

REPORT OF THE STANDING COMMITTEE ON DOCUMENTATION AND POLICY REVIEW

Background: The Standing Committee on Documentation and Policy Review met via virtual meeting on January 17, 2023. Committee members in attendance included: Dr. Scott DeVito (chair), Dr. Joel Berg, Dr. Scott DeRossi, Dr. Susan Kass, Dr. Paul Luepke, Dr. Carol Anne Murdoch-Kinch and Dr. Marshall Titus. Dr. Nancy Rosenthal was unable to attend. Dr. Sanjay Mallya, chair, Commission on Dental Accreditation (CODA), *ex-officio*, also attended the meeting. Dr. Sherin Tooks, senior director, and Ms. Jamie Asher Hernandez, Ms. Kirsten Nadler, Ms. Kathleen Navickas, and Ms. Kelly Stapleton, managers, CODA, were in attendance. Ms. Cathryn Albrecht, senior associate general counsel, ADA/CODA, also attended.

The Committee began its meeting with a review of the Committee's charge. The Committee discussed the following items:

Directives from Winter 2022 and Summer 2022 Commission Meetings: At this meeting, the Standing Committee discussed a CODA directive from the Winter 2022 meeting regarding the Policy on Enrollment Increases in Advanced Dental Education Programs. In addition, the Standing Committee discussed a directive from the Summer 2022 Commission meeting regarding the decline in CODA-Accredited Dental Assisting Programs.

Policy on Enrollment Increases in Advanced Dental Education Programs: At its Winter 2022 meeting, through consideration of proposed revisions to miscellaneous policies, including the Policy on Enrollment Increases in Advanced Dental Education Programs, the Standing Committee on Documentation and Policy Review learned that advanced dental education disciplines in advanced education in general dentistry, general practice residency, dental anesthesiology, oral medicine, and orofacial pain do not have authorized enrollment. Instead, these disciplines follow a process outlined in the Policy on Enrollment Increases in Advanced Dental Education Programs for determining when and how an increase in enrollment must be reported to CODA, which includes consideration of the enrollment at the time of the last site visit and any prior approval of an increase in enrollment and a preliminary review by the discipline-specific review committee chair to determine the requirement for review and approval by the full Commission. The Standing Committee learned that the complexity of this process often causes confusion and uncertainty in when and how to report an enrollment increase. Therefore, the Standing Committee believed input from the affected review committees was warranted and recommended that the Commission direct the Review Committees on Postdoctoral General Dentistry, Dental Anesthesiology, Oral Medicine and Orofacial Pain review the Policy on Enrollment Increases in Advanced Dental Education Programs and consider the implementation of authorized enrollment for programs in these disciplines for consideration at the Winter 2023 meeting of the Standing Committee on Documentation and Policy Review and the Commission. At its Winter 2022 meeting, the Commission concurred.

As directed, at their Summer 2022 meetings, the Review Committees on Postdoctoral General Dentistry, Dental Anesthesiology, Oral Medicine and Orofacial Pain reviewed the Policy on Enrollment Increases in Advanced Dental Education Programs for consideration of implementing authorized enrollment for programs in these disciplines, for consideration at the Winter 2023 meeting of the Standing Committee on Documentation and Policy Review.

At this meeting, the Standing Committee on Documentation and Policy Review discussed the recommendations of the Review Committees on Postdoctoral General Dentistry Education, Dental Anesthesiology Education, Oral Medicine Education and Orofacial Pain Education and noted each Review Committee did not believe implementation of the authorized enrollment process was warranted. The Standing Committee also discussed the difference between authorized and other enrollment reporting mechanisms and noted some committees are working on ways to provide additional guidance to programs when reporting enrollment increases. For example, as directed, CODA staff worked with the Dental Anesthesiology Review Committee to develop and publish Guidelines for Enrollment Increases in Dental Anesthesiology Education Programs. Following further discussion, the Standing Committee concluded no further action is needed at this time.

Standing Committee Recommendation: It is recommended that the Commission on Dental Accreditation direct that authorized enrollment not be implemented for programs in the disciplines of Advanced Education in General Dentistry, General Practice Residency, Dental Anesthesiology, Oral Medicine and Orofacial Pain at this time.

Discussion Related to Decline in CODA-Accredited Dental Assisting Programs: At its Summer 2022 meeting, the Review Committee on Dental Assisting Education (DA RC) discussed the decline in CODA-accredited dental assisting programs and the number of students enrolled in CODA-accredited dental assisting programs over the last several years. The DA RC noted that one reason for this decline may be that many states do not require graduation from a CODA-accredited program to practice as a dental assistant. There appears to be a lack of standardized certification processes for the profession of dental assisting. It was also noted that CODA is not always informed of the reason(s) why a program/institution may choose to discontinue its accreditation with CODA. The DA RC believed it would be helpful to understand the reason(s) why dental assisting programs may discontinue CODA-accreditation and suggested that a component of the CODA guidelines for reporting a discontinuance/teach-out report could provide an opportunity for these programs to disclose the rationale for discontinuing so that the Commission may begin to capture this information more succinctly. The Committee believed the feedback from discontinuing dental assisting programs could assist in the review of the Accreditation Standards for Dental Assisting to determine if future revisions need to be made to the Standards. Following discussion, the DA RC believed the Commission should direct the Standing Committee on Documentation and Policy Reviews to consider the guidelines for reporting program closure/discontinuance/teach-out to determine whether information should be collected on the reasons for program closure or discontinuance of accreditation.

At its Summer 2022 meeting, the Commission directed the Standing Committee on Documentation and Policy Reviews to review and revise, as needed, the policy and procedure for reporting program closure/discontinuance/teach-out reports to provide the Commission with feedback as to why programs discontinue CODA-accreditation.

At this meeting, the Standing Committee discussed the concerns of the Dental Assisting Review Committee and its belief that understanding the reason(s) why a dental assisting program may choose to voluntarily discontinue CODA-accreditation would be beneficial to the Dental Assisting Review Committee and Commission. It may be helpful to understand why any program under the Commission's purview voluntarily discontinues its accreditation with the Commission. Following discussion, the Standing Committee agreed the revision to the Policy on Discontinuance or Closure of Educational Programs Accredited by the Commission and Teach-Out Plans could provide useful information related to the reason(s) for voluntary program closure or discontinuance of accreditation of dental assisting programs and all programs under the Commission's purview. Therefore, the Standing Committee recommended the revision found in **Appendix 1** be adopted with immediate implementation.

Standing Committee Recommendation: It is recommended that the Commission on Dental Accreditation adopt and implement immediately the proposed revision to the Policy on Discontinuance or Closure of Educational Programs Accredited by the Commission and Teach-Out Plans found in **Appendix 1**, including the revision of the Policy in the Commission's EOPP, Guidelines for Preparing a Teach-Out Report, and in all appropriate Commission documents.

Consideration of Proposed Revisions to Miscellaneous Policies: On occasion, outside of the regular policy review process, policies that may warrant revision are identified for discussion and possible revision by the Standing Committee. These policies include the following:

- Review Committees and Review Committee Meetings, section on Policy on Attendance at Open Portion of Review Committee Meetings
- Site Visitors
- Site Visit Procedures, section on Enrollment Requirements for Site Visits for Fully Developed Programs
- Policy on Non-Enrollment of First Year Students/Residents
- Policy and Procedures Regarding Investigation of Complaints Against Educational Programs
- Due Process Related to Appeal of Accreditation Status Decisions
- Procedures for Disclosure Notice of Adverse Actions
- Policy on Programs Declining a Re-Evaluation Visit
- Due Process
- Due Process Related to Denial of Initial Accreditation

- Due Process Related to Withdrawal of Accreditation
- Appeal Procedures
- Mechanism For The Conduct of the Appeal Hearing

Review Committees and Review Committee Meetings, section on Policy on Attendance at Open Portion of Review Committee Meetings: The Standing Committee discussed the Policy on Attendance at Open Portion of Review Committee Meetings. Through the discussion, the Standing Committee was reminded that the Policy allows representatives from organizations and certifying boards represented on the Review Committee to attend the policy portion (open portion) of Review Committee meetings. Further, the Policy states that participation of the representatives is at the discretion of the Review Committee Chair. The Standing Committee also learned that, moving forward, participation of observers will be limited to virtual attendance, as is also the case for the Commission meeting open (policy) session. It was also noted that, on occasion, participation of representatives from sponsoring organizations and certifying boards during the open (policy) portion of Review Committee meetings is permitted through the Review Committee Chair, either during or after the Review Committee's discussion of policy reports. The question arose as to the appropriateness of this opportunity and whether discussion by an observing organization/individual could influence the discussion and decisions of a Review Committee, either positively or negatively. The Standing Committee noted that at Commission meetings attendees of the open (policy) portion are restricted to only observing without participation, to ensure no perception of undue influence on the Commission's decisions. Following discussion, the Standing Committee believed revision of the policy is not warranted at this time and that participation of representatives of the sponsoring organization and certifying boards should remain at the discretion of the Review Committee Chair.

Standing Committee Recommendation: It is recommended that the Commission on Dental Accreditation direct that there be no revision to the Policy On Attendance At Open Portion Of Review Committee Meetings at this time.

Site Visitors: The Standing Committee reviewed the Commission's policy on Site Visitors related to site visit team composition and recalled the policy was modified to address United States Department of Education (USDE) recognition criteria in April 2022 during CODA's re-recognition process. At that time, the modification clarified that site visit teams will include at least one (1) educator and one (1) practitioner, since the USDE interpretation of its criteria indicated an individual could only serve in one role at a time. The Standing Committee also recalled that subsequent to CODA's re-recognition, this USDE criterion has been clarified to allow an individual to serve in multiple roles (i.e., both an educator and practitioner) at the same time. The Standing Committee discussed the policy as written and believed efforts to identify both an educator and practitioner should continue to be made; however, modifying the policy to allow flexibility in some cases may be warranted. Therefore, the Standing Committee recommended that the revision to the policy on Site Visitors found in **Appendix 2** be approved.

Site Visit Procedures, section on Enrollment Requirements for Site Visits for Fully Developed Programs: The Standing Committee discussed the policy on Site Visit Procedures, section on Enrollment Requirements for Site Visits for Fully Developed Programs and whether in certain cases, this policy could apply to programs that utilize major educational activity sites where a student/resident/fellow is primarily located for their education. Through review of the policy, the Standing Committee noted that if a program has no (0) enrollment in any year at the time of its regularly scheduled site visit, the site visit will not be conducted and will be conducted when students are enrolled, preferably in the latter part of the final year prior to graduation. The Standing Committee learned there are programs that utilize major educational activity sites as a primary location for student/resident/fellow education. Further, the Standing Committee learned there are occasions that a program may have major educational activity sites where no (0) student/resident/fellow is assigned at the time of the program’s regular site visit. Following discussion, the Standing Committee believed this policy should apply to programs utilizing major sites where a student/resident/fellow is primarily located for their education and that the Policy should be clarified and revised accordingly. Therefore, the Standing Committee recommended the proposed revision to the policy on Site Visit Procedures found in **Appendix 2** be adopted.

Policy on Non-Enrollment of First Year Students/Residents: The Standing Committee learned that the Policy on Non-Enrollment of First Year Students/Residents may warrant clarification and possible revision, specifically as it relates to the “exception” for developing Oral and Maxillofacial Pathology programs. Through discussion and review of the Policy on Non-Enrollment of First Year Students/Residents, the Standing Committee was reminded that the “exception” for Oral and Maxillofacial Pathology programs was added to the policy in February 2015. Prior to the revision, the policy allowed only those programs with the accreditation status of “approval without reporting requirements” to request an additional (third) year of first year non enrollment. The “exception” for Oral and Maxillofacial Pathology programs allows developing oral and maxillofacial pathology programs with the accreditation status of “initial accreditation” to request an additional (third) year of first year non-enrollment. The Standing Committee learned that this “exception” for Oral and Maxillofacial Pathology programs has had limited to no application since its addition. Further, the Standing Committee was reminded of a revision to the Policy on Non-Enrollment of First Year Students/Residents in February 2021, which allows a program to request an additional year of first-year non-enrollment, regardless of its accreditation status (i.e., approval with or without reporting requirements). However, programs with “initial accreditation” will be terminated at the end of two (2) years following the projected enrollment date if students/residents have not been enrolled. The Standing Committee discussed whether this “exception” in the policy to allow programs with “initial accreditation” to request a third year of non-enrollment is necessary and, if so, should it be extended to all disciplines. Following discussion, the Standing Committee believed the “exception” for Oral and Maxillofacial Pathology programs, to allow programs with “initial accreditation” to request a third year of non-enrollment, is no longer needed, since a developing program reports to the Commission its projected first enrollment date and has up to two (2) years beyond that date to enroll its first class. The Standing Committee believed this schedule provides a developing

program sufficient time to enroll students/residents/fellows without an excessive amount of time between the initial and subsequent (mid-initial accreditation and/or pre-graduation) site visit. Therefore, the Standing Committee recommended the revision to the Policy on Non-Enrollment of First Year Students/Residents found in **Appendix 2** be approved.

Policy and Procedures Regarding Investigation of Complaints Against Educational Programs:

The Standing Committee reviewed the Commission’s Policy and Procedures Regarding Investigation of Complaints Against Educational Programs, specifically related to information provided to complainants following notification that the Commission is already aware of a program’s noncompliance and monitoring its progress in demonstrating compliance. The Standing Committee learned language in the policy may warrant modification to align with the protocol in use for informing complainants of the program’s accreditation status and how to monitor it through the investigation of the complaint, which is to refer the complainant to the CODA website. Following discussion, the Standing Committee agreed the revision found in **Appendix 2** is warranted and recommended it be approved.

Due Process Related to Appeal of Accreditation Status Decisions: The Standing Committee learned the Policy on Due Process Related to Appeal of Accreditation Status Decisions included language that was not removed when formerly revised and no longer applies to the policy. Therefore, the Committee believed the revision to this policy and presented in **Appendix 2** is editorial in nature and should be made in the EOPP as indicated.

Review of Policies Referencing Delivery Mode of Correspondence: The Standing Committee learned that CODA staff identified references to “mail” in policies found in the Commission’s Evaluation and Operational Policies and Procedures Manual that warrant revision to ensure the Commission’s communities of interest, including the public, are aware that CODA has transitioned to electronic communications only, including communications submitted to the Commission and those sent by the Commission. The affected policies include Procedures for Disclosure Notice of Adverse Actions, Policy on Programs Declining a Re-Evaluation Visit, Due Process, Due Process Related to Denial of Initial Accreditation, Due Process Related to Withdrawal of Accreditation, Appeal Procedures, and Mechanism For The Conduct of the Appeal Hearing. Following discussion, the Standing Committee agreed and recommended the revisions found in **Appendix 2** be approved.

Standing Committee Recommendation: It is recommended that the Commission on Dental Accreditation adopt and implement immediately the proposed revisions to policies found in **Appendix 2**, including the revision of policies in the Commission’s EOPP and in all appropriate Commission documents.

Commission Action:

Prepared by: Dr. Sherin Tooks and Ms. Peggy Soeldner

1 Underline indicates addition
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3 O. POLICY ON DISCONTINUANCE OR CLOSURE OF EDUCATIONAL PROGRAMS
4 ACCREDITED BY THE COMMISSION AND TEACH-OUT PLANS
5

6 It is the responsibility of an institution sponsoring an accredited program to report to the
7 Commission any programmatic change that might affect a program's ability to meet
8 accreditation standards.
9

10 When an institution is considering discontinuance or closure of a Commission-accredited
11 educational program that currently enrolls students/residents, the Commission must be notified
12 officially in writing as early as possible in the decision making process. Specifically, the
13 Commission must be informed of the institution's reason for program discontinuance and/or
14 closure, and the program's plans for the entire Teach-Out period, during which students/residents
15 are enrolled, including a detailed explanation of any significant changes relative to retention of
16 qualified faculty and support personnel, student/resident enrollment by class, the didactic and
17 clinical teaching programs (including curriculum, extramural experiences and facilities), and
18 financial support that will be provided. During the period of Teach-Out, the program may not
19 enroll additional students/residents in any year of the program.
20

21 The institution must ensure that the program continues to meet minimum accreditation standards
22 and that students/residents and other interested parties are protected throughout the Teach-Out
23 period. In this regard, the Commission reserves the right to closely monitor the Teach-Out
24 through the annual accreditation survey, or periodic reports from the institution detailing changes
25 in administration, faculty, curriculum, facilities, finances, and other major components that could
26 affect the quality of the educational program. In addition, the Commission reserves the right to
27 conduct a special site visit following review of each of these reports. If a program fails to submit
28 a Teach-Out report or requested monitoring information, the Commission will notify the chief
29 executive officer of the institution of its intent to withdraw accreditation at its next scheduled
30 meeting.
31

32 The institution has moral and ethical obligations to meet the commitment and responsibility it
33 assumes when it matriculates students/residents into the program; those obligations include
34 providing the students/residents with the opportunity to complete the educational sequence at that
35 institution. When an institution indicates its intent to close an accredited program or to
36 voluntarily discontinue participation in the Commission's accreditation program, and if there will
37 not be adequate resources for the program to meet its obligations to enrolled students/residents
38 and allow them to complete their training, the institution must assist students/residents in a timely
39 fashion in transferring to other accredited programs in order to complete their educational
40 program. The Commission will assist students/residents in transferring to other accredited
41 programs; this assistance will be provided in the form of guidance with reporting program
42 changes to CODA for review, in cooperation with the institution that sponsors the closing
43 program.

1 The program to which students/residents transfer should be able to demonstrate that the finances,
2 facilities, faculty, and patient resources can accommodate the transferring students/residents.
3 Any changes in program enrollment that would result from the transfer of students/residents
4 must be reported to the Commission by the receiving program(s) in accordance with the
5 Commission's policy for reporting program changes. Formal teach-out agreements must be
6 developed with all institutions accepting transferring students/residents to specify the conditions
7 of the transfer. These agreements must ensure that the combined educational experiences meet
8 the Commission's accreditation standards. Such teach-out agreements must be submitted to the
9 Commission as part of the Teach-Out plan.

10
11 Students/Residents who are enrolled and successfully complete the program during the Teach-Out
12 will be considered graduates of an accredited program. Students/Residents who transfer to
13 another program and successfully complete that program will be considered graduates of the latter
14 program. Such students/residents will be considered graduates of an accredited program if the
15 latter program is accredited during the time such students/residents are enrolled. It will be the
16 closing institution's responsibility to ensure that appropriate student/resident records and
17 transcripts are maintained for future reference.

18
19 The Commission will take action to affirm a program's reported discontinuance or closure
20 effective date at the appropriate time when the program no longer enrolls students/residents in
21 any year of the program. The Commission has developed Guidelines for Submitting Teach-Out
22 Reports by Institutions Discontinuing or Closing Commission-Accredited Educational Programs
23 to assist institutions with preparing teach-out reports for the Commission. These guidelines are
24 routinely distributed along with the Commission's Policy on Discontinuance or Closure of
25 Educational Programs.

26 Revised: [2/2023](#); 8/17; 2/16; 8/15; 5/93; Reaffirmed: 8/20; 8/10, 7/07, 07/01, 12/92, 12/85, 12/79

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2 Underline indicates addition; ~~Strikethrough~~ indicates deletion
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5 J. SITE VISITORS 6

7 The Commission uses site visitors with education and practice expertise in the discipline or areas
8 being evaluated to conduct its accreditation program. Nominations for site visitors are requested
9 from national dental and dental-related organizations representing the areas affected by the
10 accreditation process. Self-nominations are accepted. Site visitors are appointed by the
11 Commission annually and may be re-appointed.
12

13 During the term of service as a Review Committee member, these individuals should not serve as
14 site visitors for an actual accreditation site visit to an accredited or developing program, unless
15 deemed necessary. Two instances when a review committee member could serve on a site visit
16 include: 1) an inability to find a site visitor from the comprehensive site visitor list, or 2) when
17 the review committee believes a member should attend a visit for consistency in the review
18 process. This applies only to site visits that would be considered by the same review committee
19 on which the site visitor is serving. Review committee members are prohibited from serving as
20 independent consultants for mock accreditation purposes. These policies help avoid conflict of
21 interest in the decision making process and minimize the need for recusals.
22

23 During the term of service as a commissioner, these individuals may not independently consult
24 with a CODA-accredited program or a program applying for CODA accreditation. In addition,
25 site visitors serving on the Commission may not serve on a site visit team during their terms.
26 All other active site visitors who independently consult with educational programs accredited by
27 CODA or applying for accreditation must identify all consulting roles to the Commission and
28 must file with the Commission a letter of conflict acknowledgement signed by themselves and
29 the institution/program with whom they consulted. All conflict of interest policies as noted
30 elsewhere in this document apply. Contact the CODA office for the appropriate conflict of
31 interest declaration form.
32

33 Prior to a site visit, a list of site visitors and other participants is reviewed by the
34 institution/program for conflict of interest or any other potential problem. The
35 program/institution being site visited will be permitted to remove individuals from the list if a
36 conflict of interest, as described in the Commission's Conflict of Interest Policy, can be
37 demonstrated. Information concerning the conflict of interest must be provided in writing clearly
38 stating the specifics of the conflict.
39

40 Site visitors are appointed by the Chair and approved by the institution's administration, i.e.
41 dental school dean or program director. The visiting committee conducts the site visit and
42 prepares the report of the site visit findings for Commission action. The size and composition of

1 a visiting committee varies with the number and kinds of educational programs offered by the
2 institution, and will include, whenever possible, at least one (1) educator and one (1) practitioner.
3 All visiting committees will include at least one person who is not a member of a Review
4 Committee of the Commission or a Commission staff member. Two dental hygiene site visitors
5 shall be assigned to dental school-sponsored dental hygiene site visits.
6

7 When appropriate, a generalist representative from a regional accrediting agency may be invited
8 by the chief executive officer of an institution to participate in the site visit with the
9 Commission's visiting committee. A generalist advises, consults and participates fully in
10 committee activities during a site visit. The generalist's expenses are reimbursed by the
11 institution. The generalist can help to ensure that the overall institutional perspective is
12 considered while the specific programs are being reviewed.
13

14 The institution is encouraged to invite the state board of dentistry to send a current member to
15 participate in the site visit. If invited, the current member of the state board receives the same
16 background materials as other site visit committee members and participates in all site visit
17 conferences and executive sessions. The state board of dentistry reimburses its member for
18 expenses incurred during the site visit.
19

20 In addition to other participants, Commission staff member may participate on the visiting
21 committee for training purposes. It is emphasized that site visitors are fact-finders, who report
22 committee findings to the Commission. Only the Commission is authorized to take action
23 affecting the accreditation status.

24 Revised: 2/2023; 4/22; 8/19; 2/16; 8/14; 1/14; 1/03, 1/00, 7/97; Reaffirmed: 8/10, 7/09, 7/07,
25 7/06, 7/01; CODA: 07/96:10, 12/83:4
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29 M. SITE VISIT PROCEDURES

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31 The basic purpose of the site visit is to permit peers to assess a program's compliance with the
32 accreditation standards and with its own stated goals and objectives. Information provided in the
33 self-study is confirmed, documentation is reviewed, interviews are conducted and the programs
34 are observed by the visiting committee. Information related to the site visit is viewed as
35 confidential. Therefore, no audio, video or other type of recording of the site visit is permitted.
36 The Commission's policy on confidentiality, elsewhere in this document, gives more specific
37 information about the degree of confidentiality extended to various materials.
38

39 The Commission recognizes that there is considerable latitude in determining procedures and
40 methodology for site visits. Experience has shown that the conference method for conducting a
41 site visit is widely favored and effective. Conferences are scheduled with identified
42 administrators, faculty and students at specified times.

1
2 In all cases, the recommendations of the dean or program director determine protocol to be
3 followed during conferences with chief executive officers of the parent institution and/or their
4 appointed representatives. Program administrators are excused during conferences scheduled
5 with faculty members, students or other invitees.
6

7 In addition to formal scheduled conferences, committee members may informally discuss
8 department and division programs with chairs and faculty members throughout the site visit.
9 The visiting committee chair will make every effort to schedule hearings with any individual or
10 group of individuals wishing to present information about a program.
11

12 Executive sessions of the visiting committee are a critical part of the on-site evaluation process.
13 These sessions are scheduled at intervals during the day and evening and provide time for the
14 committee to meet privately to prepare its findings and recommendations.
15

16 Oral comments made by site visit team members during the course of the site visit are not to be
17 construed as official site visit findings unless documented within the site visit report and may not
18 be publicized. Further, publication of site visit team members' names and/or contact information
19 is prohibited.
20

Revised: 8/18; 2/16; Reaffirmed: 8/19; 8/10

21
22 **1. Duration Of Site Visits:** Predoctoral dental education program and initial accreditation (pre-
23 enrollment) site visits are scheduled for 2.5 days. Advanced and allied dental education
24 programs evaluated during a comprehensive dental school visit are 1.5 days.
25

26 Single-discipline advanced dental education program site visits scheduled outside of a
27 comprehensive dental school visit are 1 day in length. Multi-discipline advanced dental
28 education site visits conducted outside of a comprehensive dental school visit are 1.5 days in
29 length. Initial accreditation (pre-enrollment) site visits are typically 1 day in length.
30

31 Allied dental education site visits scheduled outside of a comprehensive dental school visit are of
32 varying length based on the number of programs to be evaluated. All single discipline visits are
33 1.75 days. All multiple visit site visits are 2.5 days. Initial accreditation (pre-enrollment) site
34 visits are typically 1.5 days.
35

36 Additional time can be added to any educational program site visit if additional training sites will
37 be evaluated or if other cause exists.
38

Revised: 8/18; 2/16; 8/14; 7/01; Reaffirmed: 8/19; 8/10, 7/07; CODA: 07/95:3
39

40 **2. Final Conferences:** It is the visiting committee's responsibility to prepare and present an oral
41 summary of its findings to the dean, chief of dental service, program director(s) and the institutional
42 executives. Two separate conferences are scheduled at the end of every visit, one with the program

1 director(s) and chief of dental service or dental dean and one with the chief executive officer(s) of
2 the institution.

3
4 During these conferences, the committee presents the findings it will submit to the Commission.
5 These findings address both program strengths and weaknesses. The committee also informs
6 individuals in charge of the program(s) about the Commission’s procedures for processing and
7 acting on the report. In keeping with the Commission’s policy on Public Disclosure and
8 Confidentiality, these final conferences are not recorded on tape or by stenographer. Note
9 taking, however, is permitted and encouraged.

10
11 Site visitors or any other participants are not authorized, under any circumstances, to disclose
12 any information obtained during site visits. For more specific information, see the
13 Commission’s Statement of Policy on Public Disclosure and Confidentiality.

14 Revised: 8/14; Reaffirmed: 8/19; 8/10

15
16 **3. Rescheduling Dates Of Site Visits:** In extraordinary circumstances the Commission staff
17 can reschedule the site visit if the program will be reviewed within the same calendar year.
18 Commission staff can also reschedule the site visit to an earlier year to coincide with other
19 programs at the institution. If the site visit would occur in a later year because of the
20 rescheduling, the request must be considered and acted on by the Commission. In general, the
21 Commission does not approve such requests, but it does review each request on a case-by-case
22 basis. Should a site visit be changed the term of the accreditation will remain unchanged.

23
24 Revised: 8/16; Reaffirmed: 8/19; 8/14; 8/10

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26 **4. Enrollment Requirement For Site Visits For Fully Developed Programs:** Site visit
27 evaluations of dental, allied dental and advanced dental education programs will be conducted at
28 the regularly established intervals, provided that students are enrolled in at least one year of the
29 program. If no students are enrolled on the established date for the site visit, the visit will be
30 conducted when students are enrolled, preferably in the latter part of the final year prior to
31 graduation. In instances where the program utilizes educational activity sites where
32 students/residents/fellows are primarily located for their education, enrollment requirements as
33 noted above apply. (Refer to the Policy on Non-enrollment of First Year Students)

34 Revised: 2/2023; 8/19; 5/93; Reaffirmed: 8/14; 8/10, 7/07, 7/01

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38 J. POLICY ON NON-ENROLLMENT OF FIRST YEAR STUDENTS/RESIDENTS

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40 First-year non-enrollment must be reported to the Commission. The Commission expects
41 institutions to maintain compliance with all accreditation standards during a period of non-
42 enrollment. In addition, resources accounting for the potential enrollment capacity of the

1 program must be maintained during a period of non-enrollment.

2
3 The accreditation status of programs within the purview of the Commission on Dental
4 Accreditation will be discontinued when all first-year positions remain vacant for two (2)
5 consecutive years. Exceptions to this policy may be made by the Commission upon receipt of a
6 formal request from the institution stating reasons why the accreditation of the program should
7 not be discontinued. ~~Exceptions to this policy may also be made by the Commission for~~
8 ~~programs in Oral and Maxillofacial Pathology with “initial accreditation” status upon receipt of a~~
9 ~~formal request from the institution stating reasons why the accreditation of the program should~~
10 ~~not be discontinued.~~ If the Commission grants an institution’s request to continue the
11 accreditation of a program, the continuation of accreditation is effective for one (1) year. Only
12 one (1) request for continued accreditation will be granted for a total of three (3) consecutive
13 years of non-enrollment. See the Commission’s policies related to Reporting Program Changes
14 in Accredited Programs, Initial Accreditation, Intent to Withdraw Accreditation, Voluntary
15 Discontinuance, and Discontinuance or Closure of Educational Programs Accredited by The
16 Commission and Teach-Out Plans for additional information.

17 Revised: 2/2023; 2/22; 2/21; 8/20; 8/16; 2/15; Reaffirmed: 8/15; 8/10, 7/07, 7/01, 7/99, 12/87,
18 4/83, 12/76

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22 **D. POLICY AND PROCEDURE REGARDING INVESTIGATION OF COMPLAINTS**
23 **AGAINST EDUCATIONAL PROGRAMS**

24
25 The following policy and procedures have been developed to handle the investigation of “formal”
26 complaints and “anonymous” comments/complaints about an accredited program, or a program
27 which has a current application for initial accreditation pending, which may not be in substantial
28 compliance with Commission standards or established accreditation policies.

29
30 The Commission will consider formal, written, signed complaints using the procedure noted in the
31 section entitled “Formal Complaints.” Unsigned comments/complaints will be considered
32 “anonymous comments/complaints” and addressed as set forth in the section entitled “Anonymous
33 Comments/Complaints.” Oral comments/complaints will not be considered.

34
35 **Formal Complaints**

36 A “formal” complaint is defined as a complaint filed in written (or electronic) form and signed
37 by the complainant. This complaint should outline the specific policy, procedure or standard in
38 question and rationale for the complaint including specific documentation or examples.
39 Complainants who submit complaints verbally will receive direction to submit a formal
40 complaint to the Commission in written, signed form following guidelines in the EOPP manual.

41

1 **1. Investigative Procedures for Formal Complaints:** Students, faculty, constituent dental
2 societies, state boards of dentistry, patients, and other interested parties may submit an
3 appropriate, signed, formal complaint to the Commission on Dental Accreditation regarding any
4 Commission accredited dental, allied dental or advanced dental education program, or a program
5 that has an application for initial accreditation pending. An appropriate complaint is one that
6 directly addresses a program's compliance with the Commission's standards, policies and
7 procedures. The Commission is interested in the continued improvement and sustained quality
8 of dental and dental-related education programs but does not intervene on behalf of individuals
9 or act as a court of appeal for treatment received by patients or individuals in matters of
10 admission, appointment, promotion or dismissal of faculty, staff or students.

11
12 In accord with its responsibilities to determine compliance with accreditation standards, policies,
13 and procedures, the Commission does not intervene in complaints as a mediator but maintains, at
14 all times, an investigative role. This investigative approach to complaints does not require that
15 the complainant be identified to the program.

16
17 The Commission, upon request, will take every reasonable precaution to prevent the identity of
18 the complainant from being revealed to the program; however, the Commission cannot guarantee
19 the confidentiality of the complainant.

20
21 The Commission strongly encourages attempts at informal or formal resolution through the
22 program's or sponsoring institution's internal processes prior to initiating a formal complaint with
23 the Commission. The following procedures have been established to manage complaints:

24
25 When an inquiry about filing a complaint is received by the Commission office, the inquirer is
26 provided a copy of the Commission's Evaluation and Operational Policies and Procedures
27 Manual which includes the policies and procedures for filing a complaint and the appropriate
28 accreditation standards document.

29
30 The initial screening is usually completed within thirty (30) days and is intended to ascertain that
31 the potential complaint relates to a required accreditation policy or procedure (i.e. one contained
32 in the Commission's Evaluation and Operational Policies and Procedure Manual) or to one or
33 more accreditation standard(s) or portion of a standard which have been or can be specifically
34 identified by the complainant.

35 Written correspondence clearly outlines the options available to the individual. It is noted that
36 the burden rests on the complainant to keep his/her identity confidential. If the complainant does
37 not wish to reveal his/her identity to the accredited program, he/she must develop the complaint
38 in such a manner as to prevent the identity from being evident. The complaint must be based on
39 the accreditation standards or required accreditation procedures. Submission of documentation
40 which supports the noncompliance is strongly encouraged.

1 When a complainant submits a written, signed statement describing the program’s
2 noncompliance with specifically identified policy(ies), procedure(s) or standard(s), along with
3 the appropriate documentation, the following procedure is followed:

- 4
- 5 1. The materials submitted are entered in the Commission’s database and the program’s file and
6 reviewed by Commission staff. At this point, the complaint is the property of the
7 Commission and may not be withdrawn by the complainant for the purposes of the
8 Commission’s review.
- 9 2. Legal counsel, the Chair of the appropriate Review Committee, and the applicable Review
10 Committee members may be consulted to assist in determining whether there is sufficient
11 information to proceed.
- 12 3. If the complaint provides sufficient evidence of probable cause of noncompliance with the
13 standards or required accreditation procedures, the complainant is so advised and the
14 complaint is investigated using the procedures in the following section, formal complaints.
- 15 4. If the complaint does not provide sufficient evidence of probable cause of noncompliance
16 with the standard(s) or required accreditation policy(ies), or procedure(s), the complainant is
17 so advised. The complainant may elect:
 - 18 a. to revise and submit sufficient information to pursue a formal complaint; or
 - 19 b. not to pursue the complaint. In that event, the decision will be so noted and no further
20 action will be taken.
- 21

22 Initial investigation of a complaint may reveal that the Commission is already aware of the
23 program’s noncompliance and is monitoring the program’s progress to demonstrate compliance.
24 In this case, the complainant is notified that the Commission is currently addressing the
25 noncompliance issues noted in the complaint. The complainant is informed of the program’s
26 accreditation status ~~and how long the program has been given to demonstrate compliance with~~
27 ~~the accreditation standards and how to monitor the program’s status through the Commission’s~~
28 ~~website.~~

29 Revised: 2/2023; 2/18; 8/17; 1/14, 11/11; Reaffirmed: 8/21; 8/15; 8/10

30 *****

31
32
33 D. DUE PROCESS RELATED TO APPEAL OF ACCREDITATION STATUS DECISIONS

34 An institution/program may request a special appearance (hearing) before the appropriate Review
35 Committee in order to supplement the written information about the program which has already
36 been provided to the Review Committee. (See Due Process Related to Review Committee Special
37 Appearance).

38
39 If the Review Committee’s recommended accreditation status to the Commission is “approval
40 with reporting requirements,” “approval with reporting requirements, intent to withdraw,” or if
41 the Review Committee recommends denying a requested program change, the Review

1 Committee will make a recommendation to the Director and Chair of the Commission and
2 indicate whether an appearance before the full Commission is appropriate.

3
4 If representatives of the institution choose to appear before the Commission, they may present
5 arguments that the Review Committee made an error in judgment, based on the information
6 available, in making the accreditation status or action recommendation. During the special
7 appearance before the Commission, no new information regarding correction of deficiencies
8 subsequent to the Review Committee special appearance may be presented. The institution’s
9 representative(s) may attend the Commission meeting only during the time assigned for the
10 hearing.

11
12 If the Commission determines the program accreditation status is “approval with reporting
13 requirements,” “approval with reporting requirements, intent to withdraw,” or denies a requested
14 program change, and the institution/program believes that the Commission has made an error in
15 judgment regarding accreditation status or action, a special appearance (hearing) before the
16 Commission may be requested sixty (60) days prior to the Commission meeting. The special
17 appearance (hearing) before the Commission would be held at the next regularly scheduled
18 meeting. At the hearing, representatives of the institution may present arguments that the
19 Commission, based on the information available when the decision was made, made an error in
20 judgment in determining the accreditation status of the program. The Director of the Board of
21 Commissioners must receive any written evidence or argument at least thirty (30) days prior to
22 the hearing. Under these circumstances, no new information regarding correction of deficiencies
23 subsequent to the ~~site visit and~~ previous Commission meeting may be presented. The
24 institution’s representative(s) may attend the Commission meeting only during the time assigned
25 for the hearing.

26
27 The decision of the Commission on the accreditation status of the program after this special
28 appearance is final.

29 Revised: 2/2023; 8/18; 8/16; Reaffirmed: 8/21; 8/10

30 *****

31
32
33 **13. Procedure For Disclosure Notice Of Adverse Actions:** The following procedure is used
34 when an adverse action (to deny or withdraw accreditation) is taken. Applicants, when they
35 inquire about initial accreditation, are to be notified by Commission staff that the Notice of
36 Reasons for Adverse Actions statement will be prepared and distributed should accreditation be
37 denied.

- 38 1. The Commission sends notice of any initiated adverse action in a transmittal letter to the
39 appropriate institutional executives no later than fourteen (14) days after the Commission
40 meeting. This letter is sent by tracked electronic communication mail (including email) and
41 includes the reasons for any adverse action to deny or withdraw accreditation. All current and

1 prospective students/residents/fellows must be informed by the institution of the
2 Commission's notice of any initiated adverse action within seven (7) business days of the
3 program's receipt of the notice. The USDE Secretary, the appropriate state entities, and any
4 appropriate institutional accrediting agency are notified at the same time, usually by a letter
5 to the Secretary with copies to the other entities and the institution.

- 6 2. A statement of the reasons for any adverse action is developed and available for distribution
7 within sixty (60) days after the decision is final. This new statement will include the same
8 information that has been contained in the transmittal letter. For this reason, the statement
9 will be drafted and the draft will be sent to the institution/program for review at the same
10 time as the transmittal letter. As needed, the draft statement will be reviewed by legal
11 counsel prior to being sent.
- 12 3. The institution must notify the Commission within fourteen (14) days if it wishes to indicate
13 an intent to appeal an adverse action. If an intent to appeal is received, the usual appeal
14 procedures are followed according to the Commission policy on Due Process Related to
15 Appeal of Accreditation Actions.
- 16 4. If an intent to appeal is not received by the fourteen (14) day deadline specified, the adverse
17 action is considered final and the USDE Secretary, the appropriate state entities, and any
18 appropriate institutional accrediting agency are notified at the same time, usually by a letter
19 to the Secretary with copies to the other entities and the institution.
- 20 5. During the same fourteen (14) days, the institution/program will be asked to review the draft
21 statement and:
 - 22 a. indicate agreement with the statement; and/or,
 - 23 b. make official comments with regard to the decision, or state that the affected institution
24 has been offered the opportunity to provide official comment.
- 25 6. When the final statement (or statement and response) has been developed and signed by both
26 parties, it will be distributed as required in the regulations to the USDE Secretary, to the
27 appropriate state licensing or authorizing agency, and to any appropriate institutional
28 accrediting agency, at the same time, usually by a letter to the Secretary with copies to the
29 other entities and the institution. Written notice to the public will occur within one (1)
30 business day of its notice to the program through the Commission's website. All current and
31 prospective students/residents/fellows must be informed by the institution of the
32 Commission's final decision within seven (7) business days of the program's receipt of the
33 notice.
- 34 7. The Commission's final decision; the statement summarizing the reasons for the
35 Commission's decision; and the program's official comments will be posted on the
36 Commission's website no later than sixty (60) days after the decision is final.

37
38 When there are no differences of opinion regarding the statement, it may be possible to send it to
39 the Secretary along with the letter in step #4 above, along with posting the final decision and
40 reasons on the Commission's website.

41 Revised: 2/2023; 4/22; 2/21; 8/17; 5/12; 7/06; Reaffirmed: 8/22; 8/14; 8/10; Adopted: 7/00;

42 CODA: 07/94:

Report of Documentation and Policy Review Committee

1
2

1 G. POLICY ON PROGRAMS DECLINING A RE-EVALUATION VISIT

2
3 When an institution elects not to schedule a site visit, the chief executive officer of the institution
4 will be informed of the Commission’s intent to withdraw accreditation at its next scheduled
5 meeting. This notification shall be by tracked electronic communication ~~mail with required~~
6 ~~signature~~.

7 Revised: 2/2023; 8/15; Reaffirmed: 8/20; 8/10, 7/07, 7/01, 12/80

8
9 VII. DUE PROCESS

10
11 The Commission makes every effort to protect the due process rights of institutions and
12 programs and follow ethical accrediting practices. Because due process is a necessary and
13 integral part of accreditation, the Commission builds due process measures into various aspects
14 of the accreditation process. For example, the Commission sends a copy of the site visit report to
15 the institution for review prior to action by the Commission and encourages the institution to
16 prepare a response to the report.

17
18 Adverse actions, or those that may be appealed, are defined as those related to denial or
19 withdrawal of accreditation. Such decisions become final fourteen (14) days after the date on the
20 transmittal letter or when any appeal has been resolved. The Commission has procedures in
21 place to provide notice of the reasons for taking an adverse accreditation action. Such
22 procedures are required in order for accrediting agencies to comply with U.S. Department of
23 Education's Criteria and Procedures for Recognition of Accrediting Agencies.

24
25 Notice of “intent to withdraw” accreditation at a subsequent meeting is sent by tracked electronic
26 communication ~~mail~~ within fourteen (14) days. (See “Notice of Accreditation Actions to
27 Programs/Institutions” for more information.)

28
29 The following sections describe the Commission’s due process practices and indicate the
30 sequence of events that is typically followed when such procedures are needed.

31 Revised: 2/2023; 8/16; Reaffirmed: 8/21

32
33 E. DUE PROCESS RELATED TO DENIAL OF INITIAL ACCREDITATION

34
35 An institution/program may request a special appearance (hearing) before the appropriate Review
36 Committee in order to supplement the written information about the program which has already
37 been provided to the Review Committee. (See Due Process Related to Review Committee
38 Special Appearance)

39
40 If the Review Committee’s recommendation to the Commission is to deny initial accreditation,
41 the Review Committee will make a recommendation to the Director and Chair of the
42 Commission and indicate whether an appearance by the program before the full Commission is

1 appropriate. If so, representatives of the institution may present arguments that the Review
2 Committee made an error in judgment, based on the information available, in making its
3 recommendation to deny initial accreditation. During this special appearance before the
4 Commission, no new information regarding correction of deficiencies subsequent to the Review
5 Committee special appearance may be presented. The institution's representative(s) may attend
6 the Commission meeting only during the time assigned for the hearing. If a program is denied
7 accreditation by the Commission, reasons for the denial are provided. Because denial-of
8 accreditation is defined as an adverse action, notice of such decisions occurs within fourteen (14)
9 days and is sent by tracked electronic communication mail (including email).

10
11 If the Review Committee recommendation to the Commission is to grant initial accreditation and
12 the Commission subsequently denies initial accreditation, reasons for the denial are provided.
13 Because denial-of accreditation is defined as an adverse action, notice of such decisions occurs
14 within fourteen (14) days and is sent by tracked electronic communication mail (including
15 email). Within fourteen (14) days after receipt of such notice, the educational program may, in
16 writing, request a hearing before the Board of Commissioners at its next meeting. Within
17 fourteen (14) days after receipt of the request, the Board of Commissioners shall schedule a
18 hearing and notify the educational program of the date, time and place of such hearing. A
19 request for a hearing due to the Board of Commissioner's decision to deny for the first time,
20 accreditation to a new program, shall automatically stay the decision to deny accreditation. In
21 the event the educational program that has been denied initial accreditation for the first time does
22 not make a timely request for a hearing, the Board of Commissioners' findings and proposed
23 decision to deny accreditation shall become final.

24
25 In both circumstances outlined above the program has the opportunity, at the next regularly
26 scheduled Commission meeting, to present additional information to the Commission through
27 the appropriate-Review Committee, following the special appearance procedures outlined in
28 "Due Process Related to Review Committee Special Appearances." Such a request for a hearing
29 automatically stays the Commission's decision. When a program has been denied initial
30 accreditation and requests a stay of that decision, no additional application fee will be assessed.
31 Should a program choose to reapply, rather than request a stay of the Commission's decision, a
32 second application fee must be submitted with the program's reapplication.

33
34 If, following reconsideration, the Commission again denies accreditation to the program, the
35 program will be notified of its right to appeal this decision to the Appeal Board.

36
37 Programs also have the right, after initial accreditation is denied by the Commission the FIRST
38 time, to immediately appeal this decision to the Appeal Board. If the Appeal Board sustains the
39 decision of the Commission, the program forfeits the right to present additional information to
40 the Commission through the appropriate Review Committee as outlined above.

41

1 Adverse actions, or those that may be appealed, are defined as those related to denial or
2 withdrawal of accreditation. Such decisions become final fourteen (14) days after the date on the
3 transmittal letter or when any appeal has been resolved. The Commission has procedures in
4 place to provide notice of the reasons for taking an adverse accreditation action. Such
5 procedures are required in order for accrediting agencies to comply with U.S. Department of
6 Education's Criteria and Procedures for Recognition of Accrediting Agencies. The Commission's
7 notice of initiated and final adverse actions will be reported as described in the Commission's
8 Procedure For Disclosure Notice Of Adverse Actions.

9 Revised: 2/2023; 4/22; 8/18; 8/16; Reaffirmed: 8/21; 8/10

10 DUE PROCESS RELATED TO WITHDRAWAL OF ACCREDITATION

11
12
13 An institution/program may request a special appearance (hearing) before the appropriate
14 Review Committee in order to supplement the written information about the program which has
15 already been provided to the Review Committee. (See Due Process Related to Review
16 Committee Special Appearance)

17
18 If the Review Committee's recommendation to the Commission is to withdraw accreditation, the
19 Commission will notify the institution of the proposed action and the date of the Commission
20 meeting at which the Review Committee's recommendation will be considered. This
21 notification will advise the institution of its right to provide additional information for the
22 Commission to consider prior to reaching a decision on the proposed action. Any additional
23 information must be submitted in writing at least one (1) week prior to the meeting, absent
24 documented extraordinary circumstances, and should include any reasons why the institution
25 believes that the withdrawal of accreditation is unjustified.

26
27 If the Commission determines that accreditation should be withdrawn, the program will be
28 notified within fourteen (14) days and the notification is sent by tracked electronic
29 communication mail (including email). The program is also notified of its right to appeal this
30 decision to the Appeal Board. The filing of an appeal shall automatically stay the final decision
31 of the Commission.

32
33 Adverse actions, or those that may be appealed, are defined as those related to denial or
34 withdrawal of accreditation. Such decisions become final fourteen (14) days after the date on the
35 transmittal letter or when any appeal has been resolved. The Commission has procedures in
36 place to provide notice of the reasons for taking an adverse accreditation action. Such
37 procedures are required in order for accrediting agencies to comply with U.S. Department of
38 Education's Criteria and Procedures for Recognition of Accrediting Agencies. The Commission's
39 notice of initiated and final adverse actions will be reported as described in the Commission's
40 Procedure For Disclosure Notice Of Adverse Actions.

41 Revised: 2/2023; 4/22; 2/19; 8/18; 2/18; 8/16; Reaffirmed: 8/21; 8/10

1 **3. Appeal Procedures:** If a program has been denied accreditation or if its accreditation has
2 been withdrawn, the following appeal procedures are followed:

- 3
- 4 1. Within fourteen (14) days after the institution's receipt of notification of the Commission on
5 Dental Accreditation's decision to deny or withdraw accreditation, the program may file a
6 written request of appeal to the Director of the Commission. If a request of appeal is not
7 made, the Commission's proposed decision will automatically become final and the
8 appropriate announcement will be made.
- 9 2. If a request of appeal is received, the Director of the Commission shall acknowledge receipt
10 of the request and notify the program of the date of the appeal hearing. The appeal date shall
11 be within sixty (60) days after the appeal has been filed.
- 12 3. The program filing the appeal may be represented by legal counsel in addition to the program
13 administrator and other program representatives and shall be given the opportunity at such
14 hearing to offer evidence and argument in writing or orally or both tending to refute or
15 overcome the findings and decision of the Board of Commissioners. The educational
16 program need not appear in person or by its representative at the appellate hearing.
- 17 4. Legal counsel of the American Dental Association will be available to members of the
18 Appeal Board upon request.
- 19 5. No new information regarding correction of the deficiencies may be presented with the
20 exception of review of new financial information if all of the following conditions are met:
21 (i) The financial information was unavailable to the institution or program until after the
22 decision subject to appeal was made. (ii) The financial information is significant and bears
23 materially on the financial deficiencies identified by the Commission. The criteria of
24 significance and materiality are determined by the Commission. (iii) The only remaining
25 deficiency cited by the Commission in support of a final adverse action decision is the
26 institution's or program's failure to meet the Commission's standard pertaining to finances.
27 An institution or program may seek the review of new financial information described in this
28 section only once and any determination by the Commission made with respect to that review
29 does not provide a basis for an appeal.
- 30 6. The Appeal Board may make the following decisions: to affirm, amend, or remand the
31 adverse actions of the Commission. A decision to affirm, or amend the adverse action is
32 implemented by the Commission. In a decision to remand the adverse action for further
33 consideration, the Appeal Board will identify specific issues that the Commission must
34 address. The Commission must act in a manner consistent with the Appeal Board's decisions
35 or instructions.
- 36 7. No change in the accreditation status of the program will occur pending disposition of the
37 appeal.
- 38 8. Within ten (10) days of the hearing, the applicant shall be notified by tracked electronic
39 communication mail (including email) of the Appeal Board's decision. The decision may be
40 to sustain the decision of the Commission or to remand the matter back to the Commission
41 for reconsideration. Notice shall include a statement of the specifics on which the decision is
42 based.

- 1 9. The decision rendered by the Appeal Board shall be final and binding.
2 10. In the event the educational program does not file a timely appeal of the Board of
3 Commissioner's findings and decisions, the Board of Commissioner's decision shall become
4 final. The Commission's notice of final adverse actions will be reported as described in the
5 Commission's Procedure For Disclosure Notice Of Adverse Actions.
6

7 In accord with due process measures, the Appeal Board will, when appropriate, review
8 substantive procedural issues raised by the appellants. To this end, the Appeal Board is limited
9 in its inquiry to the factual determinations up to the time of the Commission on Dental
10 Accreditation's decision regarding the status of the program at issue.
11

12 It is not proper for the Appeal Board to either receive or consider facts not previously presented
13 to the Commission on Dental Accreditation since it does not sit as an initial reviewing body.
14 Similarly, it is not the function of the Appeal Board to determine whether the facts, singularly or
15 cumulatively, justify the decision of the Commission on Dental Accreditation unless it can be
16 shown that the Commission's decision was clearly against the manifest weight of the evidence.
17 Further, the Appeal Board will not hear testimony relative to the reasonableness of previously
18 determined requirements for accreditation since this is clearly outside the scope of authority of
19 this reviewing body.
20

21 Revised: 2/2023; 4/22; 2/21; 8/18; 8/16; 8/11, 1/03; Reaffirmed: 8/21; 8/10
22

23 **4. Mechanism For The Conduct Of The Appeal Hearing:**

- 24 1. A brief opening statement may be made by the Commission of Dental Accreditation for the
25 purpose of establishing the Commission's finding and the reasons therefore.
26 2. The Appellant will then present its argument to the Board.
27 3. The Commission may then present its rebuttal of the Appellant's argument.
28 4. After hearing the evidence, the Appeal Board shall meet in executive session to discuss the
29 appeal and make its decision. The Appeal Board's decision may be to sustain the decision of
30 the Commission, or remand the matter to the Commission for reconsideration. The decision
31 shall be based on a majority vote of the members of the Appeal Board with the Chair voting
32 only to break a tie vote.
33 5. The Appellant shall be notified by tracked electronic communication mail of the decision of
34 the Appeal Board, including a statement of specifics, within ten (10) days following the
35 hearing.

36 Revised: 2/2023; 8/16; 7/07, 7/06, 7/00, 12/88, 1978; Reaffirmed: 8/21; 8/11, 8/10; Adopted:
37