INFORMATIONAL REPORT ON FREQUENCY OF CITINGS OF ACCREDITATION STANDARDS FOR DENTAL HYGIENE EDUCATION PROGRAMS

Background: The Accreditation Standards for Dental Hygiene Education Programs were approved by the Commission on Dental Accreditation at its July 26, 2007 meeting and were implemented on January 1, 2009. Since that date, 611 dental hygiene site visits have been conducted by visiting committees of the Commission utilizing the January 2009 Standards. At the time of this report, the Standards included 99 "must" statements addressing 190 required areas of compliance. This report presents the number of times areas of non-compliance were cited by visiting committees conducting site visits from January 1, 2009 through June 30, 2022 . If special (focused or comprehensive), pre-enrollment or pre-graduation site visits were conducted during this period, citings from those visits are also included.

Analysis: The data in **Appendix 1** indicates that a total of 2,363 citings of non-compliance were made. Of these, 178 (7.5%) were related to Standard 1–Institutional Effectiveness; 1,216 (51.4%) were related to Standard 2–Educational Program; 431 (18.2%) were related to Standard 3–Administration, Faculty and Staff; 205 (8.7%) were related to Standard 4–Educational Support Services; 102 (4.3%) were related to Standard 5–Health and Safety Provisions; and 231 (9.8%) were related to Standard 6–Patient Care Services.

Analysis of the data indicates the most frequently cited areas of non-compliance are within Standard 2–Educational Program. The subsets of Standard 2-12 were cited most frequently and received a total of 304 citations. Standard 2-12 requires graduate competence in providing dental hygiene care for various patient types including patients with special needs. Citations within Standard 2-12 patient types were distributed as follows: child (60, adolescent (73, adult (43, geriatric (64, and special needs patients (64. Continued monitoring of Standard 2-12 and standards related to patient care and tracking is indicated and future revisions may be warranted. Standard 2-7, which describes the course documentation components provided to students, was cited a total of 192 times. Within Standard 3–Administration, Faculty and Staff, Standard 3-7, a) requiring current knowledge of the specific subject(s) faculty are teaching, and b) requiring educational methodology for faculty, received 63 and 79 citations, respectively.

Summary: The Commission will continue to receive reports annually summarizing the updated data on the frequency of citings of individual Standards. The revised Accreditation Standards for Dental Hygiene Education Programs was implemented on July 1, 2022. Therefore, this report concludes the Frequency of Citings for the January 2009 Accreditation Standards for Dental Hygiene Education Programs.

Recommendation: This report is informational in nature and no action is required.

Prepared by: Ms. Katie Navickas

ACCREDITATION STANDARDS FOR DENTAL HYGIENE EDUCATION PROGRAMS
(January 2009 Standards)

Frequency of Citings Based on Required Areas of Compliance

Total Number of Programs Evaluated: 611
January 1, 2009 through June 30, 2022

STANDARD 1- INSTITUTIONAL EFFECTIVENESS – 13 Required Areas of Compliance

Non-Compliance Citings	Accreditation Standard	Required Areas of Compliance	
	1-1	The program must demonstrate its effectiveness using a formal and ongoing planning and assessment process that is systematically documented by:	
20		a.	Developing a plan addressing teaching, patient care, research and service which are consistent with the goals of the sponsoring institution and appropriate to dental hygiene education
27		b.	Implementing the plan
37		c.	Assessing the outcomes, including measures of student achievement
53		d.	Using the results for program improvement
6	1-2	The institution must have a strategic plan which identifies stable financial resources sufficient to support the program's stated mission, goals and objectives.	
3		A financial statement document must be submitted providing revenue and expense data for the dental hygiene program.	
4	1-3	The sponsoring institution must ensure that support from entities outside of the institution does not compromise the teaching, clinical and research components of the program.	
8	1-4	The authority and final responsibility for curriculum development and approval, student selection, faculty selection and administrative matters must rest within the sponsoring institution.	

1	1-5	Programs must be sponsored by institutions of higher education that are accredited by an institutional accrediting agency recognized by the United States Department of Education for offering college-level programs.
8	1-6	All arrangements with co-sponsoring or affiliated institutions must be formalized by means of written agreements which clearly define the roles and responsibilities of each institution involved.
16	1-7	There must be an active liaison mechanism between the program and the dental professions in the community.

STANDARD 2- EDUCATIONAL PROGRAMS – 94 Required Areas of Compliance

Non-Compliance Citings	Accreditation Standard	**Required Areas of Compliance**
1	2-1	The curriculum must include at least two academic years of full-time instruction or its equivalent at the postsecondary college-level.
1		The scope and depth of the curriculum must reflect the objectives and philosophy of higher education.
2		The college catalog must list the degree awarded and course titles and descriptions.
1		In a two-year college setting, the graduates of the program must be awarded an associate degree.
		In a four-year college or university, the graduates of the program must be awarded an associate or comparable degree, post-degree certificate, or baccalaureate degree.
5	2-2	A process must be established to assure students meet the academic, professional and/or clinical criteria as published and distributed.
2		Academic standards and institutional due process policies must be followed for remediation or dismissal.
1		A college document must include institutional due process policies and procedures.
2	2-3	Admission of students must be based on specific written

		criteria, procedures and policies. Applicants must be informed of the:	
1		Previous academic performance and/or performance on standardized national tests of scholastic aptitude or other predictors of scholastic aptitude and ability must be utilized as criteria in selecting students who have the potential for successfully completing the program. Applicants must be informed of:	
12		criteria and procedures for selection	
4		goals of the program	
1		curricular content	
1		course transferability	
3		scope of practice	
		employment opportunities for dental hygienists	
5	2-4	Admission of students with advanced standing must be based on the same standards of achievement required by students regularly enrolled in the program.	
2		Students with advanced standing must receive an appropriate curriculum that results in the same standards of competence required by students regularly enrolled in the program.	
20	2-5	The number of students enrolled in the program must be proportionate to the resources available.	
24	2-6	The dental hygiene program must define and list the competencies needed for graduation.	
37		The dental hygiene program must employ student evaluation methods that measure all defined program competencies.	
29		These competencies and evaluation methods must be written and communicated to the enrolled students.	
4	2-7	Written documentation of the curriculum must be provided at the initiation of course instruction and include:	
22		a.	Course descriptions
23		b.	Content outlines, including:
24		c.	Topics to be presented,
49		d.	Specific instructional objectives;
24		e.	Learning experiences;
47		f.	Evaluation procedures.

5	2-8	The curriculum must include content in the following four areas: general education, biomedical sciences, dental sciences and dental hygiene science.
16		This content must be integrated and of sufficient depth, scope, sequence of instruction, quality and emphasis to ensure achievement of the curriculums defined competencies.
		A curriculum document must be submitted for each course included in the dental hygiene program for all four content areas.
	2-8a	General education content must include:
6		Oral communication
		Written communication
3		Psychology
6		Sociology
9	2-8b	Biomedical science content must include content in
		Anatomy
		Physiology
6		Chemistry
5		Biochemistry
1		Microbiology
		Immunology
1		General and maxillofacial pathology and/or pathophysiology
		Nutrition
		Pharmacology
3	2-8c	Dental sciences content must include:
		Tooth morphology
1		Head, neck and oral anatomy
		Oral embryology and histology
		Oral pathology
1		Radiography
		Periodontology
1		Pain management
		Dental materials
6	2-8d	Dental hygiene science content must include:
2		Oral health education and preventive counseling

		Health promotion	
		Patient management	
		Clinical dental hygiene	
2		Provision of services for and management of patients with special needs	
		Community dental/oral health	
1		Medical and dental emergencies including basic life support	
1		Legal and ethical aspects of dental hygiene practice	
1		Infection and hazard control management	
		The provision of oral health care services to patients with bloodborne infectious diseases.	
7	2-9	The basic clinical education aspect of the curriculum must include a formal course sequence in scientific principles of dental hygiene practice, which extends throughout the curriculum and is coordinated and integrated with clinical experience in providing dental hygiene services.	
29	2-10	The number of hours of clinical practice scheduled must ensure that students attain clinical competence and develop appropriate judgment.	
4		Clinical practice must be distributed throughout the curriculum.	
38	2-11	The dental hygiene program must have established mechanisms to ensure a sufficient number of patient experiences that afford all students the opportunity to achieve stated competencies.	
	2-12	Graduates must be competent in providing dental hygiene care for:	
60		Child	
73		Adolescent	
43		Adult	
64		Geriatric	
64		Special needs patient populations.	
	2-13	Graduates must be competent in providing the dental hygiene process of care which includes:	
10		a.	comprehensive collection of patient data to identify the physical and oral health status

15		b.	analysis of assessment findings and use of critical thinking in order to address the patient's dental hygiene treatment needs
20		c.	establishment of a dental hygiene care plan that reflects the realistic goals and treatment strategies to facilitate optimal oral health
13		d.	provision of patient-centered treatment and evidence-based care in a manner minimizing risk and optimizing oral health
19		e.	measurement of the extent to which goals identified in the dental hygiene care plan are achieved
8		f.	complete and accurate recording of all documentation relevant to patient care
63	2-14	Graduates must be competent in providing dental hygiene care for all types of classifications of periodontal disease including patients who exhibit moderate to severe periodontal disease.	
9	2-15	Graduates must be competent in communicating and collaborating with other members of the health care team to support comprehensive patient care.	
	2-16	Graduates must be competent in:	
17		a.	assessing the oral health needs of community-based programs
11		b.	planning an oral health program to include health promotion and disease prevention activities
12		c.	implementing the planned program
20		d.	evaluating the effectiveness of the implemented program
	2-17	Graduates must be competent in providing appropriate life support measures for medical emergencies that may be encountered in dental hygiene practice.	
5	2-18	Where graduates of a CODA accredited dental hygiene program are authorized to perform additional functions required for initial dental hygiene licensure as defined by the program's state specific dental board or regulatory agency, program curriculum must include content at the level, depth, and scope required by the state.	

4		Further, curriculum content must include didactic and laboratory/preclinical/clinical objectives for the additional dental hygiene skills and functions.	
4		Students must demonstrate laboratory/preclinical/clinical competence in performing these skills.	
	2-19	Graduates must be competent in the application of the principles of ethical reasoning, ethical decision making and professional responsibility as they pertain to the academic environment, research, patient care and practice management.	
	2-20	Graduates must be competent in applying legal and regulatory concepts to the provision and/or support of oral health care services.	
1	2-21	Graduates must be competent in the application of self-assessment skills to prepare them for life-long learning.	
2	2-22	Graduates must be competent in the evaluation of current scientific literature.	
2	2-23	Graduates must be competent in problem solving strategies related to comprehensive patient care and management of patients.	
	2-24	The dental hygiene program must have a formal, written curriculum management plan, which includes:	
54		a.	an ongoing curriculum review and evaluation process with input from faculty, students, administration and other appropriate sources;
60		b.	evaluation of the effectiveness of all courses as they support the program's goals and competencies;
57		c.	a defined mechanism for coordinating instruction among dental hygiene program faculty.
5		d.	a defined mechanism to calibrate dental hygiene faculty for student clinical evaluation.

STANDARD 3- FACULTY AND STAFF – 24 Required Areas of Compliance

Non-Compliance Citings	Accreditation Standard	Required Areas of Compliance	
	3-1	The program must be a recognized entity within the institution's administrative structure which supports the attainment of program goals.	
58	3-2	The dental hygiene program administrator must have a full-time appointment as defined by the institution, which provides time for operation, supervision, evaluation and revision of the program.	
8	3-3	The program administrator must be a dental hygienist who is a graduate of a program accredited by the Commission on Dental Accreditation and possesses a masters or higher degree or is currently enrolled in a masters or higher degree program or a dentist who has background in education and the professional experience necessary to understand and fulfill the program goals.	
	3-4	The program administrator must have the authority and responsibility necessary to fulfill program goals including:	
8		a.	curriculum development, evaluation and revision;
9		b.	faculty recruitment, assignments, supervision and evaluation;
7		c.	input into faculty evaluation;
1		d.	initiation of program or department in-service and faculty development;
1		e.	assessing, planning and operating program facilities;
2		f.	input into budget preparation and fiscal administration;
4		g.	coordination, evaluation and participation in determining admission criteria and procedures as well as student promotion and retention criteria.
31	3-5	The number and distribution of faculty and staff must be sufficient to meet the dental hygiene program's stated purpose, goals and objectives.	

56	3-6	The faculty to student ratios must be sufficient to ensure the development of competence and ensure the health and safety of the public. In preclinical, clinical and radiographic clinical laboratory sessions, there must not be less than one faculty for every five students.	
19		In laboratory sessions for dental materials courses, there must not be less than one faculty for every ten students to ensure the development of clinical competence and maximum protection of the patient, faculty and students.	
24	3-7	The full time faculty of a dental hygiene program must possess a baccalaureate or higher degree.	
		Part-time faculty providing didactic instruction must have earned at least a baccalaureate degree or be currently enrolled in a baccalaureate degree program.	
		All dental hygiene program faculty members must have:	
63		a.	current knowledge of the specific subjects they are teaching
79		b.	documented background in current educational methodology concepts consistent with teaching assignments.
		c.	Faculty who are dental hygienists must be graduates of dental hygiene programs accredited by the Commission on Dental Accreditation.
2	3-8	Opportunities must be provided for full-time faculty to continue their professional development.	
4	3-9	A defined faculty evaluation process must exist that ensures objective measurement of the performance of each faculty member.	
1	3-10	Opportunities for promotion, tenure, and development must be the same for dental hygiene faculty as for other institutional faculty.	
32	3-11	Qualified institutional support personnel must be assigned to the program to support both the instructional program and the clinical facilities providing a safe environment for the provision of instruction and patient care.	

22	3-12	Student assignments to clerical and dental assisting responsibilities during clinic sessions must be minimal and must not be used to compensate for limitations of the clinical capacity or to replace clerical or clinical staff.

STANDARD 4- EDUCATIONAL SUPPORT SERVICES – 42 Required Areas of Compliance

Non-Compliance Citings	Accreditation Standard	**Required Areas of Compliance**	
9	4-1	The program must provide adequate and appropriately maintained facilities to support the academic and clinical purposes of the program that are in conformance with applicable regulations.	
		The dental hygiene facilities must contain the following:	
9		a.	sufficient clinical facility with clinical stations for students including conveniently located hand washing sinks and view boxes and/or computer monitors; a working space for the patient's record adjacent to units; functional, modern equipment; an area that accommodates a full range of operator movement and opportunity for proper instructor supervision;
4		b.	a number of clinical stations based on the number of students admitted to a class (If the number of stations is less than the number of students in the class, one clinical station is available for every student scheduled for each clinical session.);
7		c.	a capacity of the clinic that accommodates individual student practice on a regularly scheduled basis throughout all phases of preclinical technique and clinical instruction;
10		d.	a sterilizing area that includes sufficient space for preparing, sterilizing and storing instruments;
11		e.	sterilizing equipment and personal protective equipment/supplies that follow current infection and hazard control protocol;
20		f.	facilities and materials for students, faculty and staff that provide compliance with accepted infection and hazard control protocols;
3		g.	space and furnishings for patient reception and waiting

			provided adjacent to the clinic;	
3		h.	patient records kept in an area assuring safety and confidentiality.	
5	4-2	Radiography facilities must be sufficient for student practice and the development of clinical competence.		
		The radiography facilities must contain the following:		
10		a.	an appropriate number of radiography exposure rooms which include: modern dental radiography units; teaching manikin(s); and conveniently located hand-washing sinks;	
4		b.	modern processing and/or scanning equipment;	
2		c.	an area for mounting and viewing radiographs;	
4		d.	documentation of compliance with applicable local, state and federal regulations.	
1		Regardless of the number of machines provided, it must be demonstrated that time is available for all students to obtain required experience with faculty supervision and that acceptable faculty teaching loads are maintained.		
8	4-3	A multipurpose laboratory facility must be provided for effective instruction and allow for required laboratory activities.		
1		If the laboratory capacity requires that two or more sections be scheduled, time for all students to obtain required laboratory experience must be provided.		
		Laboratory facilities must contain the following:		
13		a.	placement and location of equipment that is conductive to efficient and safe utilization;	
9		b.	student stations that are designed and equipped for students to work while seated including:	
5				sufficient ventilation
1				lighting
1				necessary utilities
2				Storage space
3				An adjustable, comfortable chair
6		c.	Documentation of compliance with applicable local, state and federal regulations.	
15	4-4	The educational institution must provide physical facilities and equipment which are sufficient to permit achievement of program objectives.		

		If the institution finds it necessary to contract for use of an existing facility for basic clinical education and/or distance education, then the following conditions must be met in addition to all existing Standards:	
		a.	a formal contract between the educational institution and the facility;
6		b.	a two-year notice for termination of the contract stipulated to ensure that instruction will not be interrupted; or
4		c.	a contingency plan developed by the institution should the contract be terminated;
1		d.	a location and time available for use of the facility compatible with the instructional needs of the dental hygiene program;
1		e.	the dental hygiene program administrator retains authority and responsibility for instruction and scheduling of student assignments;
3		f.	clinical instruction is provided and evaluated by dental hygiene program faculty;
2		g.	all dental hygiene students receive comparable instruction in the facility;
		h.	the policies and procedures of the facility are compatible with the philosophy and goals of the educational program.
5	4-5	Classroom space which is designed and equipped for effective instruction must be provided for and readily accessible to the program.	
9	4-6	Office space which allows for privacy must be provided for the program administrator and faculty.	
		Student and program records must be stored to ensure confidentiality and safety.	
2	4-7	Instructional aids and equipment must be provided for student learning.	
2		Institutional library holdings must include or provide access to a diversified collection of current dental, dental hygiene and multidisciplinary literature and references necessary to support teaching, student learning needs, service, research and development.	

		There must be a mechanism for program faculty to periodically review, acquire and select current titles and instructional aids.
4	4-8	There must be specific written due process policies and procedures for adjudication of academic and disciplinary complaints that parallel those established by the sponsoring institution.

STANDARD 5- HEALTH AND SAFETY PROVISIONS – 6 Required Areas of Compliance

Non-Compliance Citings	Accreditation Standard	**Required Areas of Compliance**
35	5-1	The program must document its compliance with institutional policy and applicable regulations of local, state and federal agencies including, but not limited to, radiation hygiene and protection, ionizing radiation, hazardous materials, and bloodborne and infectious diseases.
22		Policies must be provided to all students, faculty, and appropriate support staff, and continuously monitored for compliance.
16		Policies on bloodborne and infectious diseases must be made available to applicants for admission and patients.
3	5-2	Students, faculty and appropriate support staff must be encouraged to be immunized against and/or tested for infectious diseases, such as mumps, measles, rubella, tuberculosis and hepatitis B prior to contact with patients and/or infectious objects or materials in an effort to minimize the risk to patients and dental personnel.
14	5-3	The program must establish, enforce, and instruct students in preclinical/ clinical/laboratory protocols and mechanisms to ensure the management of emergencies.
12		These protocols must be provided to all students, faculty and appropriate staff. Faculty, staff and students must be prepared to assist with the management of emergencies.

STANDARD 6- PATIENT CARE SERVICES – 11 Required Areas of Compliance

Non-Compliance Citings	Accreditation Standard	**Required Areas of Compliance**	
5	6-1	The program must have policies and mechanisms in place that inform patients, verbally and in writing, about their comprehensive treatment needs.	
1		Patients accepted for dental hygiene care must be advised of the scope of dental hygiene care available at the dental hygiene facilities.	
2	6-2	The program must have a formal written system of patient care quality assurance with a plan that includes:	
28		a.	standards of care that are patient-centered, focused on comprehensive care, and written in a format that facilitates assessment with measurable criteria;
39		b.	an ongoing review of a representative sample of patients and patient records to assess the appropriateness, necessity and quality of care provided;
56		c.	mechanisms to determine the cause of treatment deficiencies;
57		d.	patient review policies, procedure, outcomes and corrective measures.
4	6-3	The use of quantitative criteria for student advancement and graduation must not compromise the delivery of comprehensive dental hygiene patient care.	
	6-4	The program must develop and distribute a written statement of patients' rights to all patients, appropriate students, faculty, and staff.	
31	6-5	All students, faculty and support staff involved with the direct provision of patient care must be continuously recognized/certified in basic life support procedures, including healthcare provider cardiopulmonary resuscitation with an Automated External Defibrillator (AED).	
8	6-6	The program's policies must ensure that the confidentiality of information pertaining to the health status of each individual patient is strictly maintained.	

INFORMATIONAL REPORT ON FREQUENCY OF CITINGS OF ACCREDITATION STANDARDS FOR DENTAL HYGIENE EDUCATION PROGRAMS

Background: The Commission on Dental Accreditation approved the Accreditation Standards for Dental Hygiene Education Programs on February 12, 2021, with implementation on July 1, 2022. Since that implementation date, 17 site visits have been conducted by visiting committees of the Commission utilizing the July 1, 2022 Standards. At the time of this report, the Standards included 90 "must" statements addressing 153 required areas of compliance. The data provided in **Appendix 1** are based on the areas of non-compliance cited by visiting committees during site visits conducted July 1, 2022 through October 31, 2022.

Analysis: The data in **Appendix 1** indicates that a total of 54 areas of non-compliance were made during the period of reporting. Of these, 3 (5.6%) were related to Standard 1-Institutional Effectiveness; 23 (42.59%) were related to Standard 2-Educational Program; 12 (22.2%) were related to Standard 3-Administration, Faculty and Staff; 9 (16.7%) were related to Standard 4-Educational Support Services; 5 (9.3%) were related to Standard 5-Health and Safety Provisions; and 3(5.6%) related to Standard 6-Patient Care Services.

Analysis of the data indicates that the most frequently cited areas of non-compliance are within Standard 2- Educational Program. The subsets of Standard 2-12 were cited most frequently and received a total 10 citations. Standard 2-12 requires graduate be competence in providing dental hygiene care for various patient types. Citations within Standard 2-12, patient types, were distributed as follows: child (2), adolescent (2), adult (1), geriatric (2), and special needs patients (3). Continued monitoring of Standard 2-12 and standards related to patient care is indicated. Within Standard 3–Administration, Faculty and Staff, Standard 3-6, d, evidence of faculty calibration for clinical evaluation received three (3) citations. Standard 3-2, the dental hygiene program administrator must have a full-time appointment as defined by the institution, whose primary responsibility is for operation, supervision, evaluation and revision of the program, received two (2) citations.

Summary: Based on existing data, it appears that most dental hygiene programs are in compliance with the majority of the Accreditation Standards. The Commission will continue to receive reports annually summarizing the updated data on frequency of citings of individual Standards.

Recommendation: This report is informational in nature and no action is required.

Prepared by: Ms. Katie Navickas

ACCREDITATION STANDARDS FOR DENTAL HYGIENE EDUCATION PROGRAMS
(July 2022 Standards)

Frequency of Citings Based on Required Areas of Compliance

Total Number of Programs Evaluated:17
July 1, 2022 through October 31, 2022

STANDARD 1- INSTITUTIONAL EFFECTIVENESS – 14 Required Areas of Compliance

Non-Compliance Citings	Accreditation Standard	Required Areas of Compliance	
	1-1	The program must demonstrate its effectiveness using a formal and ongoing planning and assessment process that is systematically documented by:	
		a.	developing a plan addressing teaching, patient care, research and service;
		b.	an ongoing plan consistent with the goals of the sponsoring institution and the goals of the dental hygiene program;
		c.	implementing the plan to measure program outcomes in an ongoing and systematic process;
		d.	assessing and analyzing the outcomes, including measures of student achievement;
1		e.	use of the outcomes assessment results for annual program improvement and reevaluation of program goals.
1	1-2	The program must have a stated commitment to a humanistic culture and learning environment that is regularly evaluated.	
1	1-3	The institution must have a strategic plan which identifies stable financial resources sufficient to support the program's stated mission, goals and objectives. A financial statement document must be submitted providing revenue and expense data for the dental hygiene program.	
	1-4	The sponsoring institution must ensure that support from entities outside of the institution does not compromise the teaching, clinical and research components of the program.	

	1-5	The authority and final responsibility for curriculum development and approval, student selection, faculty selection and administrative matters must rest within the sponsoring institution.
	1-6	Programs must be sponsored by institutions of higher education that are accredited by an institutional accrediting agency (i.e., a regional or appropriate* national accrediting agency) recognized by the United States Department of Education for offering college-level programs.
	1-7	All arrangements with co-sponsoring or affiliated institutions must be formalized by means of written agreements which clearly define the roles and responsibilities of each institution involved.
	1-8	There must be an active liaison mechanism between the program and the dental and allied dental professions in the community. The authority and final responsibility for curriculum development and approval, student selection, faculty selection and administrative matters must rest with the educational institution.

STANDARD 2- EDUCATIONAL PROGRAMS – 60 Required Areas of Compliance

Non-Compliance Citings	Accreditation Standard	**Required Areas of Compliance**
	2-1	The curriculum must include at least two academic years of full-time instruction or its equivalent at the postsecondary college-level. The scope and depth of the curriculum must reflect the objectives and philosophy of higher education. The college catalog must list the degree awarded and course titles and descriptions.
		In a two year college setting, the graduates of the program must be awarded an associate degree. In a four year college or university, graduates of the program must be awarded an associate or comparable degree, post-degree certificate, or baccalaureate degree.
	2-2	A process must be established to assure students meet the academic, professional and/or clinical criteria as published and distributed. Academic standards and institutional due process policies must be followed for remediation or dismissal. A college document must include institutional due process policies and procedures.

1	2-3	Admission of students must be based on specific written criteria, procedures and policies. Previous academic performance and/or performance on standardized national tests of scholastic aptitude or other predictors of scholastic aptitude and ability must be utilized as criteria in selecting students who have the potential for successfully completing the program. Applicants must be informed of the criteria and procedures for selection, goals of the program, curricular content, course transferability and the scope of practice of and employment opportunities for dental hygienists.	
	2-4	Admission of students with advanced standing must be based on the same standards of achievement required by students regularly enrolled in the program. Students with advanced standing must receive an appropriate curriculum that results in the same standards of competence required by students regularly enrolled in the program.	
	2-5	The number of students enrolled in the program must be proportionate to the resources available.	
	2-6	**The dental hygiene program must:**	
		1.	define and list the overall graduation competencies that describe the levels of knowledge, skills and values expected of graduates.
		2.	employ student evaluation methods that measure all defined graduation competencies.
		3.	document and communicate these competencies and evaluation methods to the enrolled students.
	2-7	Course syllabi for dental hygiene courses must be available at the initiation of each course and include:	
		1.	written course descriptions
		2.	content and topic outlines
1		3.	specific instructional objectives
1		4.	learning experiences
1		5.	evaluation methods
1	2-8	The curriculum must include content in the following four areas: general education, biomedical sciences, dental sciences and dental hygiene science. This content must be integrated and of sufficient depth, scope, sequence of instruction, quality and emphasis to ensure achievement of the curriculum's defined competencies.	
1	2-8a	General education content must include oral and written communications psychology and sociology:	
	2-8b	Biomedical science content must include content in anatomy, physiology, chemistry, biochemistry, microbiology, immunology,	

		general and maxillofacial pathology and/or pathophysiology, nutrition and pharmacology.	
	2-8c	Dental sciences content must include tooth morphology, head, neck and oral anatomy, oral embryology and histology, oral pathology, radiography, periodontology, pain management, and dental materials.	
	2-8d	Dental hygiene science content must include oral health education and preventive counseling, health promotion, patient management, clinical dental hygiene, provision of services for and management of patients with special needs, community dental/oral health, medical and dental emergencies, legal and ethical aspects of dental hygiene practice, infection and hazard control management, and the provision of oral health care services to patients with bloodborne infectious diseases.	
	2-9	The basic clinical education aspect of the curriculum must include a formal course sequence in scientific principles of dental hygiene practice, which extends throughout the curriculum and is coordinated and integrated with clinical experience in providing dental hygiene services.	
	2-10	Clinical experiences must be distributed throughout the curriculum. The number of hours of preclinical practice and direct patient care must ensure that students attain clinical competence and develop appropriate judgment.	
2	2-11	The dental hygiene program must have established mechanisms to ensure a sufficient number of patient experiences that afford all students the opportunity to achieve stated competencies.	
	2-12	Graduates must be competent in providing dental hygiene care for all patient populations including:	
2		1.	Child
2		2.	Adolescent
1		3.	Adult
2		4.	Geriatric
3		5.	Special needs
	2-13	Graduates must be competent in providing the dental hygiene process of care which includes:	
		a.	comprehensive collection of patient data to identify the physical and oral health status;
		b.	analysis of assessment findings and use of critical thinking in order to address the patient's dental hygiene treatment needs;

		c.	establishment of a dental hygiene care plan that reflects the realistic goals and treatment strategies to facilitate optimal oral health;
		d.	provision of comprehensive patient-centered treatment and evidence-based care in a manner minimizing risk and optimizing oral health;
		e.	measurement of the extent to which goals identified in the dental hygiene care plan are achieved;
		f.	complete and accurate recording of all documentation relevant to patient care.
2	2-14	Graduates must be competent in providing dental hygiene care for all types of classifications of periodontal diseases including patients who exhibit moderate to severe periodontal disease.	
	2-15	Graduates must be competent in interprofessional communication, collaboration and interaction with other members of the health care team to support comprehensive patient care.	
	2-16	Graduates must demonstrate competence in:	
		a.	assessing the oral health needs of community-based programs
		b.	planning an oral health program to include health promotion and disease prevention activities
		c.	implementing the planned program, and,
		d.	evaluating the effectiveness of the implemented program.
	2-17	Graduates must be competent in providing appropriate life support measures for medical emergencies that may be encountered in dental hygiene practice.	
	2-18	Where graduates of a CODA accredited dental hygiene program are authorized to perform additional functions defined by the program's state-specific dental board or regulatory agency, required for initial dental hygiene licensure, and the program has chosen to include those functions in the program curriculum, the program must include content at the level, depth, and scope required by the state. Students must be informed of the duties for which they are educated within the program.	
	2-19	Graduates must be competent in the application of the principles of ethical reasoning, ethical decision making and professional responsibility as they pertain to the academic environment, research, patient care and practice management.	

	2-20	Graduates must be competent in applying legal and regulatory concepts to the provision and/or support of oral health care services.	
	2-21	Graduates must be competent in the application of self-assessment skills to prepare them for life-long learning.	
	2-22	Graduates must be competent in the evaluation of current scientific literature.	
	2-23	Graduates must be competent in problem solving strategies related to comprehensive patient care and management of patients.	
	2-24	The dental hygiene program must have a formal, written curriculum management plan, which includes:	
1		a.	an annual formal curriculum review and evaluation process with input from faculty, students, administration and other appropriate sources;
2		b.	evaluation of the effectiveness of all courses as they support the program's goals and competencies;
0		c.	a defined mechanism for coordinating instruction among dental hygiene program faculty.

STANDARD 3- FACULTY AND STAFF – 24 Required Areas of Compliance

Non-Compliance Citings	Accreditation Standard	**Required Areas of Compliance**
	3-1	The program must be a recognized entity within the institution's administrative structure which supports the attainment of program goals.
2	3-2	The dental hygiene program administrator must have a full-time appointment as defined by the institution, whose primary responsibility is for operation, supervision, evaluation and revision of the program.
1	3-3	The program administrator must be a dental hygienist or a dentist who is a graduate of a program accredited by the Commission on Dental Accreditation and possesses a masters or higher degree, who has background in education and the professional experience necessary to understand and fulfill the program goals. A dentist who was appointed as program administrator prior to July 1, 2022 is exempt from the graduation requirement.

	3-4	The program administrator must have the authority and responsibility necessary to fulfill program goals including:	
		a.	curriculum development, evaluation and revision;
		b.	faculty recruitment, assignments, supervision and evaluation;
1		c.	input into faculty evaluation;
		d.	initiation of program or department in-service and faculty development;
		e.	assessing, planning and operating program facilities;
2		f.	input into budget preparation and fiscal administration;
1		g.	coordination, evaluation and participation in determining admission criteria and procedures as well as student promotion and retention criteria.
	3-5	The faculty to student ratios must be sufficient to ensure the development of competence and ensure the health and safety of the public.	
		1.	In preclinical and clinical sessions, the ratio must not exceed one (1) faculty to five (5) students.
1		2.	In radiography laboratory sessions, the ratio must not exceed one (1) faculty to five (5) students.
		3.	In other dental sciences laboratory sessions, the ratio must not exceed one (1) faculty to 10 students.
	3-6	Full-time and part-time faculty of a dental hygiene program must possess a baccalaureate or higher degree. All part-time clinical and dental science laboratory faculty appointed prior to July 1, 2022 are exempt from the degree requirement.	
		All dental hygiene program faculty members must have:	
		a.	current knowledge of the specific subjects they are teaching.
		b.	documented background in current educational methodology concepts consistent with teaching assignments.
		c.	faculty who are dental hygienists or dentists must be graduates of programs accredited by the Commission on Dental Accreditation. A dentist who was appointed as a faculty prior to July 1, 2022 is exempt from the graduation requirement.
3		d.	evidence of faculty calibration for clinical evaluation.
	3-7	Opportunities must be provided for the program administrator and full-time faculty to continue their professional development.	
	3-8	A defined faculty evaluation process must exist that ensures objective measurement of the performance of each faculty member.	

	3-9	Opportunities for promotion, tenure, and development must be the same for dental hygiene faculty as for other institutional faculty.
1	3-10	Qualified institutional support personnel must be assigned to the program to support both the instructional program and the clinical facilities providing a safe environment for the provision of instruction and patient care.
0	3-11	Student assignments to clerical and dental assisting responsibilities during clinic sessions must be minimal and must not be used to compensate for limitations of the clinical capacity or to replace clerical or clinical staff.

STANDARD 4- EDUCATIONAL SUPPORT SERVICES – 33 Required Areas of Compliance

Non-Compliance Citings	Accreditation Standard	**Required Areas of Compliance**	
	4-1	The program must provide adequate and appropriately maintained facilities to support the academic and clinical purposes of the program that are in conformance with applicable regulations.	
		The dental hygiene facilities must contain the following:	
		a.	sufficient clinical facility with clinical stations for students including conveniently located hand washing sinks and view boxes and/or computer monitors; a working space for the patient's record adjacent to units; functional, modern equipment; an area that accommodates a full range of operator movement and opportunity for proper instructor supervision;
		b.	a number of clinical stations based on the number of students admitted to a class (If the number of stations is less than the number of students in the class, one clinical station is available for every student scheduled for each clinical session.);
		c.	a capacity of the clinic that accommodates individual student practice on a regularly scheduled basis throughout all phases of preclinical technique and clinical instruction;
		d.	a sterilizing area that includes sufficient space for preparing, sterilizing and storing instruments;
		e.	sterilizing equipment and personal protective equipment/supplies that follow current infection and hazard control protocol;

		f.	facilities and materials for students, faculty and staff that provide compliance with accepted infection and hazard control protocols;
		g.	space and furnishings for patient reception and waiting
			provided adjacent to the clinic;
		h.	patient records kept in an area assuring safety and confidentiality.
	4-2	Radiography facilities must be sufficient for student practice and the development of clinical competence.	
		The radiography facilities must contain the following:	
		a.	an appropriate number of radiography exposure rooms which include: modern dental radiography units; teaching manikin(s); and conveniently located hand-washing sinks;
		b.	modern processing and/or scanning equipment;
		c.	an area for mounting and viewing radiographs;
		d.	documentation of compliance with applicable local, state and federal regulations.
		Regardless of the number of machines provided, it must be demonstrated that time is available for all students to obtain required experience with faculty supervision and that acceptable faculty teaching loads are maintained.	
1	4-3	A multipurpose laboratory facility must be provided for effective instruction and allow for required laboratory activities.	
1		If the laboratory capacity requires that two or more sections be scheduled, time for all students to obtain required laboratory experience must be provided.	
		Laboratory facilities must conform to applicable local, state and federal regulations and contain the following:	
2		a.	placement and location of equipment that is conducive to efficient and safe utilization with ventilation and lighting appropriate to the procedures;
		b.	student work areas that are designed and equipped for students to work with necessary utilities and storage space;
2		c.	documentation of compliance with applicable local, state and federal regulations.
	4-4	When the institution uses an additional facility for clinical education that includes program requirements then the following conditions must be met in addition to all existing Standards:	

		a.	a formal contract between the educational institution and the facility;
		b.	a contingency plan developed by the institution should the contract be terminated;
		c.	a location and time available for use of the facility compatible with the instructional needs of the dental hygiene program;
		d.	the dental hygiene program administrator retains authority and responsibility for instruction and scheduling of student assignments;
1		e.	clinical instruction is provided and evaluated by calibrated dental hygiene program faculty;
1		f.	all dental hygiene students receive comparable instruction in the facility;
1		g.	the policies and procedures of the facility are compatible with the goals of the educational program.
	4-5	Classroom space which is designed and equipped for effective instruction must be provided for and readily accessible to the program.	
	4-6	Office space which allows for privacy must be provided for the program administrator and all faculty to enable the fulfillment of faculty assignments and ensure privacy for confidential matters.	
		Student and program records must be stored to ensure confidentiality and safety.	
	4-7	Instructional aids and equipment must be provided for student learning.	
		Institutional library holdings must include or provide access to a diversified collection of current dental, dental hygiene and multidisciplinary literature and references necessary to support teaching, student learning needs, service, research and development.	

		There must be a mechanism for program faculty to periodically review, acquire and select current titles and instructional aids.
	4-8	There must be specific written due process policies and procedures for adjudication of academic and disciplinary complaints that parallel those established by the sponsoring institution.

STANDARD 5- HEALTH AND SAFETY PROVISIONS – 12 Required Areas of Compliance

Non-Compliance Citings	Accreditation Standard	**Required Areas of Compliance**
2	5-1	The program must document its compliance with institutional policy and applicable regulations of local, state, and federal agencies regarding infectious diseases and radiation management.
		A. Policies must include, but not be limited to:
		1. Radiation hygiene and protection,
		2. Use of ionizing radiation,
		3. Hazardous materials, and
1		4. Bloodborne and infectious diseases.
1		B. Policies must be provided to all students, faculty, and appropriate support staff, and continuously monitored for compliance.
		C. Policies on bloodborne and infectious diseases must be made available to applicants for admission and patients.
	5-2	Students, faculty and appropriate support staff must be encouraged to be immunized against and/or tested for infectious diseases, such as mumps, measles, rubella, tuberculosis and hepatitis B prior to contact with patients and/or infectious objects or materials in an effort to minimize the risk to patients and dental personnel.

	5-3	The program must establish, enforce, and instruct students in preclinical/ clinical/laboratory protocols and mechanisms to ensure the management of common medical emergencies in the dental setting. These program protocols must be provided to all students, faculty and appropriate staff.
		Faculty, staff and students must be prepared to assist with the management of emergencies. All students, clinical faculty and clinical support staff must be continuously recognized/certified in basic life support procedures, including healthcare provider cardiopulmonary resuscitation with an Automated External Defibrillator (AED).

STANDARD 6- PATIENT CARE SERVICES – 10 Required Areas of Compliance

Non-Compliance Citings	Accreditation Standard	**Required Areas of Compliance**	
1	6-1	The program must have policies and mechanisms in place that inform patients, verbally and in writing, about their comprehensive treatment needs. Patients accepted for dental hygiene care must be advised of the scope of dental hygiene care available at the dental hygiene facilities.	
	6-2	The program must have a formal written patient care quality assurance plan that allows for a continuous systematic review of patient care standards. The quality assurance plan must be applied at least annually and include:	
1		a.	standards of care that are patient-centered, focused on comprehensive care, and written in a format that facilitates assessment with measurable criteria;
		b.	an ongoing audit of a representative sample of patient records to assess the appropriateness, necessity and quality of the care provided;
		c.	mechanisms to determine the cause of treatment deficiencies;
1		d.	patient review policies, procedure, outcomes and corrective measures.
	6-3	The use of quantitative criteria for student advancement and graduation must not compromise the delivery of comprehensive dental hygiene patient care.	

	6-4	The program must develop and distribute a written statement of patients' rights to all patients, appropriate students, faculty, and staff.
	6-5	The program's policies must ensure that the confidentiality of information pertaining to the health status of each individual patient is strictly maintained.

CONSIDERATION OF THE REPORT OF THE AD HOC COMMITTEE TO DEVELOP DENTAL HYGIENE ENROLLMENT GUIDELINES AND REVIEW ACCREDITATION STANDARDS FOR DENTAL HYGIENE EDUCATION PROGRAMS

Background: At its Winter 2023 meeting, the Commission on Dental Accreditation (CODA) considered the Report of the Review Committee on Dental Hygiene Education (DH RC), which included a new business item related to the Committee's discussion regarding the interpretation of dental hygiene Standard 2-8 and Standard 3-6, and discussion by the DH RC related to enrollment increases in dental hygiene education programs.

First, the Committee discussed Standard 2-8 related to general education courses, and specifically the intent statement that states: *"General education, social science, and biomedical science courses included in the curriculum should be equivalent to those offered in four-year colleges and universities."* The Committee noted that many states impose a cap on the total credits required to obtain a degree, resulting in dental hygiene programs eliminating required general education courses (for example, oral and written communication, psychology, sociology, etc.) from the curriculum, opting to instead include content in these topics within the dental hygiene core courses. Since the Standards indicate that a separate course is not required, the DH RC believed that the intent statement, noted above, and the Standards should be reviewed to ensure clarity in the expected level of foundational knowledge in general education and biomedical sciences content required within a dental hygiene curriculum.

Second, the Committee discussed Dental Hygiene Standard 3-6, specifically related to faculty documentation of current knowledge in the subjects they teach. The Committee noted that further review of this Standard is warranted due to the variability of information submitted to the Commission.

Third, the DH RC has seen significant growth in enrollment increase requests in the last year. The Committee noted that dental hygiene education programs submit enrollment increase requests using the Commission's Guidelines for Reporting a Program Change. The Program Change Guidelines provide a general format and mechanics to report several types of changes within a CODA-accredited program but no specific guidance on reporting a request for enrollment increase. Following discussion, and in accordance with other disciplines within the Commission's purview, the DH RC believed that dental hygiene-specific enrollment increase report guidelines should be developed to guide the CODA-accredited dental hygiene programs in the documentation that must be submitted to assurance the Commission that an increase in enrollment is well supported by the program and its sponsoring institution.

Following consideration, the DH RC recommended that the Commission direct an Ad Hoc meeting of the available members of the DH RC in Spring 2023 to further discuss these matters and, as appropriate, submit a report to the DH RC and Commission for further

consideration in Summer 2023. At its Winter 2023 meeting, the Commission concurred with the recommendation of the DH RC and directed the Ad Hoc Committee of the DH RC to further discuss the Dental Hygiene Standards related to general education courses and faculty qualifications, and reporting mechanisms related to enrollment increases, with a report for further consideration by the Dental Hygiene Review Committee and Commission in Summer 2023.

Ad Hoc Committee Meeting, May 17, 2023: The Ad Hoc Committee of the Dental Hygiene Review Committee met on Wednesday, May 17, 2023. The following members of the Ad Hoc Committee were in attendance: Dr. Monica Nenad, Chair, Dr. Linda Boyd, Dr. Marcia Ditmyer, Ms. Patricia Guenther, Ms. Carrie Hobbs, Dr. Lorie Holt, Dr. Tariq Javed, Dr. Nancy Rosenthal, Ms. Laura Scully, and Dr. Paul Francis Tayag Ayson. Ms. Denise Avrutik, Dr. Barbara Krieg-Menning and Ms. Maiga Van Haalen were unable to attend. Dr. Sherin Tooks, senior director, Ms. Katie Navickas, manager, and Ms. Jamie Asher-Hernandez, manager, Allied Dental Education, CODA, were in attendance. The Ad Hoc Committee reviewed its charge as well as the background information related to the DH RC new business report.

Consideration of Standard 2-8: The Committee began its discussion with a review of the current Dental Hygiene Standard 2-8, particularly related to the intent statement which states: "General education, social science, and biomedical science courses included in the curriculum should be equivalent to those offered in four-year colleges and universities." and the Standard 2-8b intent statement, which states: "The subjects are to be of the scope and depth comparable to college transferable liberal arts course work." The Ad Hoc Committee noted that many states are reducing the number of credits that may be awarded for degrees. As such, programs are removing general education courses and incorporating this information into the dental hygiene curriculum. The Ad Hoc Committee discussed the intent statement of the Standards, related to the expectation that foundational knowledge should be of sufficient depth, scope, and instructional quality, regardless of whether the general education content is an individual course or embedded within a dental hygiene course. The Committee also reviewed annual survey data for dental hygiene curriculum clock hours in general education areas of instruction, and again emphasized that foundational knowledge in the required general education, social sciences, and biomedical sciences should be equivalent to college level offerings. It was also noted that learning outcomes related to general education content that is provided within dental hygiene program courses, should assure this foundation knowledge and be equivalent to college transferable courses. Further, Dental Hygiene Standard 2-3 requires programs to inform applicants of transferability of the courses taken within the dental hygiene curriculum.

Following discussion, the Ad Hoc Committee believed determined that changes to Dental Hygiene Standard 2-8 are not warranted at this time. The Committee concluded that whether provided as a separate course or within the dental hygiene curriculum, the learning outcomes of content in general education, social science and biomedical science should be equivalent to college transferable courses to assure foundation knowledge in these general education courses as applied to dental hygiene courses.

Consideration of Standard 3-6: The Ad Hoc Committee further considered current Dental Hygiene Standard 3-6, related to current knowledge in the subjects that faculty teach, noting that some courses may be difficult to show "current knowledge" (e.g., embryology or dental anatomy) since these subjects rarely change when compared to evolving areas like dental materials. The Committee also discussed the term "current" may be confusing to programs and site visitors. The Committee reviewed the Summer 2022 Frequency of Citings report noting 61 citings of current knowledge in the subjects taught and 77 citings related to educational methodology. In addition to current knowledge in the subjects they are teaching, the Committee reiterated that faculty must have education methodology background consistent with teaching assignments and teaching modality (i.e., didactic, hybrid, clinic, distance education).

Following discussion, the Ad Hoc Committee noted that further study of Standard 3-6 may be warranted to discuss how programs document compliance with the Standard, and how "current" is documented within the biosketch in relation to current knowledge of subjects a faculty is teaching and education methodology.

Consideration of Enrollment Increases in Dental Hygiene Education Programs: The Ad Hoc Committee concluded its meeting with a discussion about the growth in program requests for enrollment increases that are submitted to the DH RC and Commission for review. It was noted that the Report of Program Change Guidelines are currently used by dental hygiene education programs, and these guidelines do not provide specific instructions to programs on the process for submitting an increase in enrollment. The Committee also noted that discipline-specific enrollment increase Guidelines exist in advanced and predoctoral dental education. The Ad Hoc Committee reviewed the Predoctoral Dental Education Enrollment Increase Guidelines as a resource to aid in the development of a similar Enrollment Guidelines document for dental hygiene education programs.

It was the belief of the Ad Hoc Committee that an Enrollment Guidelines document, specific to dental hygiene, would provide programs with a streamlined approach to reporting this change to CODA and to provide the necessary information for Commission review to ensure program resources support the enrollment increase. Following discussion, the Ad Hoc Committee believed that the proposed new Guidelines for Requesting an Increase in Enrollment in a Dental Hygiene Education Program **(Appendix 1)** should be considered by the DH RC and Commission for immediate adoption and implementation.

> **Recommendations of the Ad Hoc Committee on Dental Hygiene:** It is recommended that the Commission on Dental Accreditation retain Standard 2-8 of the Accreditation Standards for Dental Hygiene Education Programs with no revision.
>
> It is recommended that the Commission on Dental Accreditation retain Standard 3-6 of the Accreditation Standards for Dental Hygiene Education Programs with no revision.

It is recommended that the Review Committee on Dental Hygiene Education continue to review Standard 3-6 related to current knowledge of subjects a faculty is teaching and education methodology.

It is recommended that the Review Committee on Dental Hygiene Education and Commission adopt, with immediate implementation, the proposed new Guidelines for Requesting an Increase in Enrollment in a Dental Hygiene Education Program **(Appendix 1)**.

Prepared by: Dr. Sherin Tooks and Ms. Katie Navickas

Proposed New
Guidelines for Requesting an Increase in Enrollment in a Dental Hygiene Education Program

(Additions are underlined)

TIMING OF REQUESTS AND RESPONSE: An increase in enrollment in dental hygiene education programs **must** be reported to the Commission. Upon submission of the enrollment increase report, a substantial increase in program enrollment as determined by preliminary review by the discipline-specific Review Committee Chair will require *prior* approval by CODA.

RATIONALE FOR GUIDELINES: These *Guidelines* were drafted to focus upon adequacy of programmatic resources in support of additional student enrollees. Enrollment increases are tracked to ensure over time total enrollment does not exceed the resources of the program.

The Commission must review the request *prior* to implementation. It should be noted that the requirement for *prior* approval for an increase in enrollment is commensurate with the Commission's Program Change policy under which previous enrollment increases were reported.

Programs should be cognizant of the impending need for enrollment increases through short- and long-term planning and proactively request permission for the increase. **The Commission will not consider retroactive permanent requests. Additionally, the Commission will not consider inter-cycle requests unless there are documented extenuating circumstances.**

Requests should be sent to the Commission on Dental Accreditation (see Mechanics, below) for initial review by the Review Committee Chair and, as needed, by the Dental Hygiene Education Review Committee and subsequent review and approval by the Commission. The Dental Hygiene Education Review Committee will review the request at the next regularly scheduled meeting. Reports submitted by **May 1** will be considered at the Summer Commission meeting, and reports submitted by **November 1** will be considered at the Winter Commission meeting.

POLICY ON MISSED DEADLINES: So that the Commission may conduct its accreditation program in an orderly fashion, all institutions offering programs accredited by the Commission are expected to adhere to deadlines for requests for program information. Programs/institutions must meet established deadlines to allow scheduling of regular or special site visits and for submission of requested information. Program information (i.e. self-studies, progress reports, annual surveys or other kinds of accreditation-related information requested by the Commission) is considered an integral part of the accreditation process. If an institution fails to comply with

the Commission's request, or a prescribed deadline, it will be assumed that the institution no longer wishes to participate in the accreditation program. In this event, the Commission will immediately notify the chief executive officer of the institution of its intent to withdraw the accreditation of the program(s) at its next scheduled meeting.

Revised: 2/16; Reaffirmed: 8/20; 8/15; 8/10, 7/07, 7/01, 5/88

FORMAT: The report must be clear and concise and must follow the "Required Documentation" and "Mechanics" sections illustrated within this guideline. Reports that fail to adhere to the stated guidelines may be returned to the program.

REQUIRED DOCUMENTATION (10 areas): Program directors must ensure that the proposed enrollment increases does not jeopardize the program's ability to meet the Accreditation Standards.

In order to build and maintain calibration of evaluating requests for reportable enrollment increases, the following documentation must be submitted with the request for enrollment increase:

1. Date the program plans to increase enrollment.
2. Indicate the current enrollment in each year of the program and the projected enrollment in each year of the program.
3. Indicate whether the proposed increase in enrollment is temporary or a permanent increase.
4. The ratio of teaching faculty to students before and after the proposed increase, including changes in faculty assignments, hiring plans, and new faculty biosketches with teaching assignments, as applicable, including Dental Hygiene Self-Study Example Exhibit 8.
5. A schedule for all courses within the program, before and after the proposed increase is in effect documenting assignments of the faculty (didactic, preclinical, laboratory and clinical), including Dental Hygiene Self-Study Example Exhibit 11.
6. Support staff available to students after the proposed enrollment increase.
7. Financial resources to support the increased enrollment.
8. Facility resources: classroom, laboratory, preclinical and clinical space, faculty space, student work/study areas, computer access, etc.
9. A description of the availability of adequate patient experiences to ensure the program's goals and objectives for training to competencies will be achieved following the increased enrollment. Submit current (past two years) and projected numbers of patients by procedure type, including an accounting for the increased

student enrollment. Additionally, provide minimum, mean, and maximum patient experiences by procedure type, for the preceding graduating class.

10. Explanation of how any off-campus sites may be involved in the proposed enrollment increase. Note: If new off-campus sites may be involved in the enrollment increase being reported, the Policy and Guidelines for Off-Campus Sites must also be followed.

Supportive documentation must be submitted to demonstrate continued compliance with Standards following the change. A signed Verification Page must accompany the report. Omission of any of these ten (10) documentation areas ***may*** postpone Commission action on the request for increase in enrollment.

The Commission has directed that program materials be submitted electronically through a secure CODA electronic submission portal or by email, solely. **Paper copies and/or electronic copies mailed to the Commission office will not be accepted.**

MECHANICS: The following guidelines must be observed when preparing your report. Electronic Submission Guidelines are available and **must be strictly followed**. Failure to comply with these guidelines will constitute an incomplete report. Electronic Submission Guidelines are available on the CODA website at this link: https://coda.ada.org/policies-and-guidelines/electronic-submission-guidelines

1. Cover page **must** include
   a. date of report
   b. name and address of the institution;
   c. program title;
   d. name, title, telephone number, e-mail address, and signature of individual preparing the request (this is typically the program director);
   e. name, title, and signature of the chief executive officer of the institution (the chief executive officer of the institution sponsoring the program must be copied on the letter transmitting the request to the Commission).

   The report must include a signed cover/verification page and must conform to the Commission's electronic submission guidelines.

2. If documentation is extensive, a list of what is provided should be included. The actual items can be provided in **one (1) separate document that conforms to the electronic submission guidelines.**

Institutions/Programs are expected to follow Commission policy and procedure on privacy and data security, including those related to compliance with the Health Insurance Portability and Accountability Act (HIPAA). The Commission's statement on HIPAA, as well as the Privacy and Data Security Summary for Institutions/Programs (PDF), are found in the Policies/Guidelines section of the Commission's website at https://coda.ada.org/policies-and-guidelines/hipaa-compliance. Programs that fail to comply with CODA's policy will be assessed an administrative fee of $4000.

POLICY ON PREPARATION AND SUBMISSION OF DOCUMENTS TO THE COMMISSION: All institutions offering programs accredited by the Commission are expected to prepare documents that adhere to guidelines set forth by the Commission on Dental Accreditation, including required verification signatures by the institution's chief executive officer, the institution's chief academic officer, and program director. These documents may include, but are not limited to, self-study, responses to site visit/progress reports, initial accreditation applications, reports of program change, and transfer of sponsorship and exhibits. The Commission's various guidelines for preparing and submitting documents, including electronic submission, can be found on the Commission's website or obtained from the Commission staff.

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

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

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

Compliance with Health Insurance Portability and Accountability Act (HIPAA) (Excerpt): The program's documentation for CODA must not contain any patient protected health information (PHI) or sensitive personally identifiable information (PII). If the program submits documentation that does not comply with the policy on PHI or PII, CODA will assess an administrative processing fee of $4,000 per program submission to the institution; a program's

resubmission that continues to contain PHI or PII will be assessed an additional $4,000 administrative processing fee.

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

ANNOUNCEMENT OF REVIEW RESULTS: The Commission's actions to approve or deny the request for reportable enrollment increases in predoctoral education programs, as are other accreditation actions, will be transmitted to the institutions/programs within 30 days following the Winter (January/February) or Summer (July/August) meetings.

DENIAL OF REQUESTS: Requests will be denied if the program cannot ensure continued compliance with the Accreditation Standards as demonstrated by documentation of the major program resource areas identified in the Guidelines for Enrollment Increases in Predoctoral Dental Education Programs.

OTHER CHANGES IN ENROLLMENT: Decreases in enrollment on a one-time-only basis or on a permanent basis must be reported to the Commission, but do not require *prior* approval. In the case of one-time-only decreases, programs are advised to maintain clinical experiences for the enrollment number for which they are approved.

ASSISTANCE: If you have questions, it is preferred that you contact staff via email. CODA staff emails can be found on the CODA website at the following link: https://coda.ada.org/about-coda/coda-staff

Staff can also be contacted at 312-440-2695.

Commission on Dental Accreditation
Privacy and Data Security Reminders

Protect sensitive personally identifiable information ("PII") such as social security numbers, drivers' license numbers, credit card numbers, account numbers, etc.

Security Reminder: Personally Identifiable Information

Before submitting any documents to CODA or to a CODA site visitor, an institution must:

- Review for PII and patient identifiers.
- Fully and appropriately redact any PII and patient identifiers.
- Make sure the redacted information is unreadable in hard copy and electronic form. You must use appropriate redaction methods to ensure personal information cannot be read or reconstructed.

CODA **does not accept** PII or patient identifiers in any materials submitted by a program.

Security Reminder: Patient Identifiers

Before submitting any information about a patient to CODA or to a CODA site visitor, you must **thoroughly redact all 18 patient identifiers listed on the next page.**
Examples of information about a patient:

- Dental records
- Rosters of procedures (procedure logs)
- Chart review records (chart audit records)
- Information from affiliated teaching institutions, to include items listed above
- Brochures with patient images and/or information
- Presentations with patient images and/or information
- Course materials (exams, lecture materials) with patient images and/or information

If **even one** identifier is readable, do not submit the information to CODA.

CODA **does not accept** documents containing PII or patient identifiers from institutions. Any PHI/PII that is necessary for CODA accreditation may only be reviewed by CODA site visitors when they are on-site at the institution.

When redacting identifiers, you must ensure that the information is unreadable and cannot be reconstructed in both hard copy and electronic form. For example, certain information redacted

on a hard copy can become readable when the hard copy is scanned. Instead, it may be effective to use opaque cover-up tape on the hard copy, scan, and then ensure the redacted information on the scanned version is not visible/readable through the redaction.

Commission on Dental Accreditation
Privacy and Data Security Requirements for Institutions

(Rev.8/2021)

1. **Sensitive Information.** To protect the privacy of individuals and to comply with applicable law, the Commission on Dental Accreditation ("CODA" or "the Commission") **prohibits all programs/institutions from disclosing in electronic or hard copy documents** provided to CODA other than on-site during a site visit, any of the following information ("Sensitive Information" or "PII"):
   - Social Security number
   - Credit or debit card number or other information (e.g., expiration date, security code)
   - Drivers' license number, passport number, or other government issued ID
   - Account number with a pin or security code that permits access
   - Health insurance information, such as policy number or subscriber I.D.
   - Medical information, such as information about an individual's condition, treatment, or payment for health care
   - Mother's maiden name
   - Taxpayer ID number
   - Full date of birth
   - Any data protected by applicable law (e.g., HIPAA, state data security law)
   - Biometric data, such as fingerprint or retina image
   - Username or email address, in combination with a password or security question that permits access to an online account

2. **Patient Identifiers.** Before submitting information about a patient to CODA other than on-site during a site visit, a program/institution **must remove the following data elements** of the individual, and of relatives, household members, and employers of the individual (the "Patient Identifiers"):

   1. Names, including initials
   2. Address (including city, zip code, county, precinct)
   3. Dates, including treatment date, admission date, age, date of birth, or date of death [a range of dates (e.g., May 1 – 31, 2015) is permitted provided such range cannot be used to identify the individual who is the subject of the information]
   4. Telephone numbers
   5. Fax numbers
   6. E-mail addresses

7. Social Security numbers
8. Medical record numbers
9. Health plan beneficiary numbers
10. Account numbers
11. Certificate/license numbers
12. Vehicle identifiers and serial numbers, including license plate numbers
13. Device identifiers and serial numbers
14. Web Universal Resource Locators (URLs)
15. Internet Protocol (IP) address numbers
16. Biometric identifiers (e.g., finger and voice prints)
17. Full face photographic images and comparable images
18. Any other unique identifying number, characteristic, or code:
    - that is derived from information about the individual
    - that is capable of being translated so as to identify the individual, or
    - if the mechanism for re-identification (e.g., the key) is also disclosed

In addition, the information provided to CODA cannot be capable of being used alone or in combination with other information to identify the individual.

3. **Redaction.** When removing any Sensitive Information or Patient Identifier from paper or electronic documents disclosed to CODA, programs/institutions shall **fully and appropriately** remove the data such that the data cannot be read or otherwise reconstructed. Covering data with ink is not an appropriate means of removing data from a hard copy document and may sometimes be viewable when such documents are scanned to an electronic format.

4. **Administrative fee.** ***If the program/institution submits any documentation that does not comply with the directives noted above, CODA will assess an administrative fee of $4000 to the program/institution; a resubmission that continues to contain prohibited data will be assessed an additional $4000 fee.***
    - CODA Site Visitors and Commission volunteers are only authorized to access Sensitive Information and Patient Identifiers:
        - Onsite during a site visit, and
        - That are necessary for conducting the accreditation site visit
    - CODA Site Visitors and Commission volunteers may not download or make hard copies or electronic copies of Sensitive Information or Patient Identifiers.

NOTE: If a document includes fictitious information, which may otherwise appear to be Sensitive Information or Patient Identifiers, the program is expected to clearly mark the document as "Fictitious Example".