

**CONSIDERATION OF RESOLUTIONS ADOPTED BY THE ADA HOUSE OF DELEGATES AND THE ADA BOARD OF TRUSTEES RELATED TO THE COMMISSION ON DENTAL ACCREDITATION AND DENTAL EDUCATION**

**Background:** The American Dental Association’s (ADA) House of Delegates met October 19-22, 2024 in New Orleans, Louisiana. Several of the resolutions adopted by the House of Delegates are related to education, accreditation, and the Commission on Dental Accreditation (CODA). A summary of those resolutions is provided in **Appendix 1**. Some of the resolutions are considered informational in nature; others may require action.

The ADA’s Board of Trustees met on August 16-18, 2024 in Chicago, Illinois. The Board of Trustees adopted a resolution pertaining to education, accreditation, and the Commission on Dental Accreditation (CODA). A summary of the resolution is provided in **Appendix 2**. Resolutions may be considered informational in nature or may require action.

Additionally, following the ADA House of Delegates, the Commission received a letter from the American Dental Hygienists’ Association, which expressed opposition to several resolutions proposed by the ADA, including Resolution 401, “Increasing Allied Personnel in the Workforce”, which aims to modify faculty-to-student ratios in dental hygiene programs (**Appendix 3, Policy Report p. 1802**).

**Consideration of Resolutions Adopted by the ADA House of Delegates and the ADA Board of Trustees Related to the Commission on Dental Accreditation and Dental Education (p. 1802) (All Review Committees):** All 17 review committees of the Commission considered the resolutions adopted by the ADA House of Delegates and ADA Board of Trustees, noting the specific resolutions related to dental education and the Commission on Dental Accreditation. There were no comments received from any review committee.

**Recommendation:**

Prepared by: Dr. Sherin Took

**UNOFFICIAL REPORT OF ACTIONS**  
**AMERICAN DENTAL ASSOCIATION HOUSE OF DELEGATES**  
**New Orleans, Louisiana: October 19-22, 2024**

*This document reflects the “unofficial actions” of the 2024 House of Delegates and it was developed based on notes taken during the meeting of the House. The official actions will be reflected in the minutes of the House of Delegates that will be available in 2025.*

Resolution Number	House Action	Resolution	Notes
400H.	Adopted	<p><b>Reference Committee C (Dental Education and Related Matters) Resolution 400— as amended—Consent Calendar</b></p> <p><b>Resolved</b>, that the recommendations of Reference Committee C on the following resolutions be accepted by the House of Delegates.</p> <p>1. <del>Resolution 401</del> Adopt <del>Increasing Allied Personnel in the Workforce (Worksheet:4000)</del> \$: None</p> <p style="text-align: center;"><del>COMMITTEE RECOMMENDATION:</del> <b>Vote</b> <b>Yes</b></p> <p>2. <del>Resolution 402</del> Adopt <del>Amendment of Policy, Development of Alternate Pathways for Dental Hygiene Training (Worksheet:4002)</del> \$: None</p> <p style="text-align: center;"><del>COMMITTEE RECOMMENDATION:</del> <b>Vote</b> <b>No</b></p> <p>3. <b>Resolution 403</b>—Adopt—Amendment of Policy, Criteria for Recognition of a Certification Board for Dental Assistants (Worksheet:4003) \$: None</p> <p style="text-align: center;"><b>COMMITTEE RECOMMENDATION:</b> <b>Vote Yes</b></p> <p>4. <del>Resolution 404RC</del> Adopt <del>Resolution 404RC in lieu of Resolution 404 and Resolution 404B— Response to Resolutions 401-2023 and 401S-2023: Amendment of the Comprehensive Policy on Dental Licensure (Worksheet:4006)</del></p>	--

		<p><del>\$. None</del></p> <p><del>COMMITTEE RECOMMENDATION: Vote</del>  <del>Yes</del></p> <p><del>5. Resolution 405—Adopt—Response to Resolution 408H-2023: Increasing Allied Personnel in the Workforce (Worksheet:4015) \$. None</del></p> <p><del>COMMITTEE RECOMMENDATION: Vote Yes</del></p>	
		<p><del>6. Resolution 406—Adopt—Amendment to the Governance Manual Regarding Areas of Responsibilities of the Council on Dental Education and Licensure (Worksheet:4025) \$. None</del></p> <p><del>COMMITTEE RECOMMENDATION: Vote</del>  <del>Yes</del></p> <p><del>7. Resolution 408—Adopt—Rescission of Policy, Dentist Administered Dental Assisting and Dental Hygiene Education Programs (Worksheet:4051) \$. None</del></p> <p><del>COMMITTEE RECOMMENDATION: Vote Yes</del></p> <p><del>8. Resolution 409—Adopt—Amendment to Policy Statement on Continuing Dental Education (Worksheet:4053) \$. None</del></p> <p><del>COMMITTEE RECOMMENDATION: Vote Yes</del></p>	
401H.	Adopted	<p><b>Sixteenth Trustee District Resolution 401—Increasing Allied Personnel in the Workforce</b></p> <p><b>Resolved</b>, 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</p> <p><b>Resolved</b>, 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,</p>	CDEL

		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.	
402	Not Adopted	<p><b>Council on Dental Education and Licensure Resolution 402—Amendment of Policy, Development of Alternate Pathways for Dental Hygiene Training</b></p> <p><b>Resolved</b>, that the policy Development of Alternate Pathways for Dental Hygiene Training (<i>Trans.</i> 1998:714; 2014:459) be amended as follows (addition is <u>underlined</u>; deletion is <del>stricken</del>).</p> <p style="text-align: center;"><b>Development of Alternate Pathways for Dental Hygiene Training</b></p> <p><b>Resolved</b>, the American Dental Association <del>supports</del> <u>acknowledges</u> the alternate pathway model of Dental Hygiene Education as used in Alabama.</p>	--
403H.	Adopted— Consent Calendar Action	<p><b>Council on Dental Education and Licensure Resolution 403—Amendment of Policy, Criteria for Recognition of a Certification Board for Dental Assistants</b></p> <p><b>Resolved</b>, that the policy on Criteria for Recognition of a Certification Board for Dental Assistants (<i>Trans.</i> 1989:520; 2014:460; 2019:278) be amended as follows (additions are <u>underlined</u>; deletions are <del>stricken</del>).</p> <p style="text-align: center;"><b>Criteria for Recognition of a Certification Board for Dental Assistants</b></p> <p>An area of subject matter responsibility of the Council on Dental Education and Licensure as indicated in the <i>Governance and Operational Manual</i> of the American Dental Association is certifying boards and credentialing of allied dental personnel. The Council studies and makes recommendations on policy related to the approval or disapproval of national certifying boards for allied dental personnel (each of which is referred to hereinafter as “the Board”).</p> <p>A mechanism should be made available for providing evidence that a dental assistant has acquired the knowledge and ability that is expected of an individual employed as a dental assistant through a program of certification. Such a certification program should be based on the educational requirements for dental assistants approved by the Commission on Dental Accreditation.</p> <p>The dental profession is committed to assuring appropriate education and training</p>	CDEL

		<p>of all personnel who participate in the provision of oral health care to the public. The following basic requirements are applied by the Council on Dental Education and Licensure for the evaluation of an agency which seeks recognition of the American Dental Association for a program to certify dental assistants that reflects educational standards approved by the dental profession.</p> <p>IV. Organization</p> <p>1. The Board shall have no <del>less than five</del> nor more than <del>nine</del> <u>fifteen</u> voting members designated on a rotating basis in accordance with a method approved by the Council on Dental Education and Licensure. The following organizations/interests shall be represented on the Board:</p> <ul style="list-style-type: none"> <li>a. American Dental Assistants Association</li> <li>b. American Dental Association</li> <li>c. American Dental Education Association</li> <li>d. American Association of Dental Boards</li> <li>e. Public</li> <li>f. The at-large population of Board Certificants</li> </ul> <p>All dental assistant members shall be currently certified by the Board.</p> <p>2. The Board shall submit to the Council on Dental Education and Licensure evidence of adequate financial support to conduct its program of certification.</p>	
		<p>3. The Board may select suitable consultants or agencies to assist in its operations, such as the preparation and administration of examinations and the evaluation of records and examinations of candidates. Dental assistant consultants should <del>be certified by the Board</del> <u>have passed at least one examination of the Board.</u></p> <p>4. The Board shall submit in writing to the Council on Dental Education and Licensure a program sufficiently comprehensive in scope to meet the requirements established by the American Dental Association for the operation of a certifying board for dental assistants. This statement should include evidence that the Board has the support of</p>	

		<p>the American Dental Assistants Association, the organization representative of dental assistants, as well as other groups within the communities of interest represented by the Board.</p> <p>II. Operation of Board</p> <ol style="list-style-type: none"> <li>1. The Board shall grant certification to individuals who have provided evidence of knowledge-based competence in dental assisting.</li> <li>2. The Board shall submit in writing to the Council on Dental Education and Licensure a plan for renewal of certificate currently held by certified persons.</li> <li>3. The Board shall submit annually to the Council on Dental Education and Licensure data relative to its financial operations, applicant eligibility criteria, examination procedures and pass/fail results of its certifying examination. The Certification Board must establish and maintain documented policies concerning current, prospective and lapsed certificants including, but not limited to: eligibility, application, assessments, certification renewals and appeals. Additionally, the Certification Board must establish, analyze, publish and review examination content outlines which lay the foundation for the knowledge and skills tested on the assessment instruments and provide evidence of validity and reliability.</li> <li>4. The Board shall administer the certification examinations at least twice each calendar year with administrations publicized at least six months prior to the examination.</li> </ol>	
		<ol style="list-style-type: none"> <li>5. The Board shall maintain and make available a current list of all persons certified.</li> <li>6. The Board shall have authority to conduct the certification program; i.e., the Board shall be responsible for evaluating qualifications and competencies of persons certified and for maintaining adequate standards for the annual renewal of certificates. However, proposals for important changes in the examination eligibility criteria or the Board procedures and policies must be circulated reasonably well in advance of consideration to affected communities of interest for review and</li> </ol>	

		<p>comment. Proposed changes must have the approval of the Council on Dental Education and Licensure.</p> <p>7. The Board shall maintain close liaison with the organizations represented on the Board. The Board shall report on its program annually to the organizations represented on the Board.</p> <p>III. Granting Certificates</p> <p>1. In the evaluation of its candidates for certification, the Board shall use standards of education and clinical experience approved by the Commission on Dental Accreditation. The Board shall require for eligibility for certification the successful completion of a dental assisting education program accredited by the Commission on Dental Accreditation, and satisfactory performance on an examination prescribed by the Board.</p> <p>2. The Board shall grant certification or recertification <del>annually</del> to those who qualify for certification.</p> <p>The Board may require <del>an annual</del> certificate renewal fee to enable it to carry on its program.</p> <p>IV. Waivers</p> <p>It is a basic view of the Council that all persons seeking certification shall qualify for certification by completing satisfactorily a minimum period of approved training and experience and by passing an examination. However, the Council realizes that there may be need for a provision to recognize candidates who do not meet the established eligibility criteria on educational training. Therefore, the Board may make formal requests to the Council on Dental Education and Licensure regarding specific types of waivers which it believes essential for certification and/or certificate renewal. Such requests shall be substantiated and justified to and supported by the organizations represented on the Board; only waivers approved by the Council on Dental Education and Licensure may be used.</p>	
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<p>404.</p>	<p>Referred to the Appropriate Agency for Further Study and Report to the 2025 House of Delegates</p>	<p><b>Reference Committee C (Dental Education and Related Matters) 404RC in lieu of Council on Dental Education and Licensure Resolution 404 and Board of Trustees Resolution 404B— Response to Resolutions 401-2023 and 401S-2023: Amendment of the Comprehensive Policy on Dental Licensure</b></p> <p><b>Resolved</b>, that the ADA Policy on Comprehensive Policy on Dental Licensure (<i>Trans.</i>2018:341) be amended as follows (additions are <u>underlined</u>; deletions are <del>stricken</del>):</p> <p style="text-align: center;"><b>Comprehensive Policy on Dental Licensure</b></p> <p><b>General Principles</b></p> <ul style="list-style-type: none"> <li>• One standard of competency for dental licensure must be in place in order to provide quality oral health care to the public.</li> <li>• Provisions for freedom of movement across state lines for all dental professionals should exist to facilitate the provision of quality oral health care to the public.</li> <li>• Federal licensure and federal intervention in the state dental licensure system are strongly opposed.</li> <li>• Efforts of unlicensed and unqualified persons to gain a right to serve the public directly in the field of dental practice are strongly opposed.</li> <li>• Elimination of patients in the clinical licensure examination process is strongly supported to address ethical and psychometric concerns, <u>including those identified in the ADA Council on Ethics, Bylaws and Judicial Affairs statement entitled Ethical Considerations When Using Patients in the Examination Process (Reports 2008:103)</u>. State dental societies and dental boards are urged to work toward acceptance of valid and reliable clinical assessments that do not require single-encounter performance of procedures on patients.</li> <li>• The state boards of dentistry in each state or licensure jurisdiction are the sole licensure and regulating authorities for all dentists and allied dental personnel.</li> <li>• State dental boards are encouraged to require verification of completion of continuing dental education as a condition for re-registration of dental licenses.</li> </ul>	<p>CDEL</p>
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- Dentists identified as deficient through properly constituted peer review mechanisms should undergo assessment and corrective competency-based education and such provisions should be included in laws, rules and regulations.

### Initial Licensure

States are urged to accept the following common core of requirements for initial licensure:

1. Completion of a DDS or DMD degree from a university-based dental education program accredited by the Commission on Dental Accreditation.
2. Successful passage of the Integrated National Board Dental Examination, ~~a valid and reliable written cognitive test.~~
3. A determination of clinical competency for the beginning practitioner, which may include any of the following assessment pathways:
  - Acceptance of clinical examination results from any clinical testing agency that do not involve the use of single encounter procedure-based examinations involving patients; or
  - Graduation from CODA-accredited PGY-1 program, that is, a residency program at least one year in length at a CODA-accredited clinically based postdoctoral general dentistry and/or successful completion of at least one year of a specialty residency program; or
  - An Objective Structured Clinical Examination (OSCE), that is, a valid and reliable non-patient-based examination that requires candidates to use critical thinking and their clinical knowledge and skills to successfully complete dental procedures; or
  - Completion of a portfolio-type examination (~~such as employed by the California Dental Board~~) or similar assessment, that uses the evaluation mechanisms currently applied by the dental schools to assess and document student competence; ~~or~~
  - ~~An Objective Structured Clinical Examination (OSCE), that is, a valid and reliable non-patient based examination consisting of multiple, standardized stations that require candidates to use their clinical and skills to successfully complete one or more dental problem solving tasks.~~

For initial licensure in dentistry, international graduates of non-CODA accredited dental education programs should possess the following educational credentials: 1) completion of a university-based dental education program accredited by the Commission on Dental Accreditation (CODA) leading to a DDS or DMD degree or 2) graduation from a two-year advanced dental education program in general dentistry (Advanced Education General Dentistry (AEGD) or General Practice Residency (GPR)) accredited by the Commission on Dental Accreditation. The use of the Advanced Dental Admission Test (ADAT) is encouraged to inform admission decisions to these programs.

#### **Curriculum Integrated Format Clinical Examination**

~~A Curriculum Integrated Format (CIF) clinical examination addresses ethical concerns associated with single encounter patient based examinations currently administered by dental clinical testing agencies. A CIF provides candidates opportunities to successfully complete independent "third party" clinical assessments on patients of record prior to graduation from a dental education program accredited by the Commission on Dental Accreditation.~~

~~The curriculum integrated format, as defined below, should only be employed as a licensure examination until a non-patient based licensure examination is developed that protects the public and meets psychometric standards. The Association believes that the following CIF provisions must be required by state boards of dentistry and incorporated by testing agencies for protection of the patient:~~

- ~~• A CIF examination must be performed by candidates on patients of record within an appropriately sequenced treatment plan.~~
- ~~• The competencies assessed by the clinical examining agency must be selected components of current dental education program curricula and reflective of current dental practice.~~
- ~~• All portions of the CIF examination must be available at multiple times within each institution during dental school to ensure that patient care is accomplished within an appropriate treatment plan and to allow candidates to remediate and retake prior to graduation any portions of the examination which they have not successfully completed.~~

**Graduates of Non-CODA Accredited Dental Education Programs**

For initial licensure in dentistry, international graduates of non-CODA accredited dental education programs should possess the following educational credentials: 1) completion of a university-based dental education program accredited by the Commission on Dental Accreditation (CODA) leading to a DDS or DMD degree or 2) graduation from a postgraduate program in general dentistry accredited by the Commission on Dental Accreditation.

**Licensure Compacts**

State dental societies and dental boards should support licensure compacts to allow freedom of movement for practitioners across state lines. Licensure compacts increase licensees' mobility, facilitate quality oral health care for the public, and support relocating challenges for federal dental services dentists, spouses of uniformed service members and/or veterans of the federal dental services and their families.

Licensure compacts benefit licensing boards by providing agreement on uniform licensure requirements, a shared data system for access to primary source documentation of applicant credentials and tracking of adverse actions. They enhance cooperation and immediate availability of information between state boards critical to protecting the public.

		<p><b>Licensure by Credentials</b></p> <p><u>In addition to participating in licensure compacts, States also should have provisions for licensure of dentists who by credentials outside of the licensure compacts. These individuals should demonstrate they are currently licensed in good standing and also have not been the subject of final or pending disciplinary action in any state or jurisdiction in which they have been licensed. This should also apply to experienced, internationally trained dentists, who have been licensed in a U.S. jurisdiction, and who may or may not have graduated from a CODA-accredited dental school.</u></p> <p>Appropriate credentials may include:</p> <ul style="list-style-type: none"> <li>• DDS or DMD degree from a dental education program accredited by the Commission on Dental Accreditation.</li> <li>• Specialty certificate/master's degree from <u>an accredited advanced dental education</u> program.</li> <li>• Specialty Board certification.</li> <li>• GPR/AEGD certificate from <u>an accredited advanced dental education</u> program.</li> <li>• Current, <u>unencumbered</u> license in good standing.</li> <li>• <del>Passing grade on Documentation of successful completion of an initial clinical competency assessment. licensure exam, unless initial license was granted via completion of PGY-1, Portfolio examination, or other state-approved pathway for assessment of clinical competency.</del></li> <li>• Documentation of completion of continuing education.</li> </ul> <p>For dentists who hold a current, <u>unencumbered</u> dental license in good standing in any jurisdiction, state dental boards should:</p> <ul style="list-style-type: none"> <li>• <u>Not require completion of Accept pathways that allow for licensure without completing an additional clinical examination, e.g., by credentials, reciprocity, and/or endorsement.</u></li> <li>• <del>Consider participation in licensure compacts</del></li> <li>• Implement specialty licensure by credentials and/or specialty licensure to facilitate licensure portability of dental specialists.</li> <li>• Make provisions available for a limited or volunteer license for dentists who wish to provide services without compensation to critical needs populations within a state in which they are not already licensed.</li> </ul>	
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		<p>Make provisions available for limited teaching permits for faculty members, <u>including internationally educated faculty members</u>, at teaching facilities and dental programs accredited by the Commission on Dental Accreditation.</p> <ul style="list-style-type: none"><li>• <u>Make provisions available for federal dental services dentists, spouses of uniformed service members and/or veterans of the federal dental services.</u></li></ul> <p><u>State dental boards are encouraged to grant the same benefits of licensure mobility to internationally educated dentists who are licensed by their respective states, territories, and jurisdictions of the United States.</u></p> <p><b><del>Licensure by Credentials for Dentists Who Are Not Graduates of CODA-Accredited Dental Education Programs</del></b></p> <p><del>State dental societies and dental boards are strongly encouraged to grant the same benefits of licensure mobility to U.S. currently licensed dentists who were licensed by their respective jurisdictions prior to state implementation of the requirement for graduation from a CODA-accredited dental school with a DDS or DMD degree.</del></p>	
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405H.	Adopted— Consent Calendar Action	<p><b>Council on Dental Education and Licensure Resolution 405—Response to Resolution 408H-2023: Increasing Allied Personnel in the Workforce</b></p> <p><b>Resolved</b>, that the ADA prioritize lobbying efforts focused on allied dental education debt relief for graduates of CODA-accredited dental education programs, and be it further</p> <p><b>Resolved</b>, that state dental associations advocate for increased resources from state and local governments for community and technical college dental hygiene and dental assisting education programs to enhance, modernize, and expand training facilities and increase program enrollment capacity; offer competitive salaries to full-time faculty members; and provide scholarships and/or student debt relief, especially for those students who commit to work in underserved areas, and be it further</p> <p><b>Resolved</b>, that state dental associations investigate the creation and implementation of awareness and pipeline programs for the dental hygiene and dental assisting professions, depending on the needs of the individual state.</p>	CGA CDP
406.	Declared Moot	<b>Council on Dental Education and Licensure Resolution 406</b>	--
407a.	Referred to the Appropriate Agency for Further Study and Report to the 2025 House of Delegates	<p><b>Board Report 6 Resolution 407—as divided—Amendment to the Governance Manual Regarding Composition and Subject Matter Areas of Responsibility of the Council on Dental Education and Licensure</b></p> <p><b>Resolved</b>, that Chapter VIII. COUNCILS, Section A.1. of the ADA <i>Governance and Organizational Manual</i> be amended as shown below (additions are <u>underlined</u>; deletions are <del>stricken</del>):</p> <p style="margin-left: 40px;">A. Composition, Nominations and Election, and Removal for Cause.</p> <p style="margin-left: 80px;">1. Composition. The composition of the councils of this Association shall be as follows:</p> <p style="margin-left: 120px;">a. Council on Dental Education and Licensure. The Council on Dental Education and Licensure shall be composed of <u>eighteen</u> <del>seventeen</del> (<del>17</del><u>18</u>) members selected as follows:</p> <p style="margin-left: 160px;">i. Nominations.</p> <p style="margin-left: 200px;">(a) <del>Eight-Nine</del> (<u>89</u>) members shall be nominated by the Board of Trustees on a rotational system by trustee district from the active, life or retired members of this Association, no one of</p>	BOT

		<p>whom shall be a full-time member of a faculty of a <u>predoctoral or postdoctoral dental education program school of dentistry</u>, a current dental examiner or member of a state or regional testing agency, state board of dentistry or jurisdictional dental licensing agency. * <u>These members shall be elected by the House of Delegates.</u></p> <p>(b) Four (4) members who are active, life or retired members of this Association shall be selected by <u>the Board of Trustees on a rotational system by trustee district, the American Association of Dental Boards from the active membership of that body, none of whom shall be a member of a faculty of a school of dentistry, who shall be a current member of a state board of dental examiners or jurisdictional licensing agency and no one of whom shall be a member of a faculty of a predoctoral or postdoctoral dental education program or a current dental examiner or member of a state or regional testing agency.</u> <del>These members shall not require the approval of the House of Delegates for appointment.</del> <u>These members shall be elected by the House of Delegates. ***</u></p> <p>(c) Four (4) members who are active, life or retired members of this Association shall be selected by <u>the Board of Trustees on a rotational system by trustee district the American Dental Education Association from its active membership, who</u> <del>These members</del> shall hold positions of professorial rank in <u>predoctoral dental education programs dental schools</u> accredited by the Commission on Dental Accreditation and shall not be current dental examiners or members of any state or regional testing agency, state board of dentistry or jurisdictional dental licensing agency. <del>These members shall not require the approval of the House of Delegates for appointment.</del> <u>These members shall be elected by the House of Delegates. ****</u></p> <p>(d) One (1) new dentist member recommended by the New Dentist Committee and nominated by the Board of Trustees. **</p>	
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		<p>ii. Committees. The Council on Dental Education and Licensure shall establish a standing Committee on Dental Education and a standing Committee on Licensure, each consisting of <del>eight (8)</del> <u>nine (9)</u> members selected by the Council. The Council may establish such additional committees believed to be essential to carrying out its duties.</p> <hr/> <p>* A person shall be considered to be a full-time member of a faculty if they work for the school of dentistry more than two (2) days or sixteen (16) hours per week.</p> <p>** As used in this Chapter, the term “new dentist” means either a member of the New Dentist Committee or a dentist who graduated from dental school with a D.D.S. or a D.M.D. degree less than ten (10) years prior to the selection.</p> <p>*** The ADA will appoint individuals with licensure expertise as each of the AADB appointees completes their 4-year term.</p> <p>**** The ADA will appoint individuals with dental education expertise as each of the ADEA appointees completes their 4-year term.</p>	
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407bH.	Adopted	<p><b>Board Report 6 Resolution 407—<del>as divided</del>—Amendment to the Governance Manual Regarding Composition and Subject Matter Areas of Responsibility of the Council on Dental Education and Licensure</b></p> <p><b>Resolved</b>, that Chapter VIII. COUNCILS, Section K.4. of the ADA <i>Governance and Organizational Manual</i> be amended as shown below (additions are <u>underlined</u>; deletions are <del>stricken</del>):</p> <p style="padding-left: 40px;">K. Areas of Responsibility</p> <p style="padding-left: 80px;">4. Council on Dental Education and Licensure. The areas of subject matter responsibility of the Council shall be:</p> <p style="padding-left: 120px;">a. <u>Policy on d</u>Dental, advanced dental and allied dental education and accreditation <u>and comments on proposed new and revised accreditation standards</u>;</p> <p style="padding-left: 120px;">b. <u>Policy on R</u>recognition of dental specialties and certifying boards and <u>the Requirements for Recognition of Dental Specialties and the Requirements for Recognition of Specialty Certifying Boards</u> <del>interest areas in general dentistry</del>;</p> <p style="padding-left: 120px;">c. Dental anesthesiology and sedation;</p> <p style="padding-left: 120px;">d. Dental, <u>advanced dental and allied dental</u> admission testing;</p> <p style="padding-left: 120px;">e. <u>Policy on</u> licensure;</p> <p style="padding-left: 120px;">f. Certifying boards and credentialing for <del>specialists and</del> allied dental personnel <del>and</del>;</p> <p style="padding-left: 120px;">g. <u>Policy on C</u>ontinuing dental education; <u>and</u></p> <p style="padding-left: 120px;">h. <u>Recognition of interest areas in general dentistry.</u></p>	CEBJA
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408H.	Adopted— Consent Calendar Action	<p><b>Council on Dental Education and Licensure Resolution 408—Rescission of Policy, Dentist Administered Dental Assisting and Dental Hygiene Education Programs</b></p> <p><b>Resolved</b>, that the policy on Dentist Administered Dental Assisting and Dental Hygiene Education Programs (<i>Trans.</i>1992:616; 2010:542) be rescinded.</p>	CDEL
409H.	Adopted— Consent Calendar Action	<p><b>Seventeenth Trustee District Resolution 409—Amendment to Policy Statement on Continuing Dental Education</b></p> <p><b>Resolved</b>, that the policy titled Policy Statement on Continuing Dental Education (<i>Trans.</i>2006:331; 2011:465; 2017:264; 2022:XXX) section on “Definition of Continuing Dental Education” be amended in the first sentence of the first paragraph as follows (additions are <u>underscored</u>; deletions are <del>stricken</del>):</p> <p><b>Definition of Continuing Dental Education:</b>  Continuing dental education consists of educational activities designed to review existing concepts and techniques, to convey information beyond the basic dental education and to update knowledge on advances in scientific, clinical, and non-clinical related subject matter, including evidence-based dentistry; <u>practice management; physical and mental wellness</u>; and ethics. The objective is to improve the knowledge, skills and ability of the individual to provide the highest quality of service to the public and the profession. All continuing dental education should strengthen the habits of critical inquiry, balanced judgment and ethics that denote the truly professional and scientific person and should make it possible for new knowledge to be incorporated into the practice of dentistry as it becomes available.</p> <p>Continuing education programs are typically designed for part-time enrollment and are of variable duration. In contrast to accredited advanced dental education programs, continuing dental education programs do not lead to eligibility for ethical announcements or certification in a specialty recognized by the National Commission on Recognition of Dental Specialties and Certifying Boards. Continuing dental education should be a part of a lifelong continuum of learning.</p>	CDEL
410H.	Adopted	<p><b>Reference Committee C (Dental Education and Related Matters) Resolution 410RC adopted in lieu of Fourteenth Trustee District Resolution 410—Improving Continuing Education Recognition</b></p>	Continuing Education

		<p><b>Resolved</b>, the ADA Center of Excellence for Continuing Education develop continuing education consultation services for state associations to assist in applying for and renewing CERP applications for recognition and/or CERP re-recognition, and be it further</p> <p><b>Resolved</b>, that the Commission on Continuing Education Provider Recognition is urged to review the Extended Approval Process and consider options to enable the ADA to extend recognition to the state dental associations or local component societies, in the same way state dental associations currently extend their recognition to the component dental associations.</p>	
411.	Not Adopted	<p><b>Eleventh Trustee District Resolution 411—Exploring Alternative Accreditation Standards for Dental Hygiene and Dental Assisting to Address Significant Workforce Shortages</b></p> <p><b>Resolved</b>, that the appropriate ADA agency partner with interested state dental associations to determine the feasibility of developing alternative accreditation standards for dental hygiene and dental assisting education programs by a USDE-recognized programmatic accrediting agency other than CODA, and be it further</p> <p><b>Resolved</b>, that the feasibility study include identification of accreditation agencies that would be interested in developing alternative dental hygiene and dental assisting standards, any costs associated with developing standards and/or ongoing financial support of the agency, the potential negative consequences to the Association and CODA if two competing standards documents are available, potential ramifications for CODA and its USDE recognition, implications for state licensure/certification, and potential contradictions with current ADA policy on CODA accreditation, and be it further</p> <p><b>Resolved</b>, that the appropriate agency report back to the 2025 House of Delegates.</p>	--

**AMERICAN DENTAL ASSOCIATION  
BOARD OF TRUSTEES  
August 16-18, 2024  
Chicago, Illinois**

<b>Resolution Number</b>	<b>Board Action</b>	<b>Resolution</b>	<b>Notes</b>
B-68	Adopted	<p><b>Resolved</b>, that qualified full time faculty members of CODA accredited institutions be approved to receive a 50% discount off the active ADA dues rate for a period of up to three years to assess the viability of a dues reduction as a member recruitment and retention tool, and be it further</p> <p><b>Resolved</b>, that regular progress reports on the pilot program be provided to the Board of Trustees annually, and be it further</p> <p><b>Resolved</b>, that the ADA urge the Constituent and Component societies to mirror the faculty dues reduction from the ADA.</p>	

November 1, 2024

Dr. Sherin Tookss  
Director, Commission on Dental Accreditation (CODA)  
[tookss@ada.org](mailto:tookss@ada.org)

Dear Doctor Tookss:

As you are aware, the American Dental Hygienists' Association recently expressed opposition to several resolutions proposed by the ADA, including Resolution 401, "Increasing Allied Personnel in the Workforce", which aims to modify faculty-to-student ratios in dental hygiene programs. On October 14, [ADHA submitted detailed testimony](#) to the ADA House of Delegates reference committee C outlining our substantive objections.

We are disappointed with the passage of this resolution.

We understand that the Commission on Dental Accreditation researched this matter extensively and has already determined that current faculty-to-student ratios in dental hygiene programs are essential for maintaining education standards and should remain unchanged.

We appreciate CODA's evidence-based approach in researching and determining these standards and the support for maintaining current faculty-to-student ratios in dental hygiene education programs to preserve educational quality and standards in our profession.

Sincerely,

*Erin Haley-Hitz*

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

ADHA President

American Dental Hygienists' Association

Lincoln, NE

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cc: Lancette Vanguilder, ADHA President-Elect  
Jessica August, ADHA Vice President  
Jennifer Hill, ADHA Interim Chief Executive Officer