

## **REPORT OF THE STANDING COMMITTEE ON DOCUMENTATION AND POLICY REVIEW**

**Background:** The Standing Committee on Documentation and Policy Review met via virtual meeting on June 19, 2023. Committee members in attendance included: Dr. Scott DeVito (chair), Dr. Joel Berg, Dr. Scott DeRossi, Dr. Paul Luepke, Dr. Monica Nenad, and Dr. Marshall Titus. Dr. Nancy Rosenthal was unable to attend. Dr. Sherin Toops, senior director, and Ms. Jamie Asher Hernandez, Ms. Kathleen Navickas, Ms. Peggy Soeldner, Ms. Yesenia Ruiz, 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:

**Regular Review of Commission Policies:** One of the charges of the Standing Committee on Documentation and Policy Review is to regularly review Commission policies and procedures found in the Commission's Evaluation and Operational Policies and Procedures manual (EOPP) to ensure that they are current and relevant. Following discussion of the policies scheduled for regular review, as well as proposed revisions, the Standing Committee determined that, unless noted, the policies remain current and relevant. In addition, the Standing Committee believed revisions to select policies noted in **Appendix 1** are warranted and recommended they be adopted.

**Standing Committee Recommendation:** It is recommended that the Commission on Dental Accreditation adopt and implement immediately the proposed revisions to policies found in **Appendix 1**, including the revision of policies in the Commission's EOPP 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: Criteria for Consideration of an Application for Accreditation, Site Visitors, Materials Available from the Commission, Information on the Commission's Website, Reporting Program Changes in Accredited Programs, Policy on Preparation and Submission of Documents to the Commission, Due Process Related to Appeal of Accreditation Status Decisions, Review Committees and Review Committee Meetings, Commission and Commission Meetings, and the Commission's Policy on Temporary Use of Alternative Site Visits.

The Standing Committee considered proposed revisions to the *Criteria for Consideration of an Application for Accreditation*, which were proposed to clarify the situations where drafted and signed contractual agreements are required for inclusion in a developing program's accreditation application.

The Standing Committee also considered the proposed revision to the *Site Visitor* policy, section related to site visitor criteria. The proposed revisions are specifically related to the criteria for site visitors for Dental Therapy programs and include modification of the temporarily waived requirement of a dental therapist educator on the site visit team. This proposed change was indicated due to the ongoing limited number of available dental therapist educator site visitors.

The Standing Committee reviewed proposed revisions to Commission's policies *Materials Available from the Commission, Information on the Commission's Website, Reporting Program Changes in Accredited Programs* and the *Policy on Preparation and Submission of Documents* to the Commission and noted they are editorial in nature and relate to enrollment guidelines for various disciplines.

The Commission's *Policy on Due Process Related to Appeal of Accreditation Status Decisions* was also considered by the Standing Committee. Through review, the Standing Committee noted the proposed revision clarifies that program representatives may appear before the Commission to address questions related to Review Committee recommendations, in addition to appealing accreditation status decisions.

Through review of the Commission's Policies on *Review Committees and Review Committee Meetings, Commission and Commission Meetings*, the Standing Committee noted the proposed revisions relate to the training of Review Committee Members and Commissioners, specifically the requirement that they observe at least one (1) site visit within their first year of service. The Standing Committee learned that, due to the number of Review Committee members and Commissioners that require this training, and based on their schedules and the availability of site visits to which they may be assigned, scheduling the observations has been challenging. The Standing Committee discussed a preferred alternative which would require new Review Committee members and Commissioners to participate in the Commission's two-day Site Visitor Training Workshop. Additionally, since the site visitor training is conducted virtually, additional attendees could easily be accommodated without an increased financial burden on the Commission. The Standing Committee learned that the summer 2023 site visitor training was opened to all new and active (reappointed) site visitors resulting in a measurable increase in attendance. Through discussion, the Standing Committee agreed that participating in the site visitor training is a preferred training approach to ensure that new Review Committee members and Commissioners understand the fundamental principles of CODA's accreditation process and the role of the site visitor. Additionally, the Standing Committee noted that Review Committee members and Commissioners attend a specific training in the winter, related to their role with the Commission.

The Standing Committee also considered a proposed revision to the Commission's Policy on Temporary Use of Alternative Site Visits. Through discussion, the Standing Committee recalled the policy was developed in response to the COVID-19 pandemic to provide guidance for conducting site visits during the pandemic. The Standing Committee noted the policy also includes protocol for conducting the follow up in-person site visit following the virtual site visit, as required by the United States Department of Education (USDE). The Committee learned the follow-up in-

person site visits are in progress and will be concluded in fall of 2023. Through discussion, the Standing Committee learned that, according to the policy, one (1) of the site visitors who attended the virtual visit must conduct the on-site follow up visit. The Committee also learned that there have been occasions when the original site visitors cannot participate in the follow-up in-person site visit, for a variety of reasons, including that the site visitor is no longer an active site visitor. Therefore, the proposed revision allows for any active site visitor in the discipline to conduct the on-site follow-up site visit.

Following discussion of the policies, the Standing Committee determined that the revisions to policies, as noted in **Appendix 2**, are warranted and recommended they be adopted.

**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:**

1                   **PROPOSED REVISIONS TO POLICIES UNDER REGULAR REVIEW**

2  
3                   Underline indicates addition; ~~Strikethrough~~ indicates deletion

4  
5                   **III. GENERAL COMMISSION POLICIES AND PROCEDURES**

6  
7                   **A. POLICY AND PROCEDURE FOR DEVELOPMENT AND REVISION OF**  
8                   **ACCREDITATION STANDARDS**

9  
10                  The Commission on Dental Accreditation has authority to formulate and adopt educational  
11                  requirements and guidelines, i.e. standards, for the accreditation of dental educational programs  
12                  within its purview. These include the predoctoral programs, as well as advanced and allied  
13                  dental education programs.

14  
15                  In developing and revising accreditation standards, the appropriate communities of interest are  
16                  substantially involved in all stages of the process. The process culminates in the adoption of  
17                  accreditation standards which become the property of the Commission. Any individual who  
18                  assists in developing or revising a standards document must sign a release giving the  
19                  Commission the right to copyright such documents. During the initial step of the process,  
20                  representatives from the discipline involved are invited to participate in the development of the  
21                  preliminary document. These representatives are selected in cooperation with the  
22                  organizations(s) nationally recognized in the discipline whose membership is reflective of the  
23                  discipline.

24  
25                  The communities of interest (COI) include, but are not limited to, the following: sponsoring  
26                  organizations and certifying boards of all dental and dental related disciplines under the purview  
27                  of the Commission, program directors, dental school deans, administrators of non-dental school  
28                  institutions offering dental programs, and constituent societies of the American Dental  
29                  Association.

30  
31                  The Commission uses consistent definitions and terms in its standards documents. The  
32                  Commission monitors the consistency of the definitions of terms used in the accreditation  
33                  standards documents and lists a glossary of terms and approved definitions to be used by  
34                  appropriate audiences when the revision of the accreditation standards for a discipline is  
35                  initiated.

36  
37                  The following language is used when draft revisions of standards are circulated:

38  
39                         The Commission directed that the proposed revision of the (discipline) Standards be  
40                         distributed to the appropriate communities of interest for review and comment. The  
41                         Commission also directed that the proposed revised standards be presented in a hearing to  
42                         be held....

1  
2 Based on current word processing programs, the Commission now indicates a proposed deletion  
3 with a ~~strike through~~ and recommended additions are underlined. In the case of multiple  
4 circulations of proposed revisions, each successive revision will be presented to show all  
5 currently proposed changes to the original document, which is the current document in use by the  
6 Commission. The title page of the document will provide a chronology of Commission action(s)  
7 on revisions. The header on each page will indicate the meeting at which the proposed document  
8 was considered by the Commission. In addition, documents for circulation will have line  
9 numbers throughout.

10  
11 The following is a summary of the standards development and revision process:

12 Step 1. Development of a preliminary document by staff and selected representatives of the  
13 discipline involved.

14 Step 2.

- 15 i. Consideration of preliminary document by appropriate Review Committee
- 16 ii. Recommendation by Review Committee for circulation of document to COI by the  
17 Commission
- 18 iii. Commission authorizes circulation

19 Step 3.

- 20 i. Circulation of preliminary document i to COI for review and comment
- 21 ii. Hearings are conducted with communities of interest, as appropriate.

22 Step 4.

- 23 i. Comments from COI compiled by staff
- 24 ii. Comments reviewed by appropriate review committee and appropriate changes made
- 25 iii. Recommendation by Review Committee to implement changes, or to recirculate for  
26 further comment if changes are significant
- 27 iv. Commission approves changes and authorizes implementation timeframe or recirculation  
28 to COI for comments
- 29 v. Steps 3 and 4 can be repeated, depending upon significance of changes. In the case of  
30 multiple circulations of proposed revisions, each successive revision will be presented to  
31 show all currently proposed changes to the original document, which is the current  
32 document in use by the Commission. The title page of the document will provide a  
33 chronology of Commission action(s) on revisions. The header on each page will indicate  
34 the meeting at which the proposed document was considered by the Commission. In  
35 addition, documents for circulation will have line numbers throughout.

36 Step 5. Commission notifies all appropriate individuals and programs of implementation  
37 timeframe

38 Revised: 2/22; 2/15; 1/14; 7/09, 1/04 5/89; 12/89; Reaffirmed: 8/23; 8/18; 8/12, 8/10, 7/07, 7/01;  
39 Adopted: 4/83; CODA: 12/91:15, 12/90:2, 12  
40

1 **1. Frequency Of Citings:** Each of the Review Committees and the Commission regularly  
2 review an updated analysis of the number of “must” statement citings and their distribution  
3 among the “must” statements in the accreditation standards for each discipline. These analyses  
4 are conducted at the summer meetings. Frequency of Citings Reports are provided to programs  
5 and presented at workshops. To ensure confidentiality, Frequency of Citings Reports will not be  
6 made available in disciplines where a limited number (three or less) of programs have been site  
7 visited.

8 Reaffirmed: 8/23; 8/18; 8/12, 8/10  
9

10 **B. POLICY ON ASSESSING THE VALIDITY AND RELIABILITY OF THE**  
11 **ACCREDITATION STANDARDS**

12  
13 The Commission on Dental Accreditation has developed accreditation standards for use in  
14 assessing, ensuring and improving the quality of the educational programs in each of the  
15 disciplines it accredits.

16  
17 The Commission believes that a minimum time span should elapse between the adoption of new  
18 standards or implementation of standards that have undergone a comprehensive revision and the  
19 assessment of the validity and reliability of these standards. This minimum period of time is  
20 directly related to the academic length of the accredited programs in each discipline. The  
21 Commission believes this minimum period is essential in order to allow time for programs to  
22 implement the new standards and to gain experience in each year of the curriculum.

23  
24 The Commission’s policy for assessment is based on the following formula: The validity and  
25 reliability of accreditation standards will be assessed after they have been in effect for a period of  
26 time equal to the minimum academic length of the accredited program plus three years. Thus,  
27 the validity and reliability of the new standards for a one year program will be assessed after four  
28 years while standards which apply to programs four years in length will be assessed seven years  
29 after implementation. In conducting a validity study, the Commission considers the variety of  
30 program types in each discipline and obtains data from each type in accord with good statistical  
31 practices.

32  
33 The Commission’s ongoing review of its accreditation standards documents results in standards  
34 that evolve in response to changes in the educational and professional communities. Requests to  
35 consider specific revisions are received from a variety of sources and action on such revisions is  
36 based on broad input and participation of the affected constituencies. Such ongoing assessment  
37 takes two main forms, the development or revision of specific standards or a comprehensive  
38 revision of the entire standards document.

39  
40 Specific issues or concerns may result in the development of new standards or the modification  
41 of existing standards, in limited areas, to address those concerns. Comprehensive revisions of

1 standards are made to reflect significant changes in disease and practice patterns, scientific or  
2 technological advances, or in response to changing professional needs for which the Commission  
3 has documented evidence.

4  
5 If none of the above circumstances prompts an earlier revision, in approximately the fifth year  
6 after the validity and reliability of the standards has been assessed, the Commission will conduct  
7 a study to determine whether the accreditation standards continue to be appropriate to the  
8 discipline. This study will include input from the broad communities of interest. The  
9 communities will be surveyed and invited to participate in some national forum, such as an  
10 invitational conference, to assist the Commission in determining whether the standards are still  
11 relevant and appropriate or whether a comprehensive revision should be initiated.

12  
13 The following alternatives, resulting in a set of new standards, might result from the assessment  
14 of the adequacy of the standards:

- 15 • Authorization of a comprehensive revision of the standards;
- 16 • Revision of specific sections of the standards;
- 17 • Refinement/clarification of portions of the standards; and
- 18 • No changes in the standards but use of the results of this assessment during the next revision.

19  
20 The new document is developed with input from the communities of interest in accord with  
21 Commission policies. An implementation date is specified and copyright privileges are sought  
22 when the document is adopted. Assessment of the validity and reliability of these new standards  
23 will be scheduled in accord with the policy specified above. Exceptions to the prescribed  
24 schedule may be approved to ensure a consistent timetable for similar disciplines (e.g. advanced  
25 dental education programs and/or allied dental education programs).

26 Revised: 8/18; 7/07, 07/00; Reaffirmed: 8/23; 8/12, 8/10, 7/06; Adopted: 12/88

### 27 28 C. PROCEDURES FOR HEARING ON STANDARDS

29  
30 The Commission makes every effort to have two Commissioners attend each hearing on  
31 standards sponsored by the Commission. The Commission believes that two Commissioners is  
32 an appropriate number to routinely attend hearings on standards, but also believes that those in  
33 attendance are not always appropriately visible. Thus, the Commission directed that all members  
34 of the Commission who are present during Commission sponsored hearings on standards be  
35 introduced at the beginning of the hearing on standards and, if feasible, be seated at a head table  
36 to ensure their visibility to those offering testimony.

37  
38 The purpose of a hearing on standards is to provide individuals, institutions and organizations  
39 that will be affected by the document with an opportunity to comment. The Commissioner  
40 selected to chair the hearing is generally responsible for:

- 41 • Calling the hearing to order, indicating that the hearing is one (1) hour but will be concluded

1 in 30 minutes if limited comments are received and the agenda is completing during that  
2 time;

- 3 • Introducing him/herself, other Commission members and Commission staff present;
- 4 • Explaining the purpose of the hearing on standards;
- 5 • Providing brief background information on the proposed revision;
- 6 • Explaining the ground rules for the hearing;
- 7 • Listening to comments and maintaining the order and flow of the hearing; and
- 8 • Concluding the hearing.

9

10 The goal of a hearing on standards is to hear as many varied points of view on the proposed  
11 documents as possible in an orderly fashion. The following ground rules facilitate achieving this  
12 goal:

- 13 • The document should be reviewed on a page-by-page basis so that comments on specific  
14 issues can be provided at the same time.
- 15 • General comments on the document can be considered either before or after the page-by-  
16 page review, as determined by the Chair.
- 17 • Individuals who wish to provide comments should wait to be recognized by the Chair, and  
18 identify themselves by giving their name, city, state, and educational institution, if  
19 applicable.
- 20 • Individuals reference the specific section of the document on which they wish to comment by  
21 indicating the page and line numbers of the section.
- 22 • Comments should be as concise as possible.
- 23 • Individuals should provide written comments that summarize their verbal remarks to the  
24 Chair by the end of the hearing.

25

26 Hearings on standards should be constructive. It is sometimes helpful for the Chair to ask an  
27 individual who is speaking at length against a section of the proposed document whether he/she  
28 has a specific suggestion for revision. This can help to clarify the speaker's objection more  
29 precisely and to bring the comments to closure.

30

31 Occasionally, an individual or a few individuals may monopolize a hearing on standards. In  
32 fairness to other attendees who may wish to speak, the Chair should direct individuals who have  
33 had ample opportunity to express their opinions to conclude their remarks.

34

35 Commissioners are present to listen to representatives of the communities of interest and should  
36 avoid becoming involved in debates about the relative merits of specific sections of the  
37 document.

38

39 Similarly, hearings on standards attendees should refrain from engaging in heated debates with  
40 each other. If such debates develop, the Chair may wish to remind participants that the  
41 Commission is interested in considering all viewpoints on the issues and that no decision



1 regarding any issue will be determined during a hearing on standards.  
2

3 At the close of the hearing on standards, the Chair should advise attendees of other opportunities  
4 for comment (i.e. other hearings on standards, if any, and the deadline for written comments) and  
5 indicate when the Commission will take the final action on the document.

6 Revised: 8/21; 2/15; Reaffirmed: 8/23; 8/18; 8/12, 8/10, 7/07, 7/01; CODA: 12/91:15  
7  
8

#### 9 D. CONFLICT OF INTEREST POLICY 10

11 Evaluation policies and procedures used in the accreditation process provide a system of checks  
12 and balances regarding the fairness and impartiality in all aspects of the accreditation process.  
13 Central to the fairness of the procedural aspects of the Commission's operations and the  
14 impartiality of its decision making process is an organizational and personal duty to avoid real or  
15 perceived conflicts of interest. The potential for a conflict of interest arises when one's duty to  
16 make decisions in the public's interest is compromised by competing interests of a personal or  
17 private nature, including but not limited to pecuniary interests.  
18

19 Conflict of interest is considered to be: 1) any relationship with an institution or program, or 2) a  
20 partiality or bias, either of which might interfere with objectivity in the accreditation review  
21 process. Procedures for selection of representatives of the Commission who participate in the  
22 evaluation process reinforce impartiality. These representatives include: Commissioners,  
23 Review Committee members, site visitors, and Commission staff.  
24

25 In addition, procedures for institutional due process, as well as strict guidelines for all written  
26 documents and accreditation decisions, further reinforce adherence to fair accreditation practices.  
27 Every effort is made to avoid conflict of interest, either from the point of view of an  
28 institution/program being reviewed or from the point of view of any person representing the  
29 Commission.  
30

31 On occasion, current and former volunteers involved in the Commission's accreditation process  
32 (site visitors, review committee members, commissioners) are requested to make presentations  
33 related to the Commission and its accreditation process at various meetings. In these cases, the  
34 volunteer must make it clear that the services are neither supported nor endorsed by the  
35 Commission on Dental Accreditation. Further, it must be made clear that the information  
36 provided is based only on experiences of the individual and not being provided on behalf of the  
37 Commission.  
38

39 Revised: 8/15; 8/14; Reaffirmed: 8/23; 8/18; 2/18; 8/12, 8/10  
40

41 **1. Visiting Committee Members:** Conflicts of interest may be identified by either an  
42 institution/program, Commissioner, site visitor or Commission staff. An institution/program has  
the right to reject the assignment of any Commissioner, site visitor or Commission staff because

1 of a possible or perceived conflict of interest. The Commission expects all programs,  
2 Commissioners and/or site visitors to notify the Commission office immediately if, for any  
3 reason, there may be a conflict of interest or the appearance of such a conflict.

4  
5 All active site visitors who independently consult with educational programs accredited by  
6 CODA or applying for accreditation must identify all consulting roles to the Commission and  
7 must file with the Commission a letter of conflict acknowledgement signed by themselves and  
8 the institution/program with whom they consulted. All conflict of interest policies as noted  
9 elsewhere in this document apply. Contact the CODA office for the appropriate conflict of  
10 interest declaration form.

11  
12 Conflicts of interest include, but are not limited to, a site visitor who:

- 13  
14
- 15 • is a graduate of a program at the institution;
  - 16 • has served on the program's visiting committee within the last seven (7) years;
  - 17 • has served as an independent consultant, employee or appointee of the institution;
  - 18 • has a family member who is employed or affiliated with the institution;
  - 19 • has a close professional or personal relationship with the institution/program or key  
20 personnel in the institution/program which would, from the standpoint of a reasonable  
21 person, create the appearance of a conflict;
  - 22 • manifests a partiality that prevents objective consideration of a program for accreditation;
  - 23 • is a former employee of the institution or program;
  - 24 • previously applied for a position at the institution within the last five (5) years;
  - 25 • is affiliated with an institution/program in the same state as the program's primary location;
  - 26 • is a resident of the state; and/or
  - 27 • is in the process of considering, interviewing and/or hiring key personnel at the institution.

28 Note: Because of the nature of their positions, a state board representative will be a resident of  
29 the state in which a program is located and may be a graduate of the institution/program being  
30 visited. These components of the policy do not apply for state board representatives, although  
31 the program retains the right to reject an individual's assignment for other reasons.

32  
33 If an institutional administrator, faculty member or site visitor has doubt as to whether or not a  
34 conflict of interest could exist, Commission staff should be consulted prior to the site visit. The  
35 Chair, Vice-Chair and a public member of the Commission, in consultation with Commission  
36 staff and legal counsel, may make a final determination about such conflicts.

37 Revised: 2/21; 8/18; 2/18; 2/16; 8/14; 1/14; 2/13; 8/10; Reaffirmed: 8/23; 8/12

38  
39 **2. Commissioners, Review Committee Members And Members Of The Appeal Board:** The  
40 Commission firmly believes that conflict of interest or the appearance of a conflict of interest  
41 must be avoided in all situations in which accreditation recommendations or decisions are being  
42 made by Commissioners, Review Committee members, or members of the Appeal Board. No

1 Commissioner, Review Committee member, or member of the Appeal Board should participate  
2 in any way in accrediting decisions in which he or she has a financial or personal interest or,  
3 because of an institutional or program association, has divided loyalties and/or has a conflict of  
4 interest on the outcome of the decision.

5  
6 During the term of service as a Review Committee member, these individuals should not serve as  
7 site visitors for an actual accreditation site visit to an accredited or developing program, unless  
8 deemed necessary. Two instances when a review committee member could serve on a site visit  
9 include: 1) an inability to find a site visitor from the comprehensive site visitor list, or 2) when  
10 the review committee believes a member should attend a visit for consistency in the review  
11 process. This applies only to site visits that would be considered by the same review committee  
12 on which the site visitor is serving. Review committee members may not independently consult  
13 with a CODA-accredited program or a program applying for CODA accreditation. In addition,  
14 review committee members may not serve as a site visitor for mock accreditation purposes.  
15 These policies help avoid conflict of interest in the decision making process and minimize the  
16 need for recusals.

17  
18 During the term of service as a commissioner or appeal board member, these individuals may not  
19 independently consult with a CODA-accredited program or a program applying for CODA  
20 accreditation. In addition, Commissioners or appeal board may not serve on a site visit team  
21 during their terms.

22  
23 Areas of conflict of interest for Commissioners, Review Committee members and/or members of  
24 the Appeal Board include, but are not limited to:

- 25
- 26 • close professional or personal relationships or affiliation with the institution/program or key
  - 27 personnel in the institution/program which may create the appearance of a conflict;
  - 28 • serving as an independent consultant or mock site visitor to the institution/program;
  - 29 • being a graduate of the institution/program;
  - 30 • being a current employee or appointee of the institution/program;
  - 31 • previously applied for a position at the institution within the last five (5) years;
  - 32 • being a current student at the institution/program;
  - 33 • having a family member who is employed by or affiliated with the institution;
  - 34 • manifesting a professional or personal interest at odds with the institution or program;
  - 35 • key personnel of the institution/program having graduated from the program of the
  - 36 Commissioner, Review Committee member, or member of the Appeal Board;
  - 37 • having served on the program's visiting committee within the last seven (7) years; and/or
  - 38 • no longer a current employee of the institution or program but having been employed there
  - 39 within the past ten (10) years.
- 40

41 To safeguard the objectivity of the Review Committees, conflict of interest determinations shall  
42 be made by the Chair of the Review Committee. If the Chair, in consultation with a public

1 member, staff and legal counsel, determines that a Review Committee member has a conflict of  
2 interest in connection with a particular program, the Review Committee member will be  
3 instructed to not access the report either in advance of or at the time of the meeting. Further, the  
4 individual must leave the room when they have any of the above conflicts. In cases in which the  
5 existence of a conflict of interest is less obvious, it is the responsibility of any committee  
6 member who feels that a potential conflict of interest exists to absent himself/herself from the  
7 room during the discussion of the particular accreditation report.

8  
9 To safeguard the objectivity of the Commission, conflict of interest determinations shall be made  
10 by the Chair of the Commission. If the Chair, in consultation with a public member, staff and  
11 legal counsel, determines that a Commissioner has a conflict of interest in connection with a  
12 particular program, the Commissioner will be instructed to not access the report either in  
13 advance of or at the time of the meeting. Further, the individual must leave the room when they  
14 have any of the above conflicts. In cases in which the existence of a conflict of interest is less  
15 obvious, it is the responsibility of any Commissioner who feels that a potential conflict of  
16 interest exists to absent himself/herself from the room during the discussion of the particular  
17 accreditation report.

18  
19 To safeguard the objectivity of the Appeal Board, any member who has a conflict of interest in  
20 connection with a program filing an appeal must inform the Director of the Commission. The  
21 Appeal Board member will be instructed to not access the report for that program either in  
22 advance of or at the time of the meeting, and the individual must leave the room when the  
23 program is being discussed. If necessary, the respective representative organization will be  
24 contacted to identify a temporary replacement Appeal Board member.

25  
26 Conflicts of interest for Commissioners, Review Committee members and members of the  
27 Appeal Board may also include being from the same state, but not the same program. The  
28 Commission is aware that being from the same state may not itself be a conflict; however, when  
29 residence within the same state is in addition to any of the items listed above, a conflict would  
30 exist.

31  
32 This provision refers to the concept of conflict of interest in the context of accreditation  
33 decisions. The prohibitions and limitations are not intended to exclude participation and  
34 decision-making in other areas, such as policy development and standard setting.

35  
36 Commissioners are expected to evaluate each accreditation action, policy decision or standard  
37 adoption for the overall good of the public. The American Dental Association (ADA)  
38 Constitution and Bylaws limits the involvement of the members of the ADA, the American  
39 Dental Education Association and the American Association of Dental Boards in areas beyond  
40 the organization that appointed them. Although Commissioners are appointed by designated  
41 communities of interest, their duty of loyalty is first and foremost to the Commission. A conflict  
42 of interest exists when a Commissioner holds appointment as an officer in another organization

1 within the Commission's communities of interest. Therefore, a conflict of interest exists when a  
2 Commissioner or a Commissioner-designee provides simultaneous service to the Commission  
3 and an organization within the communities of interest. (Refer to Policy on Simultaneous  
4 Service)

5 Revised: 2/21; 8/16; 2/16; 2/15; 8/14; 1/14, 8/10; Reaffirmed: 8/23; 8/18; 8/12

6  
7 **3. Commission Staff Members:** Although Commission on Dental Accreditation staff does not  
8 participate directly in decisions by volunteers regarding accreditation, they are in a position to  
9 influence the outcomes of the process. On the other hand, staff provides equity and consistency  
10 among site visits and guidance interpreting the Commission's policies and procedures.

11  
12 For these reasons, Commission staff adheres to the guidelines for site visitors, within the time  
13 limitations listed and with the exception of the state residency, including:

- 14 • graduation from a program at the institution within the last five years;  
15 • service as a site visitor, employee or appointee of the institution within the last five years;  
16 and/or  
17 • close personal or familial relationships with key personnel in the institution/program.

18 Revised: 8/14; 8/10, 7/09, 7/07, 7/00, 7/96, 1/95, 12/92; Reaffirmed: 8/23; 8/18; 8/12, 1/03;  
19 Adopted: 1982

#### 20 E. CONFIDENTIALITY POLICY

21 All materials generated and received in the accreditation process are confidential. In all instances  
22 Protected Health Information (PHI), Personally Identifiable Information (PII) and  
23 student/resident/fellow identifying information must not be improperly disclosed. The  
24 Commission's confidentiality policies apply to Commissioners, Review Committee members,  
25 members of the Appeal Board, and site visitors. Confidential materials are maintained to ensure  
26 the integrity of the institution/program and of the accreditation process, and may be shared by the  
27 Commission in instances related to USDE re-recognition or responding to state or federal legal  
28 requirements, as appropriate. Because of the confidential nature of the accreditation process, the  
29 Commission identifies three (3) points of contact with whom Commission staff is authorized to  
30 communicate, either in writing or verbally. These individuals are designated by the sponsoring  
31 institution and include the chief executive officer (university president/chancellor/provost or  
32 medical center director), the chief academic officer (dean/academic dean/chair/chief of dental  
33 service, etc.), and the program director. Commission staff is not authorized to discuss program-  
34 specific situations or share confidential material with any other individual(s).

35  
36 Confidentiality applies without limitation, to the following:

37  
38 **SELF-STUDY DOCUMENT:** At the discretion of the institution, the administration may either  
39 release information from this document to the public or keep it confidential. The Commission  
40 will not release the self-study document.

1  
2 **SITE VISIT REPORT:** The preliminary draft of a site visit report is an unofficial document and  
3 remains confidential between the Commission and the institution’s executive officers and may not,  
4 under any circumstances, be released. Members of a visiting committee who review preliminary  
5 drafts of the report must consider the report as privileged information and must not discuss it or  
6 make its contents known to anyone, under any circumstances. Oral comments made by site visit  
7 team members during the course of the site visit are not to be construed as official site visit findings  
8 unless documented within the site visit report and may not be publicized. Further, publication of  
9 site visit team members’ names and/or contact information is prohibited. Reasons for assigning any  
10 non-adverse status other than full approval remain confidential between the institution and the  
11 Commission unless the institution wishes to release them. Public release of the final draft of the site  
12 visit report that is approved by the Commission is at the sole discretion of the institution. If there is  
13 a point of contention about a specific section of the final site visit report and the institution elects to  
14 release the pertinent section to the public, the Commission reserves the right to make the entire site  
15 visit report public.

16  
17 **INSTITUTION'S RESPONSE TO A SITE VISIT REPORT:** Release of this information is at  
18 the sole discretion of the institution. An institution’s response must not improperly disclose any  
19 Protected Health Information; however, if any such information is included in the response, such  
20 information will not be made public.

21 **TRANSMITTAL LETTER OF ACCREDITATION NOTIFICATION:** Information such as  
22 accreditation status granted and scheduled dates for submission of additional information is  
23 public information. However, release of other information or details is at the sole discretion of  
24 the institution and will not be disclosed by the Commission.

25 **PROGRESS REPORT:** The scheduled date for submission of progress reports is public  
26 information. Release of the content of a progress report is at the sole discretion of the institution.  
27 If there is a point of contention about a particular portion of the progress report and the institution  
28 elects to release the pertinent portion to the public, the Commission reserves the right to make  
29 public the entire progress report. Progress reports must not disclose Protected Health Information  
30 (PHI) or Personally Identifiable Information (PII).

31  
32 **SURVEYS:** Routinely gathered data are used in the accreditation process and also provide a  
33 national data base of information about the accredited dental and dental-related educational  
34 programs. The Commission may release to the public any portion of survey data that is collected  
35 annually unless the terms of confidentiality for a specific section are clearly indicated on the  
36 survey instrument. Subsections of each survey instrument containing data elements which are  
37 confidential are clearly marked. Any data which may be reported from confidential subsections  
38 are published in a manner which does not allow identification of an individual  
39 institution/program.

40

1 EXIT INTERVIEWS: The final conference or exit interview between the site visit committee  
2 and the chief executive officer, dental dean, chief of dental service or the program director(s) is  
3 also confidential. Additional people may be included at the discretion of the institutional  
4 administration. The interview is a confidential summation of the preliminary findings,  
5 conclusions, recommendations and suggestions which will appear in the site visit report to the  
6 institution. This is a preliminary oral report and the preliminary written report is often only in  
7 draft stage at this point; therefore, this session may not be recorded in either audio or video  
8 format. Note taking is permitted and encouraged.

9  
10 ON-SITE INTERVIEWS AND ORAL COMMUNICATIONS: In order to carry out their duties  
11 as on-site evaluators, visiting committee members must communicate freely with administrators,  
12 faculty, staff and students and any other appropriate individuals affiliated with an education  
13 program. As part of their on-site accreditation duties, committee members are expected to share  
14 with other team members pertinent and relevant information obtained during interviews. All oral  
15 communications occurring on-site, however, are confidential. Interviews may not be recorded in  
16 either audio or video format. Note taking is permitted and encouraged. When the site visit ends,  
17 team members may communicate orally, or in writing, only with Commission staff or other team  
18 members about any on-site interview or conversation. All questions related to any aspect of the  
19 site visit including oral communications must be referred to the Commission office.

20  
21 MEETING MATERIALS/DISCUSSIONS: Background reports and informational materials  
22 related to accreditation matters are regularly prepared for review by the Commission and its  
23 Review Committees. These materials and all discussions related to accreditation matters  
24 routinely remain confidential. All Ad Hoc and Standing Committee meeting materials remain  
25 confidential unless the Commission determines the materials warrant public distribution. The  
26 Commission determines when, and the manner in which, newly adopted policy and informational  
27 reports will receive public distribution.

28  
29 PROTECTED HEALTH INFORMATION: Patients' protected health information, which  
30 includes any information that could identify an individual as a patient of the facility being site  
31 visited, may not be used by the site visitors, Review Committee members, or Commissioners for  
32 any purpose other than for evaluation of the program being reviewed on behalf of the  
33 Commission. Protected Health Information may not be disclosed to anyone other than  
34 Commissioners, Commission staff, Review Committee members or site visitors reviewing the  
35 program from which the Protected Health Information was received. Individual Protected Health  
36 Information should be redacted from Commission records whenever that information is not  
37 essential to the evaluation process. If a site visitor, Review Committee member, or  
38 Commissioner believes any Protected Health Information has been inappropriately used or  
39 disclosed, he/she should contact the Commission office.

40  
41 MEETINGS: Policy portions of the Review Committee and Commission-meetings are open to  
42 observers, while accreditation actions are confidential and conducted in closed session. All Ad

1 Hoc and Standing Committee meetings, and all meetings related to CODA operations are  
2 confidential and conducted in closed session. All deliberations of the Appeal Board are  
3 confidential and conducted in closed session.  
4

5 NOTICE OF REASONS FOR ADVERSE ACTION: Notice of the reasons for which an adverse  
6 accreditation action (i.e. deny or withdraw) is taken is routinely provided to the Secretary of the  
7 U.S. Department of Education, any appropriate state agencies, and, upon request, to the public.

8 Revised: 8/23; 8/20; 8/18; 2/18; 2/16; 8/14; 1/05, 2/01, 7/00; Reaffirmed: 8/12, 8/10; Adopted:  
9 7/94, 5/93

10  
11 **1. Reminder Of Confidentiality:** To be read at meetings or on site visits:

12  
13 The Commission on Dental Accreditation reminds you that confidentiality is an integral part of  
14 the accreditation process. The Commission must have access to much sensitive information in  
15 order to conduct its review of programs and in the course of its operations and meetings. The  
16 confidentiality of this information must be protected by participants of meetings as well as by  
17 participants on accreditation site visits.  
18

19 To remind you of the seriousness with which the Commission views its commitment to protect  
20 confidentiality, the Commission requires that all participants of meetings and site visits sign an  
21 Agreement of Confidentiality. In signing the Agreement which was provided mailed to you, you  
22 indicated your familiarity with the Commission's policy on confidentiality and agreed to abide  
23 by it. If you have not already signed the Agreement, please arrange to do so.  
24

25 Unless indicated otherwise, all meeting and site visit materials, all information obtained on-site,  
26 all patient Protected Health Information, and all discussions related to the accreditation of  
27 programs and Commission operations are confidential. Patients' Protected Health Information,  
28 which includes any information that could identify an individual as a patient of the facility you  
29 are visiting or reviewing, may not be used by you for any purpose other than for evaluation of  
30 the program on behalf of the Commission. If you believe any Protected Health Information has  
31 been inappropriately used or disclosed, you must contact the Commission office. And, please  
32 remember that confidentiality has no expiration date -- it lasts forever!

33 Revised: 8/23; 1/05; Reaffirmed: 8/18; 8/12, 8/10, 7/01; Adopted: 12/85  
34

35 **2. The Agreement Of Confidentiality:**

36 Agreement of Confidentiality  
37

38 I am aware that, as a participant of an accreditation site visit, committee, or the Commission, I  
39 have access to accreditation information which must remain confidential. I have read and  
40 understand the Commission on Dental Accreditation's policy on Confidentiality and Public  
41 Disclosure and agree to protect the confidentiality of all accreditation materials, all patient



1 Protected Health Information, recommendations and suggestions and discussions before, during  
2 and after the meeting or site visit.

3  
4 Signed

Date

5 Revised: 1/05; Reaffirmed: 8/23; 8/18; 8/12, 8/10, 7/01; Adopted: 12/8

6  
7 F. POLICY ON PUBLIC DISCLOSURE

8  
9 Following each meeting, final accreditation actions taken with respect to all programs, are  
10 disclosed to all appropriate agencies, including the general public. The public includes other  
11 programs or institutions, faculty, students and future students, governing boards, state licensing  
12 boards, USDE, related organizations, federal and state legislators and agencies, members of the  
13 dental community, members of the accreditation community and the general public. In general,  
14 it includes everyone not directly involved in the accreditation review process at a given  
15 institution.

16  
17 If the Commission, subsequent to and following the Commission's due process procedures,  
18 withdraws or denies accreditation from a program, the action will be so noted in the  
19 Commission's lists of accredited programs. Any inquiry related to application for accreditation  
20 would be viewed as a request for public information and such information would be provided to  
21 the public. The scheduled dates of the last and next comprehensive site visits are also published  
22 as public information.

23  
24 The Commission has procedures in place to provide a brief statement summarizing the reasons  
25 for which it takes an adverse accreditation action. If initial accreditation were denied to a  
26 developing program or accreditation were withdrawn from a currently accredited program, the  
27 reasons for that denial would be provided to the Secretary of the U.S. Department of Education,  
28 the appropriate accrediting agencies, any appropriate state licensing or authorizing agencies, and  
29 to the public. In addition, the official comments that the affected institution or program may  
30 wish to make with regard to that decision, or evidence that the affected institution has been  
31 offered the opportunity to provide official comment will also be made available to the Secretary  
32 of the U.S. Department of Education, the appropriate accrediting agencies, any appropriate state  
33 licensing or authorizing agencies, and to the public

34  
35 All documents relating to the structure, policies, procedures, and accreditation standards of the  
36 Commission are available to the public upon written request. Other official documents require  
37 varying degrees of confidentiality.

38 Revised: 1/05, 2/01, 7/00; Reaffirmed: 8/23; 8/18; 8/12, 8/10; Adopted: 7/94, 5/93

1 G. POLICY ON SIMULTANEOUS SERVICE

2  
3 A member of the Commission on Dental Accreditation, including its Standing and Review  
4 Committees,\* and Appeal Board, may not simultaneously serve as a principal officer of another  
5 organization within any of the Commission’s primary communities of interest if that organization  
6 has a role in appointing or co-appointing a member of the Commission. The Commission  
7 interprets principal officer to mean those in the position of being final decision-makers which  
8 usually includes positions such as the president, president-elect, immediate past president,  
9 secretary or treasurer of an organization, as well as members of any executive committee that has  
10 decision-making authority which does not require confirmation by a board or house. The  
11 Commission has defined primary community of interest in this context as any organizations who  
12 have a role in appointing Commissioners, and the Regional Clinical Testing Agencies. Additional  
13 criteria found in CODA’s Rules for nominations apply during an individual’s entire term on  
14 CODA.

15  
16 When such a conflict is revealed at the time of appointment, the appointing organization will be  
17 informed that the conflict exists and requested to take steps to identify a replacement on the  
18 specific committee, Appeal Board, or Commission.

19  
20 When such a conflict arises during the term of a current Commissioner, Review Committee, or  
21 Appeal Board member, the Commissioner, or Review Committee, or Appeal Board member will  
22 be asked to resolve the conflict by resigning from one of the conflicting appointments. In the  
23 event that the member resigns from the Commission or Appeal Board, the appointing  
24 organization will appoint another individual to complete the unfinished term, as specified by the  
25 *Rules* of the Commission on Dental Accreditation. In the event that the member resigns from the  
26 Review Committee, the Commission will contact the representative organization for nominations  
27 to fulfill the unfinished term.

28  
29 If the term of the vacated Commission, Appeal Board, or Review Committee position has fifty  
30 percent (50%) or less of a full four-year term remaining at the time the successor member is  
31 appointed, the successor member shall be eligible for appointment to a new, consecutive four-  
32 year term. If more than fifty percent (50%) of the vacated term remains to be served at the time  
33 of the appointment, the successor member shall not be eligible for another term.

34 ~~\*this applies to appointments made after 2013~~

35 Revised: 8/23; 2/19; 8/18; 8/16; 2/16; 2/13, 7/09, 7/01, 7/95; Reaffirmed: 8/13; 8/10, 7/07

36  
37 H. NON-DISCRIMINATION POLICY:

38  
39 The Commission on Dental Accreditation does not discriminate against any person in the  
40 conduct of its activities because of race, color, religion, sex, sexual preference, gender identity,  
41 age, disability or national origin.

42 Revised: 8/23; Reaffirmed: 8/18; 8/13; 8/10, 7/07, 7/01, 5/84, 7/95

1 I. POLICY ON PROFESSIONAL CONDUCT AND PROHIBITION AGAINST  
2 HARASSMENT

3 All staff members and volunteers must treat each other and all others with whom we work on  
4 behalf of the ADA<sup>1</sup> with integrity, courtesy and  
5 professionalism. It is ADA policy that all staff members and  
6 volunteers are responsible for assuring that the work place is  
7 free from improper harassment. With this policy, the ADA  
8 prohibits not only unlawful harassment, but also other  
9 unprofessional and discourteous actions. For example, rude,  
10 insulting, disrespectful, disruptive, uncivil and unprofessional  
11 comments or conduct will also not be tolerated.

**To Report a Potential Incident**  
If you believe you have experienced or have become aware of an incident of harassment or a violation of our professional conduct policy, report it as soon as possible to your supervisor and/or Human Resources at (312) 440-2005.

12 Workplace harassment isn't limited to sexual harassment, and doesn't preclude same-gender  
13 harassment; it can occur between any two people - co-workers, managers, or even non-  
14 employees like clients, contractors, or vendors.

15 The ADA absolutely prohibits sexual harassment and harassment on the basis of one's status as a  
16 member of a legally-protected class, such as race, color, religion, sex (including pregnancy,  
17 childbirth and related medical conditions), gender, gender identify, national origin, age (40 or  
18 older), disability (mental or physical), sexual orientation, military status, genetic information,  
19 and marital status. These types of discriminatory harassment are prohibited by state and federal  
20 laws and may subject the ADA and/or the individual harasser to liability for any such unlawful  
21 conduct.

22 Offensive conduct may include, but is not limited to, offensive jokes, slurs, epithets or name  
23 calling, physical assaults or threats, intimidation, ridicule or mockery, insults or put-downs,  
24 offensive objects or pictures, unwelcome sexual advances, unwanted physical contact (including  
25 touching), and all other verbal, or physical conduct directed at an individual because of their  
26 status as a member of a protected class that is unwelcome and interferes with work performance.  
27 Such conduct constitutes unlawful harassment when:

- 28
- 29 • Submission to such conduct is made either implicitly or explicitly a condition of the  
30 individual's employment;
  - 31 • Submission to or rejection of such conduct is used as the basis for decisions affecting an  
32 individual's employment; or
  - 33 • Such conduct is sufficiently severe or pervasive to alter the conditions of employment and to  
34 create a hostile or abusive working environment.

---

<sup>1</sup> For purposes of these HR protocols 'the ADA' collectively refers to the American Dental Association and its two affiliated organizations, the for-profit company ADA Business Enterprises, Inc. (ADABEI) and the not-for-profit educational and research focused ADA Foundation (ADAF).

1 Each staff member and volunteer must exercise his or her own good judgment to avoid engaging  
2 in conduct that may be perceived by others as harassment. As an ADA staff member or  
3 volunteer, you are responsible for keeping our work environment free of all such harassment. If  
4 you believe that you have been harassed, or if you become aware of an incident of harassment,  
5 whether by an employee, a member, or a non-employee or non-member, you should report it as  
6 soon as possible to your supervisor, a volunteer leader, and/or to the Human Resources, (312-  
7 440-2005).

8 If the incident is reported to an employee's supervisor or a volunteer leader, the supervisor or  
9 volunteer leader must then report the incident to the head of ADA Human Resources. Do not  
10 allow an inappropriate situation to continue by not reporting it, regardless of who is creating that  
11 situation.

12 No staff member or volunteer in this organization is  
13 exempt from this policy. This policy applies to the  
14 immediate work place as well as to ADA related  
15 activity outside the ordinary work place, such as travel  
16 on ADA business, meetings outside the ADA building,  
17 email and telephone communications, and ADA-  
18 sponsored social or recreational events.

**\*\* Reminder to Supervisors and  
Volunteer Leaders\*\***

If you witness or are informed of a  
potential incident of harassment or  
violation of our professional conduct  
policy, you MUST report it to Human  
Resources at (312) 440-2005.

19 In response to every complaint, the ADA will take prompt investigatory actions and corrective  
20 and preventative actions where necessary. A staff member who brings such a complaint to the  
21 ADA in good faith will not be adversely affected as a result of reporting the harassment or  
22 objectionable conduct. All staff members should be aware that the privacy of the charging party  
23 and the person accused of the harassment will be protected to the extent consistent with effective  
24 enforcement of this policy.

25 The ADA will retain confidential documentation of all allegations and investigations. Any staff  
26 member or volunteer found to have violated this policy may be subject to disciplinary action up to  
27 and including discharge from employment with the ADA or removal from a volunteer position. Any  
28 memoranda regarding a determination that a violation of the Professional Conduct Policy and  
29 Prohibition against Harassment has occurred shall be placed in a staff member's personnel file.  
30 Effective: January 1, 2015

31 *Procedures Applicable to Professional Conduct Policy and Prohibition against Harassment*

- 32 a. If you believe that there has been a violation of the ADA's Professional Conduct Policy and  
33 Prohibition against Harassment (ADA's Policy) immediately contact your supervisor, or  
34 Human Resources.
- 35 b. If an incident is reported to a supervisor or volunteer leader, the supervisor or volunteer  
36 leader must then notify Human Resources of the incident.

- 1 c. In a timely and confidential manner, the ADA will conduct an investigation of any complaint  
2 that is made pursuant to the ADA's Policy. Human Resources will conduct an investigation,  
3 which includes interviewing witnesses with potential knowledge of the objectionable  
4 conduct.
- 5 d. It is the obligation of each staff member and volunteer to cooperate in these investigations by  
6 providing truthful, thorough information.
- 7 e. The alleged harasser is given an opportunity to relate his/her version of the events and to  
8 provide any information that the ADA should consider before it finalizes its investigation. If  
9 the alleged harasser refuses to participate, the ADA will base its decision on the other  
10 information gathered during the investigation, the inferences drawn from that evidence and  
11 the alleged harasser's unwillingness to cooperate in the interview.
- 12 f. Information obtained pursuant to the investigation is confidential and will be reported to  
13 those within the ADA on a "need to know" basis. The privacy of the complaining party and  
14 the person accused of the harassment will be protected to the extent consistent with effective  
15 enforcement of this Policy.
- 16 g. Attempting to influence the investigation or to disclose confidential information by  
17 discussing it with others can be cause for disciplinary action, up to and including discharge,  
18 except to the extent such disclosure may be legally permissible.
- 19 h. Human Resources, in consultation with legal counsel, will make a recommendation to the  
20 Executive Director as to whether there has been a violation of the ADA's Policy and whether  
21 corrective action, if any, should be taken.
- 22 i. Any staff member found to have violated the Professional Conduct Policy and Prohibition  
23 against Harassment will be subject to disciplinary action up to and including discharge. Any  
24 memoranda regarding violation of the Professional Conduct Policy and Prohibition against  
25 Harassment will be placed in the staff member's personnel file.

26 The ADA prohibits managers and supervisors from taking adverse job consequences against staff  
27 who engage in protected activities such as :1) lodging a discrimination complaint or concern, 2)  
28 participating in an investigation of such a discrimination complaint or concern or 3) opposing  
29 employment practices that an employee reasonably believes discriminate against the employee or  
30 another staff member.

31 The ADA prohibits any form of retaliation against any staff member for making a bona fide  
32 complaint under this policy or for assisting in a complaint investigation. Any individual, however,  
33 whose complaint is determined to be false or made in bad faith, or supported by false information,  
34 may be subject to disciplinary action.

35 The ADA specifically reserves its right to change, modify or eliminate any of the provisions of its  
36 Procedures Applicable to the Professional Conduct Policy and Prohibition against Harassment  
37 Policy at any time with or without notice. Effective: January 1, 2015.

38 Revised: 8/15; 8/14; 7/09, 1/03, 7/97; Reaffirmed: 8/23; 8/18; /13; 8/10; CODA: 01/95:11

39

J. PROGRAM FEE POLICY

1  
2  
3 Programs accredited by the Commission pay an annual fee. The annual fee is doubled in the year  
4 of the program's regular interval accreditation site visit. As there is some variation in fees for  
5 different disciplines based on actual accreditation costs, programs should contact the  
6 Commission office for specific information. Other than doubling of the annual fee during the  
7 site visit year, site visits are conducted without any additional charge to the institution and the  
8 Commission assumes all expenses incurred by its site visitors. However, accredited programs  
9 with multiple sites which must be site visited during a regular site visit and programs sponsored  
10 by the U.S. military in international locations are assessed a fee at the time of the site visit. The  
11 fee is established on a case-by-case basis, dependent upon the specific requirements to conduct  
12 the visit (e.g. additional site visitors, additional days, and additional travel time and expenses).  
13 Fees are also assessed to the program for the conduct of special focused site visits. (See  
14 Invoicing Process for Special Focused Site Visits in Policy on Special Site Visits). International  
15 dental education programs also pay an annual fee and site visit fees (See International Dental  
16 Education Site Visits). Expenses for representatives from the state board of dentistry or from  
17 other agencies, such as a regional accrediting agency, are not assumed by the Commission. Fee  
18 structures are evaluated annually by the Commission. The Commission office should be  
19 contacted for current information on fees.

20  
21 An annual administrative fee is also applied to each program. Fees may also be associated with  
22 staff consulting services (See Staff Consulting Services, and International Policies and  
23 Procedures)-administrative fees related to the Commission policy on protected health  
24 information and personally identifiable information (See Policy and Procedures Related to  
25 Compliance with the Health Insurance Portability and Accountability Act).

26  
27 All institutions offering programs accredited by the Commission on Dental Accreditation are  
28 expected to adhere to the due date for payment of all fees for each accredited program  
29 sponsored by the institution. Written requests for an extension must specify a payment date no  
30 later than thirty (30) days beyond the initial due date. Failure to pay fees by the designated  
31 deadline is viewed as an institutional decision to no longer participate in the Commission's  
32 accreditation program. Following appropriate reminder notice(s), if payment or a request for  
33 extension is not received, it will be assumed that the institution no longer wishes to participate  
34 in the accreditation program. In this event, the Commission will immediately notify the chief  
35 executive officer of the institution of its intent to withdraw the accreditation of the program(s)  
36 at its next scheduled meeting. Programs which have been discontinued or had accreditation  
37 withdrawn will not be issued a refund of accreditation fees.

38 Revised: 1/20; 2/19; 2/15; 8/14; 8/13; 7/08; Reaffirmed: 8/23; 8/18; 8/13; 8/10, 7/07, 7/01, 7/95  
39

1 K. POLICY ON CODA ADMINISTRATIVE FUND

2  
3 In 2020, the Commission on Dental Accreditation approved the reclassification of its Research  
4 and Development Fund (R&D Fund) to an Administrative Fund.

5  
6 The Commission on Dental Accreditation Administrative Fund may include but is not limited to  
7 the following uses:

- 8  
9
- 10 • Commission studies and activities related to quality assurance and strategic planning
  - 11 • Conduct of business through newly formed ad hoc or sub-committees not previously  
12 budgeted; engagement of site visitors to gain unique expertise or to provide training
  - 13 • Ongoing review and enhancement of business resources, human resources, and  
14 technology resources in various aspects of the CODA accreditation program
  - 15 • Expenses related to Shared Services Agreement with the American Dental Association  
16 not previously budgeted
  - 17 • Other business purposes as applicable to the work of the Commission on Dental  
18 Accreditation

19 Criteria Guideline for Distribution of Funds:

- 20
- 21 1. Funds \$5,000 or less: Funds in this category are classified as discretionary funds that may be  
22 used by the CODA Director. A maximum of \$5,000 per use is permissible, with a  
23 requirement for immediate reporting on the use of the funds, via email, to the Finance  
24 Committee for informational purposes. The discretionary funds do not require a formal  
25 request by a CODA committee, nor do they require prior approval for use by the Finance  
26 Committee or Commission.
  - 27 2. Funds between \$5,001 and \$20,000: Projects which require this level of funding must be  
28 reviewed and approved by the Finance Committee prior to use. Approval by the  
29 Commission is not required.
  - 30 3. Funds greater than \$20,000: Projects which require funding in excess of \$20,000 must be  
31 submitted for review and approval by the Commission upon recommendation of the Finance  
32 Committee.

33  
34 All Funding Disbursements:

- 35
- 36 • The Finance Committee and Commission will review a full accounting of the Administrative  
37 Fund and uses of the fund at each finance committee and Commission meeting.
  - 38 • Fund allocations requiring approval by the Finance Committee or the Commission require  
39 formal requests/proposals from the Commission's review committees or standing  
40 committees; disbursement of funds within the Director's discretionary allocation do not  
41 require formalized requests.

42 **Reaffirmed: 8/23; Adopted: 2/20**

1  
2 L. GUIDELINES FOR MANAGING PROGRAM FILES  
3

4 All correspondence is maintained and documentation related to one accreditation cycle will be  
5 stored electronically. Electronic documents/correspondence do not need signatures (per  
6 Commission legal counsel). Transmittal letters can be saved to the accredited program's  
7 document retention Knowledge Center space without a signature.  
8

9 Accredited programs

- 10 • All correspondence and letters of transmission of Commission action;  
11 • All site visit reports The most recent site visit report (including the institution's response);  
12 • Two (2) most recent self-studies; Most recent self-study (with the hospital's bylaws, and  
13 course outlines appendix);  
14 • ~~Second most recent self-study (without hospital bylaws or course outlines appendix)~~;  
15 • ~~All previous site visit reports (including institution's responses)~~;  
16 • Progress reports related to the two (2) most recent site visit reports (~~without course outlines~~);  
17 and  
18 • Special Reports: (e.g. interim review, major change, transfer of sponsorship) occurring  
19 during time period of the two most recent site visit reports.  
20

21 Discontinued programs

- 22 • All correspondence and letters of transmission of Commission action and site visit reports;  
23 • Two (2) most recent site visit reports (with institutional responses);  
24 • Two (2) most recent self-studies; and  
25 • Progress reports related to the two (2) most recent site visit reports  
26

27 Programs with accreditation withdrawn

- 28 • All correspondence and letters of transmission of Commission action;  
29 • Two (2) most recent site visit reports (with institutional responses);  
30 • Two (2) most recent self-studies (~~without hospital bylaws or course outlines~~); and  
31 • Progress reports related to the two (2) most recent site visit reports.

32 Revised: 8/23; 8/02, 8/03, 8/99; Reaffirmed: 8/18; 8/15; 8/10, 7/09; Adopted: 9/92  
33  
34



1  
2 **IV. POLICIES AND PROCEDURES RELATED TO ACCREDITATION OF**  
3 **PROGRAMS**

4  
5 A. ACCREDITATION STATUS DEFINITIONS  
6

7 **1. Programs That Are Fully Operational:**

8 Approval (*without reporting requirements*): An accreditation classification granted to an  
9 educational program indicating that the program achieves or exceeds the basic requirements for  
10 accreditation.

11  
12 Approval (*with reporting requirements*): An accreditation classification granted to an  
13 educational program indicating that specific deficiencies or weaknesses exist in one or more  
14 areas of the program. Evidence of compliance with the cited standards or policies must be  
15 demonstrated within a timeframe not to exceed eighteen (18) months if the program is between  
16 one and two years in length or two years if the program is at least two years in length. If the  
17 deficiencies are not corrected within the specified time period, accreditation will be withdrawn,  
18 unless the Commission extends the period for achieving compliance for good cause.  
19 Identification of new deficiencies during the reporting time period will not result in a  
20 modification of the specified deadline for compliance with prior deficiencies.

21  
22 Circumstances under which an extension for good cause would be granted include, but are not  
23 limited to:

- 24
- 25 • sudden changes in institutional commitment;
  - 26 • natural disaster which affects affiliated agreements between institutions; faculty support;  
27 or facilities;
  - 28 • changes in institutional accreditation;
  - 29 • interruption of an educational program due to unforeseen circumstances that take faculty,  
administrators or students away from the program.

30 Revised: 8/17; 2/16; 5/12; 1/99; Reaffirmed: 8/23; 8/18; 8/13; 8/10, 7/05; Adopted: 1/98  
31

32 **2. Programs That Are Not Fully Operational:** A program which has not enrolled and  
33 graduated at least one class of students/residents and does not have students/residents enrolled in  
34 each year of the program is defined by the Commission as not fully operational. The accreditation  
35 classification granted by the Commission on Dental Accreditation to programs which are not fully  
36 operational is “initial accreditation.” When initial accreditation status is granted to a developing  
37 education program, it is in effect through the projected enrollment date. However, if enrollment of  
38 the first class is delayed for two consecutive years following the projected enrollment date, the  
39 program’s accreditation will be discontinued, and the institution must reapply for initial  
40 accreditation and update pertinent information on program development. Following this, the  
41 Commission will reconsider granting initial accreditation status. The developing education  
42 program must not enroll students/residents/fellows with advanced standing beyond its regularly

1 enrolled cohort, while holding the accreditation status of “initial accreditation.”  
2

3 **Initial Accreditation** is the accreditation classification granted to any dental, advanced dental or  
4 allied dental education program which is not yet fully operational. This accreditation  
5 classification provides evidence to educational institutions, licensing bodies, government or other  
6 granting agencies that, at the time of initial evaluation(s), the developing education program has  
7 the potential for meeting the standards set forth in the requirements for an accredited educational  
8 program for the specific occupational area. The classification “initial accreditation” is granted  
9 based upon one or more site evaluation visit(s).

10 Revised: 8/23; 7/08; Reaffirmed: 8/18; 8/13; 8/10; Adopted: 2/02

11  
12 **Other Accreditation Actions:**

13  
14 **Teach-Out:** An action taken by the Commission on Dental Accreditation to notify an accredited  
15 program and the communities of interest that the program is in the process of voluntarily  
16 terminating its accreditation due to a planned discontinuance or program closure. The  
17 Commission monitors the program until students/residents who matriculated into the program  
18 prior to the reported discontinuance or closure effective date are no longer enrolled.

19 Reaffirmed: 8/23; 8/18; Adopted: 2/16  
20

21 **Discontinued:** An action taken by the Commission on Dental Accreditation to affirm a  
22 program’s reported discontinuance effective date or planned closure date and to remove a  
23 program from the Commission’s accredited program listing, when a program either 1)  
24 voluntarily discontinues its participation in the accreditation program and no longer enrolls  
25 students/residents who matriculated prior to the program’s reported discontinuance effective date  
26 or 2) is closed by the sponsoring institution.

27  
28 **Intent to Withdraw:** A formal warning utilized by the Commission on Dental Accreditation to  
29 notify an accredited program and the communities of interest that the program’s accreditation  
30 will be withdrawn if compliance with accreditation standards or policies cannot be demonstrated  
31 by a specified date. The warning is usually for a six-month period, unless the Commission  
32 extends for good cause. The Commission advises programs that the intent to withdraw  
33 accreditation may have legal implications for the program and suggests that the institution’s legal  
34 counsel be consulted regarding how and when to advise applicants and students of the  
35 Commission’s accreditation actions. The Commission reserves the right to require a period of  
36 non-enrollment for programs that have been issued the Intent to Withdraw warning.

37 Revised: 2/16; 8/13; Reaffirmed: 8/23; 8/18  
38

39 **Withdraw:** An action taken by the Commission when a program has been unable to demonstrate  
40 compliance with the accreditation standards or policies within the time period specified. A final  
41 action to withdraw accreditation is communicated to the program and announced to the  
42 communities of interest. A statement summarizing the reasons for the Commission’s decision

1 and comments, if any, that the affected program has made with regard to this decision, is  
2 available upon request from the Commission office. Upon withdrawal of accreditation by the  
3 Commission, the program is no longer recognized by the United States Department of  
4 Education. In the event the Commission withdraws accreditation from a program, students  
5 currently enrolled in the program at the time accreditation is withdrawn and who successfully  
6 complete the program, will be considered graduates of an accredited program. Students who  
7 enroll in a program after the accreditation has been withdrawn will not be considered graduates  
8 of a Commission accredited program. Such graduates may be ineligible for certification/licensure  
9 examinations.

10 Revised 6/17; Reaffirmed: 8/23; 8/18; 8/13; 8/10, 7/07, 7/01; CODA: 12/87:9

11  
12 **Denial:** An action by the Commission that denies accreditation to a developing program  
13 (without enrollment) or to a fully operational program (with enrollment) that has applied for  
14 accreditation. Reasons for the denial are provided. Denial of accreditation is considered an  
15 adverse action.

16 Reaffirmed: 8/23; 8/18; 8/13; Adopted: 8/11

17  
18 **B. APPLICATION FOR ACCREDITATION FOR FULLY OPERATIONAL PROGRAMS**  
19 **WITH ENROLLMENT AND WITHOUT ACCREDITATION**

20 Those programs that have graduated at least one class of students/residents and are enrolling  
21 students/residents in every year of the program are considered fully operational. These programs  
22 will complete the self-study document and will be considered for the accreditation status of  
23 “approval with reporting requirements” or “approval without reporting requirements” following  
24 a comprehensive site visit (Please see procedures for the conduct of a comprehensive site visit).  
25 Students/Residents who are enrolled in the program at the time accreditation is granted, and who  
26 successfully complete the program, will be considered graduates of an accredited program.  
27 Students/Residents who graduated from the program prior to the granting of accreditation will  
28 not be considered graduates of an accredited program.

29  
30 Because accreditation is voluntary, a program may withdraw its application for accreditation at  
31 any time prior to the Commission taking action regarding an accreditation status. When an  
32 accreditation status has been granted, the program has the right to ask that the status be  
33 discontinued at any time for any reason.

34  
35 Upon request, the Commission office will provide more specific information about types of  
36 programs, application forms, deadlines for submission and accreditation standards. Program  
37 administrators and faculty are encouraged to consult with Commission staff during this initial  
38 process.

39  
40 An application fee must be submitted with a program’s application for accreditation. Programs  
41 should contact the Commission office for the current fee schedule.

1  
2 The following steps apply:

- 3 1. An application for accreditation is completed by the program and submitted to the  
4 Commission on Dental Accreditation, along with appropriate documentation and application  
5 fee. Provided that the application is in order, the first opportunity for the Commission to  
6 consider the program is generally 12 to 18 months following the Commission's formal  
7 acknowledgment of receipt of the application, initiation of the review process, and following  
8 an initial site visit.
- 9 2. The completed application for accreditation is reviewed to determine whether the program, as  
10 proposed, appears to have the potential to meet the Accreditation Standards and has  
11 sufficiently addressed and documented the Criteria for Consideration of An Application for  
12 Accreditation before proceeding to the next step of the application process.
- 13 3. If it is determined that the Criteria for Consideration of An Application for Accreditation have  
14 been sufficiently addressed and documented, and that the program, as proposed, appears to  
15 have the potential to meet the Accreditation Standards, a site visit is scheduled four (4) to  
16 seven (7) months following completion of the application review.
- 17 4. Substantive changes to the proposed program that occur between the date of submission of the  
18 application and scheduled site visit, if one is warranted, must be reported to the Commission  
19 immediately, will require further review, and may result in a delay of the site visit.
- 20 5. After the site visit has been conducted, the visiting committee submits a draft report to the  
21 Commission office.
- 22 6. Following the site visit, the preliminary draft of the site visit report is transmitted to the  
23 institution for consideration and comment.
- 24 7. The visiting committee's report and the institution's response to the preliminary report, should  
25 one be submitted, are transmitted to the discipline-specific Review Committee for  
26 consideration at its meeting prior to the Commission meeting.
- 27 8. The Commission then considers the Review Committee's report and takes action on the  
28 accreditation status.
- 29 9. The Commission's action regarding accreditation status and the final site visit report are  
30 transmitted to the institution within thirty (30) days of the Commission's meeting.

31  
32 **Time Limitation for Review of Applications:** The review of an application will be terminated  
33 if an institution fails to respond to the Commission's requests for information for a period of six  
34 (6) months. In this case, the institution will be notified that the application process has been  
35 terminated. If the institution wishes to begin the process again, a new application and  
36 application fee must be submitted.

37 Revised: 8/22; 2/22; 2/21; 8/16; 2/16; 8/13; 7/08; Reaffirmed: 8/23; 8/18; 8/13; 8/10; Adopted:  
38 8/02  
39  
40

1 C. APPLICATION FOR INITIAL ACCREDITATION FOR DEVELOPING PROGRAMS

2  
3 A program which has not enrolled and graduated at least one class of students/residents and does not  
4 have students/residents enrolled in each year of the program is defined by the Commission as  
5 “developing.” The same review steps that apply for Application for Accreditation for Fully  
6 Operational Programs with Enrollment and Without Accreditation apply to Application for Initial  
7 Accreditation for Developing Programs.

8  
9 The developing program must not enroll students/residents until initial accreditation status has  
10 been obtained. Once a program is granted “initial accreditation” status, a site visit will be  
11 conducted in the second year of programs that are four or more years in duration and again prior  
12 to the first class of students/residents graduating. Programs that are less than four (4) years in  
13 duration will be site visited again prior to the first class of students/residents graduating.

14  
15 An institution which has made the decision to initiate and seek accreditation for a program that  
16 falls within the Commission on Dental Accreditation’s purview is required to submit an  
17 application for accreditation. “Initial accreditation” status may then be granted to programs  
18 which are developing, according to the accreditation standards.

19  
20 Because accreditation is voluntary, a program may withdraw its application for accreditation at  
21 any time prior to the Commission taking action regarding an accreditation status. The initial  
22 accreditation status is granted based upon one or more site evaluation visit(s) and until the  
23 program is fully operational. When an accreditation status has been granted, the program has the  
24 right to ask that the status be discontinued at any time for any reason.

25  
26 Upon request, the Commission office will provide more specific information about types of  
27 programs, application forms, deadlines for submission and accreditation standards. Program  
28 administrators and faculty are encouraged to consult with Commission staff during this initial  
29 process.

30  
31 An application fee must be submitted with a program’s application for initial accreditation.  
32 Programs should contact the Commission office for the current fee schedule.

33  
34 The following steps apply:

- 35 1. An application for accreditation is completed by the program and submitted to the  
36 Commission on Dental Accreditation, along with appropriate documentation and application  
37 fee. Provided that the application is in order, the first opportunity for the Commission to  
38 consider the program is generally 12 to 18 months following the Commission’s formal  
39 acknowledgment of receipt of the application, initiation of the review process, and following  
40 an initial site visit.
- 41 2. The completed application for accreditation is reviewed to determine whether the program, as  
42 proposed, appears to have the potential to meet the Accreditation Standards and has

1 sufficiently addressed and documented the Criteria for Consideration of An Application for  
2 Accreditation before proceeding to the next step of the application process.

- 3 3. If it is determined that the Criteria for Consideration of An Application for Accreditation have  
4 been sufficiently addressed and documented, and that the program, as proposed, appears to  
5 have the potential to meet the Accreditation Standards, a site visit is scheduled four (4) to  
6 seven (7) months following completion of the application review.
- 7 4. Substantive changes to the proposed program that occur between the date of submission of the  
8 application and scheduled site visit, if one is warranted, must be reported to the Commission  
9 immediately, will require further review, and may result in a delay of the site visit.
- 10 5. After the site visit has been conducted, the visiting committee submits a draft report to the  
11 Commission office.
- 12 6. Following the site visit, the preliminary draft of the site visit report is transmitted to the  
13 institution for consideration and comment.
- 14 7. The visiting committee's report and the institution's response to the preliminary report, should  
15 one be submitted, are transmitted to the discipline-specific Review Committee for  
16 consideration at its meeting prior to the Commission meeting.
- 17 8. The Commission then considers the Review Committee's report and takes action on the  
18 accreditation status.
- 19 9. The Commission's action regarding accreditation status and the final site visit report are  
20 transmitted to the institution within thirty (30) days of the Commission's meeting.

21  
22 **Time Limitation for Review of Applications:** The review of an application will be terminated  
23 if an institution fails to respond to the Commission's requests for information for a period of six  
24 (6) months. In this case, the institution will be notified that the application process has been  
25 terminated. If the institution wishes to begin the process again, a new application and  
26 application fee must be submitted.

27 Revised: 8/22; 2/22; 2/21; 8/16; 2/16; 8/13; 7/08, 8/02, 7/01; Reaffirmed: 8/23; 8/18; 8/13; 8/11,  
28 8/10  
29

### 30 **1. Enrollment Of Students In A Developing Program Prior To Granting Of Initial** 31 **Accreditation Status:**

32 An additional purpose of accreditation recognized by the United States Department of  
33 Education (USDE) is the protection of the public through the identification of qualified  
34 personnel to staff the health care system. Therefore, the Commission on Dental  
35 Accreditation established accreditation classifications, which have proven to be acceptable to  
36 educational institutions. Published definitions are a widely recognized means for carrying  
37 out accreditation functions.

38  
39 "Initial accreditation" status is an accreditation classification that is applicable to developing  
40 programs. It is granted when a proposed or developing program demonstrates that it has the  
41 potential to meet the accreditation standards.  
42

1 For this reason, the Commission is firm in its policy that the developing program must not  
2 enroll students/residents until “initial accreditation” status has been obtained. If a program  
3 enrolls students/residents without first having been granted “initial accreditation” status, the  
4 Commission will not accept the application for accreditation until after the first enrolled class  
5 has graduated. In addition, the Commission expects that the program will notify all  
6 students/residents enrolled of the possible ramifications of enrollment in a program operating  
7 without accreditation. The Commission will also notify the applicable state board of  
8 dentistry.

9  
10 When “initial accreditation” status is denied and the program wishes to reapply, it is the  
11 responsibility of the institution to make use of all possible resources, including consultation  
12 with the Commission on Dental Accreditation. (Refer to the Policy on Public Disclosure and  
13 Confidentiality for additional information regarding the announcement of an action to deny  
14 accreditation).

15 Revised: 2/16; 7/08, 8/02, 7/96; Reaffirmed: 8/23; 8/18; 8/13; 8/10, 7/07, 7/01; CDE:  
16 12/74:19

17  
18 **2. Time Limitation For Initial Accreditation:**

19 The classification of “initial accreditation” granted to dental and dental-related educational  
20 programs will be terminated at the end of two (2) years following the projected enrollment  
21 date if students/residents have not been enrolled. (See the Commission’s Policy on  
22 Non-Enrollment of First Year Students for further information).

23 Revised: 8/02; Reaffirmed: 8/23; 8/18; 8/13; 8/10; CODA: 05/80:12  
24

1 Underline indicates addition; ~~Strikethrough~~ indicates deletion

2  
3 **CRITERIA FOR CONSIDERATION OF AN APPLICATION FOR ACCREDITATION**

4  
5 The application for accreditation of a dental or dental-related program is considered complete  
6 when the program has demonstrated the potential to meet the Accreditation Standards and when  
7 the following criteria, as applicable, have been adequately addressed and documented in the  
8 application:

- 9 a. A dean/program director/program administrator, as applicable, who meets the requirements  
10 of the discipline-specific standards, has been appointed at the time the application is  
11 submitted and at least six (6) months prior to a projected accreditation site visit. Should the  
12 dean/program director/program administrator change during the application review, the  
13 program must notify the Commission immediately and a delay of six (6) months for a  
14 projected site visit (should one have been directed) will be applied.
- 15 b. The program is sponsored by an institution that, at the time of the application, complies with  
16 the discipline-specific accreditation standards related to institutional accreditation.
- 17 c. A strategic plan/outcomes assessment process, which will regularly evaluate the degree to  
18 which the program's stated goals and objectives are being met, is developed and  
19 documented, including the program's expected measures for student/resident/fellow  
20 achievement and schedule for ongoing program review.
- 21 d. The long and short-term financial commitment of the institution to the program is  
22 documented and is sufficient to support the program's stated goals and objectives during  
23 development and long-term.
- 24 e. If the program will rely on support from entities outside of the institution to comply with the  
25 Accreditation Standards or program requirements (e.g. access to clinical facility or resources  
26 for required instruction), contractual agreements are drafted and signed providing assurance  
27 that a program dependent upon the resources of a variety of institutions and/or extramural  
28 clinics and/or other entities has adequate support. The program must document that support  
29 from outside entities does not compromise its authority as the sponsor of the program.
- 30 f. Policies related to student/resident/fellow admission process and due process procedures are  
31 developed and documented.
- 32 g. A projection of the number, qualifications, assignments and appointment dates of faculty is  
33 developed and is sufficient to support the program during development and long-term. The  
34 program must provide evidence of availability of adequate faculty and a hiring plan.



- 1 h. An explanation is included of how the curriculum was developed including who developed  
2 the curriculum and the philosophy underlying the curriculum. If curriculum materials are  
3 based on or are from an established education program, documentation that permission was  
4 granted to use these materials is provided.
- 5 i. The curriculum must be mapped for all years of the program, including documentation of all  
6 competencies that will be required in each course. Curriculum materials for each course in  
7 all years of the program must be presented and include general and specific course and  
8 instructional objectives, learning activities, evaluation instruments (including, as applicable,  
9 sample tests, quizzes, and grading criteria). All evaluation instruments for laboratory, pre-  
10 clinical, clinical, and clinical enrichment experiences are developed and included.
- 11 j. Class schedule(s) for all years noting how each class will utilize the facility are developed  
12 and provided, including a mapping of facility utilization when the program is in full  
13 operation. If the capacity of the facility does not allow all students/residents/fellows to be in  
14 laboratory, pre-clinical laboratory and/or clinic at the same time, a plan documenting how  
15 students/residents/fellows will spend laboratory, pre-clinical and/or clinical education  
16 sessions has been developed and is included.
- 17 k. As applicable, formal diagrams or blueprints of the didactic, laboratory, pre-clinical  
18 laboratory and clinical facilities, and equipment needs are developed to support the  
19 anticipated enrollment date. An equipment procurement timeline and/or construction  
20 timeline has been developed and documented to support the anticipated enrollment date.
- 21 l. As applicable, policies and procedures related to clinical operation including but not limited  
22 to ionizing radiation, infection control and hazardous material, and bloodborne and infectious  
23 diseases are developed and documented.
- 24 m. As applicable, the adequacy of the patient caseload in terms of size, variety and scope to  
25 support required clinical experiences is available and documented. The program's patient  
26 classification system, patient recruitment system, and student/resident/fellow patient  
27 experience tracking system are developed and documented.

28 Revised: 8/23; 8/22; 2/22; 8/16; 8/10, 7/08, 8/03; Reaffirmed: 8/19; 8/13; Adopted: 8/02

29  
30 J. SITE VISITORS  
31

32 **2. Criteria For Nomination Of Site Visitors:** For predoctoral dental education programs, the  
33 Commission solicits nominations for site visitors from the American Dental Education Association  
34 to serve in five of six roles on dental education program site visits. The site visitor roles are Chair,  
35 Basic Science, Clinical Science, Curriculum, and Finance. Nominations for the sixth role, national  
36 licensure site visitor, are solicited from the American Association of Dental Boards.

1  
2 For advanced dental education programs, the Commission solicits nominations for site visitors  
3 from the discipline-specific sponsoring organizations and their certifying boards.  
4

5 For allied dental education programs, the American Dental Education Association is an  
6 additional source of nominations that augments, not supersedes, the nominations from the  
7 Commission's other participating organizations, American Dental Assistants Association  
8 (ADAA), American Dental Hygienists' Association (ADHA) and National Association of Dental  
9 Laboratories (NADL)

10 Revised: 8/18; 8/15; 8/14; 8/12; Reaffirmed: 8/19; 8/10, 7/07, 7/01; CODA: 05/93:6-7  
11

12 The Commission requests all agencies nominating site visitors to consider regional distribution,  
13 gender and minority representation and previous experience as a site visitor. Although site  
14 visitors are nominated by a variety of sources, the Commission carefully reviews the  
15 nominations and appoints site visitors on the basis of need in particular areas of expertise. The  
16 pool of site visitors is utilized for on-site evaluations, for special consultations and for special or  
17 Review Committees.  
18

19 Appointments are made at the Winter (January/February) Commission meeting and become  
20 effective upon Commission action and completion of site visitor mandatory training.

21 Revised: 4/22; 2/22; 1/20; 8/19; 8/18; 8/14; 8/12, 7/09, 7/07, 7/01; Reaffirmed: 8/10; Adopted:  
22 7/98  
23

24 In addition to the discipline-specific criteria noted below, the following criteria apply to all site  
25 visitor nominees.  
26

27 **Criteria for Educator Site Visitor Nominees.** The following are criteria for educator site  
28 visitor nominees:

- 29 • Commitment to predoctoral, advanced, and/or allied dental education;
- 30 • Active involvement in an accredited predoctoral, advanced, or allied dental education  
31 program as a full- or part-time faculty member;
- 32 • Subject matter experts with formal education and credentialed in the applicable discipline;  
33 and  
34

35 **Criteria for Practitioner Site Visitor Nominees.** The following are criteria for practitioner site  
36 visitor nominees:

- 37 • Commitment to predoctoral, advanced, and/or allied dental education;
- 38 • Current active license and work effort as a practitioner or clinical instructor; and
- 39 • Formal education and credential in the applicable discipline.  
40

Adopted 4/22

41 A. Predoctoral Dental Education: The accreditation of predoctoral dental education programs is  
42 conducted through the mechanism of a visiting committee. Membership on such visiting

1 committees is general dentistry oriented rather than discipline or subject matter area oriented.  
2 The composition of such committees shall be comprised, insofar as possible, of site visitors  
3 having broad expertise in dental curriculum, basic sciences, clinical sciences, finance,  
4 national licensure (practitioner) and one Commission staff member. The evaluation visit is  
5 oriented to an assessment of the educational program's success in training competent general  
6 practitioners.

7  
8 Although a basic science or clinical science site visitor may have training in a specific basic  
9 science or discipline-specific advanced dental education area, it is expected that when  
10 serving as a member of the core committee evaluating the predoctoral program, the site  
11 visitor serves as a general dentist. Further, it is expected that all findings, conclusions or  
12 recommendations that are to be included in the report must have the concurrence of the  
13 visiting committee team members to ensure that the report reflects the judgment of the entire  
14 visiting committee.

15  
16 In appointing site visitors, the Commission takes into account a balance in geographic  
17 distribution as well as representation of the various types of educational settings and  
18 diversity. Because the Commission views the accreditation process as one of peer review,  
19 predoctoral dental education site visitors, with the exception of the national licensure site  
20 visitor, are affiliated with dental education programs.

21  
22 The following are criteria for the six roles of predoctoral dental education site visitors:

23  
24 Chair:

- 25 • Must be a current dean of a dental school or have served as dean within the previous three  
26 (3) years.
- 27 • Should have accreditation experience through an affiliation with a dental education  
28 program accredited by the Commission and as a previous site visitor.

29  
30 Basic Science:

- 31 • Must be an individual who currently teaches one or more biomedical science courses to  
32 dental education students or has done so within the previous three (3) years.
- 33 • Should have accreditation experience through an affiliation with a dental education  
34 program accredited by the Commission or as a previous site visitor.

35  
36 Clinical Science:

- 37 • Must be a current clinical dean or an individual with extensive knowledge of and  
38 experience with the quality assurance process and overall clinic operations.
- 39 • Has served in the above capacity within the previous three (3) years.
- 40 • Should have accreditation experience through an affiliation with a dental education  
41 program accredited by the Commission or as a previous site visitor.

42

## 1 Curriculum:

- 2 • Must be a current academic affairs dean or an individual with extensive knowledge and
- 3 experience in curriculum management.
- 4 • Has served in the above capacity within the previous three (3) years.
- 5 • Should have accreditation experience through an affiliation with a dental education
- 6 program accredited by the Commission or as a previous site visitor.

## 7 Finance:

- 8 • Must be a current financial officer of a dental school or an individual with extensive
- 9 knowledge of and experience with the business, finance and administration of a dental
- 10 school.
- 11 • Has served in the above capacity within the previous three (3) years.
- 12 • Should have accreditation experience through an affiliation with a dental education
- 13 program accredited by the Commission or as a previous site visitor.

## 14 National Licensure:

- 15 • Should be a current clinical board examiner or have served in that capacity within the
- 16 previous three (3) years.
- 17 • Should have an interest in the accreditation process.

18 Revised: 8/18; 2/18; 2/16; 8/14; 1/99; Reaffirmed: 8/19; 8/10, 7/07, 7/01; CODA: 07/05, 05/77:4

19  
20  
21  
22 B. Advanced Dental Education: In the disciplines of dental public health, dental anesthesiology,  
23 endodontics, oral and maxillofacial pathology, oral and maxillofacial radiology, oral and  
24 maxillofacial surgery, oral medicine, orofacial pain, orthodontics and dentofacial orthopedics,  
25 pediatric dentistry, periodontics and prosthodontics, sponsoring organizations are advised that  
26 candidates recommended to serve as site visitors be board certified and/or have completed or  
27 participated in a CODA-accredited advanced dental education program in the discipline and must  
28 have experience in advanced dental education as teachers or administrators. Each applicable  
29 Review Committee will determine if board certification is required. Some sponsoring  
30 organizations have established additional criteria for their nominations to the Commission.

31  
32 C. Allied Dental Education in Dental Hygiene: In appointing site visitors, the Commission takes  
33 into account a balance in geographic distribution, representation of the various types of  
34 educational settings, and diversity. Because the Commission views the accreditation process  
35 as one of peer review, the dental hygiene education site visitors are affiliated with dental  
36 hygiene education programs.

37 The following are criteria for selection of dental hygiene site visitors:

- 38 • a full-time or part-time appointment with a dental hygiene program accredited by the
- 39 Commission on Dental Accreditation;
- 40 • a baccalaureate or higher degree;
- 41 • background in educational methodology;

- 1 • accreditation experience through an affiliation with a dental hygiene education program
- 2 that has completed a site visit; and
- 3 • accreditation experience within the previous three (3) years.

4 Revised: 8/21; 8/18; 8/16; 8/14; Reaffirmed: 8/19; 8/10; Adopted: 7/09

5

6 D. Allied Dental Education in Dental Assisting: The following are criteria for selection of dental

7 assisting site visitors:

- 8 • certification by the Dental Assisting National Board as a dental assistant;
- 9 • full-time or part-time appointment with a dental assisting program accredited by the
- 10 Commission on Dental Accreditation;
- 11 • equivalent of three (3) years full-time dental assisting teaching experience;
- 12 • baccalaureate or higher degree;
- 13 • demonstrated knowledge of accreditation; and
- 14 • current background in educational methodology.

15 Revised: 8/18; 8/16; 8/14; 2/13, 1/08, 1/98, 2/02; Reaffirmed: 8/19; 8/10, 7/08; CODA:

16 07/95:5

17

18 E. Allied Dental Education in Dental Laboratory Technology: The following are criteria for

19 selection of dental laboratory technology site visitors:

- 20 • background in all five (5) dental laboratory technology specialty areas: complete
- 21 dentures, removable dentures, crown and bridge, dental ceramics, and orthodontics;
- 22 • background in educational methodology
- 23 • knowledge of the accreditation process and the Accreditation Standards for Dental
- 24 Laboratory Technology Education Programs;
- 25 • Certified Dental Technician (CDT) credential through the National Board of Certification
- 26 (NBC); and
- 27 • full or part-time appointment with a dental laboratory technology education program
- 28 accredited by the Commission on Dental Accreditation or previous experience as a
- 29 Commission on Dental Accreditation site visitor.

30 Revised: 8/18; 8/14; Reaffirmed: 8/19; 8/10; Adopted:

31 07/09

32 F. Allied Dental Education in Dental Therapy: The following are criteria for selection of dental

33 therapy site visitors:

- 34 • a full-time or part-time appointment with a predoctoral dental or allied dental education
- 35 program accredited by the Commission on Dental Accreditation or an accredited (or
- 36 recognized) dental therapy program;
- 37 • a baccalaureate or higher degree;
- 38 • background in educational methodology;
- 39 • accreditation experience through an affiliation with a dental therapy, allied, or predoctoral
- 40 dental program that has completed a site visit;\*
- 41 • accreditation experience within the previous three (3) years;\*



- 1 • Guidelines:
- 2 ○ Preparation of Reports (Response to Site Visit Reports and Progress Reports)
- 3 ○ Submitting Teach-Out Reports by Institutions Discontinuing or Closing Commission-
- 4 Accredited Educational Programs Preparing Phase-out Reports by Institutions Terminating
- 5 Educational Programs
- 6 ○ Preparing Requests for Transfer of Sponsorship
- 7 ○ Reporting Program Changes in Accredited Programs
- 8 ○ Documentation Guidelines for Selected Recommendations (in site visit reports)
- 9 ○ Requesting an Enrollment Increase (~~predoctoral and advanced~~)
- 10 ○ Reporting and Approval of Sites Where Educational Activity Occurs (Adopted 2/16)
- 11 ○ Electronic Submission of Documents
- 12 ○ Privacy and Data Security Requirements for Institutions
- 13 ○ Privacy and Data Security Requirements for International Institutions
- 14 • Outcomes Assessment - a resource packet on assessing outcomes
- 15 Revised: 8/23; 8/17; Reaffirmed: 8/22;

#### 16 A. INFORMATION ON THE COMMISSION'S WEBSITE

17

18 The following information is posted on the Commission's website as indicated. Some of these

19 items are mandated by the Commission, while others are merely viewed as a service to

20 accredited programs.

21 The following items are routinely posted following the Commission's winter meeting:

- 22 • Report of Unofficial Actions of the Commission
- 23 • List of Commissioners and appended biographical information
- 24 • List of Scheduled Site Visits
- 25 • Policy On Third Party Comments
- 26 • Policy on Complaints and Guidelines for Filing a Complaint
- 27 • Summer Commission Meeting – Open Session Announcement and Materials, as available
- 28 • Commission policies, procedures and guidelines for reporting program changes:
- 29 ○ Guidelines for Requesting Increase in Enrollment (~~for all dental and advanced dental education~~
- 30 ~~programs~~)
- 31 ○ Policy and Guidelines for Reporting Program Changes In Accredited Programs
- 32 ○ Policy and Guidelines on Reporting and Approval of Sites Where Educational Activity
- 33 Occurs
- 34 ○ Policy and Guidelines for Preparing a Teach-Out Report
- 35 ○ Policy and Guidelines for Transfer of Sponsorship
- 36 ○ Policy and Guidelines for Interruption of Education
- 37 ○ Policy and Guidelines for Reporting the Use of Distance Education
- 38 ○ BioSketch Templates

- 1     o Electronic Submission Guidelines
- 2     o Privacy and Data Security Summary for Institutions/Programs

3

4     The following items are routinely posted following the Commission’s summer meeting:

- 5     • Report of Unofficial Actions of the Commission
- 6     • List of Scheduled Site Visits
- 7     • Policy On Third Party Comments
- 8         • Policy on Complaints and Guidelines for Filing a Complaint
- 9         • Winter Commission Meeting – Open Session Announcement and Materials, as available
- 10    • Commission policies, procedures and guidelines for reporting program changes:
  - 11       o Guidelines for Requesting Increase in Enrollment (~~for all dental and advanced dental education~~
  - 12       o ~~programs~~)
  - 13       o Policy and Guidelines for Reporting Program Changes In Accredited Programs
  - 14       o Policy and Guidelines on Reporting and Approval of Sites Where Educational Activity
  - 15       o Occurs
  - 16       o Policy and Guidelines for Preparing a Teach-Out Report
  - 17       o Policy and Guidelines for Transfer of Sponsorship
  - 18       o Policy and Guidelines for Interruption of Education
  - 19       o Policy and Guidelines for Reporting the Use of Distance Education
  - 20       o BioSketch Templates
  - 21       o Electronic Submission Guidelines
  - 22       o Privacy and Data Security Summary for Institutions/Programs

23

24     The following items are posted at appropriate intervals:

- 25     • Department of Education Observers May Attend Site Visits
- 26     • Re-recognition: Opportunity for Third Party Testimony
- 27         Revised: 8/23; 8/21; 8/20; 2/16; 8/15; 2/15; Reaffirmed: 8/10

28

29

### 30                   C. REPORTING PROGRAM CHANGES IN ACCREDITED PROGRAMS

31

32     The Commission on Dental Accreditation recognizes that education and accreditation are  
33     dynamic, not static, processes. Ongoing review and evaluation often lead to changes in an  
34     educational program. The Commission views change as part of a healthy educational process  
35     and encourages programs to make them as part of their normal operating procedures.

36     At times, however, more significant changes occur in a program. Changes have a direct and  
37     significant impact on the program’s potential ability to comply with the accreditation standards.  
38     These changes tend to occur in the areas of finances, program administration, enrollment,



1 curriculum and clinical/laboratory facilities, but may also occur in other areas. All program  
2 changes that could affect the ability of the program to comply with the Accreditation Standards  
3 must be reported to the Commission. When a change is planned, Commission staff should be  
4 consulted to determine reporting requirements. Reporting program changes in the Annual  
5 Survey does not preclude the requirement to report changes directly to the Commission. Failure  
6 to report and receive approval in advance of implementing the change, using the Guidelines for  
7 Reporting Program Change, may result in review by the Commission, a special site visit, and  
8 may jeopardize the program's accreditation status.

9 Advanced dental education programs must adhere to the Policy on Enrollment Increases in  
10 Advanced Dental Education Programs. In addition, programs adding off-campus sites must  
11 adhere to the Policy on Reporting and Approval of Sites Where Educational Activity Occurs.  
12 Guidelines for Reporting and Approval of Sites where Educational Activity Occurs are available  
13 from the Commission office. Guidelines for Requesting an Increase in Enrollment in a  
14 Predoctoral Dental Education Program, ~~and~~ Guidelines for Reporting Enrollment Increases in  
15 Advanced Dental Education Programs, and Guidelines for Reporting Enrollment Increases in  
16 Dental Hygiene Education Programs are available from the Commission office.

17 On occasion, the Commission may learn of program changes which may impact the program's  
18 ability to comply with accreditation standards or policy. In these situations, CODA will contact  
19 the sponsoring institution and program to determine whether reporting may be necessary.  
20 Failure to report and receive approval prior to the program change may result in further review  
21 by the Commission and/or a special site visit, and may jeopardize the program's accreditation  
22 status.

23 The Commission's Policy on Integrity also applies to the reporting of changes. If the  
24 Commission determines that an intentional breach of integrity has occurred, the Commission will  
25 immediately notify the chief executive officer of the institution of its intent to withdraw the  
26 accreditation of the program(s) at its next scheduled meeting.

27 A Report of Program Change must document how the program will continue to meet accreditation  
28 standards. The Commission's Guidelines for Reporting Program Changes are available on the  
29 Commission's website and may clarify what constitutes a change and provide guidance in  
30 adequately explaining and documenting such changes.

31 The following examples illustrate, but are not limited to, changes that must be reported by **May 1**  
32 **or November 1** and must be reviewed by the appropriate Review Committee and **approved by**  
33 **the Commission prior to the implementation** to ensure that the program continues to meet the  
34 accreditation standards:

- 35 • Establishment of Off-Campus Sites not owned by the sponsoring institution used to meet  
36 accreditation standards or program requirements (See Guidelines on Reporting and Approval

- 1 of Sites Where Educational Activity Occurs);
- 2 • Changes to Off-Campus Sites that impact the use of the site (e.g. minor site to major site, or
  - 3 termination of enrollment at or discontinued use of major site);
  - 4 • Transfer of sponsorship from one institution to another;
  - 5 • Changes in institutional accreditor or pending or final adverse actions. (See Policy on
  - 6 Regard For Decisions of States and Other Accrediting Agencies);
  - 7 • Moving a program from one geographic site to another, including but not limited to
  - 8 geographic moves within the same institution;
  - 9 • Program director qualifications not in compliance with the standards. In lieu of a CV, a copy
  - 10 of the new or acting program director's completed BioSketch must be provided to
  - 11 Commission staff. Contact Commission Staff for the BioSketch template.
  - 12 • Substantial increase in program enrollment as determined by preliminary review by the
  - 13 discipline-specific Review Committee Chair.
    - 14 ○ Requests for *retroactive permanent* increases in enrollment will not be considered.
    - 15 Requests for *retroactive temporary* increases in enrollment may be considered due to
    - 16 special circumstances on a case-by-case basis. Programs are reminded that resources
    - 17 must be maintained even when the full complement of students/residents is not
    - 18 enrolled in the program. (see Policy on Enrollment Increases In Advanced Dental
    - 19 Education Programs and Predoctoral programs see Guidelines for Requesting an
    - 20 Increase in Enrollment in a Predoctoral Dental Education Program);
  - 21 • Change in the nature of the program's financial support that could affect the ability of the
  - 22 program to meet the standards;
  - 23 • Curriculum changes that could affect the ability of the program to meet the standards;
  - 24 • Reduction in faculty or support staff time commitment that could affect the ability of the
  - 25 program to meet the standards;
  - 26 • Change in the required length of the program;
  - 27 • Reduction of program dental facilities that could affect the ability of the program to meet the
  - 28 standards;
  - 29 • Addition of advanced standing opportunity, part-time track or multi-degree track, or other track
  - 30 offerings;
  - 31 • Expansion of a developing dental hygiene or assisting program which will only be considered
  - 32 after the program has demonstrated success by graduating the first class, measured outcomes of
  - 33 the academic program, and received approval without reporting requirements; and/or
  - 34 • Implementation of changes in the use of distance education that could affect the ability of the
  - 35 program to meet the standards (see reporting requirements found in the Policy on Distance
  - 36 Education).

37

38 The following examples illustrate, but are not limited to, additional program changes that must be

39 reported in writing **at least thirty (30) days prior to the anticipated implementation of the**

40 **change** and are not reviewed by the Review Committee and the Commission but are reviewed at

41 the next site visit:

- 1 • Establishment of Off-Campus Sites owned by the sponsoring institution used to meet  
2 accreditation standards or program requirements;
- 3 • Expansion or relocation of dental facilities within the same building;
- 4 • Change in chief executive officer, chief academic officer, and program director. **For the**  
5 **program director only (new, acting, interim):** In lieu of a CV, a copy of a completed  
6 BioSketch must be provided to Commission staff. Contact Commission Staff for the  
7 BioSketch template.
- 8 • First-year non-enrollment. See Policy on Non Enrollment of First Year Students/Residents.  
9

10 The Commission recognizes that unexpected, changes may occur. If an unexpected change occurs,  
11 it **must be reported no more than 30 days following the occurrence**. Unexpected changes may  
12 be the result of sudden changes in institutional commitment, affiliated agreements between  
13 institutions, faculty support, or facility compromise resulting from natural disaster (See  
14 Policy/Guidelines on Interruption of Education). Failure to proactively plan for change will not be  
15 considered an unexpected change. Depending upon the timing and nature of the change, appropriate  
16 investigative procedures including a site visit may be warranted.

17 The Commission uses the following process when considering reports of program changes.  
18 Program administrators have the option of consulting with Commission staff at any time during  
19 this process.

- 20 1. A program administrator submits the report by **May 1 or November 1**.
- 21 2. Commission staff reviews the report to assess its completeness and to determine whether the  
22 change could impact the program's potential ability to comply with the accreditation standards.  
23 If this is the case, the report is reviewed by the appropriate Review Committee for the discipline  
24 and by the Commission.
- 25 3. Receipt of the report and accompanying documentation is acknowledged in one of the following  
26 ways:
  - 27 a. The program administrator is informed that the report will be reviewed by the appropriate  
28 Review Committee and by the Commission at their next regularly scheduled meeting.  
29 Additional information may be requested prior to this review if the change is not well-  
30 documented; or
  - 31 b. The program administrator is informed that the reported change will be reviewed during the  
32 next site visit.
- 33 4. If the report will be considered by a Review Committee and by the Commission, the report is  
34 added to the appropriate agendas. The program administrator receives notice of the results of the  
35 Commission's review.  
36

37 The following alternatives may be recommended by Review Committees and/or be taken by the  
38 Commission in relation to the review of reports of program changes received from accredited  
39 educational programs.

- 40 • *Approve the report of program change:* If the Review Committee or Commission does not

1 identify any concerns regarding the program’s continued compliance with the accreditation  
2 standards, the transmittal letter should advise the institution that the change(s) have been  
3 noted and will be reviewed at the next regularly-scheduled site visit to the program.

- 4 • *Approve the report of program change and request additional information:* If the Review  
5 Committees or Commission does not identify any concerns regarding the program’s  
6 compliance with the accreditation standards, but believes follow up reporting is required to  
7 ensure continued compliance with accreditation standards, additional information will be  
8 requested for review by the Commission. Additional information could occur through a  
9 supplemental report or a focused site visit,
- 10 • *Postpone action and continue the program’s accreditation status, but request additional*  
11 *information:* The transmittal letter will inform the institution that the report of program  
12 change has been considered, but that concerns regarding continued compliance with the  
13 accreditation standards have been identified. Additional specific information regarding the  
14 identified concerns will be requested for review by the Commission. The institution will be  
15 further advised that, if the additional information submitted does not satisfy the Commission  
16 regarding the identified concerns, the Commission reserves the right to request additional  
17 documentation, conduct a special focused site visit of the program, or deny the request.
- 18 • *Postpone action and continue the program’s accreditation status pending conduct of a*  
19 *special site visit:* If the information submitted with the initial request is insufficient to  
20 provide reasonable assurance that the accreditation standards will continue to be met, and the  
21 Commission believes that the necessary information can only be obtained on-site, a special  
22 focused site visit will be conducted.
- 23 • *Deny the request:* If the submitted information does not indicate that the program will  
24 continue to comply with the accreditation standards, the Commission will deny the request  
25 for a program change. The institution will be advised that they may re-submit the request of  
26 program change with additional information if they choose. If the program change was  
27 submitted retroactively, and non-compliance is identified, the program’s accreditation status  
28 will be changed. The transmittal letter will inform the institution that the report of program  
29 change has been considered, but an area of non-compliance with the accreditation standards  
30 has been identified. The program’s accreditation status is changed and additional specific  
31 information regarding the identified area(s) of non-compliance will be requested for review  
32 by the Commission.

33  
34 Revised: [8/23](#); 2/22; 8/21; 2/21; 8/20; 1/20; 8/18; 2/18; 8/17; 8/16; 2/16; 8/15; 2/15; 8/13 2/12, 8/11,  
35 8/10, 7/09, 7/07, 8/02, 7/97; Reaffirmed: 7/07, 7/01, 5/90; CODA: 05/91:11

#### 36 E. POLICY ON PREPARATION AND SUBMISSION OF DOCUMENTS TO THE 37 COMMISSION

38 All institutions offering programs accredited by the Commission are expected to prepare  
39 documents that adhere to guidelines set forth by the Commission on Dental Accreditation,  
40 including required verification signatures by the institution’s chief executive officer, the

1 institution's chief academic officer, and program director. These documents may include, but  
2 are not limited to, self-study, responses to site visit/progress reports, initial accreditation  
3 applications, reports of program change, and transfer of sponsorship and exhibits. The  
4 Commission's various guidelines for preparing and submitting documents, including electronic  
5 submission, can be found on the Commission's website or obtained from the Commission staff.

6 In addition, all institutions must meet established deadlines for submission of requested  
7 information. Any information that does not meet the preparation or submission guidelines or is  
8 received after the prescribed deadlines may be returned to the program, which could affect the  
9 accreditation status of the program.

10 **Electronic Submission of Accreditation Materials:** All institutions will provide the  
11 Commission with an electronic copy of all accreditation documents and related materials, which  
12 conform to the Commission's Electronic Submission Guidelines. Electronic submission  
13 guidelines can be found on the Commission's website or obtained from the Commission staff.  
14 Accreditation documents and related materials must be complete and comprehensive.

15 Documents that fail to adhere to the stated Guidelines for submission will not be accepted and  
16 the program will be contacted to submit a corrected document. In this case, documents may not  
17 be reviewed at the assigned time which may impact the program's accreditation status.

18 **Compliance with Health Insurance Portability and Accountability Act (HIPAA).** HIPAA is  
19 the federal law that governs how "Covered Entities" handle the privacy and security of patients'  
20 protected health information (PHI). HIPAA Covered Entities include health care providers that  
21 send certain information electronically as well as certain health plans and clearinghouses. The  
22 Commission may be deemed a "Business Associate" of institutions that are HIPAA Covered  
23 Entities. A Business Associate is an individual or entity that performs a function or activity on  
24 behalf of a HIPAA Covered Entity involving the use or disclosure of individually identifiable  
25 health information. Business Associates must comply with certain provisions of the HIPAA  
26 Security, and Privacy and Breach Notification ~~Rules~~ provisions and implement training  
27 programs. The Commission "HIPAA Policy and Procedure Manual" is updated periodically. All  
28 Commission site visitors, Review Committee members, Commissioners, and staff are required to  
29 complete a CODA HIPAA training exercise on a yearly basis.

30 The program's documentation for CODA must not contain any patient protected health  
31 information (PHI) or sensitive personally identifiable information (PII). If the program submits  
32 documentation that does not comply with the policy on PHI or PII, CODA will assess an  
33 administrative processing fee of \$4,000 per program submission to the institution; a program's  
34 resubmission that continues to contain PHI or PII will be assessed an additional \$4,000  
35 administrative processing fee.

1 Revised: 8/23; 8/20; Adopted 1/20 (Formerly Policy on Electronic Submission of Accreditation  
2 Materials, Commission Policy and Procedure Related to Compliance with the Health Insurance  
3 Portability and Accountability Act [HIPAA] and Policy on Preparation and Submission of  
4 Reports to the Commission)

5  
6 D. DUE PROCESS RELATED TO APPEAL OF ACCREDITATION STATUS DECISIONS

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

11 If the Review Committee's recommended accreditation status to the Commission is "approval  
12 with reporting requirements," "approval with reporting requirements, intent to withdraw," or if  
13 the Review Committee recommends denying a requested program change, the Review  
14 Committee will make a recommendation to the Director and Chair of the Commission and  
15 indicate whether an appearance before the full Commission is appropriate.

16 If representatives of the institution choose to appear before the Commission, they may present  
17 arguments that the Review Committee made an error in judgment, based on the information  
18 available, in making the accreditation status or action recommendation. Alternately,  
19 representatives of the institution may choose to appear before the Commission to address the  
20 Commission's questions related to the Review Committee's recommendation. During the special  
21 appearance before the Commission, no new information regarding correction of deficiencies  
22 subsequent to the Review Committee special appearance may be presented. The institution's  
23 representative(s) may attend the Commission meeting only during the time assigned for the  
24 hearing.

25 If the Commission determines the program accreditation status is "approval with reporting  
26 requirements," "approval with reporting requirements, intent to withdraw," or denies a requested  
27 program change, and the institution/program believes that the Commission has made an error in  
28 judgment regarding accreditation status or action, a special appearance (hearing) before the  
29 Commission may be requested sixty (60) days prior to the Commission meeting. The special  
30 appearance (hearing) before the Commission would be held at the next regularly scheduled  
31 meeting. At the hearing, representatives of the institution may present arguments that the  
32 Commission, based on the information available when the decision was made, made an error in  
33 judgment in determining the accreditation status of the program. The Director of the Board of  
34 Commissioners must receive any written evidence or argument at least thirty (30) days prior to  
35 the hearing. Under these circumstances, no new information regarding correction of deficiencies  
36 subsequent to the previous Commission meeting may be presented. The institution's

1 representative(s) may attend the Commission meeting only during the time assigned for the  
2 hearing.

3 The decision of the Commission on the accreditation status of the program after this special  
4 appearance is final.

5 Revised: 8/23; 2/23; 8/18; 8/16; Reaffirmed: 8/21; 8/10

## 6 **II. REVIEW COMMITTEES AND BOARD OF COMMISSIONERS**

### 7 **A. REVIEW COMMITTEES AND REVIEW COMMITTEE MEETINGS**

8

9 **1. Structure:** The chair of each Review Committee will be the appointed Commissioner from  
10 the relevant discipline.

- 11 i. The Commission will appoint all Review Committee members.
  - 12 a. Review Committee positions not designated as discipline-specific will be  
13 appointed from the Commission where feasible, e.g. a public representative on the  
14 Commission could be appointed to serve as the public member on the Dental  
15 Laboratory Technology Review Committee; an ADA appointee to the  
16 Commission could be appointed to the Dental Assisting Review Committee as the  
17 general dentist practitioner.
  - 18 b. Discipline-specific positions on Review Committees will be filled by appointment  
19 by the Commission of an individual from a small group of qualified nominees (at  
20 least two) submitted by the relevant national organization, discipline-specific  
21 sponsoring organization or certifying board. Nominating organizations may elect  
22 to rank their nominees, if they so choose. If fewer than two (2) qualified  
23 nominees are submitted, the appointment process will be delayed until such time  
24 as the minimum number of required qualified nominations is received.
- 25 ii. Consensus is the method used for decision making; however if consensus cannot be  
26 reached and a vote is required, then the Chair may only vote in the case of a tie  
27 (American Institute of Parliamentarians Standard Code of Parliamentary Procedures).
- 28 iii. Member terms will be staggered, four year appointments; multiple terms may be served  
29 on the same or a different committee, with a one-year waiting period between terms. A  
30 maximum of two (2) terms may be served in total. The one-year waiting period between  
31 terms does not apply to public members.
- 32 iv. One public member will be appointed to each committee. Following consideration of  
33 workload, public members may concurrently serve on more than one (1) review  
34 committee.
- 35 v. The size of each Review Committee will be determined by the committee's workload.
- 36 vi. As a committee's workload increases, additional members will be appointed while  
37 maintaining the balance between the number of content experts and non-content experts.  
38 Committees may formally request an additional member through New Business at

- 1 Review Committee/Commission meetings. If an additional member is approved, this  
2 member must be a joint nomination from the professional organization and certifying  
3 board, as applicable.
- 4 vii. Conflict of interest policies and procedures are applicable to all Review Committee  
5 members.
- 6 viii. Review Committee members who have not been on a site visit within the last two (2)  
7 years prior to their appointment on a Review Committee should attend the Commission's  
8 site visitor training workshop ~~observe at least one site visit~~ within their first year of  
9 service on the Review Committee.
- 10 ix. In the case of less than 50% of discipline-specific experts, including the Chair, available  
11 for a review committee meeting, for specified agenda items or for the entire meeting, the  
12 Review Committee Chair may temporarily appoint an additional discipline-specific  
13 expert(s) with the approval of the CODA Director. The substitute should be a previous  
14 Review Committee member or an individual approved by both the Review Committee  
15 Chair and the CODA Director. The substitute would have the privileges of speaking,  
16 making motions, and voting.
- 17 x. Recommendations to the Commission from the Review Committee must be taken at  
18 meetings in which there is both a quorum and at least one (1) discipline-specific expert,  
19 other than the Chair, present.
- 20 xi. Consent agendas may be used by Review Committees, when appropriate, and may be  
21 approved by a quorum of the Review Committee present at the meeting.

22 Revised: 8/23; 8/22; 2/22; 8/20; 1/20; 8/18; 8/17; 2/15; 1/14, 2/13, 8/10, 7/09; 7/08; 7/07;  
23 Adopted: 1/06  
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## B. COMMISSION AND COMMISSION MEETINGS

The Commission and its Review Committees meet twice each year to consider site visit reports and institutional responses, progress reports, information from annual surveys, applications for initial accreditation, and policies related to accreditation. These meetings are held in the winter and the summer.

Reports from site visits conducted less than 90 days prior to a Commission meeting are usually deferred and considered at the next Commission meeting. Commission staff can provide information about the specific dates for consideration of a particular report.

The Commission has established policy and procedures for due process which are detailed in the Due Process section of this manual.

Revised: 8/17; 8/14; 7/06, 7/96; Reaffirmed: 8/22; 8/10; Adopted: 7/96

### 1. Composition and Criteria

#### Composition

The Board of Commissioners shall consist of:

Four (4) members who shall be appointed by the Board of Trustees from the names of active, life or retired members of this Association. None of the appointees shall be a faculty member of any dental education program working more than one day per week or a member of a state board of dental examiners or jurisdictional dental licensing agency.

Four (4) members who are active, life or retired members of this Association and also active members of the American Association of Dental Boards shall be selected by the American Association of Dental Boards. None of these members shall be a faculty member of any dental education program.

Four (4) members who are active, life or retired members of this Association and also active members of the American Dental Education Association shall be selected by the American Dental Education Association. None of these members shall be a member of any state board of dental examiners or jurisdictional dental licensing agency.

The remaining Commissioners shall be selected as follows: one (1) certified dental assistant selected by the American Dental Assistants Association from its active or life membership, one (1) licensed dental hygienist selected by the American Dental Hygienists' Association, one (1) certified dental laboratory technician selected by the National Association of Dental Laboratories, one (1) student selected jointly by the American Student Dental Association and the Council of Students, Residents and Fellows of the American Dental Education Association,

1 one (1) dentist who is board certified in the respective discipline-specific area of practice and is  
2 selected by each of the following organizations: American Academy of Oral and Maxillofacial  
3 Pathology, American Academy of Oral and Maxillofacial Radiology, American Academy of  
4 Oral Medicine, American Academy of Orofacial Pain, American Academy of Pediatric  
5 Dentistry, American Academy of Periodontology, American Association of Endodontists,  
6 American Association of Oral and Maxillofacial Surgeons, American Association of  
7 Orthodontists, American Association of Public Health Dentistry, American College of  
8 Prosthodontists, American Society of Dentist Anesthesiologists; one (1) dentist who is jointly  
9 appointed by the American Dental Education Association and the Special Care Dentistry  
10 Association, and four (4) members of the public who are neither dentists nor allied dental  
11 personnel nor teaching in a dental or allied dental education institution and who are selected by  
12 the Commission, based on established and publicized criteria. In the event a Commission  
13 member sponsoring organization fails to select a Commissioner, it shall be the responsibility of  
14 the Commission to select an appropriate representative to serve as a Commissioner. The  
15 Director of the Commission shall be an ex-officio member of the Board without the right to  
16 vote.

17 **Criteria (All Appointees)**

- 18 • Ability to commit to one (1) four (4) year term;
- 19 • Willingness to commit ten (10) to twenty (20) days per year to activities, including training,  
20 comprehensive review of print and electronically delivered materials, and travel to  
21 Commission headquarters;
- 22 • Ability to evaluate an educational program objectively in terms of such broad areas as  
23 curriculum, faculty, facilities, student evaluation and outcomes assessment;
- 24 • Stated willingness to comply with all Commission policies and procedures (e.g. Agreement  
25 of Confidentiality; Conflict of Interest Policy; Operational Guidelines; Simultaneous Service;  
26 HIPAA Training, Licensure Attestation, and Professional Conduct Policy and Prohibition  
27 Against Harassment);
- 28 • Ability to conduct business through electronic means (email, Commission Web Sites); and  
29 • Active, life or retired member of the American Dental Association, where applicable.

30 Revised: 2/21; 8/18; 8/17; Reaffirmed: 8/22; Adopted: 8/14

31 **Public/Consumer Commissioner:**

- 32 • A commitment to bring the public/consumer perspective to Commission deliberations. The  
33 appointee should not have any current or past (within the past three years) formal or informal  
34 connection to the profession of dentistry; also, the appointee should have an interest in, or  
35 knowledge of, health-related and accreditation issues. In order to serve, the appointee must  
36 not be a:

- 1 a. Dentist or member of an allied dental discipline;
- 2 b. Member of a predoctoral, advanced, or allied dental education program faculty;
- 3 c. Employee, member of the governing board, owner, or shareholder of, or independent
- 4 consultant to, a predoctoral, advanced, or allied dental education program that is
- 5 accredited by the Commission on Dental Accreditation, has applied for initial
- 6 accreditation or is not-accredited;
- 7 d. Member or employee of any professional/trade association, licensing/regulatory agency
- 8 or membership organization related to, affiliated with or associated with the Commission,
- 9 dental education or dentistry; and
- 10 e. Spouse/Partner, parent, child or sibling of an individual identified above (a through d).

11 Revised: 8/22;\_Adopted: 4/22

12

13 **2. Policy On Absence From Commission Meetings:** When a Commissioner notifies the

14 Director that he/she will be unable to attend a meeting of the Commission, the Director will

15 notify the Chair. The Chair determines if another individual should be invited to attend the

16 meeting in the Commissioner's absence. A substitute will be invited if the Commissioner's

17 discipline would not otherwise be represented. This individual must be familiar with the

18 Commission's policies and procedures; and therefore, must be a current or former member of the

19 appropriate Review Committee and must represent the same discipline or appointing

20 organization as the absent Commissioner. In the event that these criteria cannot be met, the

21 Commission Chair may elect not to invite another individual to the meeting. The substitute

22 would have the privileges of speaking, introducing business, making motions, and voting.

23 Revised: 8/17; 8/10, 7/97; Reaffirmed: 8/22; 7/07, 7/01; CODA: 12/86:14

24

25 **3. New Commissioner Orientation and Training:** Newly appointed Commissioners will

26 undergo a six-month training period prior to beginning their official term. This training includes

27 attendance at a Commission meeting, at the discipline-specific review committee meeting and the

28 Commission's site visitor training workshop within their first year of service on the Review

29 Committee, and an appropriate site visit.

30 Reaffirmed: 8/23; 8/22; 8/17; 8/14; Adopted: 8/11



1 and/or procedures that may arise during the course of the in-person site visit.

- 2 • Hybrid site visits will be structured to include all components of the site visit process,  
3 with both virtual and on-site review of the program by Commission site visitors. As  
4 such, the Commission will view the hybrid site visit as equivalent to an on-site visit,  
5 with no secondary visit required based solely upon the methodology used to conduct  
6 the site visit.
- 7 • Following the virtual (followed by a later on-site visit) or hybrid site visit, the program's  
8 next regular reaccreditation on-site visit will be scheduled seven (7) years following  
9 the date of the virtual or hybrid site visit in all disciplines except oral and maxillofacial  
10 surgery (residency and fellowship), which will be scheduled five (5) years following  
11 the date of the virtual or hybrid site visit. The Commission reserves the right to conduct  
12 an earlier visit to the program in accordance with Commission policies and procedures  
13 (e.g. special focused site visit, pre-graduation site visit).

14  
15 Generally, for all alternative site visit methods, the Commission's current policy and  
16 procedure related to the conduct of a site visit and Commission review of site visit reports,  
17 progress reports, and other due process noted in the Evaluation and Operational Policies and  
18 Procedures will apply.

19  
20 The following principles apply to the temporary use of alternative site visit methods:

- 21 • The program will be issued a preliminary draft site visit report following the site  
22 visit, regardless of site visit format, in accordance with Commission policy. The  
23 preliminary draft site visit report will be provided to the Commission along with the  
24 program's response, should one be submitted, and the Commission will make an  
25 accreditation decision based on this report.
- 26 • When Accreditation Standards are revised during the period in which the program is  
27 submitting progress reports for either the virtual, hybrid or in-person site visit, the  
28 program will be responsible for demonstrating compliance with the new standards.  
29 Further, identification of new deficiencies during the reporting time period will not  
30 result in a modification of the specified deadline for compliance with prior  
31 deficiencies.
- 32 • In order to conduct a virtual or hybrid site visit, the program being site visited must  
33 host the visit using their meeting technology (Zoom is preferred). If the program  
34 cannot comply with technological support, the site visit will be delayed and the  
35 program must submit a formal request for extension of accreditation using the Report  
36 of Program Change, which will be considered by the Commission at its next regular  
37 meeting.
- 38 • All virtual/hybrid site visits will be conducted using the time zone of the program  
39 being visited, documenting all time zones using CODA's site visit schedule  
40 template.
- 41 • Audio and/or video recording of the site visit is strictly prohibited.

- 1 • The Commission will dictate the portions of a site visit that will be conducted  
2 using alternative site visit methods.
- 3 ○ The following applies to the conduct of a **virtual-only site visit**:
- 4     ▪ The Commission and its site visit team will dictate the final schedule  
5 of the site visit.
- 6     ▪ Tours of vacant facilities may be conducted virtually. However, all  
7 clinical observations and tours that may involve access to patients, will  
8 be conducted on-site only.
- 9     ▪ All program information must be provided to the site visitors in  
10 aggregate form and must conform to CODA’s privacy and data  
11 security policy. Documents that include Protected Health Information  
12 (PHI), Personally Identifiable Information (PII), FERPA or other  
13 confidential records will not be reviewed virtually.
- 14     ▪ Student/Resident/Fellow interviews will be conducted virtually
- 15     ▪ All typical “on-site documentation” will be provided to the site visit  
16 committee and Commission in advance of the site visit, and must be  
17 limited to the essential documents to demonstrate a program’s  
18 compliance. The on-site documents will be uploaded to CODA’s  
19 electronic accreditation portal along with the program’s self-study.  
20 Following the site visit, the program’s “on-site documentation” will be  
21 securely destroyed and will not be retained in the program’s  
22 accreditation file, unless necessary to document a site visit finding.
- 23 ○ The following applies to the conduct of a **hybrid site visit**:
- 24     ▪ The Commission and its site visit team will dictate the final schedule  
25 of the site visit.
- 26     ▪ All clinical observations and tours that may involve access to patients,  
27 will be conducted by the on-site visitor only. Tours of vacant facilities  
28 may be conducted virtually for the entire visiting committee.
- 29     ▪ All program information must be provided to the site visitors in  
30 aggregate form and must conform to CODA’s privacy and data security  
31 policy. Documents that include Protected Health Information (PHI),  
32 Personally Identifiable Information (PII), FERPA or other confidential  
33 records will be reviewed on-site only.
- 34     ▪ Student/Resident/Fellow interviews will be conducted virtually and  
35 on- site.
- 36     ▪ All typical “on-site documentation” will be provided to the site visit  
37 committee and Commission in advance of the site visit, and must be  
38 limited to the essential documents to demonstrate a program’s  
39 compliance. The on-site documents will be uploaded to CODA’s  
40 electronic accreditation portal along with the program’s self-study.  
41 Following the site visit, the program’s “on-site documentation” will be  
42 securely destroyed and will not be retained in the program’s

1 accreditation file, unless necessary to document a site visit finding.  
2

3 The following protocol will be applied to the in-person site visit following a virtual site visit:

- 4 • Virtual Regular Site Visit – A program that conducted its regular (5 or 7 year cycle)  
5 site visit virtually will have an on-site visit within a reasonable amount of time.
- 6 • Virtual Special Focused Site Visit – Since this type of site visit involves a special  
7 situation and does not alter the date of the program’s regular site visit, there will be  
8 no requirement to conduct the in-person site visit unless the Commission deems  
9 necessary.
- 10 • Virtual New Program (Application) Site Visit:
  - 11 ○ Developing Program – A developing program’s pre-enrollment site visit will  
12 be followed by a pre-graduation site visit. Additionally, programs that are four  
13 years in length are required to have a mid-initial accreditation site visit. Given  
14 the next site visit to a developing program will occur at the pre-graduation or  
15 mid-initial accreditation stage, there will be no requirement to conduct the in-  
16 person new program site visit unless the Commission deems necessary.
  - 17 ○ Fully Operational Program – A fully operational program will engage in a  
18 regular site visit and, if granted accreditation, will be placed on a regular site  
19 visit cycle (5 or 7 year cycle). Given the new program site visit conducted  
20 virtually and timeline for the next visit could be 5 to 7 years, this type of  
21 program will have an on-site visit within a reasonable amount of time.

22 To ensure continuity of the review, one (1) site visitor who attended the virtual site visit to a  
23 single discipline should conduct the on-site follow-up visit. If two (2) or more programs were  
24 virtually visited at an institution, the team could consist of two (2) site visitors, total,  
25 representing at least two (2) disciplines. If a visitor who attended the virtual visit cannot be  
26 identified, any active site visitor in the discipline(s) may conduct the on-site follow-up visit.  
27 The final team composition for the on-site follow-up will be dictated by the Commission and  
28 may also include a virtual Commission staff.  
29

30 The in-person follow-up visit will focus on the areas of the site visit that may have been  
31 difficult to accomplish virtually. A template schedule will be developed to include the  
32 following components for all follow-up in-person site visits: 1) introduction to the visit; 2) tour  
33 of facilities (including educational activity sites, as needed); 3) clinical observations; 4)  
34 program records review related to items that could not be fully reviewed virtually (confidential  
35 document reviews, patient record reviews, etc.); and 5) review of the program’s progress on  
36 areas of noncompliance cited during the virtual site visit. Related to areas of noncompliance  
37 cited during the virtual site visit, it will be the Commission, through review of the program’s  
38 ongoing progress reports and the findings of the on-site visit, which will determine the  
39 program’s compliance. Additionally, while not the focus of the in-person follow-up visit, if  
40 compliance concerns arise regarding additional Standards beyond those cited during the virtual  
41 site visit, the site visitor(s) will review the program’s compliance in these areas.  
42

- 1 A template Site Visit Schedule and template Site Visitor Evaluation Report specific to the on-
- 2 site visit process following a virtual site visit will be provided through the Commission office.

3 Revised: 8/23; 2/22; Adopted February 12, 2021