygiene Education programs be distributed to the communities of interest for review and comment. The document is available at the [Commission website](#).

All communities of interest are invited to submit comment on the proposed revision through the link below. Please note that by submitting a comment you agree to the Commission publishing your name, title, affiliation and comment in a public forum through its policy reports at the meeting during which comments will be considered.

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Click next to submit a comment.

Q2. Please complete the requested information.

<i>First Name</i>	Rachel
<i>Last Name</i>	Watkins

Email	
Title	Dental Hygiene Program Director

Q3. Please select one of the following options that best describes you or your organization:

- College/University

Q4. Is this an official comment from your organization?

- No. This is a personal comment.

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.

3-6 (c), Appendix 2 Page 2

Q6. Do you agree with the proposed revision?

- Disagree

Q7. Enter your comment. Type or copy and paste in the text box below.

I think the current wording is ambiguous and confusing. In my opinion, the wording should be simplified and clarified. something like "An internationally trained dentist or hygienist qualifies if they are able to obtain a DDS/RDH license in the state in which the program is located".

The verbiage about "appropriate knowledge and experience....as determined by " leaves the statement very open to interpretation. In my experience, foreign-trained DDS/RDH generally do not qualify for licensure in the state (I've had several attend my DH program). If they do, I believe this is a more objective way to ensure they have the knowledge and skills needed to work in education.

Q8. Do you have additional comment?

- I have NO additional comment and ready to submit.

Scoring

- Score: 0

Embedded Data:

N/A

From: [Commission on Dental Accreditation \(CODA\)](#)
To: [REDACTED]
Cc: [Navickas, Kathleen](#)
Subject: CODA Comment Submission Confirmation
Date: Wednesday, May 7, 2025 10:11:27 AM

Thank you for your interest in the Commission on Dental Accreditation (CODA). Your comment has been successfully submitted. Below, please find a copy of your comment as recorded.

[Download as PDF](#)

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Results***

[\[Click Here\]](#)

Response Summary:

The Commission on Dental Accreditation directed that the proposed revisions of Accreditation Standards for Dental Hygiene Education programs be distributed to the communities of interest for review and comment. The document is available at the [Commission website](#).

All communities of interest are invited to submit comment on the proposed revision through the link below. Please note that by submitting a comment you agree to the Commission publishing your name, title, affiliation and comment in a public forum through its policy reports at the meeting during which comments will be considered.

The Commission will neither publish your contact information nor follow up with you related to the comment, including its successful or unsuccessful submission. Further, the Commission reserves the right to redact inappropriate and/or unprofessional comments.

Click next to submit a comment.

Q2. Please complete the requested information.

<i>First Name</i>	Annette
<i>Last Name</i>	Puzan

Email	
Title	Manager, Dental Education and Licensure

Q3. Please select one of the following options that best describes you or your organization:

- Other (Please specify):
Council on Dental Education and Licensure (CDEL)

Q4. Is this an official comment from your organization?

- Yes. Please enter the name of your organization below.:
Council on Dental Education and Licensure

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.

Accreditation Standards for Dental Hygiene Education Programs,
Standard 3-6c

Q6. Do you agree with the proposed revision?

- Agree

Q7. Enter your comment. Type or copy and paste in the text box below.

The following comment is being submitted on behalf of the ADA Council on Dental Education and Licensure by Dr. Jason A. Tanguay, chair:

A duty of the ADA Council on Dental Education and Licensure is to act as the agency of the Association in matters related to the accreditation of dental, advanced dental and allied dental education programs. Accordingly, via an April electronic ballot, the Council considered and supported the proposed change for Standard 3-6c of the Accreditation Standards for Dental Hygiene Education Programs.

The Council appreciates the opportunity to submit comment on this important document.

Q8. Do you have additional comment?

- I have NO additional comment and ready to submit.

Scoring

- Score: 0

Embedded Data:

N/A

From: [Commission on Dental Accreditation \(CODA\)](#)
To: [REDACTED]
Cc: [Navickas, Kathleen](#)
Subject: CODA Comment Submission Confirmation
Date: Tuesday, May 27, 2025 1:42:27 PM

Thank you for your interest in the Commission on Dental Accreditation (CODA). Your comment has been successfully submitted. Below, please find a copy of your comment as recorded.

[Download as PDF](#)

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Results***

[\[Click Here\]](#)

Response Summary:

The Commission on Dental Accreditation directed that the proposed revisions of Accreditation Standards for Dental Hygiene Education programs be distributed to the communities of interest for review and comment. The document is available at the [Commission website](#).

All communities of interest are invited to submit comment on the proposed revision through the link below. Please note that by submitting a comment you agree to the Commission publishing your name, title, affiliation and comment in a public forum through its policy reports at the meeting during which comments will be considered.

The Commission will neither publish your contact information nor follow up with you related to the comment, including its successful or unsuccessful submission. Further, the Commission reserves the right to redact inappropriate and/or unprofessional comments.

Click next to submit a comment.

Q2. Please complete the requested information.

<i>First Name</i>	Ryan
<i>Last Name</i>	Dunn

Email	
Title	Chief Executive Officer

Q3. Please select one of the following options that best describes you or your organization:

- Dental Organization/Dental Association

Q4. Is this an official comment from your organization?

- Yes. Please enter the name of your organization below.:
Virginia Dental Association

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.

Standard 3-6, Page 2 and Lines 16-19

Q6. Do you agree with the proposed revision?

- Agree

Q7. Enter your comment. Type or copy and paste in the text box below.

The Virginia Dental Association, representing 4,000 member dentists in the Commonwealth of Virginia, supports the proposed addition to Dental Hygiene Standard 3-6 as it pertains to qualified internationally trained dentists and dental hygienists serving as faculty.

Virginia law already permits a faculty license to teach dentistry in an accredited dental program to internationally educated dentists with demonstrated clinical competency and clinical experience that meet the credentialing standards of the dental school with which the applicant is to be affiliated.

This proposed revision would similarly allow states to recruit dental hygiene education faculty from a broader pool of qualified, experienced professionals with advanced degrees and help address one frequently cited barrier to the sustainability of dental hygiene education programs.

The Virginia Dental Association strongly supports this proposed revision to Accreditation Standards for Dental Hygiene Education Programs and encourages CODA to adopt it.

Q8. Do you have additional comment?

- I have NO additional comment and ready to submit.

Scoring

- Score: 0

Embedded Data:

N/A

From: [Commission on Dental Accreditation \(CODA\)](#)
To: [REDACTED]
Cc: [Navickas, Kathleen](#)
Subject: CODA Comment Submission Confirmation
Date: Wednesday, May 28, 2025 7:26:35 AM

Thank you for your interest in the Commission on Dental Accreditation (CODA). Your comment has been successfully submitted. Below, please find a copy of your comment as recorded.

[Download as PDF](#)

***URL to view
Results***

[\[Click Here\]](#)

Response Summary:

The Commission on Dental Accreditation directed that the proposed revisions of Accreditation Standards for Dental Hygiene Education programs be distributed to the communities of interest for review and comment. The document is available at the [Commission website](#).

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Click next to submit a comment.

Q2. Please complete the requested information.

<i>First Name</i>	Scott
<i>Last Name</i>	Berman

Email	
Title	Orthodontist

Q3. Please select one of the following options that best describes you or your organization:

- Dental/Healthcare Professional

Q4. Is this an official comment from your organization?

- No. This is a personal comment.

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.

3-6

Q6. Do you agree with the proposed revision?

- Agree

Q7. Enter your comment. Type or copy and paste in the text box below.

I support the proposed addition to Dental Hygiene Standard 3-6 as it pertains to qualified internationally trained dentists and dental hygienists serving as faculty.

Virginia law already permits a faculty license to teach dentistry in an accredited dental program to internationally educated dentists with demonstrated clinical competency and clinical experience that meet the credentialing standards of the dental school with which the applicant is to be affiliated.

This proposed revision would similarly allow states to recruit dental hygiene education faculty from a broader pool of qualified, experienced professionals with advanced degrees and help address one frequently cited barrier to the sustainability of dental hygiene education programs.

I strongly support this proposed revision to Accreditation Standards for Dental Hygiene Education Programs and encourages CODA to adopt it.

Q8. Do you have additional comment?

- I have NO additional comment and ready to submit.

Scoring

- Score: 0

Embedded Data:

N/A

**CONSIDERATION OF PROPOSED REVISION TO THE ACCREDITATION
STANDARDS FOR DENTAL HYGIENE EDUCATION PROGRAMS RELATED TO
FACULTY TO STUDENT RATIOS**

Background: On January 28, 2025, the Commission on Dental Accreditation (CODA) received a letter from Dr. Jason A. Tanguay, chair, American Dental Association Council on Dental Education and Licensure (ADA-CDEL) requesting that the Commission consider Resolution 401H-2024 Increasing Allied Personnel in the Workforce, adopted by the 2024 ADA House of Delegates (Appendix 1).

As noted in the ADA-CDEL letter:

Resolution 401H-2024 Increasing Allied Personnel in the Workforce urges the Commission on Dental Accreditation to review its Accreditation Standard for all allied dental education programs regarding faculty-to-student ratios to align with the Accreditation Standard for Predoctoral Dental Education Program. Further, this resolution urges CODA to adopt the following language currently in the Accreditation Standards for Predoctoral Dental Education for the Accreditation Standards for each of the allied dental education programs: The number, distribution, and qualifications of faculty and staff must be sufficient to meet the dental program's stated purpose/mission, goals, and objectives, at all sites where required educational activity occurs.

In consideration of this matter, the ADA-CDEL noted testimony emphasizing the importance of consistency across Accreditation Standards for all allied and predoctoral dental education programs. The ADA-CDEL expressed a position that, while workforce-related concerns fall outside CODA's direct purview, ensuring consistency in faculty-to-student ratio Standards across all allied dental education programs aligns with CODA's mission of supporting and improving program quality and enhances program flexibility while maintaining educational quality and standards. Therefore, the ADA-CDEL believes these revisions will promote consistency and program autonomy, thereby supporting the educational quality of allied dental education programs.

Summary: The Review Committee on Dental Hygiene Education and the Commission on Dental Accreditation are requested to consider the letter from the ADA-CDEL (**Appendix 1**). If revisions to the Accreditation Standards are proposed, the Commission may wish to circulate the proposed revisions to the communities of interest for review and comment.

Recommendation:

From: [CDEL](#)
To: [flicar](#) [REDACTED]
Cc: [Tooks, Sherin](#); [Jason Tanguay](#); [Asher Hernandez, Jamie](#); [Kessler, Brett](#); [Donald, W. Mark](#); [Cohlma, Raymond A.](#); [Ziebert, Anthony J.](#); [Puzan, Annette](#)
Subject: CDEL Review of Resolution 401H-2024
Date: Tuesday, January 28, 2025 1:09:32 PM
Attachments: [CDEL to CODA Res401H-2024.pdf](#)

Sent on behalf of Dr. Jason Tanguay, chair, CDEL

Dear Dr. Licari,

Attached, please find a letter from the Council on Dental Education and Licensure regarding its review and discussion of Resolution 401H-2024: Increasing Allied Personnel in the Workforce, adopted by the 2024 ADA House of Delegates. The letter outlines the Council's considerations and observations regarding this resolution.

Should you have any questions or require further information, please do not hesitate to contact me.

Dr. Sarah O. Ostrander [REDACTED]

Director, Council on Dental Education and Licensure and
Coalition for Modernizing Dental Licensure
COE Dental Education and Training
312.440.2690

American Dental Association 211 E. Chicago Ave. Chicago, IL 60611 www.ada.org

January 28, 2025

Dr. Frank Licari, Chair
Commission on Dental Accreditation
211 East Chicago Avenue
Chicago, IL 60611

Dear Doctor Licari,

The ADA Council on Dental Education and Licensure has subject matter responsibility for matters related to the accreditation of dental, advanced dental, and allied dental education programs. At its January 23rd, 2025, meeting, the Council considered Resolution 401H-2024 Increasing Allied Personnel in the Workforce, adopted by the 2024 ADA House of Delegates.

Resolution 401H-2024 Increasing Allied Personnel in the Workforce urges the Commission on Dental Accreditation to review its Accreditation Standard for all allied dental education programs regarding faculty-to-student ratios to align with the Accreditation Standard for Predoctoral Dental Education Program. Further, this resolution urges CODA to adopt the following language currently in the Accreditation Standards for Predoctoral Dental Education for the Accreditation Standards for each of the allied dental education programs: The number, distribution, and qualifications of faculty and staff must be sufficient to meet the dental program's stated purpose/mission, goals, and objectives, at all sites where required educational activity occurs.

401H. Resolved, that the ADA urges CODA to revise the Accreditation Standards for each of the allied dental education programs in regard to faculty-student ratios to align with the Accreditation Standards for Predoctoral Dental Education Programs, and be it further

Resolved, that the ADA urges CODA to adopt the following language currently in the Accreditation Standards for Predoctoral Dental Education for the Accreditation Standards for each of the allied dental education programs: The number, distribution and qualifications of faculty and staff must be sufficient to meet the dental program's stated purpose/mission, goals and objectives, at all sites where required educational activity occurs.

In reviewing the resolution, the Council noted the testimony provided by the Sixteenth Trustee District, the makers of the resolution, which emphasized the importance of consistency across accreditation standards for all allied and predoctoral dental education programs. While workforce-related concerns fall outside CODA's direct purview, the Council noted that ensuring consistency in faculty-to-student ratio standards across all allied dental education programs aligns with CODA's mission of supporting and improving program quality and enhances program flexibility while maintaining educational quality and standards.

The Council believes these revisions will promote consistency and program autonomy, thereby supporting the educational quality of allied dental education programs.

Thank you for your consideration of the Council's comments and suggested revision to the Accreditation Standards for allied dental education programs.

Dr. Frank Licari
January 28, 2025
Page 2

Sincerely,

A handwritten signature in black ink, appearing to read 'Jason A. Tanguay', with a stylized, overlapping loop structure.

Jason A. Tanguay, D.D.S.
Chair, Council on Dental Education and Licensure

JT:so/ap

cc: Dr. Sherin Took, Senior Director, Commission on Dental Accreditation and CODA Operations
Ms. Jamie Asher-Hernandez, Manager, Allied Dental Education
Dr. Brett Kessler, President, American Dental Association
Dr. Mark Donald, Speaker, ADA Board of Trustees
Dr. Raymond A. Cohlma, Executive Director, American Dental Association
Dr. Anthony J. Ziebert, Senior Vice-President, Education and Professional Affairs
Dr. Sarah O. Ostrander, Director, Council on Dental Education and Licensure and Coalition for Modernizing
Dental Licensure
Ms. Annette Puzan, Manager, Council on Dental Education and Licensure