

REPORT OF THE REVIEW COMMITTEE ON DENTAL HYGIENE EDUCATION TO THE COMMISSION ON DENTAL ACCREDITATION

Committee Chair: Dr. Monica Nenad. Committee Members: Ms. Denise Avrutik (absent), Dr. Linda Boyd, Dr. Ngoc Chu (virtual), Ms. Mara Crow, Dr. Marcia Ditmyer, Ms. Patricia Guenther, Dr. James Harrison (virtual), Ms. Joanne Pacheco, Dr. Sharon Peterson, Dr. Carole Palmer, Dr. Paul Francis Tayag Ayson, and Ms. Maiga Van Haalen. Guests (Open Session Only, Virtual): Ms. Rebecca Stolberg, vice president, Allied Dental Education and Faculty Development, American Dental Education Association (ADEA), and Dr. JoAnn Gurenlian, director, Education, Research and Advocacy, American Dental Hygienists' Association (ADHA), attended the policy portion of the meeting. Staff Members: Ms. Katie Navickas, manager, Allied Dental Education, Ms. Jamie Asher-Hernandez, manager, Allied Dental Education, Mr. Daniel Sloyan, coordinator, Allied Program Reviews, and Ms. Zaira Perez-Lemon, senior project assistant, Commission on Dental Accreditation (CODA). Dr. Sherin Tooks, senior director, CODA, and Ms. Samara Schwartz, senior associate general counsel, CODA, attended a portion of the meeting. The meeting of the Review Committee on Dental Hygiene Education (DH RC) was held on January 6-8, 2025 at the ADA Headquarters, Chicago, Illinois and on January 13, 2025 via virtual meeting.

Informational Report on Dental Hygiene Programs Annual Survey Curriculum Section (p. 400): The Dental Hygiene Review Committee (DH RC) noted that the Annual Survey Curriculum Section for dental hygiene education is reviewed during the Winter Review Committee meeting in the year the survey will be distributed, which will next occur in August 2025. At this meeting, the DH RC considered its discipline-specific Annual Survey Curriculum Section (**Appendix 1, Policy Report p. 400**).

Following discussion, the DH RC determined that the majority of questions on the Dental Hygiene Annual Survey Curriculum Section were concise and appropriate in relation to the Accreditation Standards for Dental Hygiene Education Programs. The DH RC recommended revision to Question 54 requiring a resequencing and renumbering of the question response selections. The revision will create new subcategories for "patient management." The revision will allow for collection of data on specific patient types required in dental hygiene education Standard 2-12. The item for "provision of services for and management of patients with special needs" will be relocated to the new "patient management" section of Question 54. Following consideration, the DH RC determined revision to Question 54 (**Appendix 1**) should be implemented for the next Annual Survey in Fall 2025 and all other questions should be retained as written.

Recommendation: It is recommended that the Commission on Dental Accreditation adopt the proposed revision of the Dental Hygiene Annual Survey Curriculum Section (**Appendix 1**), with implementation in Fall 2025.

Consideration on Proposed Revisions to Standard 3-6 of the Accreditation Standards For Dental Hygiene Education Programs (p. 401): At its Winter 2023 meeting, the Commission on

Dental Accreditation (CODA) considered a letter from 17 state dental associations related to workforce shortages in dental assisting and dental hygiene education programs. The Commission discussed the letter and directed that a formal letter be sent to the state dental associations requesting additional information on the request, and that an Ad Hoc Committee be established to consider ratios within the Commission's Accreditation Standards. Subsequently, the Commission considered this matter in Summer 2023 and Winter 2024 (**Policy Report p. 401**).

At its Summer 2024 meetings, the DH RC and Commission considered the Report of the Ad Hoc Committee to Study Dental Hygiene Standards Related to Ratios. The DH RC and CODA considered proposed revisions to Dental Hygiene Standard 3-6, related to faculty degree requirements, and also noted that the Ad Hoc Committee recommended no changes to Standards 3-3 (program administrator degree requirement, previously stated as Standard 3-2) and 3-5 (faculty to student ratio).

The proposed revision of Dental Hygiene Standard 3-6 relates to the faculty degree requirement, which currently requires that full-time and part-time faculty possess a baccalaureate or higher degree, while clinical and dental science laboratory faculty appointed prior to July 1, 2022 are exempt from the degree requirement. The proposed revision would allow clinical and dental science laboratory faculty to possess an associate degree or higher, and also allow internationally trained dental hygienist or dentists that hold credentials required by the state to teach in dental hygiene education programs.

At the Summer 2024 meeting the DH RC discussed whether there should be a minimum number of years of experience for faculty who hold an associate degree and concluded that most institutions have hiring requirements for prior education and experience. The DH RC believed that the proposed revision to Standard 3-6 would enable programs to hire additional faculty to support the clinical phase of the program. Following consideration, the DH RC agreed with the findings of the Ad Hoc Committee including the proposed revisions to Dental Hygiene Standard 3-6, related to the faculty degree requirement and believed that the proposed revisions (**Appendix 1, Policy Report p. 401**) should be circulated to the communities of interest for review and comment for six (6) months, with a Hearing in conjunction with the October 2024 American Dental Association Annual Meeting, with comments reviewed at the Commission's Winter 2025 meetings. The DH RC believed a shortened circulation was warranted since this change would benefit programs with hiring additional faculty to support student enrollment. The Commission concurred with the recommendations of the DH RC at the Summer 2024 Commission meeting.

At this meeting, the Dental Hygiene Review Committee considered the proposed revision to Standard 3-6 of the Accreditation Standards for Dental Hygiene Education Programs (**Appendix 1, Policy Report p. 401**) that was circulated to the communities of interest for review and comment through December 1, 2024. The DH RC carefully reviewed and discussed all comments received during the period of public comment, including: five (5) comments received at the October 2024 Virtual Hearing on Standards (**Appendix 2, Policy Report p. 401**); 194 formal written comments through the Dental Hygiene Comment Portal that included 183 formal

written comments received prior to the December 1, 2024 deadline (**Appendix 3, Policy Report p. 401**) and six (6) formal written comments received after the December 1, 2024 (**Appendix 4, Policy Report p. 401**); five (5) written comments without names or associated email through the Dental Hygiene Comment Portal (**Appendix 5, Policy Report p. 401**) received prior to the December 1, 2024 deadline; and 13 formal written comments submitted through incorrect Comment Portals (**Appendix 6, Policy Report p. 401**). The DH RC also noted, 353 individuals initiated but did not complete or submit a comment.

The DH RC noted the comment portal permitted two (2) categories of response to indicate the respondent either agreed or disagreed with the proposed revision to Standard 3-6. While reviewing the specific comments made, the DH RC identified that the respondents may have selected “agree” or “disagree” with the proposed revision to Standard 3-6; however, in the additional comment section, the majority of the respondents provided a narrative response that further clarified agreement in some areas and disagreement in other areas of the proposed revision. Respondents may have disagreed with the portion of the revision that would permit internationally trained dental hygienists and dentists that hold credentials required by the state to teach in dental hygiene education programs, while agreeing with the proposed revision regarding the degree requirements of didactic, laboratory, and clinical faculty. Thus, the Review Committee determined it would analyze the responses to each portion of the revision separately to better understand the comments to each section of Dental Hygiene Standard 3-6.

First, the Review Committee considered the comments received related to the portion of the revision that would permit clinical and dental science laboratory faculty who possess an associate or higher degree to teach in dental hygiene education programs. The DH RC concluded that the majority of comments received agreed with the change to the associate degree minimum requirement for clinical and dental science laboratory faculty. In consideration of this matter, the Committee discussed the areas of concern and possible explanations as to why programs continue to have difficulty recruiting and hiring qualified faculty, including the continued labor shortage affecting the pool of faculty in allied dental health education programs, the wage gap between private practice dental hygienists and dental hygiene program faculty, and the institutions’ own minimum hiring requirements for faculty. The DH RC noted that other dental education disciplines have Standards related to faculty that are not as prescriptive; however, in dental hygiene the completion of an associate degree program, passing the National Board Dental Hygiene Examination, a regional clinical board, and graduation from a CODA-accredited program are often viewed as the minimum requirement for licensure. Therefore, the DH RC believed that the dental hygiene education Standard related to faculty and program administration should be defined by the general national licensure requirements. The DH RC also considered comments that related to programs located in rural areas and the struggle to recruit and hire baccalaureate degree dental hygienists to teach clinical and dental science laboratory courses due to the allied dental health shortage of practicing registered dental hygienists and how the proposed revision to Standard 3-6 could benefit those communities. The DH RC also considered the positive effect the proposed revision to Standard 3-6 could have related to hiring additional faculty to support the clinical phase of the program nationally with the expansion of the dental hygiene profession and the projected growth of the allied dental

education field. Therefore, the Dental Hygiene Review Committee recommended that the Commission implement the proposed revision to Dental Hygiene Standard 3-6 related to the minimum degree requirement for faculty teaching didactic, clinical, and laboratory sciences, as noted in **Appendix 2**, with immediate implementation.

Second, the Dental Hygiene Review Committee considered the comments received related to internationally trained dentists and dental hygienists serving as faculty within a dental hygiene education program. The DH RC concluded the majority of comments were in disagreement with this proposed revision. The “disagree” comments received by the Commission were related to the portion of the proposed revision for internationally trained dentists and dental hygienists requiring these individuals to hold credentials required by the state in lieu of the requirement for graduation from a CODA-accredited program as is required for all other faculty appointed after July 1, 2022. The DH RC discussed the comments on state licensure requirements and state teaching credentials as the reason given by individuals who disagreed with the proposed revision to this portion of the Standard. The comments discussed the variability of educational background and dental practice experience among internationally trained dentists and dental hygienists. The DH RC discussed the expectation that internationally trained faculty should have similar credentials to other faculty who graduated from a CODA-accredited program. The Review Committee concluded that this portion of the proposed revision to Standard 3-6 should be further revised to better communicate that the program could hire internationally trained dentists and dental hygienists if the faculty candidate met the institution’s and the state’s minimum requirements through a credentialing process. The DH RC reviewed the current Dental Education Standard 3-1 and focused on the qualifications and experience portions as a guide to continue the discussion regarding internationally trained dentists and dental hygienists teaching in dental hygiene education programs. The DH RC agreed that the wording found in Dental Education Standard 3-1 would capture the purpose of the revision to clarify that an internationally trained dentist or dental hygienist would have to be deemed qualified to teach in the dental hygiene program. The DH RC concluded that an alternate proposed revision (**Appendix 3**) related to internationally trained dentist and dental hygienist qualifications for teaching in a dental hygiene education program should be circulated with the emphasis on the individual being “qualified through appropriate knowledge and experience in the discipline as determined by the credentialing of the individual faculty as defined by the program/institution and state in which the program is located.” The DH RC believed that the proposed revision to Dental Hygiene Standard 3-6 c, found in **Appendix 3** should be circulated to the communities of interest for a period of six (6) months, with Hearings conducted in conjunction with the American Dental Education Association (ADEA) Annual Meeting, with review of all comments received by the Review Committee and Commission in Summer 2025.

Recommendations: It is recommended that the Commission on Dental Accreditation adopt the proposed revision to the Accreditation Standards for Dental Hygiene Education Programs Standard 3-6, found in **Appendix 2**, with immediate implementation.

It is further recommended that the Commission on Dental Accreditation direct the proposed revision to Standard 3-6 c of the Accreditation Standards Dental Hygiene

Education Programs, related to internationally trained dentists and dental hygienists teaching in dental hygiene education programs, found in **Appendix 3**, be circulated to the communities of interest for review and comment for six (6) months, with Hearings conducted in conjunction with the American Dental Education Association (ADEA) Annual Meeting, with review of all comments received by the Review Committee and Commission in Summer 2025.

Consideration of Accreditation Standards for Dental Hygiene Education Programs Related to Administrative Oversight at Major Sites Where Educational Activity Occurs (p. 402): At

its Winter 2024 meeting, the Commission on Dental Accreditation (CODA) directed an Ad Hoc or Standing Committee to investigate in-person, on-site work expectations for program directors to determine if changes are needed in the discipline-specific Accreditation Standards for dental education, advanced dental education, and allied dental education programs. As directed, in advance of the Summer 2024 CODA meeting, the Ad Hoc Committee, which was comprised of all current CODA Commissioners, reviewed the background materials, which included the Commission's action leading to the Ad Hoc Committee, and the Standards for each discipline related to program director (**Appendix 1, Policy Report p. 402**). The Committee noted that while all CODA Standards have a requirement for clinical supervision at all educational activity sites, most Standards do not address overall administrative oversight of the program, by the program director or a designee, at all sites where a student spends a majority or all their time. The Committee discussed whether virtual oversight or assignment of a responsible individual would be appropriate at all educational sites. The Committee believed there must be consistency in the educational program at all program sites. Following consideration, the Ad Hoc Committee concluded that each Review Committee that does not currently have a Standard related to administrative oversight at major educational activity sites (e.g., off-campus sites where students spend a majority or all their time) should review this topic and determine whether a Standard is needed to address the Commission's expectation for administrative oversight, for consideration by the Commission in Winter 2025. In considering this matter, the Commission noted that inclusion of Intent Statements, in conjunction with proposed Standards, could further clarify the flexibility permitted for programs to oversee educational sites in a variety of ways, while ensuring administrative oversight and consistency in the educational program across all sites. At its Summer 2024 meeting, the Commission on Dental Accreditation concurred with the recommendations of the Ad Hoc Committee.

At its Winter 2025 meeting, the Review Committee on Dental Hygiene Education (DH RC) considered the Dental Hygiene Accreditation Standards (**Appendix 1, Policy Report p. 402**) related to administrative oversight at major educational activity sites (e.g., off-campus sites where students spend a majority or all their time) to determine whether revisions are needed to address the Commission's expectation for administrative oversight. The DH RC noted that due to increased use of major educational activity sites, including separate cohorts of students receiving their entire education at a major educational activity sites, the Standards may warrant future review to address supervision at all program educational activity sites. The DH RC noted that Dental Education Standards are being revised at this time and the DH RC could consider the final adopted Dental Education Standards as a resource related to this topic.

Following consideration, the Dental Hygiene Review Committee determined that the Standards may require a future revision to address overall administrative oversight of the program, by the program administrator, at all sites where a student spends a majority or all their time. In consideration of this topic, the DH RC could review Dental Hygiene Education Standard 3 Administration, Faculty and Staff related to administrative oversight at major educational activity sites, as well as Standards in dental education, to determine what, if any, revisions should be made within dental hygiene.

Recommendation: It is recommended that the Commission on Dental Accreditation direct there be no revision at this time to the Accreditation Standards for Dental Hygiene Education Programs related to administrative oversight at major sites where educational activity occurs.

It is further recommended that the Commission on Dental Accreditation direct that consideration of administrative oversight at major sites where educational activity occurs be included in future discussions of the Dental Hygiene Education Review Committee, with consideration of the proposed revisions for predoctoral dental education programs, if applicable, and a future report to the Commission.

Consideration of Accreditation Standards for Dental Hygiene Education Programs Related to Diversity and Humanistic Culture and Learning Environment (p.403): On December 1, 2023, the Commission received a letter from The National Coalition of Dentists for Health Equity (TNCDHE) (**Appendix 1, Policy Report p. 403**), which provided short-term and long-term suggestions to CODA to improve diversity in all academic dental, allied dental, and advanced dental education programs. In Winter 2024, each Review Committee of the Commission provided comment to CODA on TNCDHE letter. Following consideration of Review Committee Reports, the Commission directed establishment of an Ad Hoc Committee composed of all Commissioners who chair the discipline-specific Review Committees in dental, allied dental, and advanced dental education, and additional CODA Commissioners, to study the Accreditation Standards for possible revision related to the letter from TNCDHE.

In advance of the Commission's Summer 2024 meeting, the Ad Hoc Committee, which was comprised of all current CODA Commissioners, reviewed the background materials, which included the prior work of the Commission on this topic, the letters from TNCDHE, CODA Standards related to diversity and the humanistic culture including proposed revisions, Annual Survey data on dental programs related to diversity, and information from other accrediting agencies. The Committee noted that this is an important topic, but other considerations must also be acknowledged including differences among institutions related to missions, resources, funding, state and federal regulations, and legal considerations. It was noted that some states do not permit initiatives focused on diversity, and the Commission cannot impose Standards that would conflict with state or federal law. As such, the Committee noted the proposed predoctoral dental education Standard revision, which discusses diversity efforts, would be consistent with university policy and state law. At its Summer 2024 meeting, following consideration of the Ad

Hoc Committee Report, the Commission directed that all Review Committees consider the proposed revisions for the Dental Standards 1-2 and 1-3 and revisions for the Oral and Maxillofacial Surgery Standards 1-11 and 2-1.7 (adopted Summer 2024), for possible inclusion of similar Standards within the Review Committee's own discipline(s) to address diversity and the humanistic culture, with a report to the Commission in Winter 2025.

At its Winter 2025 meeting, the Review Committee on Dental Hygiene Education (DH RC) considered the dental hygiene Accreditation Standards, and reference materials including the proposed Dental Standards 1-2 and 1-3 and adopted revisions for Oral and Maxillofacial Surgery Standards 1-11 and 2-1.7 (**Appendix 2, Policy Report p. 403**) for possible inclusion of similar Standards to address diversity and the humanistic culture and learning environment. The DH RC noted that Dental Hygiene Education Standard 1-2 Planning and Assessment currently addresses the stated commitment to a humanistic culture and learning environment that is regularly evaluated and diversity is covered within the intent statement of this Standard. The Committee discussed differences among institutions related to missions, resources, funding, state and federal regulations, and legal considerations, noting that some states do not permit initiatives focused on diversity. The DH RC agreed that the Commission cannot impose Standards that would conflict with state or federal law. The DH RC also agreed on the importance of the incorporation of diversity, equity and inclusion into the Accreditation Standards for Dental Hygiene. The Committee noted that the Dental Education Standards are currently under revision, and proposed changes may also benefit the DH RC in its potential revision to Standard 1-2 that addresses humanistic culture and learning environment. Alternately, the DH RC may consider a new Dental Hygiene Education Standard that directly addresses diversity, equity and inclusion in dental hygiene programs with consideration to align with possible state and institutional policies.

Following consideration, the Review Committee determined that the Standards may require a future modification to address diversity, equity and inclusion in dental hygiene education programs. In future consideration of this topic, the DH RC may reference the Dental Education Standards, which are currently under revision by the Commission. The DH RC may also review Dental Hygiene Education Standard 1-2, which addresses humanistic culture and learning environment or may propose a new Standard specifically related to diversity, equity and inclusion in dental hygiene education programs.

Recommendation: It is recommended that the Commission on Dental Accreditation direct there be no revision at this time to the Accreditation Standards for Dental Hygiene Education Programs related to diversity and the humanistic culture and learning environment.

It is further recommended that the Commission on Dental Accreditation direct that consideration of diversity and the humanistic culture and learning environment be included in future discussions of the Dental Hygiene Education Review Committee, with consideration of the proposed revisions for predoctoral dental education programs, if applicable, and a future report to the Commission.

**CONSIDERATION OF MATTERS RELATING TO MORE THAN
ONE REVIEW COMMITTEE**

Matters related to more than one review committee are included in a separate report.

**CONSIDERATION OF SITE VISITOR APPOINTMENTS TO THE
COMMISSION ON DENTAL ACCREDITATION IN THE AREA OF
DENTAL HYGIENE EDUCATION**

The Review Committee on Dental Hygiene Education (DH RC) considered site visitor appointments for 2025-2026. The Committee's recommendations on the appointments of individuals are included in a separate report.

CONSIDERATION OF MATTERS RELATED TO ACCREDITATION STATUS

Matters related to accreditation status of programs are included in a separate report.

Respectfully submitted,

Dr. Monica Nenad
Chair, Review Committee on Dental Hygiene Education

Proposed Revision to Question 54 of the Annual Survey Curriculum Section for Dental Hygiene Education Programs

Additions are Underlined
~~Strikethroughs~~ indicate Deletions

2023-24 Survey of Dental Hygiene Education Programs

Curriculum Information

This section is confidential. Any report produced from this section will not identify individual programs. However, some data will be included in the program profile for the site visit materials used by the Commission on Dental Accreditation.

The curriculum survey is designed to describe the required program in each school/institution in terms of clock hours of instruction by major teaching areas. The methodology for this study was adapted from the “Dental Education in the United States 1976” study. This study relied on clock hours as the best indicator of the scope of curricula and found that the data on instructional hours made possible general comparisons of overall program length, the breadth of curriculum content, and the degree(s) of emphasis.

Since no single reporting format could satisfy all of the reporting requirements of all programs, the validity of the information reported in this survey will have to rely on careful judgments made at individual institutions. Curricula that contain significant amounts of self-paced instruction, optional summer sessions and early graduation options are difficult to report in terms of clock hours.

Nevertheless, report a typical or common number of hours rather than a range.

Clock hour of instruction:

Please quantify the amount of instruction provided in each content area for the accredited program. A clock hour is considered one hour of formal instruction devoted to a subject area. It must be clearly distinguished from a semester or quarter hour. For example, if a semester is 15 weeks long, one semester hour would equal 15 clock hours.

When one subject or topic is covered in more than one course, report the total instructional time. If multiple content areas are included in a single course, divide the hours for the course into appropriate allocations for each topic area.

Retain a copy of this form for your files. The next time this information is collected (2025-26), focus on any changes in the curriculum and update the information relating to your program.

Didactic instruction:

Lectures, demonstrations or other instruction without psychomotor participation by students.

Laboratory or pre-clinical instruction:

Indicates that students receive supervised experience in performing functions in the laboratory setting using study models, mannequins, etc., and their performance is evaluated by faculty according to predetermined criteria.

Clinical instruction:

Indicates that students receive supervised experience in performing functions in the clinical setting on patients and clinical performance of the functions is evaluated by faculty according to predetermined criteria. Clinical hours should not be reported twice; if clinical hours are reported for a specific content area, they must not be duplicated on the clinical practice line.

Faculty/student ratios:

Should be reported based on the average number of students taught by one faculty member at a time. The total number of students taught are to be divided by the total number of teaching faculty members. For example, 45 students taught by three instructors are reported as a faculty/student ratio of 1:15 for that class. If there are multiple clinical or laboratory sections for a particular class, the ratio is based on the number of students and faculty assigned to the sections.

For different ratios in sections of the same subject area, report the average ratio among all sections or classes. Faculty/student ratios of 1:0 are not acceptable.

Faculty/student ratios must be provided for all areas of instruction for which laboratory or clinical clock hours are reported.

Curriculum Information (continued)

53. Please indicate the number of didactic and laboratory clock hours of instruction for the following content areas required in the accredited dental hygiene program.

Do not include elective courses, prerequisite courses (except those related to accreditation standards), or physical education courses. If none, enter 0.

	Didactic instruction clock hours	Laboratory instruction clock hours
a. Written communications	<input type="text"/>	<input type="text"/>
b. Oral communications	<input type="text"/>	<input type="text"/>
c. Psychology	<input type="text"/>	<input type="text"/>
d. Sociology	<input type="text"/>	<input type="text"/>

e. Anatomy

f. Physiology

g. Chemistry

h. Biochemistry

i. Microbiology

	Didactic instruction clock hours	Laboratory instruction clock hours
j. Immunology	<input type="text"/>	<input type="text"/>
k. General and/or pathophysiology	<input type="text"/>	<input type="text"/>
l. Head, neck and oral anatomy	<input type="text"/>	<input type="text"/>
m. Oral embryology and histology	<input type="text"/>	<input type="text"/>
n. Legal and ethical aspects of dental hygiene	<input type="text"/>	<input type="text"/>

53 (continued). For each area in which laboratory clock hours were listed, please provide the faculty/student ratios.

	Laboratory faculty: student ratio
a. Written communications	1: <input type="text"/>
b. Oral communications	1: <input type="text"/>
c. Psychology	1: <input type="text"/>
d. Sociology	1: <input type="text"/>
e. Anatomy	1: <input type="text"/>
f. Physiology	1: <input type="text"/>
g. Chemistry	1: <input type="text"/>
h. Biochemistry	1: <input type="text"/>
i. Microbiology	1: <input type="text"/>
j. Immunology	1: <input type="text"/>
k. General and/or pathophysiology	1: <input type="text"/>
l. Head, neck and oral anatomy	1: <input type="text"/>

m. Oral embryology and histology

1:

n. Legal and ethical aspects of dental hygiene

1:



Use this space to enter comments or clarifications for your answers on this page.

Curriculum Information (continued)

54. Please indicate the number of didactic, laboratory, and clinical clock hours of instruction for the following content areas required in the accredited dental hygiene program.

Do not include elective courses, prerequisite courses (except those related to accreditation standards), or physical education courses. If none, enter 0.

	Didactic instruction clock hours	Laboratory instruction clock hours	Clinical instruction clock hours
a. Nutrition	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. Pharmacology	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Tooth morphology	<input type="text"/>	<input type="text"/>	<input type="text"/>
d. Oral and maxillofacial pathology	<input type="text"/>	<input type="text"/>	<input type="text"/>
e. Radiography	<input type="text"/>	<input type="text"/>	<input type="text"/>
f. Periodontology	<input type="text"/>	<input type="text"/>	<input type="text"/>
g. Pain management	<input type="text"/>	<input type="text"/>	<input type="text"/>

h. Dental materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Oral health education and preventive counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Patient management			
k. j. Clinical Dental Hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Provision of services for and management of patients with special needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. k. Community dental/oral health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. l. Medical emergencies (including basic life support)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. m. Infection and hazard control management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. n. Provision of oral health services to patients with bloodborne infectious diseases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Patient management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. adolescent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. geriatric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. special needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

54 (continued). For each area in which laboratory clock hours were listed, please provide the faculty/student ratios.

Laboratory faculty: student
ratio

- | | |
|--|-------------------------|
| a. Nutrition | 1: <input type="text"/> |
| b. Pharmacology | 1: <input type="text"/> |
| c. Tooth morphology | 1: <input type="text"/> |
| d. Oral and maxillofacial pathology | 1: <input type="text"/> |
| e. Radiography | 1: <input type="text"/> |
| f. Periodontology | 1: <input type="text"/> |
| g. Pain management | 1: <input type="text"/> |
| h. Dental materials | 1: <input type="text"/> |
| i. Oral health education and preventive counseling | 1: <input type="text"/> |
| j. Patient management | 1: <input type="text"/> |
| k. Clinical Dental Hygiene | 1: <input type="text"/> |
| l. Provision of services for and management of patients with special needs | 1: <input type="text"/> |
| m. Community dental/oral health | 1: <input type="text"/> |
| n. Medical emergencies (including basic life support) | 1: <input type="text"/> |
| o. Infection and hazard control management | 1: <input type="text"/> |
| p. Provision of oral health services to patients with bloodborne infectious diseases | 1: <input type="text"/> |

54 (continued). For each area in which clinical clock hours were listed, please provide the faculty/student ratios.

Clinical faculty: student
ratio

- | | |
|--|-------------------------|
| a. Nutrition | 1: <input type="text"/> |
| b. Pharmacology | 1: <input type="text"/> |
| c. Tooth morphology | 1: <input type="text"/> |
| d. Oral and maxillofacial pathology | 1: <input type="text"/> |
| e. Radiography | 1: <input type="text"/> |
| f. Periodontology | 1: <input type="text"/> |
| g. Pain management | 1: <input type="text"/> |
| h. Dental materials | 1: <input type="text"/> |
| i. Oral health education and preventive counseling | 1: <input type="text"/> |
| j. Patient management | 1: <input type="text"/> |
| k. Clinical Dental Hygiene | 1: <input type="text"/> |
| l. Provision of services for and management of patients with special needs | 1: <input type="text"/> |
| m. Community dental/oral health | 1: <input type="text"/> |
| n. Medical emergencies (including basic life support) | 1: <input type="text"/> |
| o. Infection and hazard control management | 1: <input type="text"/> |
| p. Provision of oral health services to patients with bloodborne infectious diseases | 1: <input type="text"/> |

Use this space to enter comments or clarifications for your answers on this page.

Curriculum Information (continued)

55. Please indicate the number of didactic, laboratory, and clinical clock hours of instruction for all other content areas required in the accredited dental hygiene program.

	Didactic instruction clock hours	Laboratory instruction clock hours	Clinical instruction clock hours
a.	<input type="text"/>	<input type="text"/>	<input type="text"/>
b.	<input type="text"/>	<input type="text"/>	<input type="text"/>
c.	<input type="text"/>	<input type="text"/>	<input type="text"/>
d.	<input type="text"/>	<input type="text"/>	<input type="text"/>

	Didactic instruction clock hours	Laboratory instruction clock hours	Clinical instruction clock hours
e.	<input type="text"/>	<input type="text"/>	<input type="text"/>
f.	<input type="text"/>	<input type="text"/>	<input type="text"/>

55 (continued). For each area in which laboratory clock hours were listed, please provide the faculty/student ratios.

Laboratory faculty: student ratio

a.	1:	<input type="text"/>
b.	1:	<input type="text"/>
c.	1:	<input type="text"/>
d.	1:	<input type="text"/>
e.	1:	<input type="text"/>
f.	1:	<input type="text"/>

55 (continued). For each area in which clinical clock hours were listed, please provide the faculty/student ratios.

Clinical faculty: student ratio

g.	1:	<input type="text"/>
h.	1:	<input type="text"/>
i.	1:	<input type="text"/>
j.	1:	<input type="text"/>

k.

1:

l.

1:

56. Of the students enrolled in the dental hygiene science portion of the curriculum, how many clock hours per term per year are they scheduled for pre-clinical and clinical practice?

Note that the word 'term' is used here as a generic reference for type of session: semester, quarter, etc.

	Term 1	Term 2	Term 3 (if applicable)	Term 4 (if applicable)
a. 1st year: pre-clinical	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. 1st year: clinical	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. 2nd year: clinical	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Use this space to enter comments or clarifications for your answers on this page.

Curriculum Information (continued)

57. Please indicate which of the following services students are taught to perform, and if so, indicate if they are taught to clinical competence.

NOTE: The service is taught to clinical competence if all students receive

supervised experience in performing the service on patients (including student partners) in a clinical setting and their performance is evaluated by faculty

according to predetermined criteria. If a function is not permitted in the program's state, select "No" in the first column.

	Are students taught to perform the service?		If yes, are students taught to clinical competence?
	Yes	No	
a. Clinical infection control procedures	<input type="radio"/>	<input type="radio"/>	<input type="text" value="v"/>
b. Medical and dental histories	<input type="radio"/>	<input type="radio"/>	<input type="text" value="v"/>
c. Vital signs	<input type="radio"/>	<input type="radio"/>	<input type="text" value="v"/>
d. Intraoral inspection (including charting carious lesions, periodontal diseases, existing and missing teeth)	<input type="radio"/>	<input type="radio"/>	<input type="text" value="v"/>
e. Extraoral inspection	<input type="radio"/>	<input type="radio"/>	<input type="text" value="v"/>
f. Dental hygiene assessment/dental hygiene treatment planning	<input type="radio"/>	<input type="radio"/>	<input type="text" value="v"/>
g. Evaluation of dental hygiene services	<input type="radio"/>	<input type="radio"/>	<input type="text" value="v"/>
h. Radiographs	<input type="radio"/>	<input type="radio"/>	<input type="text" value="v"/>
i. Indices	<input type="radio"/>	<input type="radio"/>	<input type="text" value="v"/>
j. Risk management (i.e., tobacco, systemic, caries)	<input type="radio"/>	<input type="radio"/>	<input type="text" value="v"/>
	Yes	No	
k. Impressions for study casts	<input type="radio"/>	<input type="radio"/>	<input type="text" value="v"/>
	<input type="radio"/>	<input type="radio"/>	<input type="text" value="v"/>
l. Occlusal registration for mounting study casts	<input type="radio"/>	<input type="radio"/>	<input type="text" value="v"/>
m. Pulp vitality testing	<input type="radio"/>	<input type="radio"/>	<input type="text" value="v"/>
n. Oral health education including health promotion, disease prevention and behavior modification	<input type="radio"/>	<input type="radio"/>	<input type="text" value="v"/>
	<input type="radio"/>	<input type="radio"/>	<input type="text" value="v"/>
o. Clean removable appliances and prostheses	<input type="radio"/>	<input type="radio"/>	<input type="text" value="v"/>
	<input type="radio"/>	<input type="radio"/>	<input type="text" value="v"/>

p. Nutritional counseling

q. Supragingival scaling

r. Subgingival scaling

	Are students taught to perform the service?		If yes, are students taught to clinical competence?
	Yes	No	
s. Root planing	<input type="radio"/>	<input type="radio"/>	<input type="text" value="v"/>
t. Coronal polishing	<input type="radio"/>	<input type="radio"/>	<input type="text" value="v"/>
	Yes	No	
u. Application of chemotherapeutic agents	<input type="radio"/>	<input type="radio"/>	<input type="text" value="v"/>
v. Application of anticariogenic agents	<input type="radio"/>	<input type="radio"/>	<input type="text" value="v"/>
w. Polish restorations	<input type="radio"/>	<input type="radio"/>	<input type="text" value="v"/>
x. Pit and fissure sealants	<input type="radio"/>	<input type="radio"/>	<input type="text" value="v"/>
y. Application of topical anesthetic agents	<input type="radio"/>	<input type="radio"/>	<input type="text" value="v"/>
z. Administration of local anesthetic: infiltration	<input type="radio"/>	<input type="radio"/>	<input type="text" value="v"/>
aa. Administration of local anesthetic: block	<input type="radio"/>	<input type="radio"/>	<input type="text" value="v"/>
bb. Administration of nitrous oxide/analgesia	<input type="radio"/>	<input type="radio"/>	<input type="text" value="v"/>
cc. Monitoring of nitrous oxide/analgesia	<input type="radio"/>	<input type="radio"/>	<input type="text" value="v"/>
dd. Periodontal and surgical dressing: place	<input type="radio"/>	<input type="radio"/>	<input type="text" value="v"/>
	Yes	No	
ee. Periodontal and surgical dressing: remove	<input type="radio"/>	<input type="radio"/>	<input type="text" value="v"/>
ff. Suture: place	<input type="radio"/>	<input type="radio"/>	<input type="text" value="v"/>
gg. Suture: remove	<input type="radio"/>	<input type="radio"/>	<input type="text" value="v"/>
hh. Closed soft tissue curettage	<input type="radio"/>	<input type="radio"/>	<input type="text" value="v"/>
ii. Rubber dams: place	<input type="radio"/>	<input type="radio"/>	<input type="text" value="v"/>
jj. Rubber dams: remove	<input type="radio"/>	<input type="radio"/>	<input type="text" value="v"/>
	<input type="radio"/>	<input type="radio"/>	<input type="text" value="v"/>

kk. Matrices: place

ll. Matrices: remove

mm. Temporary restorations: place

	Are students taught to perform the service?		If yes, are students taught to clinical competence?
	Yes	No	
nn. Temporary restorations: remove	<input type="radio"/>	<input type="radio"/>	<input type="text" value="v"/>
oo. Amalgam restorations: place	<input type="radio"/>	<input type="radio"/>	<input type="text" value="v"/>
pp. Amalgam restorations: carve	<input type="radio"/>	<input type="radio"/>	<input type="text" value="v"/>
qq. Amalgam restorations: finish	<input type="radio"/>	<input type="radio"/>	<input type="text" value="v"/>
rr. Composite resin restorations: place	<input type="radio"/>	<input type="radio"/>	<input type="text" value="v"/>
ss. Composite resin restorations: finish	<input type="radio"/>	<input type="radio"/>	<input type="text" value="v"/>
tt. Application of cavity liners and bases	<input type="radio"/>	<input type="radio"/>	<input type="text" value="v"/>
uu. Removal of excess restorative materials	<input type="radio"/>	<input type="radio"/>	<input type="text" value="v"/>

Use this space to enter comments or clarifications for your answers on this page.

Commission on Dental Accreditation

At its Summer 2024 meeting, the Commission directed that the proposed revisions to Standard 3-6 of the Accreditation Standards for Dental Hygiene Education Programs be distributed to the communities of interest for review and comment, with comments due December 1, 2024, for review at the Winter 2025 Commission Meeting.

This document represents the proposed revisions based upon review of comments received from communities of interest from August 8, 2024 to December 1, 2024.

This document will be considered by the Commission in Winter 2025.

Proposed Revisions to Dental Hygiene Standard 3-6

Additions are Underlined
~~Strikethroughs~~ indicate Deletions

Accreditation Standards for Dental Hygiene Education Programs

Commission on Dental Accreditation

At its Summer 2024 meeting, the Commission directed that the proposed revisions to Standard 3-6 of the Accreditation Standards for Dental Hygiene Education Programs be distributed to the communities of interest for review and comment, with comments due December 1, 2024, for review at the Winter 2025 Commission Meeting.

This document represents the proposed new revision submitted for Commission review in Winter 2025, following review of comments received from communities of interest from August 8, 2024 to December 1, 2024 and following consideration by the Review Committee at its Winter 2025 meeting.

Proposed New Revision to Dental Hygiene Standard 3-6 c, for circulation (noted in red)

Proposed Revision to Dental Hygiene Standard 3-6 for adoption Winter 2025 (noted in green)

Additions are Underlined
~~Strikethroughs~~ indicate Deletions

Accreditation Standards for Dental Hygiene Education Programs

1 **STANDARD 3 - ADMINISTRATION, FACULTY AND STAFF**

2
3 **Faculty**

4
5 **3-6 All faculty of a dental hygiene program who teach in a didactic course must possess**
6 **a baccalaureate or higher degree. All faculty whose teaching is limited to a clinical**
7 **and dental science laboratory course must possess an associate or higher degree.**
8

9 **All dental hygiene program faculty members must have:**

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

21
22 **Intent:**

23 *Faculty should have background in current education theory and practice, concepts*
24 *relative to the specific subjects they are teaching, clinical practice experience and, if*
25 *applicable, distance education techniques and delivery. These criteria apply to dentists*
26 *and dental hygienists who supervise students' clinical procedures should have*
27 *qualifications which comply with the state dental or dental hygiene practice act.*
28 *Individuals who teach and supervise dental hygiene students in clinical enrichment*
29 *experiences should have qualifications comparable to faculty who teach in the dental*
30 *hygiene clinic and are familiar with the program's objectives, content, instructional*
31 *methods and evaluation procedures.*
32

33 **Examples of evidence to demonstrate compliance may include:**

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