

## Background

At its Winter 2015 meeting, CODA directed that each Review Committee (RC) review a draft of its discipline-specific Annual Survey Curriculum Section (ASCS) during the Winter meeting in the year the survey will be distributed. CODA further suggested that each RC review aggregate data of its discipline-specific ASCS, as an informational report, when the materials are available following data collection and analysis. CODA noted that all survey data is considered confidential at the programmatic level.

The Curriculum Section of CODA Annual Survey is conducted for dental anesthesiology programs in alternate years. The next Curriculum Section will be conducted in August/September 2026. The draft Curriculum Section is provided in **Appendix 1**.

## Summary

The RC on Dental Anesthesiology Education is requested to review the draft Curriculum Section for its specific discipline (**Appendix 1**).

## Recommendation:

**Prepared by:** Taylor Weast, manager, Advanced Dental Education

## Part II - Dental Anesthesiology Curriculum Section

*Part II of the survey is confidential. Any reports from this section will not identify individual programs by name.*

### 21. What percentage of time did residents spend in each of the following areas during the 2023-24 residency year?

Column must add up to 100%. Do not enter percent signs.

	1st Year	2nd Year	3rd Year
a. Anesthesia for ambulatory dental procedures provided in a dental clinic or in a facility outside the hospital operating rooms including office-based venues (Standards 2-6; 2-7; and 2-9)	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
b. Rotation/assignments to other services (Standard 2-10)	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
c. Didactics: conferences/seminars (Standards 2-1, 2-2, 2-3, 2-4)	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
d. Teaching (Standard 2-15)	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
e. Investigative work (Standard 6-1)	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
f. Other, please specify (Standards 2-12 and 2-13)	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
<div></div>			
Total	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %

**22. Please indicate the number of clock hours residents spent in lectures, seminars or formal courses during the 2023-24 residency year.**

	1st Year	2nd Year	3rd Year
a. Applied biomedical sciences (Standard 2-4a)	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. Physical diagnosis and evaluation (Standard 2-4b)	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Behavioral medicine (Standard 2-4c)	<input type="text"/>	<input type="text"/>	<input type="text"/>
d. Techniques of anxiety and pain control (Standard 2-4d)	<input type="text"/>	<input type="text"/>	<input type="text"/>
e. Complications and emergencies (Standard 2-4e)	<input type="text"/>	<input type="text"/>	<input type="text"/>
f. Pain management (Standard 2-4f)	<input type="text"/>	<input type="text"/>	<input type="text"/>
g. Critical evaluation of literature (Standard 2-4g)	<input type="text"/>	<input type="text"/>	<input type="text"/>

**23. Please indicate the number of weeks residents spent on the following clinical rotations/assignments during the 2023-24 residency year.**

	1st Year	2nd Year	3rd Year
a. Cardiology (Standard 2-10a)	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. Emergency medicine (Standard 2-10b)	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. General/Internal medicine (Standard 2-10c)	<input type="text"/>	<input type="text"/>	<input type="text"/>
d. Intensive care (Standard 2-10d)	<input type="text"/>	<input type="text"/>	<input type="text"/>
e. Pain clinic/service (Standard 2-10e)	<input type="text"/>	<input type="text"/>	<input type="text"/>
f. Pediatrics (Standard 2-10f)	<input type="text"/>	<input type="text"/>	<input type="text"/>
g. Pre-anesthetic assessment clinic (Standard 2-10g)	<input type="text"/>	<input type="text"/>	<input type="text"/>
h. Pulmonary medicine (Standard 2-10h)	<input type="text"/>	<input type="text"/>	<input type="text"/>
i. Other, please specify <input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

**Use this space to enter comments or clarifications for your answers for**

## Questions 21-23.

### Part II - Dental Anesthesiology Curriculum Section (continued)

*Part II of the survey is confidential. Any reports from this section will not identify individual programs by name.*

**24. Please provide the number of cases/procedures the 2024 graduates completed/performed throughout the entire three-year residency program.**

	Highest number	Lowest number
a. Deep sedation/general anesthesia cases (Standard 2-6a)	<input type="text"/>	<input type="text"/>
b. Intubated general anesthetics cases (Standard 2-6a.1)	<input type="text"/>	<input type="text"/>
c. Nasal intubations (Standard 2-6a.1)	<input type="text"/>	<input type="text"/>
d. Advanced airway management techniques (Standard 2-6a.1)	<input type="text"/>	<input type="text"/>
e. Cases of children age 7 and under (Standard 2-6a.2)	<input type="text"/>	<input type="text"/>
f. Patients with special needs (Standard 2-6a.3)	<input type="text"/>	<input type="text"/>
g. Ambulatory patients (Standard 2-6b)	<input type="text"/>	<input type="text"/>
h. Patients over age 65 (Standard 2-6b)	<input type="text"/>	<input type="text"/>
i. Patients with physical status ASA III or greater (Standard 2-6b)	<input type="text"/>	<input type="text"/>
j. Patients requiring moderate sedation (Standard 2-6b)	<input type="text"/>	<input type="text"/>
k. Patients with chronic orofacial pain (Standard 2-6c)	<input type="text"/>	<input type="text"/>

**25. How many months, over their entire three-year residency, do the residents devote exclusively to clinical training in anesthesiology? (Standard 2-7)**

**26. How many months, over their entire three-year residency, are the residents assigned to a hospital anesthesia service that provides trauma and/or emergency surgical care? (Standard 2-8)**

**Use this space to enter comments or clarifications for your answers for Questions 24-26.**

## Background

On August 28, 2025, the Commission on Dental Accreditation (CODA) received a request from Dr. Kenneth L. Reed, president, American Dental Board of Anesthesiology, to consider a proposed revision to Accreditation Standards for Advanced Dental Education Programs in Dental Anesthesiology related to program director requirements. (**Appendix 1**).

Dr. Reed noted that the American Dental Board of Anesthesiology (ADBA) and the National Dental Board of Anesthesiology (NDBA) are choices within 2025-2026 Survey of Advanced Dental Education question 7e, which asks the respondent to identify the national certifying board(s) from which the program director is certified. Additionally, Dr. Reed noted that as of 2020, there is only one (1) national certifying board in dental anesthesiology that is recognized by the National Commission on Recognition of Dental Specialties and Certifying Boards (NCRDSCB), which is the ADBA. Dr. Reed proposed the following revisions to the Standards (underline indicates addition, ~~strikethrough~~ indicates deletion):

- 3-2 The program director **must** be American Dental Board of Anesthesiology (ADBA) board-certified. ~~in dental anesthesiology~~. Program directors appointed after January 1, 2020, who have not previously served as program directors, **must** be ADBA board-certified ~~in dental anesthesiology~~. The program director **must** have completed a CODA-accredited 36-month anesthesiology residency for dentists consistent with or equivalent to the training program described in Standard 2 of these Accreditation Standards. A two-year anesthesiology residency for dentists completed ~~before prior to~~ July 1, 2018 is acceptable. A one-year anesthesiology residency for dentists completed ~~before prior to~~ July 1993 is acceptable.

***Intent:** The anesthesiology residency is intended to be a continuous, structured residency program devoted exclusively to anesthesiology.*

**Examples of Evidence to demonstrate compliance may include:**

Certificate of completion of anesthesiology residency  
Copy of ADBA ~~board certification~~ certificate  
Letter from ADBA ~~board~~ attesting to current/active board certification

## Summary

The Review Committee on Dental Anesthesiology and the Commission on Dental Accreditation are requested to consider the letter from Dr. Kenneth L. Reed (**Appendix 1**), proposing the revision of Standard 3-2 related to program director board certification in the Accreditation Standards for Advanced Dental Education Programs in Dental Anesthesiology. 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:

**Prepared by:** Taylor Weast, manager, Advanced Dental Education

Received 8.29.25

Taylor Weast, M.S.Ed.  
Manager, Advanced Dental Education  
Commission on Dental Accreditation (CODA)

August 28, 2025

Regarding the current CODA survey for dental anesthesiology, I would like the Commission to consider an amendment to the survey and also to the Dental Anesthesiology CODA Standard listed below.

**Current CODA Survey:**

Question 7e in the current CODA survey for dental anesthesiology asks to identify the national certifying board(s) from which the Program Director is certified. Both the American Dental Board of Anesthesiology (ADBA) and the National Dental Board of Anesthesiology (NDBA) are choices. As of 2020, there is only ONE national certifying board in dental anesthesiology that is recognized by the National Commission on Recognition of Dental Specialties and Certifying Boards (NCRDSCB). That is the ADBA. I request that the NDBA be struck, as it was written by oral surgeons and for oral surgeons. NDBA should not be in any dental anesthesiology standards or questions today.

**Standards:**

**Current:**

Standard 3-2 The program director **must** be board certified in dental anesthesiology. Program directors appointed after January 1, 2020, who have not previously served as program directors, **must** be board certified in dental anesthesiology. The program director **must** have completed a CODA-accredited 36-month anesthesiology residency for dentists consistent with or equivalent to the training program described in Standard 2 of these Accreditation Standards. A two-year anesthesiology residency for dentists completed prior to July 1, 2018, is acceptable. A one-year anesthesiology residency for dentists completed prior to July 1993 is acceptable.

**Proposed Amendment:**

Standard 3-2 The program director **must** be American Dental Board of Anesthesiology (ADBA) board-certified ~~in dental anesthesiology~~. Program directors appointed after January 1, 2020, who have not previously served as program directors, **must** be ADBA board-certified ~~in dental anesthesiology~~. The program director **must** have completed a CODA-accredited 36-month anesthesiology residency for dentists consistent with or equivalent to the training program described in Standard 2 of these Accreditation Standards. A two-year anesthesiology residency for dentists completed ~~prior to~~ before July 1, 2018, is acceptable. A one-year anesthesiology residency for dentists completed ~~prior to~~ before July 1993 is acceptable.

**As Amended:**

Standard 3-2 The program director **must** be American Dental Board of Anesthesiology (ADBA) board-certified. Program directors appointed after January 1, 2020, who have not previously served as program directors, **must** be ADBA board-certified. The program director **must** have completed a CODA-accredited 36-month anesthesiology residency for dentists consistent with or equivalent to the training program described in Standard 2 of these Accreditation Standards. A two-year anesthesiology residency for dentists completed before July 1, 2018, is acceptable. A one-year anesthesiology residency for dentists completed before July 1993 is acceptable.

Also, amend the current:

**Examples of Evidence to demonstrate compliance may include:**

Certificate of completion of anesthesiology residency  
Copy of board certification certificate  
Letter from board attesting to current/active board certification

**Proposed Amendment:**

**Examples of Evidence to demonstrate compliance may include:**

Certificate of completion of anesthesiology residency  
Copy of ADBA board certification certificate  
Letter from ADBA board attesting to current/active board certification

**As Amended:**

**Examples of Evidence to demonstrate compliance may include:**

Certificate of completion of anesthesiology residency  
Copy of ADBA certificate  
Letter from ADBA attesting to current/active board certification

Thank you –



Kenneth L. Reed, DMD  
President, American Dental Board of Anesthesiology  
Program Director, Dental Anesthesiology  
University of Nevada, Las Vegas School of Dental Medicine