

REPORT OF THE STANDING COMMITTEE ON DOCUMENTATION AND POLICY REVIEW

Background: The Standing Committee on Documentation and Policy Review met via virtual meeting on July 5, 2022. Committee members in attendance included: Dr. Scott DeVito (chair), Dr. Joel Berg, Dr. Scott DeRossi, Dr. John Hellstein, Dr. Susan Kass, Dr. Nancy Rosenthal and Dr. Marshal Titus (attended a portion of the meeting). Dr. Carol Anne Murdoch-Kinch was unable to attend. Dr. Bruce Rotter, chair, and Dr. Sanjay Mallya, vice chair, Commission on Dental Accreditation (CODA), *ex-officio*, also attended the meeting. Dr. Sherin Tooks, director, and Ms. Jamie Asher Hernandez, Ms. Kirsten Nadler, Ms. Jennifer Snow, and Ms. Peggy Soeldner, managers, CODA, were in attendance. Ms. Cathryn Albrecht, senior associate general counsel, CODA/ADA, also attended the meeting.

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

Regular Review of Commission Policies: One of the charges of the Standing Committee on Documentation and Policy Review is to regularly review Commission policies and procedures found in the Commission's Evaluation and Operational Policies and Procedures manual (EOPP) to ensure that they are current and relevant. **Appendix 1** identifies the policy review timeline, including the policies and procedures due for review at this time.

The Standing Committee reviewed the policies for regular review found in **Appendix 2** and noted the proposed revisions were primarily editorial in nature.

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

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

Directives from Winter 2022 Commission Meeting: At this meeting, the Standing Committee discussed CODA directives from the Winter 2022 meeting regarding Criteria for Granting Accreditation and Interruption of Education, as well as the Commission's Policy on Complaints, identified for review and possible revision outside of its regular review cycle.

Criteria for Granting Accreditation: At its Winter 2022 meeting, the Standing Committee learned the Criteria for Granting Accreditation may require revision to clarify and possibly expand the criteria for granting accreditation. Through discussion, the Standing Committee discussed whether only the first-year curriculum, which is required in the criterion "i," is sufficient to demonstrate a program is sufficiently developed to warrant accreditation, given that

programs applying for accreditation may be more than one year in length. It was noted that criterion “j” requires subsequent years’ curriculum, as applicable. Accordingly, it was determined that “i” and “j” should be combined to provide greater clarity to applicant programs that the full curriculum is expected in the application. The Standing Committee also discussed whether criterion “i” could benefit from further clarification regarding expected components of the curriculum. The Standing Committee also reordered “l” to immediately follow “i” so that all components of the curriculum are sequential within the Criteria. Following considerable discussion, the Standing Committee recommended the proposed revisions related to the Criteria for Granting Accreditation be approved. The Standing Committee also recommended that the Commission direct staff to further review the criteria for additional revision, including the required components of the curriculum in item “i” (i.e. general objectives, discipline-specific objectives, course mapping, etc.), for consideration at the Summer 2022 meeting of the Standing Committee on Documentation and Policy. At its Winter 2022 meeting, the Commission directed implementation of the proposed revisions to the Criteria for Granting Accreditation and also directed CODA staff to further review the criteria with a report to the Standing Committee’s Summer 2022 meeting.

At this meeting, the Standing Committee on Documentation and Policy further reviewed the Criteria for Granting Accreditation, including proposed revisions drafted by staff to clarify and, where appropriate, expand the criteria as directed by the Commission. The Standing Committee noted the addition of language throughout the criteria emphasizing the need for ensuring that each criteria is sufficiently addressed and documented. Further, while some criteria were further expanded, others, such as criteria related to the curriculum and evaluation instruments were combined into one complete criteria. Following considerable discussion, the Standing Committee agreed the revisions provide further clarification and appropriately guidance for programs seeking accreditation. Therefore, the Committee recommended that the revised criteria found in **Appendix 3** be approved.

In addition to revised Criteria, the Standing Committee considered proposed revisions to the Commission’s Policy on Application for Accreditation for Fully Operational Programs with Enrollment and Application for Initial Accreditation for Developing Programs to provide further information and clarification on the steps for accreditation of fully operational and developing programs. The Standing Committee agreed the revisions appropriately expand upon the current steps and add clarification and additional information, where warranted. For instance, one revisions clarifies that, in addition to addressing the Criteria, the application must also demonstrate that the Accreditation Standards have been sufficiently addressed. Following careful consideration of the revisions, the Standing Committee recommended that the revisions found in **Appendix 3** be approved.

Through further discussion, the Standing Committee learned that some of the applications received are large and not well organized and that applicant programs could benefit from additional guidance in preparing documents to ensure required documentation is easily identified and located within the document. The Standing Committee also learned that application

reviewers could benefit from additional guidance in reviewing applications to ensure applications are thoroughly reviewed and all criteria are sufficiently addressed and documented before the application progresses to the next step in the accreditation process.

The Standing Committee discussed ways to provide additional guidance to program applicants, such as providing more detailed directions in the accreditation applications instructing programs to specifically identify the location in the document where the Criteria are addressed and documented. Further, the Standing Committee discussed ways to provide additional guidance for application reviewers, including expansion of the current reviewer worksheet used in the review of applications.

Following discussion, the Standing Committee recommended the Commission direct staff to explore and develop additional guidance to program applicants and application reviewers, such as, more detailed directions in the accreditation applications and expansion of the current application reviewer worksheet.

Standing Committee Recommendation: It is recommended that the Commission on Dental Accreditation adopt and implement immediately the proposed revisions to the Criteria for Granting Accreditation found in **Appendix 3**, including the revision of the Criteria in the Commission's EOPP and in all appropriate Commission documents.

It is further recommended that the Commission on Dental Accreditation adopt and implement immediately the proposed revisions to the Commission's Policy on Application for Accreditation for Fully Operational Programs with Enrollment and Policy on Application for Initial Accreditation for Developing Programs found in **Appendix 3**, including the revision of the Policies in the Commission's EOPP and in all appropriate Commission documents.

It is further recommended that the Commission on Dental Accreditation direct staff to explore, develop and implement additional guidance for program applicants and application reviewers, such as more detailed directions in the accreditation applications and expansion of the current application reviewer worksheet.

Policy on Interruption of Education: At its Winter 2022 meeting, the Standing Committee learned that the Commission's Policy on Interruption of Education warrants revision to expand the description of an Interruption of Education. It was noted that due to the COVID-19 pandemic, programs experienced interruptions and may have modified curriculum due to the requirement for social distancing and incorporation of virtual learning. The Standing Committee noted that this Policy on Interruption of Education is meant to apply in extreme cases such as natural disasters or other events which could disrupt delivery of the educational program or require significant modification of the curriculum or instructional time. The Standing Committee also noted the actions taken by the Commission when there is an interruption of longer than two (2) years and whether it remains appropriate. The Committee also noted

CODA's policy on program changes and other CODA policies, provide a mechanism for programs to report changes in curriculum, facilities, and other educational changes that may not rise to the level of an interruption of education. Following considerable discussion, the Standing Committee determined that the proposed revisions are warranted, but believed further study to ensure the policy's current definition of interruption of education is accurate and appropriate, as well as to review the actions that may be taken by the Commission for extended periods of interruption of education. Therefore, the Standing Committee recommended that the proposed revisions be approved and that further review and possible revision of the Policy on Interruption of Education be considered at the Summer 2022 meeting of the Standing Committee on Documentation and Policy and Commission. At its Winter 2022 meeting, the Commission agreed with the Standing Committee and directed staff to further review the criteria with a report to the Standing Committee's Summer 2022 meeting.

At this meeting, the Standing Committee on Documentation and Policy Review considered the proposed revisions to the Policy on Interruption of Education drafted by Commission staff. The Committee noted, as directed, that the revisions addressed actions that may be taken for extended periods of time. Additionally, the Standing Committee noted the revisions addressed interruptions that may not require a report to the Commission, as well as how permanent program changes made as a result of an interruption of education must be reported to the Commission. Following considerable discussion, the Standing Committee recommended the proposed revisions found in **Appendix 4** be approved. Additionally, the Standing Committee recommended the Commission direct staff to update the Guidelines for Interruption of Education to reflect the revisions to the policy.

Standing Committee Recommendation: It is recommended that the Commission on Dental Accreditation adopt and implement immediately the proposed revisions to the Policy on Interruption of Education found in **Appendix 4**, including the revision of the Policy in the Commission's EOPP and in all appropriate Commission documents, including the Guidelines for Interruption of Education.

Consideration of Proposed Revision to the Policy and Procedure Regarding Investigation of Complaints Against Educational Programs, section on Anonymous

Comments/Complaints: The Standing Committee was reminded of the Commission's process for handling anonymous comments/complaints, adopted in August 2017, which directs anonymous comments/complaints that do not provide sufficient evidence of probable cause of noncompliance with the standard(s) or required accreditation policy(ies), or procedure(s) to proceed, be added to the respective program's file for evaluation during the program's next scheduled accreditation site visit. Further, the policy notes that at the time of the site visit, the program and site visit team will be informed of the anonymous comment/complaint and the program will have an opportunity to respond to the anonymous comment/complaint; the response will be considered by the site visit team during the site visit evaluation.

The Standing Committee learned that a number of site visits have been conducted to programs that have received anonymous comments/complaints, which have been handled following this process. Some reviews of anonymous complaints that occurred during a site visit were conducted a number of years after CODA received the anonymous comment/complaint, which had been determined to lack sufficient evidence of non-compliance for review at the time of the complaint's submission. The lapse of time between receipt of the anonymous comment/complaint and the program being notified and review by a site visit team has resulted in confusion and questions regarding the delay in notification and investigation of the comment/complaint by both the affected programs and site visit teams.

Through discussion, the Standing Committee discussed the rationale behind this anonymous comments/complaints review process and questioned whether anonymous comments/complaints that do not provide sufficient evidence of non-compliance with the standard(s) or accreditation policy(s) or procedures(s) should be investigated by the Commission at the time of the program's site visit if they were not immediately investigated at the time of the anonymous comment/complaint submission. Following lengthy discussion, the Standing Committee concluded that anonymous comments/complaints that do not provide sufficient evidence of non-compliance with the standard(s) or accreditation policy(s) or procedures(s) for an immediate review under CODA policies and procedures should not be investigated by the Commission at the time of the program's next site visit and recommended that the revisions to the policy reflected in **Appendix 5** be adopted.

Standing Committee Recommendation: It is recommended that the Commission on Dental Accreditation adopt and implement immediately the proposed revisions to the Policy and Procedure Regarding Investigation of Complaints Against Educational Programs, section on Anonymous Comments/Complaints found in **Appendix 5**, including the revision of the Policy in the Commission's EOPP and in all appropriate Commission documents.

Commission Action:

**TIMELINE FOR REVIEW OF COMMISSION ON DENTAL ACCREDITATION
POLICIES AND PROCEDURE**

2022

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

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

4
5 **I. INTRODUCTION AND GENERAL INFORMATION**

6
7 **A. PURPOSE OF THIS MANUAL**

8
9 This manual provides information about the Commission on Dental Accreditation’s accreditation policies
10 and procedures for all institutions sponsoring predoctoral, advanced, and allied dental education programs.
11 It contains background information on the Commission and its accreditation policies, as well as specific
12 information to assist programs in attaining accreditation and in preparing for on-site reviews. The
13 information in this manual applies to all dental education programs (predoctoral, advanced, and allied dental)
14 except where specifically noted. Dates following each policy refer to the date of the Commission action to
15 Adopt, Revise, or Reaffirm the policy. A reference noted as CODA: 7/00;4 indicates that additional
16 information can be found on page four (4) of the Commission’s July 2000 minutes.

17 Revised: 8/17; Reaffirmed: 8/22

18
19
20 **B. HISTORY AND AUTHORITY OF THIS COMMISSION**

21
22 The Commission on Dental Accreditation, the successor of the Council on Dental Education which had
23 conducted the accreditation program since 1937, began operating in 1975. Although the Commission has
24 conducted all accreditation activities since it was formed in 1975, the Council on Dental Education (now
25 known as the Council on Dental Education and Licensure) was the first accrediting body for dentistry and
26 the related dental disciplines. All accreditation policy that had been used by the Council was adopted by the
27 Commission in 1975 and became Commission policy even though some pre-1975 policy continues to be
28 referenced in Council action and minutes. The Commission serves as the only nationally-recognized
29 accrediting body for dentistry and the related dental fields. The Commission receives its accreditation
30 authority from the acceptance of the dental community and by being recognized by the United States
31 Department of Education (USDE), a governmental agency.

32
33 The Commission has participated in governmental recognition since 1952 when the U. S. Commissioner of
34 Education was first required to publish a list of “nationally recognized accrediting agencies.” USDE has
35 established recognition requirements that an accrediting agency must meet in order to be recognized and
36 conducts reviews for continued recognition at five-year intervals.

37
38 **1. American Dental Association Constitution and Bylaws and Governance and Organizational**
39 **Manual**

40
41 **Chapter IX Commissions, Section 30 Duties:** The ADA Constitution and Bylaws describe the duties of the
42 Commission on Dental Accreditation as follows:

- 43
44 a. Formulate and adopt requirements and guidelines for the accreditation of dental, advanced dental
45 and allied dental educational programs.
46 b. Accredite dental, advanced dental and allied dental educational programs.
47 c. Provide a means for appeal from an adverse decision of the accrediting body of the Commission to a
48 separate and distinct body of the Commission whose membership shall be totally different from that

1 of the accrediting body of the Commission.

2 d. Submit an annual budget to the Board of Trustees of the Association.
3

4 Section 30 Duties: Revised by the ADA House of Delegates, November 2015 and October 2018
5

6 **Governance and Organizational Manual, Chapter IX Commissions, Section L. Power To Adopt Rules**
7 **(excerpt):** The Commission on Dental Accreditation shall have the authority to make corrections in
8 punctuation, grammar, spelling, name changes, gender references, and similar editorial corrections to the
9 *Rules* of the Commission on Dental Accreditation which do not alter its context or meaning without the need
10 to submit such editorial corrections to the House of Delegates. Such corrections shall be made only by a
11 unanimous vote of the Commission on Dental Accreditation members present and voting.

12 Section L: Approved by the ADA House of Delegates, October 2014
13

14 **2. Rules Of The Commission On Dental Accreditation:**
15

16 Article I. MISSION
17

18 The Commission on Dental Accreditation serves the public and dental professions by developing and
19 implementing accreditation standards that promote and monitor the continuous quality and improvement of
20 dental education programs.

21 Adopted August 5, 2016; Revised August 6, 2021
22

23 Article II. BOARD OF COMMISSIONERS
24

25 Section 1. LEGISLATIVE AND MANAGEMENT BODY: The legislative and management body of the
26 Commission shall be the Board of Commissioners.
27

28 Section 2. COMPOSITION: The Board of Commissioners shall consist of:
29

30 Four (4) members who shall be appointed by the Board of Trustees from the names of active, life or retired
31 members of this Association. None of the appointees shall be a faculty member of any dental education
32 program working more than one day per week or a member of a state board of dental examiners or
33 jurisdictional dental licensing agency.
34

35 Four (4) members who are active, life or retired members of this Association and also active members of the
36 American Association of Dental Boards shall be selected by the American Association of Dental Boards.
37 None of these members shall be a faculty member of any dental education program.
38

39 Four (4) members who are active, life or retired members of this Association and also active members of the
40 American Dental Education Association shall be selected by the American Dental Education Association.
41 None of these members shall be a member of any state board of dental examiners or jurisdictional dental
42 licensing agency.
43

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

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

15
16 Section 3. TERM OF OFFICE: The term of office of the members of the Board of Commissioners shall be
17 one four (4) year term except that the member jointly selected by the American Dental Education
18 Association and the American Student Dental Association shall serve only one two (2) year term.

19
20 Terms of members of the Board of Commissioners shall begin and end with adjournment of the closing
21 session of the annual meeting of the House of Delegates of the American Dental Association in the
22 appropriate year.

23
24 Section 4. POWERS:

- 25
26 A. The Board of Commissioners shall be vested with full power to conduct all business of the
27 Commission subject to the laws of the State of Illinois, the *Constitution and Bylaws* of the
28 American Dental Association, the *Governance and Organizational Manual* of the American
29 Dental Association, *Standing Rules for Councils and Commissions* of the American Dental
30 Association, and these *Rules*.
- 31
32 B. The Board of Commissioners shall have the power to establish rules and regulations to govern its
33 organization and procedure provided that such rules and regulations are consistent with the
34 *Constitution and Bylaws* of the American Dental Association, the *Governance and*
35 *Organizational Manual* of the American Dental Association, and the *Standing Rules for*
36 *Councils and Commissions* of the American Dental Association.
- 37
38 C. The Board of Commissioners shall be vested with full power to conduct meetings in accordance
39 with these *Rules* and the *Evaluation and Operational Policies and Procedures* manual of the
40 Commission on Dental Accreditation.
- 41
42 D. The Board of Commissioners shall appoint special committees of the Commission for the
43 purpose of performing duties not otherwise assigned by these *Rules*.
- 44
45 E. The Board of Commissioners shall appoint consultants/site visitors to assist in developing
46 accreditation standards and conducting accreditation evaluations, including on-site reviews of
47 predoctoral, advanced dental and allied dental educational programs and to assist with other
48 duties of the Commission from time to time as needed. The Board of Commissioners shall have

1 the authority to remove a consultant/site visitor for cause in accordance with procedures
2 established by the Commission.
3

- 4 F. The Board of Commissioners shall have the sole authority to remove a Commission member,
5 Review Committee member, or Appeal Board member for cause in accordance with procedures
6 established by the Commission, which procedures shall provide for notice of the charges,
7 including allegations of the conduct purported to constitute each violation, and a decision in
8 writing which shall specify the findings of fact which substantiate any and all of the charges.
9 Prior to issuance of the decision of the Commission, no Commission, Review Committee, or
10 Appeal Board member shall be excused from attending any meeting of a Commission, Review
11 Committee, or Appeal Board unless there is an opportunity to be heard or compelling reasons
12 exist which are specified in writing by the Commission. The Commission shall inform the
13 American Dental Association Board of Trustees and any relevant appointing organization when
14 it has removed a member for cause.
15

16 Section 5. DUTIES:
17

- 18 A. The Board of Commissioners shall prepare a budget annually for carrying on the activities of the
19 Commission for the ensuing fiscal year and shall submit said budget to the Board of Trustees of
20 the American Dental Association in accordance with the *Governance and Organizational*
21 *Manual* of the American Dental Association.
22
23 B. The Board of Commissioners shall submit an annual report of the Commission's activities to its
24 communities of interest including the House of Delegates of the American Dental Association
25 and interim reports, on request, to the Board of Trustees of the American Dental Association.
26

27 Section 6. MEETINGS:
28

- 29 A. REGULAR MEETINGS: There shall be two (2) regular meetings of the Board of
30 Commissioners each year.
31
32 B. SPECIAL MEETINGS: Special meetings of the Board of Commissioners may be called at any
33 time by the Chair of the Commission. The Chair shall call such meetings on request of a
34 majority of the voting members of the Board provided at least ten (10) days' notice is given to
35 each member of the Board in advance of the meeting. Confirmation of meeting attendance by a
36 majority of voting members of the Board shall serve as an indication of the Board's request to
37 conduct the special meeting. No business shall be considered except that provided in the call to
38 the meeting unless consideration of said business is approved by unanimous consent of the
39 members of the Board present and voting.
40
41 C. LIMITATION OF ATTENDANCE DURING MEETINGS: In keeping with the confidential
42 nature of the deliberations regarding the accreditation status of individual educational programs,
43 a portion of the meetings of the Commission, and its committees shall be designated as
44 confidential, with attendance limited to members, the American Dental Association Trustee
45 Liaison, selected staff of the Commission and affiliated or other accreditors as the Commission
46 deems appropriate.
47

1 Section 7. QUORUM: A majority of the voting members of the Board of Commissioners shall constitute a
2 quorum.

3
4 Section 8. VACANCIES: In the event of a vacancy in the office of a Commissioner, the following
5 procedures shall be employed:

6
7 A. In the event that the Commissioner was selected by an association, the Director of the
8 Commission shall notify the appointing organization and such association shall select a
9 successor who possesses the qualifications established by the *Governance and Organizational*
10 *Manual* of the American Dental Association and these *Rules* to complete the unexpired term. In
11 the event the appointing organization fails to select a Commissioner by the prescribed deadline,
12 it shall be the responsibility of the Commission to select an appropriate representative to serve as
13 a Commissioner.

14
15 B. In the event that the Commissioner was the public representative, the Board of Commissioners
16 shall elect a successor who possesses the qualifications established by these *Rules* and
17 Commission policy to complete the unexpired term.

18
19 C. If the term of the vacated office of a member of the Commission has fifty percent (50%) or less
20 of a full four-year term remaining at the time the successor member is appointed to fill the
21 vacancy, the successor member shall be eligible for appointment to a new four-year term. If
22 more than fifty percent (50%) of the vacated term remains to be served at the time of the
23 appointment of a successor member to fill the vacancy, the successor member shall not be
24 eligible for another term.

25
26 Article III. APPEAL BOARD

27
28 Section 1. APPEAL BOARD: The appellate body of the Commission shall be the Appeal Board which shall
29 have the authority to hear and decide appeals filed by predoctoral and advanced dental educational and allied
30 dental educational programs from decisions rendered by the Board of Commissioners denying or revoking
31 accreditation. Such appeals shall be heard pursuant to procedures established by these *Rules* and the
32 Commission's *Evaluation and Operational Policies and Procedures* manual.

33
34 Section 2. COMPOSITION: The Appeal Board shall consist of four (4) permanent members. The four (4)
35 permanent members of the Appeal Board shall be selected as follows: one (1) selected by the Board of
36 Trustees of the American Dental Association from the active, life or retired membership of the American
37 Dental Association giving special consideration whenever possible to former members of the Council on
38 Dental Education and Licensure, one (1) member selected by the American Association of Dental Boards
39 from the active membership of that body, one (1) member selected by the American Dental Education
40 Association from the active membership of that body and one (1) consumer member who is neither a dentist
41 nor an allied dental personnel nor teaching in a dental or allied dental educational program and who is
42 selected by the Commission, based on established and publicized criteria. In addition, a representative from
43 either an allied or advanced dental education discipline would be included on the Appeal Board depending
44 upon the type and character of the appeal. Such special members shall be selected by the appropriate allied
45 or advanced dental education organization. Since there is no national organization for general practice
46 residencies and advanced education programs in general dentistry, representatives of these areas shall be
47 selected by the American Dental Education Association and the Special Care Dentistry Association. One (1)
48 member of the Appeal Board shall be appointed annually by the Chair of the Commission to serve as the

1 Chair and shall preside at all meetings of the Appeal Board. If the Chair is unable to attend any given
2 meeting of the Appeal Board, the other members of the Appeal Board present and voting shall elect by
3 majority vote an acting Chair for that meeting only. The Director of the Commission shall provide assistance
4 to the Appeal Board.

5
6 Section 3. TERM OF OFFICE: The term of office of members on the Appeal Board shall be one four (4)
7 year term.

8
9 Section 4. MEETINGS: The Appeal Board shall meet at the call of the Director of the Commission,
10 provided at least ten (10) days' notice is given to each member of the Appeal Board in advance of the
11 meeting. Such meetings shall be called by the Director only when an appeal to the appellate body has been
12 duly filed by a predoctoral or advanced dental educational or allied dental educational program.

13
14 Section 5. QUORUM: A majority of the voting members of the Appeal Board shall constitute a quorum.

15
16 Section 6. VACANCIES:

- 17 A. In the event of a vacancy in the membership of the Appeal Board of the Commission, the Chair
18 of the Commission shall appoint a member of the same organization, or in the case of a
19 consumer of the general public, possessing the same qualifications as established by these *Rules*,
20 to fill such vacancy until a successor is selected by the respective representative organization.
- 21 B. If the term of the vacated position has fifty percent (50%) or less of a full four-year term
22 remaining at the time the successor member is appointed, the successor member shall be eligible
23 for a new, consecutive four-year term. If more than fifty percent (50%) of the vacated term
24 remains to be served at the time of the appointment, the successor member shall not be eligible
25 for another term.

26 27 Article IV. ACCREDITATION PROGRAM

28
29 Section 1. ACCREDITATION STANDARDS: The Commission, acting through the Board of
30 Commissioners, shall establish and publish specific accreditation standards for the accreditation of
31 predoctoral, advanced dental and allied dental educational programs.

32
33 Section 2. EVALUATION: Predoctoral, advanced, and allied dental education programs shall be evaluated
34 for accreditation status by the Board of Commissioners on the basis of the information and data provided on
35 survey forms and secured by the members of, and consultants to, the Board of Commissioners during site
36 evaluations.

37
38 If the Board of Commissioners decides to deny, for the first time, accreditation to a new educational program
39 or to withdraw accreditation from an existing program, the Board of Commissioners shall first notify the
40 educational program of its intent to deny or withdraw accreditation. Notification and subsequent due process
41 policies and procedures shall be dictated by the Commission through its Evaluation and Operational Policies
42 and Procedures manual.

43
44 Section 3. HEARING: Upon completion of an evaluation for accreditation status, the Board of
45 Commissioners shall notify the predoctoral, advanced or allied dental education program (hereinafter called
46 "education program") of its findings and decision regarding the program's accreditation status. Two types of
47 hearings (challenge and supplement) can be held to review the appropriateness of the decision made by the

1 Commission. Due process policies and procedures shall be dictated by the Commission through its
2 Evaluation and Operational Policies and Procedures manual.

3
4 A. CHALLENGE: This type of hearing is available to a program/institution that wishes to
5 challenge the decision of the Commission to change its accreditation status or to a new program
6 that wishes to challenge the decision of the Commission to deny, for the first time, initial
7 accreditation.

8
9 B. SUPPLEMENT: An institution/program may request a hearing in order to supplement written
10 information, which has already been submitted to the Commission. A representative of the
11 institution would be permitted to appear in person before the Commission to present this
12 additional information.

13
14 Section 4. APPEAL: In the event the final decision of the Board of Commissioners is a denial or withdrawal
15 of accreditation, the educational program shall be informed of this decision within fourteen (14) days
16 following the Commission meeting. Within fourteen (14) days after receipt of the final decision of the Board
17 of Commissioners, the educational program may appeal the decision of the Board of Commissioners by
18 filing a written appeal with the Director of the Commission. Due process policies and procedures shall be
19 dictated by the Commission through its Evaluation and Operational Policies and Procedures manual.

20
21 Section 5. HEARING AND APPEAL COSTS: If a hearing is held before the Board of Commissioners, the
22 costs of the Commission respecting such hearing shall be borne by the Commission. If an appeal is heard by
23 the Appeal Board, the costs of the Commission respecting such appeal shall be shared equally by the
24 Commission and the appellant educational program filing the appeal except in those instances where equal
25 sharing would cause a financial hardship to the appellant. However, each educational program shall bear the
26 cost of its representatives for any such hearing or appeal.

27 28 Article V. OFFICERS

29
30 Section 1. OFFICERS: The officers of the Commission shall be a Chair, Vice-chair, a Director and such
31 other officers as the Board of Commissioners may authorize. The Chair and Vice-chair shall be elected by
32 the Board of Commissioners.

33
34 Section 2. ELIGIBILITY: The Chair and Vice-chair shall be dentists who are members of the Board of
35 Commissioners. The Chair and Vice-chair shall be active, life or retired members of the American Dental
36 Association.

37
38 Section 3. ELECTION AND TERM: The Chair and Vice-chair of the Commission shall be elected annually
39 by the Board of Commissioners. The term of the Chair and Vice-chair shall be one (1) year beginning and
40 ending with adjournment of the closing session of the annual meeting of the House of Delegates of the
41 American Dental Association.

42
43 Section 4: DUTIES: The duties of the officers are as follows:

44 A. CHAIR:

- 45
46 1. Appoint members and chairs of such committees as are necessary for the orderly conduct of
47 business except as otherwise provided in these *Rules*.

2. Circulate or cause to be circulated an announcement and an agenda for each regular or special meeting of the Board of Commissioners.
3. Preside during meetings of the Board of Commissioners.
4. Prepare or supervise the preparation of an annual report of the Commission.
5. Prepare or supervise the preparation of an annual budget of the Commission.
6. Represent the Commission during sessions of the House of Delegates of the American Dental Association.

- B. VICE-CHAIR: The Vice-chair of the Commission shall assist the Chair in the performance of his or her duties. If the Chair is unable to attend any given meeting of the Board of Commissioners, the Vice-chair shall preside at the meeting. If the Vice-chair also is unable to attend the meeting, the other members of the Board of Commissioners present and voting shall elect by majority vote an acting chair for the purpose of presiding at that meeting only.
- C. VACANCIES: In the event the vacancy involves the Chair, the Vice-chair shall immediately assume all duties of the Chair. In the event the vacancy involves the Vice-chair, a meeting of the Commission shall be convened to select a new Vice-chair.

Section 5. DIRECTOR:

- A. Appointment: The Director of the Commission shall be an employee of the American Dental Association selected by the Executive Director of that Association.
- B. Duties: The Director of the Commission shall:
1. Prepare an agenda and keep minutes of meetings of the Board of Commissioners.
 2. See that all notices are duly given in accordance with the provisions of these *Rules* or as required by law.
 3. Be the custodian of records of the Commission.
 4. Manage the office and staff of the Commission.
 5. In general shall perform all duties incident to the office of Director.

Article VI. REMOVAL FOR CAUSE

Pursuant to the *Rules* of the Commission on Dental Accreditation, the following are causes for removal of a member from the Board of Commissioners, Committees, or Appeal Board:

- continued, gross or willful neglect of the duties of the office;
- failure to comply with the Commission's policies on conflict of interest;
- failure or refusal to disclose necessary information on matters of Commission business;
- failure to keep confidential any exclusive information protected by secrecy that becomes known to the member by reason of the performance of his or her duties on the Commission's behalf;
- failure to comply with the Association's professional conduct policy and prohibition against harassment;
- unauthorized expenditures or misuse of Commission funds;
- unwarranted attacks on the Commission, any of its committees or any person serving the Commission in an elected, appointed or employed capacity;

- 1 • unwarranted refusal to cooperate with any Commission officer, Commission, Review
- 2 Committee or Appeal Board member or staff;
- 3 • misrepresentation of the Commission and any person serving the Commission in an
- 4 elected, appointed or employed capacity to outside persons;
- 5 • being found to have engaged in conduct subject to discipline pursuant to Chapter XI of the
- 6 *Governance and Organizational Manual* of the American Dental Association; and
- 7 • conviction of a felony.

8
9 Article VII. MISCELLANEOUS

10
11 Section 1. Meeting Minutes: Minutes of the Commission on Dental Accreditation meetings shall be posted
12 and available for public viewing.

13
14 Section 2. Contracts: The Commission may enter into contracts for services related to accreditation
15 activities pursuant to the policies and procedures of the Commission.

16
17 Section 3. Parliamentary Procedure: The rules contained in the current edition of “The American Institute of
18 Parliamentarians Standard Code of Parliamentary Procedure (AIPSC)” shall govern the deliberations of the
19 Board of Commissioners and Appeal Board in all instances where they are applicable and not in conflict with
20 the *Constitution and Bylaws* of the American Dental Association, the *Governance and Organizational*
21 *Manual* of the American Dental Association, and these *Rules*.

22
23 Article VIII. AMENDMENTS

24
25 These *Rules* may be amended at any meeting of the Board of Commissioners by a two-thirds majority vote of
26 the members of the Board present and voting.

27
28 Revised: 2/21; 1/20; 2/19; 8/18; 8/17; 1/17; 8/15; 8/10, 10/02, 10/97, 10/87, 11/82; Reaffirmed: 8/22; 8/12

29
30 **3. Governing Law And Venue Policy:** Any court action challenging an adverse accreditation decision
31 made by the Commission or otherwise pertaining to these Evaluation and Operational Policies and
32 Procedures (EOPP) shall be governed by and construed in accordance with the laws of Illinois, without
33 regard to where the challenge arises and without regard to conflict of laws principles. Any suit pertaining to
34 EOPP shall be brought in the state or federal courts sitting in Chicago, Illinois, each party subject to the
35 EOPP waiving any claim or defense that such forum is not convenient or proper. Each such party further
36 agrees that any such court shall have *in personam* jurisdiction over it and consents to service of process in
37 any manner authorized by Illinois law.

38 Revised: 8/10; Reaffirmed: 8/22; 8/17; 8/12; Adopted: 7/07

39
40
41 C. SCOPE AND DECISIONS

42
43 The Commission on Dental Accreditation is concerned with the educational quality of predoctoral,
44 advanced, and allied dental education programs in the United States. The Commission accredits more than
45 1400 programs in the disciplines within its purview, conducting all aspects of the accreditation process.
46 Through its accreditation activities, the Commission attempts to foster educational excellence, supports
47 programmatic self-improvement and assures the general public of the ongoing availability of quality dental
48 care. These goals are an integral part of a process of evaluation which combines on-site visits with regular

1 review of written and quantitative data. Decisions on accreditation status are the sole responsibility of the
2 Commission. Neither Commission staff, site visitors, independent consultants, individual members of the
3 Commission, nor any other agents of the Commission are empowered to make or modify accreditation
4 decisions.

5
6 The Commission formulates and adopts accreditation standards for the accreditation of predoctoral,
7 advanced, and allied dental education programs.

8
9 The Commission, in fulfilling its accreditation responsibilities, focuses on the educational results or
10 outcomes of the programs for which it has authority, as well as on the process used to obtain these results.
11 During its review process, the Commission evaluates programs in relation to predetermined standards.
12 These accreditation standards afford educational institutions latitude and flexibility in program development
13 and implementation. In evaluating the educational process, the Commission applies the established
14 accreditation standards for each discipline uniformly to all programs. All accreditation actions are based on
15 and directly linked to the educational standards or required accreditation policies.

16
17 The Commission shares routinely with other accrediting agencies and state licensing agencies information
18 about the status of and any adverse actions taken against any accredited program. Likewise, the Commission
19 receives information about the accreditation actions taken by other accrediting agencies. In accord with
20 established procedure, staff reviews that information and makes note of actions taken at those institutions
21 that also sponsor a Commission-accredited program. When a new program seeks initial accreditation,
22 information regarding the sponsoring institution's accreditation status must be provided. If any potential
23 problems are revealed, staff seeks additional clarifying information and presents that information to the
24 Commission, usually at its next regularly scheduled meeting. If the Commission were notified by the
25 Department of Education of a potential problem at an institution sponsoring an education program accredited
26 by the Commission on Dental Accreditation, that issue would be addressed immediately.

27
28 Revised: 8/17; Reaffirmed: 8/22; 8/12, 8/10

30 31 D. UNITED STATES DEPARTMENT OF EDUCATION

32
33 The United States Department of Education (USDE) periodically publishes a list of Nationally Recognized
34 Accrediting Agencies and Associations, which is used to determine eligibility for U.S. federal funding or
35 government assistance under certain legislation. Agencies and associations included on the USDE list are
36 those determined to be the reliable authorities in evaluating the quality of education offered by educational
37 institutions or programs. In order for institutions to become eligible for federal funds, the accrediting agency
38 for that institution must be recognized by USDE. The authority and recognition responsibility of USDE is
39 governed by the Higher Education Act (HEA) of 1965, as amended. This legislation is periodically
40 reauthorized, usually at five-year intervals. Following each reauthorization, the Department promulgates
41 new Procedures and Criteria for Recognition of Accrediting Agencies. The Secretary of Education requires
42 the Commission on Dental Accreditation to submit to USDE the standards, policies, and procedures used in
43 its evaluation program. Periodic reviews by USDE are conducted to determine the Commission's continued
44 eligibility for recognition. The Commission on Dental Accreditation has been recognized since the first
45 recognition list was published in 1952.

46 47 **Policy On Communication With The United States Department Of Education (USDE):**

48 As required by the USDE, the Commission will forward to the USDE Secretary annually the following:

- 1 • Copies of all Annual Report(s);
- 2 • Copies, updated annually, of its directory of accredited programs;
- 3 • A summary of the Commission's major accrediting activities during the previous year, if requested
- 4 by the Secretary of Education; and
- 5 • Any proposed changes in the Commission's policies, procedures, or accreditation standards that
- 6 might alter the Commission's scope of recognition or compliance with the requirements of this part
- 7 of the USDE recognition criteria.

8 Revised: 8/17; 8/10; Reaffirmed: [8/22](#); 8/12, 7/07, 7/01; CODA: 7/96:23

9 E. PHILOSOPHY OF ACCREDITATION

10 The Commission believes that its first responsibility is accountability to the public. The Commission fulfills
 11 its responsibility to the public by ensuring that the programs under its purview meet the established
 12 educational standards, that Commission policies are applied impartially, and that the Commission follows
 13 established procedures to obtain input from a broad constituency and allow for due process. Further,
 14 representatives from the public are members of the Commission and its Review Committees, and public
 15 comment is regularly solicited on the accreditation standards as well as the educational programs accredited
 16 by the Commission.

17 Reaffirmed: [8/22](#); 8/17; 8/12; Adopted: 8/10

18
 19
 20 **1. Accreditation Standards:** The Commission on Dental Accreditation evaluates the educational quality of
 21 predoctoral, advanced, and allied dental education programs in the United States. All 50 states plus Puerto
 22 Rico and the District of Columbia recognize the Commission's authority to accredit predoctoral, advanced,
 23 and allied dental education programs in the predoctoral, advanced, and allied dental education disciplines.
 24 The Commission also evaluates the educational quality of international dental education programs (see
 25 International Predoctoral Policies and Procedures). The Commission on Dental Accreditation has developed
 26 accreditation standards for each of the disciplines within its purview. The standards, which are the basis for
 27 accreditation actions, are reviewed periodically and revised as necessary (see Policy and Procedures for
 28 Development and Revision of Accreditation Standards). Documents for each discipline are available on the
 29 Commission's website and from the Commission office upon request. In addition, each predoctoral,
 30 advanced, and allied dental education program defines its own goals and objectives for preparing members
 31 of the dental team. The extent to which a program meets its own goals and objectives is also considered by
 32 the Commission.

33 Revised: 8/17; Reaffirmed: [8/22](#); 8/10

34
 35 **2. Accreditation Cycle:** The Commission on Dental Accreditation formally evaluates programs at regular
 36 intervals. Comprehensive site visits based on a self-study are routinely conducted every seven years.
 37 Programs in the advanced dental education discipline of oral and maxillofacial surgery are site visited at
 38 five-year intervals. Programs found to be in full compliance with the accreditation standards are awarded the
 39 accreditation classification of Approval Without Reporting Requirements. Programs not in full compliance
 40 with the accreditation standards are awarded the accreditation classification of Approval With Reporting
 41 Requirements.

42 Revised: 8/18; 1/98, 1/99; Reaffirmed: [8/22](#); 8/17; 8/12, 8/10, 7/05; Adopted: 7/97, 7/96

43 F. RECIPROCAL AGREEMENT WITH THE COMMISSION ON DENTAL ACCREDITATION OF 44 CANADA

45 The reciprocal accreditation arrangement between the Commission on Dental Accreditation and the
 46 Commission on Dental Accreditation of Canada (CDAC) has been maintained and expanded since its
 47
 48

1 adoption in 1956. Under the reciprocal agreement, each Commission recognizes the accreditation of
2 educational programs in specified categories accredited by the other agency. Under this arrangement, the
3 Commissions agree that the educational programs accredited by the other agency are equivalent to their own
4 and no further education is required for eligibility for licensure. Commissioners and staff of the accrediting
5 agencies will regularly attend the meetings of the other agency and its standing committees. In addition,
6 Commissioners and/or staff will participate annually in at least one site visit conducted by the other agency.
7 The Commissions believe that this cross-participation is important in maintaining an understanding of the
8 accreditation processes in each country and in ensuring that the accreditation processes in each country
9 continue to be equivalent.

10 The following educational programs are included in the scope of the reciprocal agreement.

- 11 • Predoctoral dental education
- 12 • Dental hygiene
- 13 • Level II dental assisting
- 14 • Advanced dental education programs in dental public health, endodontics, oral and maxillofacial
15 pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, orthodontics and dentofacial
16 orthopedics, pediatric dentistry, periodontics, and prosthodontics.

17
18 The following statement is found in the “Find a Program” section of the CODA website:

19 Canadian Programs

20 By reciprocal agreement, programs that are accredited by the Commission on Dental Accreditation of
21 Canada are recognized by the Commission on Dental Accreditation. However, individuals attending
22 dental programs in one country and planning to practice in another country should carefully investigate
23 the requirements of the licensing jurisdiction where they wish to practice.
24

25
26 By reciprocal agreement, predoctoral dental education, level II dental assisting, dental hygiene, and
27 advanced dental education programs in dental public health, endodontics, oral and maxillofacial
28 pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, orthodontics and
29 dentofacial orthopedics, pediatric dentistry, periodontics, and prosthodontics that are accredited by the
30 Commission on Dental Accreditation Canada are recognized by the Commission on Dental
31 Accreditation.

32 Revised: 8/18; 8/17; 2/15; 7/91; Reaffirmed: [8/22](#); 8/12, 8/10, 7/07, 1/03, 7/01; CODA: 1/97:03, 1/94:4-5
33
34

35 G. INTEGRITY

36
37 Integrity is expected throughout the accreditation process. In its relationships with the Commission, a
38 program shall demonstrate honesty and integrity. By seeking accreditation or re-accreditation, and
39 maintaining accreditation, the program agrees to comply with Commission requirements, policies,
40 guidelines, self-study requirements, decisions, and requests.
41

- 42 • In the accreditation process, the program shall be completely candid, providing all pertinent information;
- 43 • All program changes will be reported in a timely manner and in accordance with the Commission’s
44 Policy on Reporting Program Changes; and
- 45 • With due regard for the rights of individual privacy, the program shall provide the Commission with
46 access to all parts of its operations, and with complete and accurate information about the program’s
47 affairs, including reports of other accrediting, licensing, and auditing agencies, as requested.

1
2 The program's failure to report honestly, by presenting false information, by omission of essential
3 information or by distortion of information with the intent to mislead, constitutes a breach of integrity, in and
4 of itself. If it appears to the Commission that the program has violated the principles of integrity in the
5 materials submitted to the Commission or in any other manner that requires immediate attention, an
6 investigation will be made, and the program will be offered an opportunity to respond to suspected
7 violations. The Commission will ordinarily withdraw accreditation from a program, after due notice, if:

- 8
9 • The Commission concludes that the program has engaged in illegal conduct or is deliberately
10 misrepresenting itself or presenting false information to the faculty, staff, students, the public or the
11 Commission; or
12 • The program fails to provide fully and truthfully all pertinent information and materials requested by the
13 Commission.

14
15 The Commission may immediately withdraw accreditation if it deems that action to be the most appropriate
16 way to address the issue.

17 Revised: 2/18; 8/17; Reaffirmed: 8/22; 8/12, 8/10; Adopted: 7/08

18 19 20 H. DEVELOPMENT OF ADMINISTRATIVE AND OPERATIONAL POLICY STATEMENTS

21
22 The purpose of the Commission on Dental Accreditation as described in its *Rules* and in the American
23 Dental Association (ADA) *Bylaws* is (1) to formulate and adopt requirements and guidelines for the
24 accreditation of dental, advanced dental and allied dental educational programs and (2) to accredit dental,
25 advanced dental and allied dental educational programs. It is frequently necessary for the Commission to
26 develop policy statements in the process of conducting its business. Such policy may be accreditation
27 related, administrative or operational. The intended audience of a policy statement may be the accredited
28 programs, the broader educational community, the dental community, the general public or some other more
29 specialized audience.

30
31 Although policy statements adopted by the Commission may serve a variety of purposes, the procedures
32 which precede adoption are very similar. As the Commission deems appropriate, comment from all
33 potentially affected communities will generally be obtained by circulating the proposed policy to the
34 appropriate discipline-specific Review Committees and, on occasion, to those organizations traditionally
35 viewed as partners in the accreditation process. Some circumstances may dictate even wider circulation to a
36 broader community to provide the Commission with the information it needs in order to take action.
37 Although the issue may have come from a specific discipline, the Commission may determine that the issue
38 may affect a broader community and provide guidance to staff for further development of the issue. While
39 the Commission may elect to circulate policy for comment, it is not required to do so. Operational policy,
40 such as that related to Commission and Review Committee meetings or policies and procedures related to the
41 accreditation of programs, are the purview of the Commission's Standing Committee on Documentation and
42 Policy Review, and may not be sent out for comment.

43 Revised: 2/19; 8/17; Reaffirmed: 8/22; 8/12, 8/10

44
45 **1. Procedure:** The following procedure is used when basic policy statements are developed:

- 46 1. An issue or concern surfaces during or between meetings and is placed on the agenda for the next
47 meeting of the Commission.
48 a. If an issue surfaces between meetings, it is automatically placed on the next agenda.

1 b. If an issue surfaces during a meeting, the Commission determines whether or not the issue will
2 be considered further at the next meeting.

3 2. Staff studies the issue, gathers information from appropriate sources and develops a draft policy
4 statement for circulation to the Commission, a Standing Committee and/or all potentially affected
5 Review Committees, as appropriate.

6 3. The recommendations of a Standing Committee and/or each affected Review Committee, as
7 applicable, on the draft policy statement are forwarded to the Commission. The Commission may
8 take action on the statement in one of the following ways:

- 9 • The statement may be ruled unnecessary and rejected;
- 10 • The statement may be referred back to staff for further work (additional study or redrafting)
11 which should be clearly specified; or
- 12 • The statement may be adopted, with or without amendments.

13
14 If adopted, the policy statement is included in the appropriate compilation of Commission policy statements.
15 In general, the following occurs:

- 16
17 • Accreditation-related policies are included in the Commission’s *Evaluation and Operational Policies*
18 *and Procedures Manual*.
- 19 • Accredited programs will be informed of the new policy, usually through an announcement posted in the
20 Accreditation Area of the Commission’s website.

21 Revised: 2/19; 8/17; 2/15; Reaffirmed: 8/22; 8/12, 8/10

22 23 **2. Staff Protocol For Drafting Policy Reports:** The staff member:

- 24 1. Receives writing assignment and determines which staff should be involved in the assignment;
- 25 2. Conducts preliminary planning meeting;
- 26 3. Develops framework (e.g., outline, notes) for report;
- 27 4. Prepares an executive summary that clearly delineates the exact charge to the Commission, a
28 Standing Committee and/or Review Committee(s). This approach will be taken on policies
29 considered by more than one Review Committee (1800’s), or by a Standing Committee or the
30 Commission (1900’s);
- 31 5. Circulates the framework to the Director and managers (those determined at time of assignment);
- 32 6. Conducts staff meeting to resolve substantive differences, if necessary;
- 33 7. Drafts report;
- 34 8. Circulates draft report to the Director and managers for review & comment; requests reviewers to
35 highlight strong concerns; and
- 36 9. Conducts staff meeting to resolve any substantive differences in comments received (if necessary).

37 Revised: 2/22; 2/19; 7/06; 7/97; Reaffirmed: 8/22; 8/17; 8/12, 8/10, 7/07, 7/01; CODA: 5/88:5

38 39 **II. REVIEW COMMITTEES AND BOARD OF COMMISSIONERS**

40 **A. REVIEW COMMITTEES AND REVIEW COMMITTEE MEETINGS**

41
42 **1. Structure:** The chair of each Review Committee will be the appointed Commissioner from the relevant
43 discipline.

44 i. The Commission will appoint all Review Committee members.

- 45 a. Review Committee positions not designated as discipline-specific will be appointed from the
46 Commission where feasible, e.g. a public representative on the Commission could be
47 appointed to serve as the public member on the Dental Laboratory Technology Review
48 Committee; an ADA appointee to the Commission could be appointed to the Dental

1 Assisting Review Committee as the general dentist practitioner.

- 2 b. Discipline-specific positions on Review Committees will be filled by appointment by the
3 Commission of an individual from a small group of qualified nominees (at least two)
4 submitted by the relevant national organization, discipline-specific sponsoring organization
5 or certifying board. Nominating organizations may elect to rank their nominees, if they so
6 choose. If fewer than two (2) qualified nominees are submitted, the appointment process
7 will be delayed until such time as the minimum number of required qualified nominations is
8 received.
- 9 ii. Consensus is the method used for decision making; however if consensus cannot be reached and a
10 vote is required, then the Chair may only vote in the case of a tie (American Institute of
11 Parliamentarians Standard Code of Parliamentary Procedures).
- 12 iii. Member terms will be staggered, four year appointments; multiple terms may be served on the same
13 or a different committee, with a one-year waiting period between terms. A maximum of two (2)
14 terms may be served in total. The one-year waiting period between terms does not apply to public
15 members.
- 16 iv. One public member will be appointed to each committee. Following consideration of workload,
17 public members may concurrently serve on more than one (1) review committee.
- 18 v. The size of each Review Committee will be determined by the committee's workload.
- 19 vi. As a committee's workload increases, additional members will be appointed while maintaining the
20 balance between the number of content experts and non-content experts. Committees may formally
21 request an additional member through New Business at Review Committee/Commission meetings.
22 If an additional member is approved, this member must be a joint nomination from the professional
23 organization and certifying board, as applicable.
- 24 vii. Conflict of interest policies and procedures are applicable to all Review Committee members.
- 25 viii. Review Committee members who have not been on a site visit within the last two (2) years prior to
26 their appointment on a Review Committee should observe at least one site visit within their first year
27 of service on the Review Committee.
- 28 ix. In the case of less than 50% of discipline-specific experts, including the Chair, available for a review
29 committee meeting, for specified agenda items or for the entire meeting, the Review Committee
30 Chair may temporarily appoint an additional discipline-specific expert(s) with the approval of the
31 CODA Director. The substitute should be a previous Review Committee member or an individual
32 approved by both the Review Committee Chair and the CODA Director. The substitute would have
33 the privileges of speaking, making motions, and voting.
- 34 x. Recommendations to the Commission from the Review Committee must be taken at meetings in
35 which there is both a quorum and at least one (1) discipline-specific expert, other than the Chair,
36 present.
- 37 xi. Consent agendas may be used by Review Committees, when appropriate, and may be approved by a
38 quorum of the Review Committee present at the meeting.
39 Revised: 8/22; 2/22; 8/20; 1/20; 8/18; 8/17; 2/15; 1/14, 2/13, 8/10, 7/09; 7/08; 7/07; Adopted: 1/06
40

41 2. Composition

42 Predoctoral Education Review Committee (9 members)

43 1 discipline-specific Commissioner appointed by American Dental Education Association

44 1 public member

45 3 dental educators who are involved with a predoctoral dental education program (two must be
46 general dentists)

47 1 general dentist } (One of whom is a practitioner

48 1 non-general* dentist } dentist and the other an educator)

1 1 dental assistant, dental hygienist, dental therapist or dental laboratory technology professional educator

2 1 dental therapist educator

3 *a dentist who has completed an advanced dental education program in dental anesthesiology, dental
4 public health, endodontics, oral and maxillofacial radiology, oral and maxillofacial pathology, oral
5 and maxillofacial surgery, oral medicine, orofacial pain, orthodontics and dentofacial orthopedics,
6 pediatric dentistry, periodontics, or prosthodontics.

7

8 Six (6) Advanced Dental Education Review Committees (DENTANES*, DPH, OFP*, OMP, OMR,
9 OM* - 5 members each. At least one member must be a dental educator.)

10 1 discipline-specific Commissioner appointed by the discipline-specific sponsoring organization

11 1 public member

12 1 dentist nominated by the discipline-specific sponsoring organization

13 1 dentist nominated by the discipline-specific certifying board

14 1 general dentist

15

16 * Effective January 1, 2022

17

18 Six (6) Advanced Dental Education Review Committees (ENDO, OMS, ORTHO, PERIO, PED, PROS -
19 6 members each. At least one member must be a dental educator.)

20 1 discipline-specific Commissioner appointed by the discipline-specific sponsoring organization

21 1 public member

22 1 dentist nominated by the discipline-specific sponsoring organization

23 1 dentist nominated by the discipline-specific certifying board

24 1 dentist nominated by the discipline-specific certifying board and discipline-specific sponsoring
25 organization

26 1 general dentist

27

28 Postdoctoral General Dentistry Review Committee** (9 members)

29 1 discipline-specific Commissioner, jointly appointed by American Dental Education Association
30 (ADEA) and the Special Care Dentistry Association (SCDA)

31 1 public member

32 2 current General Practice Residency (GPR) educators nominated by the SCDA

33 2 current Advanced Education in General Dentistry (AEGD) educators nominated by ADEA

34 1 general dentist graduate of a GPR or AEGD

35 1 non-general* dentist

36 1 higher education or hospital administrator with past or present experience in administration in a
37 teaching institution

38 *a dentist who has completed an advanced dental education program in dental anesthesiology, dental
39 public health, endodontics, oral and maxillofacial radiology, oral and maxillofacial pathology, oral
40 and maxillofacial surgery, oral medicine, orofacial pain, orthodontics and dentofacial orthopedics,
41 pediatric dentistry, periodontics, or prosthodontics.

42 ** Effective January 1, 2022. Through December 31, 2021, the committee name remains Advanced
43 Education in General Dentistry, General Practice Residency, Dental Anesthesiology, Oral Medicine
44 and Orofacial Pain Education Review Committee and includes dental anesthesiology, oral medicine,
45 and orofacial pain educators, one (1) in each discipline.

46

47 Dental Assisting Education Review Committee (10 members)

48 1 discipline-specific Commissioner appointed by American Dental Assistants Association

- 1 1 public member
 2 2 general dentists (practitioner or educator)
 3 5 dental assisting educators
 4 1 dental assisting practitioner who is a graduate of a Commission accredited program

- 5
 6 Dental Hygiene Education Review Committee (13 members)
 7 1 discipline-specific Commissioner appointed by American Dental Hygienists' Association
 8 1 public member
 9 5 dental hygienist educators
 10 2 dental hygienist practitioners
 11 2 dentist practitioners
 12 1 dentist educator
 13 1 higher education administrator

- 14
 15 Dental Laboratory Technology Education Review Committee (5 members)
 16 1 discipline-specific Commissioner appointed by National Association of Dental Laboratories
 17 1 public member
 18 1 general dentist
 19 1 dental laboratory technology educator
 20 1 dental laboratory owner nominated by National Association of Dental Laboratories
 21 Revised: 8/22; 2/22; 2/21; 8/18; 2/16; 2/15; 8/14; 2/13, 7/09, 7/08, 1/08; Reaffirmed: 8/17; 8/10; Adopted:
 22 1/06
 23

24 **3. Nomination Criteria:** The following criteria are requirements for nominating members to serve on the
 25 Review Committees. Rules related to the appointment term on Review Committees apply.

26
 27 All Nominees:

- 28 • Ability to commit to one (1) four (4) year term;
 29 • Willingness to commit ten (10) to twenty (20) days per year to Review Committee activities, including
 30 training, comprehensive review of print and electronically delivered materials and travel to Commission
 31 headquarters;
 32 • Ability to evaluate an educational program objectively in terms of such broad areas as curriculum,
 33 faculty, facilities, student evaluation and outcomes assessment;
 34 • Stated willingness to comply with all Commission policies and procedures (e.g. Agreement of
 35 Confidentiality; Conflict of Interest Policy; Operational Guidelines; Simultaneous Service; HIPAA
 36 Training, Licensure Attestation, and Professional Conduct Policy and Prohibition Against Harassment);
 37 and
 38 • Ability to conduct business through electronic means (email, Commission Web Sites)
 39

40 Educator Nominees:

- 41 • Commitment to predoctoral, advanced, and/or allied dental education;
 42 • Active involvement in an accredited predoctoral, advanced, or allied dental education program as a full-
 43 or part-time faculty member;
 44 • Subject matter experts with formal education and credentialed in the applicable discipline; and
 45 • Prior or current experience as a Commission site visitor is preferred.
 46

47 Practitioner Nominees:

- 1 • Commitment to predoctoral, advanced, and/or allied dental education;
- 2 • Majority of current work effort as a practitioner; and
- 3 • Formal education and credential in the applicable discipline.

4 Public/Consumer Nominees:

- 6 • A commitment to bring the public/consumer perspective to Review Committee deliberations. The
7 nominee should not have any formal or informal connection to the profession of dentistry; also, the
8 nominee should have an interest in, or knowledge of, health-related and accreditation issues. In order to
9 serve, the nominee must not be a:
 - 10 a. Dentist or member of an allied dental discipline;
 - 11 b. Member of a predoctoral, advanced, or allied dental education program faculty;
 - 12 c. Employee, member of the governing board, owner, or shareholder of, or independent consultant to, a
13 predoctoral, advanced, or allied dental education program that is accredited by the Commission on
14 Dental Accreditation, has applied for initial accreditation or is not-accredited;
 - 15 d. Member or employee of any professional/trade association, licensing/regulatory agency or
16 membership organization related to, affiliated with or associated with the Commission, dental
17 education or dentistry; and
 - 18 e. Spouse, parent, child or sibling of an individual identified above (a through d).

19 Higher Education Administrator:

- 21 • A commitment to bring the higher education administrator perspective to the Review Committee
22 deliberations. In order to serve, the nominee must not be a:
 - 23 a. Member of any trade association, licensing/regulatory agency or membership organization related to,
24 affiliated with or associated with the Commission; and
 - 25 b. Spouse, parent, child or sibling of an individual identified above.

26 Hospital Administrator:

- 28 • A commitment to bring the hospital administrator perspective to Review Committee deliberations. In
29 order to serve, the nominee must not be a:
 - 30 a. Member of any trade association, licensing/regulatory agency or membership organization related to,
31 affiliated with or associated with the Commission; and
 - 32 b. Spouse, parent, child or sibling of an individual identified above.

33 Revised: 8/21; 2/21; 8/18; 8/17; 8/14; 8/10; **Reaffirmed: 8/22**; Adopted: 07/08

34
35 **4. Policy On Attendance At Open Portion Of Review Committee Meetings:** The policy portion of
36 Review Committee meetings is open to representatives from organizations and certifying boards represented
37 on the Review Committee. Participation of these representatives during the meeting is at the discretion of
38 the Review Committee Chair. Confidential accreditation matters are discussed in a closed session of the
39 meeting that is not open to observers.

40
41 Representatives attending the open portion of meetings are asked to pre-register to assist the Commission in
42 making arrangements for the meeting. Pre-registration ensures that the individual receives a copy of the
43 meeting agenda and policy reports at the same time as Review Committee members.

44 Revised: 8/20; 2/15; 7/07, 7/97; Reaffirmed: **8/22**; 8/17; 8/10, 7/01; CODA: 07/96:10

1 **5. Chairs Of Review Committees:** Review Committees are chaired by the Commissioner for the respective
2 discipline(s). The Chair of the Predoctoral Review Committee is selected by the Chair of the Commission
3 from among the four (4) Commissioners appointed by ADEA.
4

Revised: 8/17; Reaffirmed: 8/22; 8/10

5
6 **6. Calibration Protocol:** The following protocol used to calibrate Review Committee members:

- 7 i. Documentation Guidelines for Selected Recommendations is provided to all programs scheduled to
8 submit either a response to a preliminary draft site visit report or a progress report.
- 9 ii. Documentation Guidelines for Selected Recommendations is provided to all members of Review
10 Committees for use as accreditation reports are reviewed.
- 11 iii. At the beginning of each committee meeting, the chair reminds the committee of the Documentation
12 Guidelines for Selected Recommendations and reviews how the document is to be used.
- 13 iv. A specific calibration exercise is conducted prior to each committee's consideration of accreditation
14 reports.
- 15 v. Each staff secretary refers the committee to the Documentation Guidelines at appropriate points
16 throughout the committee's discussion of accreditation reports.
- 17 vi. At the end of the committee's accreditation actions, the staff secretary asks for comments and
18 feedback on the calibration process.
- 19 vii. Following each meeting of the Commission, a staff meeting is convened for the purpose of
20 discussing input received from each committee on the *Documentation Guidelines for Selected*
21 *Recommendations*. Appropriate adjustments are incorporated into the document annually, following
22 the July meeting of the Commission.
- 23 viii. When specific calibration problems are identified, a specific exercise to address the problem will be
24 designed and implemented as soon as feasible, usually at the next meeting.
- 25 ix. Reports of calibration activities are provided to the committees and the Commission as needed.

26 Revised: 7/97, 7/00; Reaffirmed: 8/22; 8/17; 8/10, 7/07, 7/01; CODA: 12/92:8
27

28 **7. Procedure To Resolve Differences Between Allied Dental Review Committees:** The Dental Assisting,
29 Dental Hygiene and Dental Laboratory Technology Education Review Committees usually consider reports
30 with common recommendations as their first item of accreditation business. The staff secretaries compare
31 the two or three committees' decisions relative to the common recommendations, accreditation status and
32 changes to the report. Discrepancies must then be reconsidered.
33

34 At the earliest opportunity convenient to the involved Review Committees, the two reviewers (primary and
35 secondary) from each committee will meet to discuss and resolve any differences. These individuals will be
36 excused, if necessary, from committee deliberations for this purpose and committees will adjust their
37 agendas as much as possible to accommodate this process. The two reviewers from each committee will
38 have delegated authority to act on behalf of their respective committees in reaching consensus.
39

40 Representatives of the Review Committees should be reminded prior to the joint meeting that every effort
41 should be made to focus on substantive issues affecting accreditation status, to relate report contents to the
42 discipline standards and to reach a consensus whenever appropriate. The agreed-upon decision, or the failure
43 to achieve consensus, will be reported back to the disciplines' Review Committees.
44

45 If a decision on a single joint recommendation cannot be reached by consensus, then each committee will
46 prepare a report stating the rationale for its recommendation and all reports will be submitted to the
47 Commission for consideration. The Chair and Director of the Commission should be informed promptly
48 when this occurs.

1
2 The Chair of each Review Committee or its designated spokesperson will be expected to speak to the
3 committee's position during the Commission meeting. The Commission will consider both reports and will
4 determine the accreditation status.

5 Revised: 7/99; Reaffirmed: [8/22](#); 8/17; 8/10, 7/07, 7/01

6 7 B. COMMISSION AND COMMISSION MEETINGS

8
9 The Commission and its Review Committees meet twice each year to consider site visit reports and
10 institutional responses, progress reports, information from annual surveys, applications for initial
11 accreditation, and policies related to accreditation. These meetings are held in the winter and the summer.

12
13 Reports from site visits conducted less than 90 days prior to a Commission meeting are usually deferred and
14 considered at the next Commission meeting. Commission staff can provide information about the specific
15 dates for consideration of a particular report.

16
17 The Commission has established policy and procedures for due process which are detailed in the Due
18 Process section of this manual.

19 Revised: 8/17; 8/14; 7/06, 7/96; Reaffirmed: [8/22](#); 8/10; Adopted: 7/96

20 21 1. Composition and Criteria

22 23 Composition

24 The Board of Commissioners shall consist of:

25
26 Four (4) members who shall be appointed by the Board of Trustees from the names of active, life or retired
27 members of this Association. None of the appointees shall be a faculty member of any dental education
28 program working more than one day per week or a member of a state board of dental examiners or
29 jurisdictional dental licensing agency.

30
31 Four (4) members who are active, life or retired members of this Association and also active members of
32 the American Association of Dental Boards shall be selected by the American Association of Dental
33 Boards. None of these members shall be a faculty member of any dental education program.

34
35 Four (4) members who are active, life or retired members of this Association and also active members of the
36 American Dental Education Association shall be selected by the American Dental Education Association.
37 None of these members shall be a member of any state board of dental examiners or jurisdictional dental
38 licensing agency.

39
40 The remaining Commissioners shall be selected as follows: one (1) certified dental assistant selected by the
41 American Dental Assistants Association from its active or life membership, one (1) licensed dental hygienist
42 selected by the American Dental Hygienists' Association, one (1) certified dental laboratory technician
43 selected by the National Association of Dental Laboratories, one (1) student selected jointly by the
44 American Student Dental Association and the Council of Students, Residents and Fellows of the American
45 Dental Education Association, one (1) dentist who is board certified in the respective discipline-specific
46 area of practice and is selected by each of the following organizations: American Academy of Oral and
47 Maxillofacial Pathology, American Academy of Oral and Maxillofacial Radiology, American Academy of
48 Oral Medicine, American Academy of Orofacial Pain, American Academy of Pediatric Dentistry, American

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

11 **Criteria (All Appointees)**

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

23 Revised: 2/21; 8/18; 8/17; **Reaffirmed: 8/22;** Adopted: 8/14
 24
 25

26 **2. Policy On Absence From Commission Meetings:** When a Commissioner notifies the Director that
 27 he/she will be unable to attend a meeting of the Commission, the Director will notify the Chair. The Chair
 28 determines if another individual should be invited to attend the meeting in the Commissioner's absence. A
 29 substitute will be invited if the Commissioner's discipline would not otherwise be represented. This
 30 individual must be familiar with the Commission's policies and procedures; and therefore, must be a current
 31 or former member of the appropriate Review Committee and must represent the same discipline or
 32 appointing organization as the absent Commissioner. In the event that these criteria cannot be met, the
 33 Commission Chair may elect not to invite another individual to the meeting. The substitute would have the
 34 privileges of speaking, introducing business, making motions, and voting.

35 Revised: 8/17; 8/10, 7/97; Reaffirmed: **8/22;** 7/07, 7/01; CODA: 12/86:14
 36

37 **3. New Commissioner Orientation and Training:** Newly appointed Commissioners will undergo a six-
 38 month training period prior to beginning their official term. This training includes attendance at a
 39 Commission meeting, at the discipline-specific review committee meeting, and an appropriate site visit.

40 Reaffirmed: **8/22;** 8/17; 8/14; Adopted: 8/11
 41

42 **4. Protocol For Review Of Report On Accreditation Status Of Educational Programs:** Commission
 43 staff sends the final listing of programs to be reviewed at the Commission meeting to each Commissioner to
 44 allow each Commissioner to identify all conflicts with these programs.

45 A conflict includes, but is not limited to:

- 46 • close professional or personal relationship or affiliation with the institution/program or key
 47

1 personnel in the institution/program which may create the appearance of a conflict;

- 2 • serving as an independent consultant to the institution/program;
- 3 • being a graduate of the institution/program;
- 4 • being a current employee or appointee of the institution/program;
- 5 • previously applied for a position at the institution within the last five (5) years;
- 6 • being a current student at the institution/program;
- 7 • having a family member who is employed by or affiliated with the institution;
- 8 • manifesting a professional or personal interest at odds with the institution or program;
- 9 • key personnel of the institution/program having graduated from the program of the Commissioner;
- 10 • having served on the program's visiting committee within the last seven (7) years; and/or
- 11 • no longer a current employee of the institution or program, but having been employed there within
- 12 the past five (5) years.

13
14 Conflicts of interest for Commissioners may also include being from the same state, but not the same
15 program. The Commission is aware that being from the same state may not itself be a conflict; however,
16 when residence within the same state is in addition to any of the items listed above, a conflict would exist.

17
18 When a program is being considered, Commissioners must leave the room if they have any of the above
19 conflicts.

20
21 Each year Commissioners report conflicts to the Director. Prior to each Commission meeting, staff analyze
22 the reported conflicts to determine whether reformatting of the Report on Accreditation Status of Educational
23 Programs (yellow sheet reports) is necessary. Reformatting of yellow sheet reports may include grouping all
24 dental school based programs and/or any institution that sponsors multiple programs so that recusals leave
25 the room once.

26
27 During the Commission meeting, in addition to yellow sheet reports, each Commissioner receives a copy of
28 the key guidelines of the Commission's Conflict of Interest policy and a listing of conflicts reflecting their
29 listings. Explanation of protocol, including definitions of conflicts, will be provided to Commissioners prior
30 to each Commission meeting.

31
32 The Chair will confirm conflicts and remind Commissioners of their responsibility to recuse themselves. The
33 Chair will then allow appropriate time for exiting of relevant Commissioners before review of each yellow sheet
34 report and promptly invite the return of these Commissioners after the specific report is reviewed.

35
36 After the Commission meeting, the Report of Accreditation Status of Education Programs in the minutes of
37 the meeting will include the Commissioners' identified conflicts.

38 Revised: 2/22; 8/14; 8/11, 8/10, 7/09; Reaffirmed: 8/22; 8/17; Adopted: 7/06

39
40 **5. Policy On Attendance At Open Portion Of Commission Meetings:** The policy portion of Commission
41 meetings is open to interested observers from all members of the public, including the communities of
42 interest, international observers, and representatives of dental education programs. Those attending are
43 observers only and do not participate in the Commission's discussion. Confidential accreditation matters are
44 discussed in a closed session of the meeting that is not open to observers.

45
46 Observers are asked to pre-register to assist the Commission in making arrangements for the meeting. Pre-
47 registration ensures that the individual is notified when the preliminary agenda is available. When possible,

1 policy reports and committee summary reports related to agenda items will be available prior to the meeting.
2 Access to the preliminary meeting agenda and meeting materials is provided through CODA's website.

3
4 The Commission does not assume any travel, hotel or other costs for observers attending the meeting.
5 Observers are not required to pay any registration or materials fee for observing the meeting.

6 Revised: 2/16; 2/15; 7/97; Reaffirmed: 8/22; 8/17; 8/10, 7/07, 7/01, 7/95; CODA: 12/92:13; 05/93:9

7
8 **6. Guests Invited To Commission Meetings:** Representatives from an accrediting agency in any country
9 with which the Commission has a reciprocal agreement, such as the Commission on Dental Accreditation of
10 Canada, or other accreditors as the Commission deems appropriate, may attend both the closed and open
11 portion of Commission meetings as guests provided they comply with confidentiality guidelines and
12 procedures.

13 Revised: 2/16; 7/07; Reaffirmed: 8/22; 8/17; 8/14; 8/10, 7/01; CODA: 05/93:11; 01/94:10

14
15 **7. Commission Communication Of Actions To The Review Committees:** On occasion, an accreditation
16 action taken by the Commission differs from the action recommended by a Review Committee. In these
17 instances, the actions taken by the Commission are communicated back to the relevant Review Committee
18 with an explanation regarding the Commission's final decision. The Chair of the Review Committee
19 communicates the Commission's final decision to members of the Review Committee through a letter of
20 explanation.

21 Reaffirmed: 8/22; 8/17; 8/10, 7/09; CODA: 01/04:20

22
23 **8. Confidentiality Of Accreditation Reports:** Commission members are not authorized, under any
24 circumstances, to disclose any information obtained during site visits or Commission meetings. All
25 accreditation actions are confidential and accreditation reports are reviewed during the closed portion of the
26 meeting. The extent to which publicity is given to site visit reports is determined by the chief executive
27 officer of the educational institution. For more specific information, see the Commission's Statement of
28 Policy on Public Disclosure and Confidentiality in this manual.

29 Reaffirmed: 8/22; 8/17; 8/14; 8/10, 7/07, 7/01, 5/80

30
31 **9. Notice Of Accreditation Actions To Programs/Institutions:** An institution will receive the formal
32 notice, including the accreditation status awarded to the program, within thirty (30) days following the
33 official meeting of the Commission. Actions resulting in other than "approval without reporting
34 requirements" will be accompanied by the specific date(s) for submission of progress report(s) and/or
35 notification that a special site visit will be conducted.

36
37 When warranted, the Commission action may include a notification of its intent to withdraw a program's
38 accreditation and the time at which this intended action will be taken. This notification will advise the
39 institution of an opportunity to submit additional information and that a special appearance (hearing) before
40 the Commission or one of its Review Committees may be requested. If a program's accreditation status is
41 withdrawn, the institution is advised of its right to appeal the decision before the Appeal Board. For further
42 information, refer to the Policy on Due Process in this manual.

43 Reaffirmed: 8/22; 8/17; 8/14; 8/10

44
45 **10. Distribution Of Meeting Minutes:** Final minutes of each Commission meeting, including the report on
46 accreditation status of dental education programs, are made available to the Commission's communities of
47 interest through an e-mail notice of posting on the Commission's website.

48 Revised: 8/20; 8/18; 8/17; 2/15; 1/14; 8/10; Reaffirmed: 8/22; 8/14

1
2 **11. Notice Of Accreditation Actions To Communities Of Interest:** In carrying out its responsibilities as
3 an accrediting agency, the Commission on Dental Accreditation announces its decisions to grant, renew or
4 discontinue (at an institution's request) accreditation to the USDE Secretary, the appropriate state licensing
5 or authorizing agency, appropriate accrediting agencies, the public, educational institutions, dental
6 examining boards, related dental organizations, and the profession no later than thirty_(30) days after it
7 makes the decisions.
8

9 The Commission publishes listings of accredited programs in predoctoral, advanced, and allied dental
10 education. Lists of accredited programs are posted to the Commission's website within thirty (30) days
11 following a Commission meeting to be available to educational institutions' executives and administrators,
12 the USDE, regional and appropriate national accrediting agencies, state licensing agencies and to other
13 interested agencies and organizations. Individuals are provided paper copies of such listings upon request.
14

15 When warranted, the Commission may notify an institution of its intent to withdraw a program's
16 accreditation and the time at which this intended action will be taken. The Commission may also reach the
17 decision to deny or withdraw the accreditation of a program. In these instances, the Commission provides
18 written notice of the final decisions to place a program on "intent to withdraw" or to deny or withdraw
19 accreditation to the USDE Secretary, the appropriate accrediting agencies, and the appropriate state licensing
20 or authorizing agency at the same time it notifies the sponsoring institution of the decision. Notice to the
21 public is provided through the listings of accredited programs that is available on the Commission's website
22 and is updated within twenty-four (24) hours of providing the final notice to the program's sponsoring
23 institution.
24

25 Revised: 8/17; 2/15; Reaffirmed: 8/22; 8/14; 8/10

26 **12. Notice Of Reasons For Adverse Actions:** Accrediting agencies recognized by the Secretary of the
27 USDE, including the Commission, are required to report any adverse accreditation action (defined as an
28 action to deny or withdraw accreditation). Accordingly, when the Commission makes a final decision to
29 deny or withdraw a program's accreditation, a brief statement summarizing the reasons for the
30 Commission's decision and the official comments that the affected program may make with regard to that
31 decision, is made available to the USDE Secretary, the appropriate state licensing or authorizing agency and
32 the public. The Commission's final decision; the statement summarizing the reasons for the Commission's
33 decision; and the program's official comments will be posted on the Commission's website no later than
34 sixty (60) days after the decision is final.
35

36 The Commission's Notice of Reasons for Adverse Action Disclosure Statement includes the following
37 information about the program's accreditation history, past problems, current problems, specific reasons why
38 action to deny or withdraw accreditation was taken and what future options are available to the program.
39

40 To illustrate the scope of the statement and the level of reasons reported, a sample announcement follows:
41

42 Disclosure Statement: Dental Assisting Program
43 Pick Your State Community College
44

45 The Commission on Dental Accreditation, the only nationally-recognized accrediting agency for
46 predoctoral, advanced, and allied dental education programs, reviewed an application for initial
47 accreditation of the new dental assisting program offered by Pick-Your-State Community College.

1 On the basis of information provided in the application, the Commission was unable to grant “initial
2 accreditation” status to the program.

3
4 The Commission determined, at its (date) meeting, that the application did not provide sufficient
5 information and assurances that the proposed program meets the intent of the Accreditation
6 Standards for Dental Assisting Education Programs. Specific concerns in compliance with the
7 standards were noted in the following areas:

- 8 Financial Support (adequacy of resources);
- 9 Curriculum (adequacy of knowledge and skills offered, scope and depth of instruction in
10 required areas, and documentation of student competence);
- 11 Admissions (documentation that written criteria, procedures, and policies are used);
- 12 Faculty (adequacy of teaching and supervision of students);
- 13 Facilities (insufficient documentation of adequacy of physical facilities and equipment).

14
15 The Commission informed the program and sponsoring institution that these specific concerns would need to
16 be addressed before the institution reapplied for “initial accreditation” status of the dental assisting program.

17
18 _____
19 CEO, Sponsoring Institution (date)

20 _____
21 Chair, Commission on Dental Accreditation (date)

22 Revised: 8/17; 5/12; Reaffirmed: 8/22; 8/14; 8/10

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

- 27 1. The Commission sends notice of any adverse action in a transmittal letter to the appropriate institutional
28 executives no later than fourteen (14) days after the Commission meeting. This letter is sent by tracked
29 mail (including email) and includes the reasons for any adverse action to deny or withdraw accreditation.
30 All current and prospective students/residents/fellows must be informed of the Commission’s notice of
31 any adverse action within seven (7) business days of the program’s receipt of the notice. The USDE
32 Secretary, the appropriate state entities, and any appropriate institutional accrediting agency are notified
33 at this time, usually by a letter to the Secretary with copies to the other entities and the institution.
- 34 2. A statement of the reasons for any adverse action is developed and available for distribution within sixty
35 (60) days. This new statement will include the same information that has been contained in the
36 transmittal letter. For this reason, the statement will be drafted and the draft will be sent to the
37 institution/program for review at the same time as the transmittal letter. As needed, the draft statement
38 will be reviewed by legal counsel prior to being sent.
- 39 3. The institution must notify the Commission within fourteen (14) days if it wishes to indicate an intent to
40 appeal an adverse action. If an intent to appeal is received, the usual appeal procedures are followed
41 according to the Commission policy on Due Process Related to Appeal of Accreditation Actions.
- 42 4. If an intent to appeal is not received by the fourteen (14) day deadline specified, the adverse action is
43 considered final and the USDE Secretary, the appropriate state entities, and any appropriate institutional
44 accrediting agency are notified at this time, usually by a letter to the Secretary with copies to the other
45 entities and the institution.
- 46 5. During the same fourteen (14) days, the institution/program will be asked to review the draft statement
47 and:
48 a. indicate agreement with the statement; and/or,

- 1 b. make official comments with regard to the decision, or state that the affected institution has been
2 offered the opportunity to provide official comment.
- 3 6. When the final statement (or statement and response) has been developed and signed by both parties, it
4 will be distributed as required in the regulations to the USDE Secretary, to the appropriate state licensing
5 or authorizing agency, to any appropriate institutional accrediting agency, and to the public. All current
6 and prospective students/residents/fellows must be informed of the Commission's final decision within
7 seven (7) business days of the program's receipt of the notice.
- 8 7. The Commission's final decision; the statement summarizing the reasons for the Commission's decision;
9 and the program's official comments will be posted on the Commission's website no later than sixty (60)
10 days after the decision is final.

11
12 When there are no differences of opinion regarding the statement, it may be possible to send it to the
13 Secretary along with the letter in step #4 above, along with posting the final decision and reasons on the
14 Commission's website.

15 Revised: 2/21; 8/17; 5/12; 7/06; Reaffirmed: 8/22; 8/14; 8/10; Adopted: 7/00; CODA: 07/94:6

17 C. POLICY ON CHANGES TO THE COMPOSITION OF REVIEW COMMITTEES AND THE BOARD 18 OF COMMISSIONERS

19
20 The Commission believes it is imperative that content area experts are represented on site visit committees,
21 Review Committees and on the Commission to accomplish its mission. However, the Commission does not
22 establish Review Committees or add Commissioner positions based upon the number of programs accredited
23 or number of students/residents enrolled within a given discipline.

24
25 The Board of Commissioners is composed of representatives and subject area experts from the dental
26 education, dental licensure and private practice communities, advanced dental education, allied dental
27 education, and the public at large. The Commission's Review Committees mirror this structure with
28 committees devoted to dental, dental assisting, dental hygiene, dental laboratory technology, dental
29 anesthesiology, dental public health, endodontics, oral and maxillofacial pathology, oral and maxillofacial
30 radiology, oral and maxillofacial surgery, oral medicine, orofacial pain, orthodontics and dentofacial
31 orthopedics, pediatric dentistry, periodontics, and prosthodontics. The Review Committee on Postdoctoral
32 General Dentistry reviews programs in advanced education in general dentistry and general practice
33 residency; content experts from each of these areas are represented on the Committee. The Predoctoral
34 Dental Education Review Committee reviews programs in predoctoral dental education and dental therapy
35 education; content experts from each of these areas are represented on the Committee. The Review
36 Committees function to ensure the quality of predoctoral, advanced, and allied dental education programs
37 accredited by the Commission is maintained; they are advisory to the Commission on matters of
38 accreditation policy and program review.

39
40 As predoctoral, advanced, and allied dental education and practice continues to evolve, the Board of
41 Commissioners may consider a change in its composition, consistent with its *Rules*. The Board may also
42 modify the number or composition of its Review Committees. Such changes may be necessary to reflect
43 changes in the makeup of the dental profession workforce and to provide standards and quality accreditation
44 services to the educational programs in these areas.

45
46 For example, changes to the Board of Commissioners or Review Committees may be considered by the
47 Board of Commissioners under the following circumstances:

- 48 • When a new dental workforce or discipline is recognized by a nationally accepted agency.

- 1 • When development of accreditation standards or accreditation services for a new or existing dental
- 2 workforce or discipline cannot be supported by the existing structure(s).
- 3 • When the Board of Commissioners identifies the need to modify its composition or that of a Review
- 4 Committee(s).

5
6 Procedure for Requesting a New Review Committee and/or Commissioner Position:

- 7 • A request is submitted to the Commission for either a new Review Committee and/or Commissioner
- 8 position.
- 9 • The Chair of the Commission may refer the request to the appropriate standing committee and/or
- 10 review committee(s) for evaluation or may present the request to the Commission at its next
- 11 regularly scheduled meeting.
- 12 • If referred to a committee, the committee considers the request and provides a recommendation to
- 13 the Commission.
- 14 • The Commission considers the report and recommendation of standing/review committee(s) or
- 15 considers the request directly as presented by the chair and makes a final determination.
- 16 • If the Commission approves the request and directs a new Review Committee, a period of
- 17 implementation and training will also be provided. If a modification to the existing composition of
- 18 the Board of Commissioners is approved, the Commission's *Rules* will be modified.

19 Revised: 2/21; 8/18; 8/17; 2/16; **Reaffirmed: 8/22**; Adopted 8/14

20
21
22 D. POLICY ON REMOVAL OF COMMISSION, REVIEW COMMITTEE,
23 AND APPEAL BOARD MEMBERS
24

25 Pursuant to the *Rules* of the Commission on Dental Accreditation, the Commission may remove from office
26 a member of the Commission, Review Committee, or Appeal Board for cause. The causes for removal from
27 office are documented within the Commission's *Rules*. Before a member is removed for cause, the following
28 procedures shall be followed by the Board of Commissioners:

29
30 The Chair of the Board of Commissioners shall notify the accused member in writing of the allegations
31 concerning the member's performance. The written notice shall include a description of the conduct
32 purported to constitute each charge. The accused shall be invited to respond in writing. If the accused
33 member wishes, he or she may resign the position voluntarily or may request the opportunity to appear
34 before the Board to respond to the allegations received. If an appearance is requested, the Board shall
35 schedule it during the next meeting of the Board.

36
37 If the Commission, Review Committee, or Appeal Board on which the accused holds an office is
38 scheduled to meet before the date of the appearance, the Board of Commissioners at its discretion
39 may excuse the accused member from attending that meeting only after the Board of Commissioners
40 offers the accused an opportunity to be heard or where it determines that compelling reasons exist for
41 excusal. It shall specify the reasons for excusal in writing.

42
43 Formal rules of evidence shall not apply to the appearance to discuss the allegations made, but if
44 requested, the Board of Commissioners shall permit the accused member to be assisted by legal counsel.
45 Following the appearance, the Board shall decide by majority vote whether or not to remove the
46 accused member. Every decision, which results in removal of a Commission, Review Committee, or
47 Appeal Board member for cause, shall be reduced to writing and shall specify the findings of fact
48 which support the decision to remove the accused members. If the Board of Commissioners decides to

1 remove the accused, that action shall create a vacancy on that Commission, Review Committee, or
 2 Appeal Board which shall be filled in accordance the appropriate provisions in these *Rules*. All records
 3 of the proceedings and the cause for removal shall be confidential information.
 4

5 The Commission on Dental Accreditation shall provide notice to the ADA Board of Trustees once the
 6 Commission acts to remove a member for cause.

7 Revised 10/18; Reaffirmed: 8/22; Adopted: 8/18
 8
 9

10 E. POLICY ON PUBLIC STATEMENTS

11
 12 **Public Statements:** The current Commission Chair, Vice-chair, and Director have the sole authority to
 13 speak on behalf of the Commission. No current or former Commission volunteer, including members of
 14 the Board of Commissioners, the Review Committees, the Appeal Board, and Consultants/Site Visitors
 15 may issue a public statement, or serve on an external committee as a spokesperson in the name of the
 16 Commission.
 17

18 In their capacity as educators and practitioners, Commission volunteers may be asked from time to time
 19 by an external agency to participate in activities related to dental education and accreditation. If a
 20 Commission volunteer serves in this capacity, they must disclose to the external agency and the
 21 Commission their plan to participate, the role they will serve, and a disclosure statement that they do not
 22 speak on behalf of the Commission.
 23

24 Reaffirmed: 8/22; Adopted: 1/20
 25
 26

27 F. COMMISSION COMMITTEES

28 The Commission on Dental Accreditation has six (6) standing committees: Quality Assurance and Strategic
 29 Planning, Documentation and Policy Review, Finance, Nomination, Communication and Technology, and
 30 International Accreditation (Predoctoral only). Additionally, ad hoc committees and other committees and
 31 task forces may be formed to address specific issues or concerns. An ad hoc committee functions until the
 32 issue is resolved or until it becomes a standing committee of the Commission.
 33

34 Occasionally, a Commissioner may be asked to serve on other task forces or joint committees that could
 35 include representatives from the American Dental Association, the American Dental Education Association
 36 or other organizations.
 37

38 The charge to each of the Commission's standing committees follows:
 39

40 **Quality Assurance and Strategic Planning**

- 41 • Develop and implement an ongoing strategic planning process;
- 42 • Develop and implement a formal program of outcomes assessment tied to strategic planning;
- 43 • Use results of the assessment processes to evaluate the effectiveness of the Commission and make
 44 recommendations for appropriate changes, including the appropriateness of its structure;
- 45 • Monitor USDE, and other quality assurance organizations e.g. Council on Higher Education
 46 Accreditation (CHEA), American National Standards Institute/International Organization for
 47 Standardization (ANSI/ISO), and International Network for Quality Assurance Agencies in Higher
 48 Education (INQAAHE) for trends and changes in parameters of quality assurance; and

- 1 • Monitor and make recommendations to the Commission regarding changes that may affect its
2 operations, including expansion of scope and international issues.
3

4 **Documentation and Policy Review**

- 5 • Ensure all Commission documents reflect consistency in application of Commission policies, and that
6 relevant sections of accreditation standards are consistent across disciplines;
7 • Review and consolidate the recommendations of all review committees into standard language for the
8 Commission's consideration for adoption, when new or revised standards are proposed and will impact
9 more than one discipline; and
10 • Develop Commission policies and procedures contained in the Evaluation and Operational Policies and
11 Procedures manual.
12 • Periodically review current Commission policies and procedures to ensure that they are current and
13 relevant.
14

15 **Nomination**

- 16 • Review nominations and make recommendations for appointment of consumer/public members to the
17 Commission;
18 • Review nominations and make recommendations for appointment of individuals to Review Committees
19 of the Commission;
20 • Ensure the pre-nomination education process provides information regarding expectations and duties of
21 commissioners, review committee members, and site visitors; and
22 • Periodically review nomination and selection criteria and make recommendations for changes if
23 necessary, consistent with the Commission's strategic plan and policies.
24

25 **Finance**

- 26 • Monitor, review and make recommendations to the Commission concerning the annual budget, provide
27 administrative oversight of the administrative fund, and review and make recommendations regarding
28 the Intercompany Memorandum of Understanding and Services Agreement.
29

30 **Communication and Technology**

- 31 • Evaluate and recommend alternative methods, including the use of enhanced technology, for monitoring
32 programs' continuous compliance with the standards;
33 • Evaluate and recommend new technological advances in accreditation for reporting and management of
34 information, allowing accreditation to move toward the concepts of continuous assessment, data
35 collection, and readiness;
36 • Monitor technological trends in alternative site visit methods;
37 • Develop and implement strategies to increase the effectiveness, quality, content, and processes of
38 communication with all the Commission's communities of interest;
39 • Ensure that Commission communications strategies allow for transparency and accountability; and
40 • Oversee the publication of the e-newsletter, the CODA Communicator, with emphasis on
41 communicating the value/outcomes of accreditation.
42

43 **International Accreditation (Predoctoral only)**

- 44 • Provide international consultation fee-based services to international predoctoral dental education
45 programs, upon request.
46 • Develop and implement international consultation policies and procedures to support the international
47 consultation program.

- 1 • Monitor and make recommendations to the Commission regarding changes that may affect its
2 operations related to international issues.

3 Revised: 1/20; 2/19; 8/17; 2/16; Reaffirmed: 8/22; Adopted: 8/10
4

5 G. MATERIALS AVAILABLE FROM THE COMMISSION

6
7 These materials are available from the Commission on Dental Accreditation upon request.

- 8 • Application for initial accreditation for each discipline
9 • Accreditation standards documents for each discipline
10 • Self-study documents for each discipline
11 • Accredited Program Listing:
12 ○ Predoctoral Dental Education Programs,
13 ○ Allied Dental Education Programs, and
14 ○ Advanced Dental Education Programs
15 • Annual Reports for Predoctoral Advanced, and Allied Dental Education are available online, including:
16 ○ Supplement: Dental School Tuition, Admission and Attrition
17 ○ Supplement: Dental School Faculty and Support
18 ○ Supplement: Dental School Trends
19 ○ Supplement: Dental School Curriculum, Clock Hours of Instruction

20 Reports listed as confidential include information which was collected with the understanding that the
21 reports would not identify specific educational institutions. Thus, these reports use randomly assigned code
22 numbers for each predoctoral dental education program rather than the name of the institution. Confidential
23 reports include the Supplement: Analysis of Dental School Finances - Financial Report

- 24 • Guidelines:
25 ○ Preparation of Reports (Response to Site Visit Reports and Progress Reports)
26 ○ Submitting Teach-Out Reports by Institutions Discontinuing or Closing Commission-Accredited
27 Educational Programs Preparing Phase-out Reports by Institutions Terminating Educational Programs
28 ○ Preparing Requests for Transfer of Sponsorship
29 ○ Reporting Program Changes in Accredited Programs
30 ○ Documentation Guidelines for Selected Recommendations (in site visit reports)
31 ○ Requesting an Enrollment Increase (predoctoral and advanced)
32 ○ Reporting and Approval of Sites Where Educational Activity Occurs (Adopted 2/16)
33 ○ Electronic Submission of Documents
34 ○ Privacy and Data Security Requirements for Institutions
35 ○ Privacy and Data Security Requirements for International Institutions
36 • Outcomes Assessment - a resource packet on assessing outcomes

37 Revised: 8/17; Reaffirmed: 8/22
38

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

2
3 D. CRITERIA FOR CONSIDERATION OF AN APPLICATION FOR GRANTING
4 ACCREDITATION

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

- 10 a. A dean/program director/program administrator, as applicable, who meets the requirements
11 of the discipline-specific standards, has been ~~employed~~ appointed at the time the application
12 is submitted and at least six (6) months prior to a projected accreditation site visit. Should
13 the dean/program director/program administrator change during the application review, the
14 program must notify the Commission immediately and a delay of six (6) months for a
15 projected site visit (should one have been directed) will be applied.
- 16 b. The program is sponsored by an institution that, at the time of the application, complies with
17 the discipline-specific accreditation standards related to institutional accreditation.
- 18 c. A strategic plan/outcomes assessment process, which will regularly evaluate the degree to
19 which the program's stated goals and objectives are being met, is developed and
20 documented, including the program's expected measures for student/resident/fellow
21 achievement and schedule for ongoing program review.
- 22 d. The long and short-term financial commitment of the institution to the program is
23 documented and is sufficient to support the program's stated goals and objectives during
24 development and long-term.
- 25 e. If the program will rely on support from entities outside of the institution, c~~Contractual~~
26 agreements are drafted and signed providing assurance that a program dependent upon the
27 resources of a variety of institutions and/or extramural clinics and/or other entities has
28 adequate support. The program must document that support from outside entities does not
29 compromise its authority as the sponsor of the program.
- 30 f. Policies related to A~~defined~~ student/resident/fellow admission process and due process
31 procedures are developed and documented.
- 32 g. A projection of the number, qualifications, assignments and appointment dates of faculty is
33 developed and is sufficient to support the program during development and long-term. The
34 program must provide evidence of availability of adequate faculty and a hiring plan.
- 35 h. An explanation is included of how the curriculum was developed including who developed
36 the curriculum and the philosophy underlying the curriculum. If curriculum materials are
37 based on or are from an established education program, ~~there must be~~ documentation that
38 permission was granted to use these materials is provided.
- 39 i. The curriculum must be mapped for all years of the program, including documentation of all
40 competencies that will be required in each course. Curriculum materials for each course in
41 all years of the program must be presented and include ~~with~~ general ~~course~~ and specific
42 course and instructional objectives, learning activities, evaluation instruments (including, as

1 applicable, ~~laboratory evaluation forms~~, sample tests, quizzes, and grading criteria). All
 2 evaluation instruments for laboratory, pre-clinical, clinical, and clinical enrichment
 3 experiences are developed and included.

4 ~~j. Evaluation instruments for laboratory, pre-clinical, clinical, and clinical enrichment~~
 5 ~~experiences are developed.~~

6 j. k. Class schedule(s) for all years noting how each class will utilize the facility are developed
 7 and provided, including a mapping of facility utilization when the program is in full
 8 operation. If the capacity of the facility does not allow all students/residents/fellows to be in
 9 laboratory, pre-clinical laboratory and/or clinic at the same time, a plan documenting how
 10 students/residents/fellows will spend laboratory, pre-clinical and/or clinical education
 11 sessions has been developed and is included.

12 k. As applicable, formal diagrams or blueprints of the didactic, laboratory, pre-clinical
 13 laboratory and clinical facilities, and equipment needs are developed to support the
 14 anticipated enrollment date. An equipment procurement timeline and/or construction
 15 timeline has been developed and documented to support the anticipated enrollment date.

16 l. As applicable, policies and procedures related to such as clinical operation including but not
 17 limited to a patient recruitment system; patient classification system; an ionizing radiation,
 18 policy; an infection control and hazardous material, and bloodborne and infectious diseases
 19 policy; and a student/resident tracking system are developed and documented.

20 m. As applicable, the adequacy of the patient caseload in terms of size, variety and scope to
 21 support required clinical experiences is available and documented. The program's patient
 22 classification system, patient recruitment system, and student/resident/fellow patient
 23 experience tracking system are developed and documented.

24 ~~n. Class schedule(s) noting how each class will utilize the facility are developed.~~

25 ~~o. As applicable, diagrams or blueprints of the didactic, laboratory, pre-clinical laboratory and~~
 26 ~~clinical facilities, and equipment needs are developed to support the anticipated enrollment~~
 27 ~~date.~~_____

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

29
 30 **B. APPLICATION FOR ACCREDITATION FOR FULLY OPERATIONAL PROGRAMS**
 31 **WITH ENROLLMENT AND WITHOUT ACCREDITATION**

32 Those programs that have graduated at least one class of students/residents and are enrolling
 33 students/residents in every year of the program are considered fully operational. These programs
 34 will complete the self-study document and will be considered for the accreditation status of
 35 “approval with reporting requirements” or “approval without reporting requirements” following
 36 a comprehensive site visit (Please see procedures for the conduct of a comprehensive site visit).
 37 Students/Residents who are enrolled in the program at the time accreditation is granted, and who
 38 successfully complete the program, will be considered graduates of an accredited program.
 39 Students/Residents who graduated from the program prior to the granting of accreditation will
 40 not be considered graduates of an accredited program.
 41

1 Because accreditation is voluntary, a program may withdraw its application for accreditation at
2 any time prior to the Commission taking action regarding an accreditation status. When an
3 accreditation status has been granted, the program has the right to ask that the status be
4 discontinued at any time for any reason.

5
6 Upon request, the Commission office will provide more specific information about types of
7 programs, application forms, deadlines for submission and accreditation standards. Program
8 administrators and faculty are encouraged to consult with Commission staff during this initial
9 process.

10
11 An application fee must be submitted with a program's application for accreditation. Programs
12 should contact the Commission office for the current fee schedule.

13
14 The following steps apply:

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

1 accreditation status.

- 2 9. The Commission’s action regarding accreditation status and the final site visit report are
3 transmitted to the institution within thirty (30) days of the Commission’s meeting.
4

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

10 Revised: 8/22; 2/22; 2/21; 8/16; 2/16; 8/13; 7/08; Reaffirmed: 8/18; 8/13; 8/10; Adopted: 8/02
11

12 C. APPLICATION FOR INITIAL ACCREDITATION FOR DEVELOPING PROGRAMS
13

14 A program which has not enrolled and graduated at least one class of students/residents and does not
15 have students/residents enrolled in each year of the program is defined by the Commission as
16 “developing.” The same review steps that apply for Application for Accreditation for Fully
17 Operational Programs with Enrollment and Without Accreditation apply to Application for Initial
18 Accreditation for Developing Programs.
19

20 The developing program must not enroll students/residents until initial accreditation status has
21 been obtained. Once a program is granted “initial accreditation” status, a site visit will be
22 conducted in the second year of programs that are four or more years in duration and again prior
23 to the first class of students/residents graduating. Programs that are less than four (4) years in
24 duration will be site visited again prior to the first class of students/residents graduating.
25

26 An institution which has made the decision to initiate and seek accreditation for a program that
27 falls within the Commission on Dental Accreditation’s purview is required to submit an
28 application for accreditation. “Initial accreditation” status may then be granted to programs
29 which are developing, according to the accreditation standards.
30

31 Because accreditation is voluntary, a program may withdraw its application for accreditation at
32 any time prior to the Commission taking action regarding an accreditation status. The initial
33 accreditation status is granted based upon one or more site evaluation visit(s) and until the
34 program is fully operational. When an accreditation status has been granted, the program has the
35 right to ask that the status be discontinued at any time for any reason.
36

37 Upon request, the Commission office will provide more specific information about types of
38 programs, application forms, deadlines for submission and accreditation standards. Program
39 administrators and faculty are encouraged to consult with Commission staff during this initial
40 process.
41

42 An application fee must be submitted with a program’s application for initial accreditation.

1 Programs should contact the Commission office for the current fee schedule.

2
3 The following steps apply:

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

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

41 Revised: 8/22; 2/22; 2/21; 8/16; 2/16; 8/13; 7/08, 8/02, 7/01; Reaffirmed: 8/18; 8/13; 8/11, 8/10

42

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

3 An additional purpose of accreditation recognized by the United States Department of
4 Education (USDE) is the protection of the public through the identification of qualified
5 personnel to staff the health care system. Therefore, the Commission on Dental
6 Accreditation established accreditation classifications, which have proven to be acceptable to
7 educational institutions. Published definitions are a widely recognized means for carrying
8 out accreditation functions.
9

10 “Initial accreditation” status is an accreditation classification that is applicable to developing
11 programs. It is granted when a proposed or developing program demonstrates that it has the
12 potential to meet the accreditation standards.
13

14 For this reason, the Commission is firm in its policy that the developing program must not
15 enroll students/residents until “initial accreditation” status has been obtained. If a program
16 enrolls students/residents without first having been granted “initial accreditation” status, the
17 Commission will not accept the application for accreditation until after the first enrolled class
18 has graduated. In addition, the Commission expects that the program will notify all
19 students/residents enrolled of the possible ramifications of enrollment in a program operating
20 without accreditation. The Commission will also notify the applicable state board of
21 dentistry.
22

23 When “initial accreditation” status is denied and the program wishes to reapply, it is the
24 responsibility of the institution to make use of all possible resources, including consultation
25 with the Commission on Dental Accreditation. (Refer to the Policy on Public Disclosure and
26 Confidentiality for additional information regarding the announcement of an action to deny
27 accreditation).
28

29 Revised: 2/16; 7/08, 8/02, 7/96; Reaffirmed: 8/18; 8/13; 8/10, 7/07, 7/01; CDE: 12/74:19
30

31 **2. Time Limitation For Initial Accreditation:**

32 The classification of “initial accreditation” granted to dental and dental-related educational
33 programs will be terminated at the end of two (2) years following the projected enrollment
34 date if students/residents have not been enrolled. (See the Commission’s Policy on
35 Non-Enrollment of First Year Students for further information).
36

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

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

2

3

POLICY ON INTERRUPTION OF EDUCATION

4 Interruption of an educational program due to unforeseen circumstances that requires a
5 modification of the program, the curriculum, or take faculty, administrators or students away
6 from the program is a potentially serious problem. If such interruption may compromise the
7 quality and effectiveness of education, the Commission must be notified in writing ~~of any such~~
8 ~~disruption~~.

9

10 If the interruption results in modification of the program, instructional time, or curriculum
11 content, for example, the institution must provide a comprehensive plan for how the loss of
12 instructional time will be addressed and how the program will continue to comply with the
13 Accreditation Standards during the period of interruption of education. If the program's
14 modifications result in the same student/resident/fellow achievement experiences and
15 requirements and can be completed without extension of the overall program length, an
16 interruption report is not required. When an interruption occurs, Commission staff should be
17 consulted to determine reporting requirements.

18

19 A program which experiences an interruption of longer than two (2) years will be notified of the
20 Commission's intent to withdraw accreditation at its next scheduled meeting unless the
21 institution applies for and is granted extension for good cause by the Commission.

22

23 Modification of the program due to an interruption of education will be viewed by the
24 Commission as a temporary solution to maintain educational quality and compliance with
25 Accreditation Standards. Following the interruption of education, should the program
26 subsequently decide to permanently implement a change, the program must submit a formal
27 Report of Program Change for consideration by the Commission.

28

29 Revised: 8/22; 2/22; 8/15; 8/10, 5/91, 1975; Reaffirmed: 8/20; 7/07, 7/01

30

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

2
3 **VI. COMPLAINTS**

4
5 **A. DEFINITION**

6
7 A complaint is defined by the Commission on Dental Accreditation as one alleging that a Commission-
8 accredited educational program, a program which has an application for initial accreditation pending, or
9 the Commission may not be in substantial compliance with Commission standards or required
10 accreditation procedures.

11
12 **B. PROGRAM REQUIREMENTS AND PROCEDURES**

13
14 **NOTICE OF OPPORTUNITY TO FILE COMPLAINTS:** In accord with the U.S. Department of
15 Education's Criteria and Procedures for Recognition of Accrediting Agencies, the Commission requires
16 accredited programs to notify students of an opportunity to file complaints with the Commission.

17
18 Each program accredited by the Commission on Dental Accreditation must develop and implement a
19 procedure to inform students of the mailing address and telephone number of the Commission on Dental
20 Accreditation. The notice, to be distributed at regular intervals, but at least annually, must include but is
21 not necessarily limited to the following language:

22
23 The Commission on Dental Accreditation will review complaints that relate to a program's
24 compliance with the accreditation standards. The Commission is interested in the sustained quality
25 and continued improvement of dental and dental-related education programs but does not intervene
26 on behalf of individuals or act as a court of appeal for treatment received by patients or individuals
27 in matters of admission, appointment, promotion or dismissal of faculty, staff or students.

28
29 A copy of the appropriate accreditation standards and/or the Commission's policy and procedure for
30 submission of complaints may be obtained by contacting the Commission at 211 East Chicago Avenue,
31 Chicago, IL 60611-2678 or by calling 1-312-440-4653.

32
33 The accredited program must retain in its files information to document compliance with this policy so
34 that it is available for review during the Commission's on-site reviews of the program.

35
36 **REQUIRED RECORD OF COMPLAINTS:** The program must maintain a record of student complaints
37 received since the Commission's last comprehensive review of the program.

38
39 At the time of a program's regularly scheduled on-site evaluation, visiting committees evaluate the
40 program's compliance with the Commission's policy on the Required Record of Complaints. The team
41 reviews the areas identified in the program's record of complaints during the site visit and includes
42 findings in the draft site visit report and note at the final conference.

43 Revised: 2/13, 8/02, 1/9; Reaffirmed: 8/21; 8/15; 8/10, 7/09, 7/08, 7/07, 7/04, 7/01, 7/96; CODA:01/94:64

44
45 **C. COMMISSION LOG OF COMPLAINTS**

1
2 A log is maintained of all complaints received by the Commission. A central log related to each
3 complaint is maintained in an electronic data base. Detailed notes of each complaint and its disposition
4 are also maintained in individual program files.

5 Revised: 8/10, 7/06, 7/02, 7/00, 7/96; Reaffirmed: 8/21; 8/15; CODA: 01/95:5

6
7 **D. POLICY AND PROCEDURE REGARDING INVESTIGATION OF COMPLAINTS AGAINST**
8 **EDUCATIONAL PROGRAMS**
9

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

14
15 The Commission will consider formal, written, signed complaints using the procedure noted in the section
16 entitled “Formal Complaints.” Unsigned comments/complaints will be considered “anonymous
17 comments/complaints” and addressed as set forth in the section entitled “Anonymous
18 Comments/Complaints.” Oral comments/complaints will not be considered.

19
20 **Formal Complaints**

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

26
27 **1. Investigative Procedures for Formal Complaints:** Students, faculty, constituent dental societies, state
28 boards of dentistry, patients, and other interested parties may submit an appropriate, signed, formal
29 complaint to the Commission on Dental Accreditation regarding any Commission accredited dental, allied
30 dental or advanced dental education program, or a program that has an application for initial accreditation
31 pending. An appropriate complaint is one that directly addresses a program’s compliance with the
32 Commission’s standards, policies and procedures. The Commission is interested in the continued
33 improvement and sustained quality of dental and dental-related education programs but does not intervene
34 on behalf of individuals or act as a court of appeal for treatment received by patients or individuals in
35 matters of admission, appointment, promotion or dismissal of faculty, staff or students.

36
37 In accord with its responsibilities to determine compliance with accreditation standards, policies, and
38 procedures, the Commission does not intervene in complaints as a mediator but maintains, at all times, an
39 investigative role. This investigative approach to complaints does not require that the complainant be
40 identified to the program.

41
42 The Commission, upon request, will take every reasonable precaution to prevent the identity of the
43 complainant from being revealed to the program; however, the Commission cannot guarantee the
44 confidentiality of the complainant.

45
46 The Commission strongly encourages attempts at informal or formal resolution through the program’s or

1 sponsoring institution's internal processes prior to initiating a formal complaint with the Commission. The
2 following procedures have been established to manage complaints:

3
4 When an inquiry about filing a complaint is received by the Commission office, the inquirer is provided a
5 copy of the Commission's Evaluation and Operational Policies and Procedures Manual which includes the
6 policies and procedures for filing a complaint and the appropriate accreditation standards document.

7
8 The initial screening is usually completed within thirty (30) days and is intended to ascertain that the
9 potential complaint relates to a required accreditation policy or procedure (i.e. one contained in the
10 Commission's Evaluation and Operational Policies and Procedure Manual) or to one or more accreditation
11 standard(s) or portion of a standard which have been or can be specifically identified by the complainant.

12
13 Written correspondence clearly outlines the options available to the individual. It is noted that the burden
14 rests on the complainant to keep his/her identity confidential. If the complainant does not wish to reveal
15 his/her identity to the accredited program, he/she must develop the complaint in such a manner as to
16 prevent the identity from being evident. The complaint must be based on the accreditation standards or
17 required accreditation procedures. Submission of documentation which supports the noncompliance is
18 strongly encouraged.

19
20 When a complainant submits a written, signed statement describing the program's noncompliance with
21 specifically identified policy(ies), procedure(s) or standard(s), along with the appropriate documentation,
22 the following procedure is followed:

- 23
24 1. The materials submitted are entered in the Commission's database and the program's file and
25 reviewed by Commission staff. At this point, the complaint is the property of the Commission and
26 may not be withdrawn by the complainant for the purposes of the Commission's review.
- 27 2. Legal counsel, the Chair of the appropriate Review Committee, and the applicable Review Committee
28 members may be consulted to assist in determining whether there is sufficient information to proceed.
- 29 3. If the complaint provides sufficient evidence of probable cause of noncompliance with the standards
30 or required accreditation procedures, the complainant is so advised and the complaint is investigated
31 using the procedures in the following section, formal complaints.
- 32 4. If the complaint does not provide sufficient evidence of probable cause of noncompliance with the
33 standard(s) or required accreditation policy(ies), or procedure(s), the complainant is so advised. The
34 complainant may elect:
- 35 a. to revise and submit sufficient information to pursue a formal complaint; or
36 b. not to pursue the complaint. In that event, the decision will be so noted and no further action will
37 be taken.
- 38

39 Initial investigation of a complaint may reveal that the Commission is already aware of the program's
40 noncompliance and is monitoring the program's progress to demonstrate compliance. In this case, the
41 complainant is notified that the Commission is currently addressing the noncompliance issues noted in the
42 complaint. The complainant is informed of the program's accreditation status and how long the program
43 has been given to demonstrate compliance with the accreditation standards.

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

45

46

- 1 **2. Formal Complaints:** Formal complaints (as defined above) are investigated as follows:
- 2 1. The complainant is informed in writing of the anticipated review schedule.
- 3 2. The Commission informs the chief administrative officer (CAO) of the institution sponsoring the
- 4 accredited program that the Commission has received information indicating that the program's
- 5 compliance with specific required accreditation policy(ies), procedure(s) or designated standard(s)
- 6 has been questioned.
- 7 3. Program officials are asked to report on the program's compliance with the required policy(ies),
- 8 procedure(s) or standard(s) in question by a specific date, usually within thirty (30) days.
- 9 a. For standard(s)-related complaints, the Commission uses the questions contained in the
- 10 appropriate sections of the self-study to provide guidance on the compliance issues to be
- 11 addressed in the report and on any documentation required to demonstrate compliance.
- 12 Additional guidance on how to best demonstrate compliance may also be provided to the
- 13 program.
- 14 b. For policy(ies) or procedure(s)-related complaints, the Commission provides the program with
- 15 the appropriate policy or procedural statement from the Commission's Evaluation and
- 16 Operational Policies and Procedures Manual. Additional guidance on how to best demonstrate
- 17 compliance will be provided to the program. The Chair of the appropriate Review Committee
- 18 and/or legal counsel may assist in developing this guidance.
- 19 4. Receipt of the program's written compliance report, including documentation, is acknowledged.
- 20 5. The appropriate Review Committee and the Commission will investigate the issue(s) raised in the
- 21 complaint and review the program's written compliance report at the next regularly scheduled
- 22 meeting. In the event that waiting until the next meeting would preclude a timely review, the
- 23 appropriate Review Committee(s) will review the compliance report in a telephone conference call(s).
- 24 The action recommended by the Review Committee(s) will be forwarded to the Commission for mail
- 25 ballot approval in this later case.
- 26 6. The Commission may act on the compliance question(s) raised by the complaint by:
- 27 a. determining that the program continues to comply with the policy(ies), procedure(s) or
- 28 standard(s) in question and that no further action is required.
- 29 b. determining that the program may not continue to comply with the policy(ies), procedure(s) or
- 30 standard(s) in question and going on to determine whether the corrective action the program
- 31 would take to come into full compliance could be documented and reported to the Commission in
- 32 writing or would require an on-site review.
- 33 i. If by written report: The Commission will describe the scope and nature of the problem and
- 34 set a compliance deadline and submission date for the report and documentation of
- 35 corrective action taken by the program.
- 36 ii. If by on-site review: The Commission will describe the scope and nature of the problem and
- 37 determine, based on the number and seriousness of the identified problem(s), whether the
- 38 matter can be reviewed at the next regularly scheduled on-site review or whether a special
- 39 on-site review will be conducted. If a special on-site review is required, the visit will be
- 40 scheduled and conducted in accord with the Commission's usual procedures for such site
- 41 visits.
- 42 c. determining that a program does not comply with the policy(ies), procedure(s) or standards(s) in
- 43 question and:
- 44 i. changing a fully-operational program's accreditation status to "approval with reporting
- 45 requirements"
- 46 ii. going on to determine whether the corrective action the program would take to come into full

- 1 compliance could be documented and reported to the Commission in writing or would require
2 an on-site review.
- 3 • If by written report: The Commission will describe the scope and nature of the problem
4 and set a compliance deadline and submission date for the report and documentation of
5 corrective action taken by the program.
 - 6 • If by on-site review: The Commission will describe the scope and nature of the problem
7 and determine, based on the number and seriousness of the identified problem(s), whether
8 the matter can be reviewed at the next regularly scheduled on-site review or whether a
9 special on-site review will be conducted. If a special on-site review is required, the visit
10 will be scheduled and conducted in accord with the Commission's usual procedures for
11 such site visits.
- 12 7. Within two weeks of its action on the results of its investigation, the Commission will also:
- 13 a. notify the program of the results of the investigation.
 - 14 b. notify the complainant of the results of the investigation.
 - 15 c. record the action.
- 16 8. The compliance of programs applying for initial accreditation is assessed through a combination of
17 written reports and on-site reviews.
- 18 a. When the Commission receives a complaint regarding a program which has an application for
19 initial accreditation pending, the Commission will satisfy itself about all issues of compliance
20 addressed in the complaint as part of its process of reviewing the applicant program for initial
21 accreditation.
 - 22 b. Complainants will be informed that the Commission does provide developing programs with a
23 reasonable amount of time to come into full compliance with standards that are based on a certain
24 amount of operational experience.

25 Revised: 8/17; 1/98; Reaffirmed: 8/21; 8/15; 8/10, 7/09, 7/04; Adopted: 7/96

26 Anonymous Comments/Complaints

27 An “anonymous comment/complaint” is defined as an unsigned comment/complaint submitted to the
28 Commission. Any submitted information that identifies the complainant renders this submission a formal
29 complaint and will be reviewed as such (e.g. inclusion of a complainant’s name within an email or
30 submitted documentation).
31

32
33 All anonymous complaints will be reviewed by Commission staff to determine linkage to Accreditation
34 Standards or CODA policy and procedures. If linkage to Accreditation Standards or CODA policy is
35 identified, legal counsel, the Chair of the appropriate Review Committee, and the applicable Review
36 Committee members may be consulted to assist in determining whether there is sufficient evidence of
37 probable cause of noncompliance with the standard(s) or required accreditation policy(ies), or
38 procedure(s) to proceed with an investigation. The initial screening is usually completed within thirty (30)
39 days. If further investigation is warranted, the anonymous complaint will be handled as a formal
40 complaint (See Formal Complaints); however, due to the anonymous nature of the submission, the
41 Commission will not correspond with the complainant.
42

43 Anonymous comments/complaints determined to be unrelated to an Accreditation Standard or CODA
44 policies and procedures will not be considered. Anonymous comments/complaints that do not provide
45 sufficient evidence of probable cause of noncompliance with the standard(s) or required accreditation
46 policy(ies), or procedure(s) to proceed, will not be considered. ~~be added to the respective program’s file~~

1 ~~for evaluation during the program's next scheduled accreditation site visit. At the time of the site visit, the~~
2 ~~program and site visit team will be informed of the anonymous comment/complaint. The program will~~
3 ~~have an opportunity to respond to the anonymous comment/complaint; the response will be considered~~
4 ~~during the site visit evaluation. Anonymous comments/complaints will be assessed to determine trends in~~
5 ~~compliance with Commission standards, policies, and procedures. The assessment of findings related to~~
6 ~~the anonymous comments/complaint will be documented in the site visit report.~~

7
8

Revised: 8/22; 2/22; 2/21; Reaffirmed: 8/21; Adopted: 8/17