

## Background

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

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

## Summary

The RC on Pediatric Dentistry Education is requested to review the draft Curriculum Section of its specific discipline (**Appendix 1**).

## Recommendation:

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

## Part II - Pediatric Dentistry Curriculum Section

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

### 21. What percentage of time do students/residents devote to each of the following areas during the entire program?

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

a. Clinical (include related laboratory activity)	<input type="text"/>	%
b. Didactic (include assigned laboratory activity)	<input type="text"/>	%
c. Research	<input type="text"/>	%
d. Teaching	<input type="text"/>	%
e. Other, please specify <input type="text"/>	<input type="text"/>	%
Total	<input type="text"/>	%

**22. Instruction can be provided in a variety of settings. Please estimate the total number of clock hours (didactic and clinical) of instruction students/ residents receive in each of the following subject areas during the entire program.**

a. Biomedical Sciences (Biostatistics and Clinical Epidemiology, Pharmacology, Microbiology, Embryology, Genetics, Anatomy and Oral Pathology)	<input type="text"/>
b. Behavior Guidance (Non-pharmacological techniques, Sedation, and Inhalation analgesia)	<input type="text"/>
c. Growth and Development (Craniofacial growth and development/Normal and abnormal physical, psychological and social development)	<input type="text"/>
d. Oral Facial Injury and Emergency Care	<input type="text"/>
e. Oral Diagnosis, Oral Pathology and Oral Medicine and Radiology	<input type="text"/>
f. Prevention and Health Promotion	<input type="text"/>
g. Comprehensive Dental Care	<input type="text"/>
h. Management of a contemporary dental practice (e.g., Ethics)	<input type="text"/>
i. Patients with Special Care needs	<input type="text"/>
j. Hospital dentistry	<input type="text"/>
k. Pulp therapy	<input type="text"/>
l. Pediatric medicine (i.e., Speech and language development)	<input type="text"/>
m. Advocacy	<input type="text"/>
n. Other, please specify <input type="text"/>	<input type="text"/>
Total	<input type="text" value="0"/>

**Use this space to enter comments or clarifications for your answers for Questions 21-22.**

**Part II - Pediatric Dentistry Curriculum Section (continued)**

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

**23. In which of the following minimal or moderate sedation techniques did students/residents receive instruction and clinical experience during the 2023-24 academic year?**

	Instruction provided?		Clinical experience provided?	
	Yes	No	Yes	No
a. Oral	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Inhalation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Intramuscular	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Intravenous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Other, please specify	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<div></div>				

**24. What is the average number of experiences per student/resident in using minimal and moderate sedation during the 2023-24 academic year?**

Make sure to enter the number of patients divided by the number of students/residents, NOT the total number of patients for the entire program.

	Less than 4 years old	4 years to less than 9 years old	9 years to less than 13 years old	13 years old and above
a. Minimal sedation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. Moderate sedation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**25. What is the average number of general anesthetic patients managed by each student/resident during the 2023-24 academic year?**

Make sure to enter the number of patients divided by the number of students/residents, NOT the total number of patients for the entire program.

	Patients per student/resident
a. Hospital-based general anesthetics	<input type="text"/>
b. Clinic/Office-based general anesthetics	<input type="text"/>
c. Other, please specify <input type="text"/>	<input type="text"/>

**Use this space to enter comments or clarifications for your answers for Questions 23-25.**

**Part II - Pediatric Dentistry Curriculum Section (continued)**

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

*individual programs by name.*

**26. How many patient visits were managed by all students/residents during the 2023-24 academic year?**

**27. Of all the patient visits identified in Question 26, what percentage were patients with diagnosed emotional, physical, or mental problems managed by the advanced pediatric dentistry students/residents?**

If the response to Question 26 is 0, leave this question blank.

**28. Below are hospital service rotations. Please indicate whether the rotation is required or an elective, the total length of the rotation (in weeks), and the number of hours per week spent by students/residents on the rotation.**

	Type of assignment			Length of rotation (in weeks)	Hours per week
	Required	Elective	Not applicable		
a. Anesthesiology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>
b. Emergency Room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>
c. Pediatric Medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>

**28 (continued). Please identify hospital rotations not listed in lines a-c above and indicate whether the rotation is required, elective, the total length of the rotation (in weeks), and the number of hours per week spent**

**by students/residents on the rotation.**

If any lines do not apply, leave the entire row(s) blank.

	Other rotation	Type of assignment		Length of rotation	Hours
	(please specify)	Required	Elective	(in weeks)	per week
d.	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>
e.	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>
f.	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>

**29. How many formal documented student/resident evaluations are conducted per year?**

**Use this space to enter comments or clarifications for your answers for Questions 26-29.**

## Background

On March 5, 2025, the Commission on Dental Accreditation (CODA) received a request from Dr. Scott D. Smith, president, American Academy of Pediatric Dentistry (AAPD), on behalf of the AAPD, to consider a proposed revision to Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry related to patient safety.

The AAPD noted the existence of Standards on patient safety, most notably Standards 4-6 and 4-20, within the Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry. Additionally, the AAPD believes the adoption of Oral and Maxillofacial Surgery Standard 4-18 within the pediatric dentistry standards would “introduce a clearer and more robust standard on patient safety” into the Standards for Advanced Dental Education Programs in Pediatric Dentistry. The AAPD proposed the following Standard be added to the Pediatric Dentistry Standards (underline indicates addition):

**Residents must receive formal training in programs, policies, and procedures enhancing patient safety.**

**Intent: An ongoing, comprehensive focus on promoting safety and quality improvement is an essential part of quality patient care. Residents are exposed throughout training to theoretical and practical means to ensure that consideration of patient safety is routine and consistent.**

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

- **Documentation of an active, ongoing clinical safety training program. This may include participation in institution-wide programs, or documentation of training in Crew Resource Management, Root Cause Analysis, or other safety-focused protocols**
- **Formative and summative evaluation of residents’ knowledge of and engagement and compliance with safety initiatives (e.g. use of Benchmarks)**

## Summer 2025 PED RC Meeting

At its Summer 2025 meeting, the Review Committee on Pediatric Dentistry Education (PED RC) considered the proposed revisions to the Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry and agreed that additional language could be added to the Standards regarding patient safety. The PED RC reviewed Standards 4-6 and 4-20 for possible modifications, as those Standards were specifically referenced by the AAPD related to patient safety. The PED RC also discussed at length where the language would best fit within the Standards, and whether the proposed language would be sufficient.

The PED RC agreed that Standard 4-20, under practice management, was the most appropriate place to add language regarding patient safety. The PED RC further discussed Standard 4-20 to determine if another topic should be added to the Standard (letter j) or if an existing topic should be modified to include additional patient safety language. The PED RC determined it would be best to combine language to create a new letter (i) and revised the previous letter (i) to include patient safety language. The PED RC also chose to accept additional language to be added to the intent statement as recommended by AAPD. Finally, the PED RC modified the Examples of Evidence under Standard 4-20 to include language regarding safety training programs. Following discussion, the PED RC recommended the proposed revision to Standard 4-20 (**Appendix 1**) be circulated to the communities of interest for comment for a period of six (6) months with a Hearing



## 1201: Consideration of Proposed Revisions to Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry Related to Patient Safety

PED RC  
CODA Winter 2026

conducted in conjunction with the October 2025 American Dental Association (ADA) Annual Session, with review of comments received by the RC and CODA in Winter 2026.

### Winter 2026 PED RC Meeting

Following circulation of the Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry, CODA received no (0) comments at CODA's October 2025 virtual Hearing on Standards. CODA received one (1) written comments prior to the December 1, 2025 deadline (**Appendix 2**).

### Summary

At this meeting, the PED RC and CODA are asked to consider the proposed revisions to the Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry (**Appendix 1**) and all comments received prior to the December 1, 2025 deadline (**Appendix 2**). If further revisions are warranted, CODA may wish to circulate the modified revisions to the communities of interest for an additional comment period. Alternatively, if the proposed revisions are adopted, CODA may wish to consider an implementation date.

### Recommendation:

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

## **Commission on Dental Accreditation**

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**At its Summer 2025 meeting, the Commission directed that the proposed revisions to Standard 4-20 of the Accreditation Standards for Advanced Dental Education in Pediatric Dentistry be distributed to the appropriate communities of interest for review and comment, with comment due December 1, 2025, for review at the Winter 2026 Commission meeting.**

Written comments will only be accepted through the Commission's Electronic Comment Submission Portal at this link:

[https://surveys.ada.org/jfe/form/SV\\_0lm22grEOzgxgaN](https://surveys.ada.org/jfe/form/SV_0lm22grEOzgxgaN)

Additions are Underlined  
~~Strikethroughs~~ indicate Deletions

# **Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry**

# 1        **CONSIDERATION OF PROPOSED REVISION TO ACCREDITATION STANDARDS FOR** 2        **ADVANCED DENTAL EDUCATION PROGRAMS IN PEDIATRIC DENTISTRY RELATED TO** 3        **PATIENT SAFETY**

4  
5        Additions are underlined; Deletions are ~~stricken~~  
6

## 7        **STANDARD 4 – CURRICULUM AND PROGRAM DURATION**

### 8 9        **MANAGEMENT OF A CONTEMPORARY DENTAL PRACTICE**

10  
11        4-20 Didactic Instruction: Didactic instruction **must** be at the understanding level and include:  
12

- 13            a.        The design, implementation and management of a contemporary practice of pediatric
- 14                    dentistry, emphasizing business skills for proper and efficient practice;
- 15            b.        Jurisprudence and risk management specific to the practice of Pediatric Dentistry;
- 16            c.        Use of technology in didactic, clinical and research endeavors, as well as in practice
- 17                    management and telehealth systems;
- 18            d.        Principles of biomedical ethical reasoning, ethical decision making and professionalism
- 19                    as they pertain to the academic environment, research, patient care and practice
- 20                    management; and
- 21            e.        Working cooperatively with consultants and clinicians in other dental specialties and health
- 22                    fields, including interprofessional education activities.

23  
24        Didactic instruction **must** be at the in-depth level for the following:  
25

- 26            f.        The development and monitoring of systems for prevention and management of
- 27                    adverse events and medical emergencies in the dental setting;
- 28            g.        Exposure to the principles of quality management systems and the role of continuous
- 29                    process improvement in achieving overall quality in the dental practice setting;
- 30            h.        Exposure to the principles of ethics and professionalism in dental practice is an
- 31                    integral component of all aspects of this process improvement experience; and
- 32            ~~i.        Employing principles of continuous quality improvement, and infection control, and safety,~~
- 33                    ~~including an understanding of the mechanisms to ensure a safe practice environment.~~
- 34            i.        Utilization of programs, policies, and procedures to enhance patient safety, including the
- 35                    employment of continuous quality improvement and infection control.

36  
37        ***Intent:** (d) Graduates should draw on a range of resources such as professional codes, regulatory law, and*  
38        *ethical theories to guide judgment and action for issues that are complex, novel, ethically arguable, divisive,*  
39        *or of public concern, (e) The student/resident learns to prevent, recognize and manage common medical*  
40        *emergencies for infants and children through adolescence and when to refer to other health care*  
41        *professionals and (g) Graduates should experience the elements of process improvement and the manner in*  
42        *which to involve the entire team (i) An ongoing, comprehensive focus on promoting safety and quality*  
43        *improvement is an essential part of quality patient care. Students/Residents are exposed throughout training*  
44        *to theoretical and practical means to ensure that consideration of patient safety is routine and consistent.*  
45

46        Examples of evidence may include (d and g, and i):  
47

- 48            •        Participation in courses or seminars involving biomedical ethics and/or informed consent issues;
- 49            •        Institutional review boards;
- 50            •        Literature reviews;
- 51            •        Discussion of case scenarios;
- 52            •        Emergency drills;
- 53            •        Quality improvement projects;

- Interprofessional education and practice experiences;
- Standardized simulations;
- Standardized case studies; and
- Standardized clinical scenarios.
- Active on-going safety training program, such as:
  - Crew Resource Management
  - Root Cause Analysis
  - Other safety-focused protocols

4-21 Clinical Experiences: Clinical experiences **must** enable students/residents to be involved in a structured system of continuous quality improvement for patient care.

*Intent: Programs are expected to involve students/residents in quality improvement activities to understand the process and contribute to patient care improvement.*

**1201: Consideration of Proposed Revisions to Accreditation Standards  
for Advanced Dental Education Programs in Pediatric Dentistry Related  
to Patient Safety**

**Appendix 2**

PED RC

Commission on Dental Accreditation (CODA) Winter 2026

**COMMISSION ON DENTAL ACCREDITATION (CODA)**

**REVIEW COMMITTEE FOR PEDIATRIC DENTISTRY EDUCATION PROGRAMS**

**Table of Contents of Comments on the Proposed Revisions to the Accreditation  
Standards for Pediatric Dentistry Education Programs**

Comments Received through the CODA Portal by the December 1, 2025 deadline <i>*note – no comments were received at the CODA Hearing on October 2, 2025</i>		
Date of Comment	Commentor Name	Link to Comment
11/29/2025	Annette Puzan	Page 2

**From:** CODA  
**To:** [REDACTED]  
**Cc:** weast, Taylor  
**Subject:** CODA Comment on Proposed Standards Receipt Confirmation  
**Date:** Saturday, November 29, 2025 11:17:21 AM

Thank you for your interest in the Commission on Dental Accreditation (CODA). Your comment has been successfully submitted. Below, please find a copy of your comment as recorded.

[Download as PDF](#)

**URL to view  
Results**

[\[Click Here\]](#)

## Response Summary:

The Commission on Dental Accreditation directed that the proposed revisions of Accreditation Standards for Pediatric Dentistry Education programs be distributed to the communities of interest for review and comment. The document is available at the [Commission website: https://coda.ada.org/standards#proposed-standards](https://coda.ada.org/standards#proposed-standards).

All communities of interest are invited to submit comment on the proposed revision through the link below. Please note that by submitting a comment you agree to the Commission publishing your name, title, affiliation and comment in a public forum through its policy reports at the meeting during which comments will be considered.

The Commission will neither publish your contact information nor follow up with you related to the comment, including its successful or unsuccessful submission. Further, the Commission reserves the right to redact inappropriate and/or unprofessional comments.

**Click next to submit a comment.**

### Q2. Please complete the requested information.

<b>First Name</b>	Annette
<b>Last Name</b>	Puzan
<b>Email</b>	[REDACTED]
<b>Title</b>	Manager, Dental Education and Licensure

**Q3. Please select one of the following options that best describes you or your organization:**

- Other (Please specify):  
Council on Dental Education and Licensure (CDEL)

**Q4. Is this an official comment from your organization?**

- Yes. Please enter the name of your organization below.:  
Council on Dental Education and Licensure

**Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.**

Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry, Standard 4-20

**Q6. Do you agree with the proposed revision?**

- Disagree

**Q7. Enter your comment. Type or copy and paste in the text box below.**

The following comment is being submitted on behalf of the ADA Council on Dental Education and Licensure by Dr. Paul A. Shadid, chair:

A duty of the ADA Council on Dental Education and Licensure is to act as the agency of the Association in matters related to the accreditation of dental, advanced dental and allied dental education programs. Accordingly, via a November 2025 electronic ballot, the Council considered and supported the proposed revisions to Standard 4-20 of the Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry, with the amendment to delete the examples for “active on-going safety training program.” The Council believes that examples for “active on-going safety training program” are not necessary, as documentation demonstrating this is required from the program.

The Council appreciates the opportunity to submit comment on this important document.

**Q8. Do you have additional comment?**

- I have NO additional comment and ready to submit.
-

## Scoring

- Score: 0





## Background

The Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry were adopted by the Commission on Dental Accreditation (CODA) at its August 7, 2020 meeting for implementation on July 1, 2021.

As stated in CODA's "Policy on Assessing the Validity and Reliability of the Accreditation Standards" (**Appendix 1**), CODA believes that a minimum time span should elapse between the adoption of new standards or implementation of standards that have undergone a comprehensive revision and the assessment of the validity and reliability of these standards. This minimum period of time is directly related to the academic length of the accredited programs in each discipline. CODA believes this minimum period is essential in order to allow time for programs to implement the new standards and to gain experience in each year of the curriculum.

CODA's policy for assessment is based on the following formula:

***The validity and reliability of accreditation standards will be assessed after they have been in effect for a period of time equal to the minimum academic length of the accredited program plus three years.***

Thus, the validity and reliability of the new standards for a one-year program will be assessed after four years, while standards applying to programs two years in length will be assessed five years after implementation.

According to CODA's timetable for validity and reliability studies, the study for Pediatric Dentistry programs will be initiated in the spring of 2026. Survey results will be considered at the Summer 2026 meetings of the Pediatric Dentistry Education Review Committee and CODA. The communities will be surveyed to assist CODA in determining whether the standards are still relevant and appropriate or whether a comprehensive revision should be initiated.

**Methodology and Survey Design:** In cooperation with the ADA's HPI, a timetable will be developed, surveys will be distributed to the audiences, and responses will be due to the HPI within two (2) weeks of receipt of the survey. Following a period of follow-up with non-respondents, the data will be tabulated, and analysis completed by June 1, 2026 staff will prepare a report with results of the study for consideration by CODA at its Winter 2026 meeting.

A survey instrument will be developed to obtain evaluations of each of the requirements in the current standards. Respondents will be asked to indicate the relevance of each criterion to the Pediatric Dentistry curricula:

- Relevant/ Too demanding: Criterion relevant but too demanding
- Retain as is: Retain criterion as is
- Relevant/ Not demanding: Criterion relevant but not sufficiently demanding
- Not relevant: Criterion not relevant
- No opinion. No opinion on this criterion

In addition, they will be asked to add and provide a rationale for any issues that they believe should be added to the standards. A sample format of the survey is presented in **Appendix 2**.

The following alternatives might result from the assessment of the adequacy of the standards:

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

If it is determined that revisions to the accreditation standards are warranted, further analysis of the data obtained in the validity and reliability study would be conducted to provide more in-depth information for the revision process. In addition, other resources could provide further information, including:

- The annual Frequency of Citings Reports of Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry.
- Data identifying trends in accredited Pediatric Dentistry education programs.
- Issues related to Pediatric Dentistry.
- Requests for standards revisions received but postponed until the regular validity and reliability study.

When a comprehensive revision of an accreditation standards document is required, the new document is developed with input from the communities of interest in accordance with CODA policies. The document is drafted using resources such as those noted above. When the document is finalized, it is shared with the communities of interest and hearings are held, as appropriate. Written and oral comments from the hearings and written comments received during the comment period are reviewed when considering the document for adoption. An implementation date is specified when the document is adopted.

**Recommendation:** This report is informational; no action required.

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

The Commission on Dental Accreditation (CODA) has developed accreditation standards for use in assessing, ensuring and improving the quality of the educational programs in each of the disciplines it accredits.

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

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

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

Specific issues or concerns may result in the development of new standards or the modification of existing standards, in limited areas, to address those concerns. Comprehensive revisions of standards are made to reflect significant changes in disease and practice patterns, scientific or technological advances, or in response to changing professional needs for which CODA has documented evidence.

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

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

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

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

## SAMPLE PEDIATRIC DENTISTRY VALIDITY AND RELIABILITY SURVEY

Listed below are the accreditation standards by which the Commission on Dental Accreditation and its site visitors evaluate advanced dental education programs in pediatric dentistry for accreditation purposes. For each standard, please circle the appropriate number that corresponds to your rating in terms of its relevance of the criterion to the curriculum. Please note that certain standards have multiple items to be rated.

<b>Advanced Dental Education Programs in Pediatric Dentistry</b>	For each of the five-point rating scales use: 1 = criterion relevant but too demanding 2 = retain criterion as is 3 = criterion relevant but not sufficiently demanding 4 = criterion not relevant 5 = no opinion
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## STANDARD 1 – INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS

1. List Standards in this column	1	2	3	4	5
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List comments related to Standard 1 – Institutional Effectiveness/Program Effectiveness

## STANDARD 2 – PROGRAM DIRECTOR AND TEACHING STAFF

1. List Standards in this column	1	2	3	4	5
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List comments related to Standard 2 – Program Director and Teaching Staff

## STANDARD 3 – FACILITIES AND RESOURCES

1.	List Standards in this column	1	2	3	4	5
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List comments related to Standard 3 – Facilities and Resources

## STANDARD 4 – CURRICULUM AND PROGRAM DURATION

1. List Standards in this column	1	2	3	4	5
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List comments related to Standard 4 – Curriculum and Program Duration

**STANDARD 5 – ADVANCED EDUCATION STUDENTS/RESIDENTS ELIGIBILITY AND SELECTION**

1.	List Standards in this column	1	2	3	4	5
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List comments related to Standard 5 – Advanced Education Students/Residents Eligibility and Selection

**STANDARD 6 – RESEARCH**

1.	List Standards in this column	1	2	3	4	5
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List comments related to Standard 6 – Research