REPORT OF THE STANDING COMMITTEE ON DOCUMENTATION AND POLICY REVIEW

**Background:** The Standing Committee on Documentation and Policy Review met via virtual meeting on January 6, 2022. Committee members in attendance included: Dr. Scott DeVito (chair), Dr. Joel Berg, Dr. Scott DeRossi, Dr. John Hellstein, Dr. Susan Kass, and Dr. Carol Murdoch-Kinch. Dr. Nancy Rosenthal and Dr. Marshal Titus attended a portion of the meeting. Dr. Sanjay Mallya, vice chair, Commission on Dental Accreditation (CODA), *ex-officio*, also attended the meeting. Dr. Sherin Took, director, and Ms. Kirsten Nadler, Ms. Jennifer Snow, and Ms. Peggy Soeldner, managers, CODA, were in attendance. Ms. Jamie Asher Hernandez, manager, CODA, and Ms. Cathryn Albrecht, senior associate general counsel, CODA/ADA, attended a portion of the meeting.

At this meeting, the Standing Committee discussed CODA directives from their Summer 2021 meeting regarding Institutional Accreditation and Commission Structure and Function, as well as miscellaneous policies identified for review and possible revision outside of their regular review cycle.

**Consideration of Accreditation Standards Related to Institutional Accreditation:** At its Winter 2021 meeting, the Commission on Dental Accreditation considered the report of the Standing Committee on Documentation and Policy Review and learned that the language used by the United States Department of Education (USDE) related to a parent institution’s accreditation changed from “regional” accreditation to “institutional” accreditation, as noted in regulation §602.3 (Definitions). In addition, the Commission learned the USDE’s sole reference to “institutional accreditation” could create confusion when identifying the institutional accreditors that have USDE recognition authority to oversee institutions at the post-secondary, doctoral, and post-doctoral levels. Another concern noted was that the change in USDE language could result in questions regarding the level of degree-granting authority the institution has and its institutional accreditor’s USDE recognition. Therefore, the Commission directed all Review Committees to review and revise their Accreditation Standards, as applicable, to align with USDE terminology related to “institutional accreditation” and to ensure the Accreditation Standards clearly document the appropriate type of accreditor for the discipline, with a report to the Commission’s Summer 2021 meeting. At its Summer 2021 meeting, CODA considered the reports of the individual review committees, as directed. The review committees, with the exception of Advanced Education in General Dentistry, General Practice Residency, Dental Anesthesiology, Oral Medicine and Orofacial Pain (AGDOO) and Predoctoral (PREDOC), recommended the discipline-specific Standard(s) related to institutional accreditation be retained without further modification. The AGDOO RC recommended a revision to the Standards within their purview at the time, which are currently in the review and comment phase and will be considered at the Summer 2022 meetings of the review committee and Commission.
At its Summer 2021 meeting, the PREDOC RC reviewed the Accreditation Standards for Dental Education Programs and the Accreditation Standards for Dental Therapy Education Programs to ensure alignment with USDE terminology related to “institutional accreditation” and to ensure the Accreditation Standards clearly document the appropriate type of accredits for the discipline. Following considerable discussion, the PREDOC RC believed that the Commission’s Standing Committee on Documentation and Policy Review should consider this matter and may wish to develop a general standard for disciplines that reference regional or national accrediting agencies. Therefore, at its Summer 2021 meeting, the PREDOC RC recommended and the Commission directed that the Standing Committee on Documentation and Policy Review consider the concept of “institutional accreditors” and develop standardized language for use in the Accreditation Standards of disciplines that currently cite national or regional accreditation, with a report to the Commission in Winter 2022.

At this meeting, the Standing Committee on Documentation and Policy, through review of background information, noted the disciplines that currently cite national or regional accreditation in their Standards are Dental Assisting, Dental Hygiene, Dental Laboratory Technology, Dental Therapy and Predoctoral Dental Education. The Committee also learned that some of the names of accrediting organizations have changed and may need to be updated in Commission documents. Through discussion, the Standing Committee learned there is no requirement from the USDE to align the language (i.e. regional and national) in the Accreditation Standards with that used by the USDE. However, the Standing Committee acknowledged the importance of ensuring the language and names related to institutional accreditors in the Accreditation Standards is accurate, complete and current. Therefore, the Standing Committee believed the Accreditation Standards for Dental Assisting, Dental Hygiene, Dental Laboratory Technology, Dental Therapy and Predoctoral Dental Education should be reviewed by the applicable Review Committee to ensure language and accrediting agencies included is accurate, complete and current. In addition, the Standing Committee believed that the use of regional and/or national accreditation should be reviewed and replaced, where appropriate, with institutional.

Standing Committee Recommendation: It is recommended that the Commission on Dental Accreditation direct the Review Committees on Dental Assisting, Dental Hygiene, Dental Laboratory Technology, and Predoctoral Dental Education to review the Accreditation Standards within their purview and confirm the language and names of accrediting agencies included is accurate, complete and current, and to review and replace, where appropriate, regional/national accreditation with institutional accreditation, with a report to the Commission at its Summer 2022 meeting.

Consideration of Policies Related to the Commission’s Structure and Function: At its Summer 2021 meeting, the Standing Committee on Documentation and Policy Review discussed a Winter 2021 directive from the Commission based on the report of the Ad Hoc Committee on Review Committee and Commission Structure and Function. At that time, the Commission directed further review of CODA policies and procedures on CODA structure by the appropriate
ad hoc or standing committee, which may include development of policies to initiate a discipline’s oversight within the appropriate existing Review Committee, and require a minimum number of accredited programs and assurance of sufficient volunteers in the discipline, to warrant establishment of a separate Review Committee and additional Commissioner. The Standing Committee learned that CODA’s Chair and Vice Chair directed this work be undertaken by the Standing Committee on Documentation and Policy Review. The Committee also learned that the Commission’s strategic planning process may also include a discussion regarding CODA’s Review Committee and Commission structure and function. Therefore, the Standing Committee believed it may be prudent to postpone further discussion of this matter until after the Commission’s 2022-2026 Strategic Plan is approved, and recommended this matter be placed on the Standing Committee’s Winter 2022 agenda for further consideration. The Commission concurred.

At this meeting, the Standing Committee reviewed the directive from the Summer 2021 meeting, as well as excerpts from the Winter 2021 Report of the Ad Hoc Committee on Review Committee and Commission Structure and Function. Through discussion the Standing Committee noted the concerns of that Ad Hoc Committee related to sustaining a sufficient number of volunteers at all levels of the Commission to ensure its operations and accreditation program. The Standing Committee also learned of the challenge of ensuring adequate discipline-specific review committee members available for review of agenda items on some of the smaller review committees due to conflicts of interest. The Standing Committee learned that replacement discipline-specific experts are appointed to ensure adequate discipline-specific content experts for program reviews. The Committee noted that this topic was considered by the Commission during its Mega Issue Strategic Planning discussion in Summer 2021. Further, the Ad Hoc Committee on Volunteerism is currently reviewing methods by which CODA can address the need for additional public and discipline-specific volunteers at all levels of the Commission. Following considerable discussion, the Standing Committee concluded the situation regarding the number of volunteers, including discipline-specific experts, to serve on all levels of the Commission should be monitored and modifications be made, as required in the future.

Standing Committee Recommendation: It is recommended that the Commission on Dental Accreditation continue to monitor the adequate number of volunteers, including discipline-specific volunteers, to serve on all levels of the Commission including review committees and the Board of Commissioners and consider modifications, as necessary, in the future.

Consideration of Proposed Revisions to Miscellaneous Policies: The Standing Committee considered policies that may warrant revision to ensure they are current, relevant, and align with Commission protocol and practices. Policies reviewed at this time included:

- Review Committees and Review Committee Meetings,
- Commission and Commission Meetings, section on Protocol for Review of Report on Accreditation Status of Educational Programs
• Policy and Procedure for Development and Revision of Accreditation Standards
• Application for Accreditation for Fully Operational Programs With Enrollment and Without Accreditation,
• Application for Initial Accreditation for Developing Programs,
• Criteria for Granting Accreditation
• Policy on Third Party Comments
• Site Visitors
• Reporting Program Changes in Accredited Programs,
• Policy on Interruption of Education
• Policy on Non-Enrollment of First Year Students/Residents,
• Policy on Enrollment Increases in Advanced Dental Education Programs
• Policy and Procedure Regarding Investigation of Complaint Against Educational Programs, section on Anonymous Comments/Complaints.

The Committee also discussed report deadlines and whether the deadlines should be changed.

**Review Committees and Review Committee Meetings:** The Standing Committee reviewed the Review Committees and Review Committee Meetings policy, specifically the section related to Structure. The Standing Committee learned that items “ix” and “x” in the Structure section are referenced due to review committee conflict of interest recusals, particularly discipline-specific review committee members on the smaller review committees. The Committee also learned these two items are unclear and warrant clarification, specifically related to when replacement discipline-specific experts must be appointed for the review committee meeting. Through discussion, the Standing Committee acknowledged the need for discipline-specific experts to be available for each review committee meeting. However, the Standing Committee was unsure if the requirement for at least 50% of the discipline-specific experts available was necessary and believed that recommendations from a review committee with at least one (1) discipline-specific expert, excluding the chair, as well as a quorum may be sufficient. Following lengthy discussion, the Standing Committee believed the proposed revisions to this policy in **Appendix 1** will provide additional clarification and recommend they be approved.

**Commission and Commission Meetings Policy Section on Protocol For Review Of Report On Accreditation Status Of Educational Programs:** The Standing Committee learned the Protocol For Review of Report on Accreditation Status of Educational Programs portion of the Commission and Commission Meetings policy was not completely revised at the time of previous revisions to the Conflict of Interest policy. Therefore, the Committee believed the revision to this portion of the Commission and Commission Meetings policy and presented in **Appendix 1** is editorial in nature and should be made in the EOPP as indicated.

**Policy and Procedure for Development and Revision of Accreditation Standards:** The Standing Committee learned that Step 3.ii of the standards development and revision process, specifically regarding Hearings, warrants revision. Currently, while Hearings continue to be
conducted, they are not necessarily held at the meetings noted. Therefore, the Committee
determined the revision to this portion of the Policy and Procedure for Development and
Revision of Accreditation Standards and presented in Appendix 1 should be made in the EOPP
as indicated to reflect the current process.

**Application for Accreditation for Fully Operational Programs With Enrollment and Without
Accreditation and Application for Initial Accreditation for Developing Programs:** The
Standing Committee reviewed the policies related to application for accreditation of fully
operational and developing programs, specifically the steps for accreditation found in both. The
Committee noted the steps in policy clearly identify that the first opportunity for the Commission
to consider a program, if the application is in order, is 12 to 18 months following formal
acknowledgement of receipt of the application. However, the Committee learned that
clarification regarding the first opportunity for the Commission to consider the program is
warranted, as applicant programs appear to be unfamiliar with CODA’s review process requiring
a site visit in advance of CODA’s consideration. Following discussion, the Standing Committee
believed that the policy should be revised to clarify that provided the application is in order, the
first opportunity for the Commission to consider the program is generally 12 to 18 months
following Commission’s acknowledgement of receipt of the application, initiation of the review
process, and following an initial site visit. Additionally, the Standing Committee learned
occasionally the time frame a preliminary draft site visit report is transmitted to institutions can
exceed four (4) to six (6) weeks as noted in the Policy, for example due to holidays. The
Standing Committee believed removing this specific time frame and leaving the policy flexible
in this regard is reasonable. As a result of the review of these policies, the Standing Committee
recommended the revisions to these policies found in Appendix 1 be approved.

**Criteria for Granting Accreditation:** 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 in
Appendix 1 be approved. The Standing Committee also discussed the implementation of this
revision and believed that applications submitted after June 1, 2022 should comply with the
revised criteria. The Standing Committee also recommended that the Commission direct staff to
further review the criteria for additional revision, including the required components of the
curruculum in item “i” (i.e. general objectives, discipline-specific objectives, course mapping,
Policy on Third Party Comments: The Standing Committee learned that the Policy on Third Party Comments warrants revision to ensure the process for submitting Comments is current and clear, including a clear directive that Comments are not to be sent to the CODA office via US mail but instead should be submitted via email to the appropriate Commission staff. Therefore, the Standing Committee recommended the revisions found in Appendix 1 be approved.

Site Visitors: The Standing Committee reviewed the Site Visitors policy, specifically related to the effective date of site visitor appointments. Currently, site visitor appointments are effective following the ADA Annual Session in the fall, which has been the historical application of this policy. However, it was noted that the Commission appoints site visitors annually at its Winter meeting. Following appointment, those visitors who require training complete CODA’s mandatory training program in June. The timing results in an appointed site visitor who must wait 5-8 months for their term to be active. The Standing Committee learned that the ability to use site visitors who are reappointed and appropriately trained prior to the close of the ADA Annual Session could provide an additional group of volunteers from which CODA can draw upon to support the accreditation program. Therefore, the Standing Committee recommended approval of the revisions to the Site Visitor policy found in Appendix 1.

Reporting Program Changes in Accredited Programs: The Standing Committee reviewed the policy on Reporting Program Changes in Accredited Programs and noted a proposed revision related to reporting changes in the use of off-campus sites. The intent of the proposed revision is to clarify that changes in the use of all off-campus sites must be reported, reviewed by the appropriate Review Committee and approved by the Commission prior to the implementation of the change, not only those not owned by the sponsoring institution as currently noted in the policy. In addition, the Standing Committee reviewed a proposed change related to reporting changes in program leadership, which clarifies that, in addition to changes in program director, changes to the chief executive officer and chief academic officer must also be reported to CODA at least 30 days prior to the anticipated implementation of the change. Following discussion, the Standing Committee agreed the proposed revisions provided further clarification and are warranted. Therefore, the Committee recommended the proposed revisions as noted in Appendix 1 be approved.

Policy on Interruption of Education: 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 found in Appendix 1 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.

**Policy on Non-Enrollment of First Year Students/Residents:** The Standing Committee discussed the proposed revisions of the Policy on Non-Enrollment of First Year Students/Residents. Specifically, the Standing Committee learned that programs without current enrollment may not understand the Commission’s expectations that resources be maintained in the program during periods of non-enrollment. As such, the Committee noted the addition of a statement that the Commission expects a program to comply with accreditation standards during a period of non-enrollment. Additionally, a statement that resources to support a full complement of students/residents must also be maintained during a period of non-enrollment was proposed for addition to the policy. Through discussion, the Standing Committee agreed that the additions are warranted to ensure program resources are maintained to CODA-accredited programs during a period of non-enrollment. Therefore, the Committee believed the proposed revision in Appendix 1 should be approved.

**Policy on Enrollment Increases in Advanced Dental Education Programs:** The Standing Committee learned that advanced dental education disciplines in advanced education in general dentistry, general practice residency, dental anesthesiology, oral medicine, and orofacial pain do not have authorized enrollment; these disciplines follow a process outlined in the Policy on Enrollment Increases in Advanced Dental Education Programs for determining when and how an increase in enrollment must be reported to CODA. The Standing Committee also noted the process to determine when an increase is reported includes consideration of the enrollment at the time of the last site visit and any prior approval of an increase in enrollment. Further, a preliminary review by the discipline-specific review committee chair to determine the requirement for review and approval by the full Commission is also conducted. The Standing Committee learned that the complexity of this process often causes confusion and uncertainty in when and how to report an enrollment increase. Following discussion, the Standing Committee believed input from the affected discipline-specific review committees is warranted and recommended that the Commission direct the Review Committees on Postdoctoral General Dentistry, Dental Anesthesiology, Oral Medicine and Orofacial Pain review the Policy on Enrollment Increases in Advanced Dental Education Programs and consider the implementation of authorized enrollment
for programs in these disciplines for consideration at the Winter 2023 meeting of the Standing Committee on Documentation and Policy and the Commission.

**Policy and Procedure Regarding Investigation of Complaints Against Educational Programs, section on Anonymous Comments/Complaints:** The Standing Committee learned that, on occasion, CODA receives complaints identified as “anonymous” that are unrelated to Accreditation Standards or CODA policies and procedures. The Committee noted that current policy requires that anonymous comments/complaints determined to be unrelated to an Accreditation Standard of CODA policies and procedures will be reviewed at the program’s next accreditation site visit. Through discussion, the Committee confirmed that anonymous comments/complaints that are unrelated to Accreditation Standards or CODA policies and procedures should not be considered, as they are outside of CODA’s purview. The Standing Committee affirmed that anonymous comments/complaints that do not provide sufficient evidence of noncompliance with the standard(s) or required accreditation policy(ies) or procedures, will continue to be retained and reviewed during the program’s next scheduled site visit. Therefore, the Committee determined that the proposed revision found in Appendix 1 provides appropriate clarification and recommended its approval.

**Deadlines for Submission of Reports to CODA:** The Committee engaged in a considerable discussion related to the Commission’s receipt of requested program reports well past the deadline of June 1 and December 1, noting there continues to be a problem that creates a challenge in preparing reports for review by the Review Committees and Commission in a timely manner, particularly if multiple follow-ups with programs is required. The Committee also learned that of late, an inordinate number of unexpected reports (for example, reports of change for which the program has not informed CODA staff of a planned submission) are received on the exact deadline (i.e. June 1 and December 1) and also require follow-up with the programs, making it even more challenging to prepare for Review Committee meetings, which occur little more than five to six weeks following CODA’s June 1 and December 1 deadlines. Through discussion the Standing Committee noted the May 15 and November 15 deadline for the receipt of progress reports and other required follow-up reports reviewed by the Commission at a prior CODA meeting. The Committee also noted the June 1 and December 1 deadline for submission of responses to preliminary draft site visit reports. The Committee discussed the possibility of changing the deadlines for reports, not including responses to preliminary draft site visit reports (due June 1 and December 1), progress reports (due May 15 and November 15), or other reports following CODA action (due May 15 and November 15). The Committee believed that all other reports should be planned well in advance by the program and submitted to the Commission by no later than May 1 and November 1, to ensure appropriate time for preparation, distribution, and review by the Review Committees. Following discussion, the Standing Committee believed the current June 1 and December 1 deadlines for submitting reports to CODA should be changed to May 1 and November 1 and that all appropriate policies and guidelines be immediately changed to reflect this change as noted in Appendix 1.
**Standing Committee Recommendations:** It is recommended that the Commission on Dental Accreditation adopt and implement immediately the proposed revisions to policies found in *Appendix 1, p. 1 to 30*, including the revision of 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 further review and propose changes to the Criteria for Granting Accreditation for consideration at the Summer 2022 meetings of the Standing Committee on Documentation and Policy and the Commission.

It is further recommended that the Commission on Dental Accreditation direct staff to further review and propose changes to the Policy on Interruption of Education for consideration at the Summer 2022 meetings of the Standing Committee on Documentation and Policy and the Commission.

It is further recommended that the Commission on Dental Accreditation direct the Review Committees on Postdoctoral General Dentistry, Dental Anesthesiology, Oral Medicine and Orofacial Pain to review the Policy on Enrollment Increases in Advanced Dental Education Programs and consider the implementation of authorized enrollment for programs in these disciplines, for consideration at the Winter 2023 meeting of the Standing Committee on Documentation and Policy and the Commission.

It is further recommended that the Commission on Dental Accreditation direct the deadlines for submitting reports to CODA found in *Appendix 1, p. 31 to 40* be revised to a new deadline of May 1 and November 1, with immediate implementation, and that the Commission’s EOPP and all appropriate Commission documents be updated, as applicable.

**Commission Action:**

Prepared by: Ms. Peggy Soeldner
MISCELLANEOUS POLICY REVISIONS FOR CONSIDERATION

Underline indicates addition; Strikethrough indicates deletion

A. REVIEW COMMITTEES AND REVIEW COMMITTEE MEETINGS

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

   i. The Commission will appoint all Review Committee members.
      a. Review Committee positions not designated as discipline-specific will be appointed from the Commission where feasible, e.g. a public representative on the Commission could be appointed to serve as the public member on the Dental Laboratory Technology Review Committee; an ADA appointee to the Commission could be appointed to the Dental Assisting Review Committee as the general dentist practitioner.
      b. Discipline-specific positions on Review Committees will be filled by appointment by the Commission of an individual from a small group of qualified nominees (at least two) submitted by the relevant national organization, discipline-specific sponsoring organization or certifying board. Nominating organizations may elect to rank their nominees, if they so choose. If fewer than two (2) qualified nominees are submitted, the appointment process will be delayed until such time as the minimum number of required qualified nominations is received.
      ii. Consensus is the method used for decision making; however if consensus cannot be reached and a vote is required, then the Chair may only vote in the case of a tie (American Institute of Parliamentarians Standard Code of Parliamentary Procedures).
      iii. Member terms will be staggered, four year appointments; multiple terms may be served on the same or a different committee, with a one-year waiting period between terms. A maximum of two (2) terms may be served in total. The one-year waiting period between terms does not apply to public members.
      iv. One public member will be appointed to each committee.
      v. The size of each Review Committee will be determined by the committee’s workload.
      vi. As a committee’s workload increases, additional members will be appointed while maintaining the balance between the number of content experts and non-content experts. Committees may formally request an additional member through New Business at Review Committee/Commission meetings. If an additional member is approved, this member must be a joint nomination from the professional organization and certifying board, as applicable.
      vii. Conflict of interest policies and procedures are applicable to all Review Committee members.
      viii. Review Committee members who have not been on a site visit within the last two (2) years prior to their appointment on a Review Committee should observe at least one site visit within their first year of service on the Review Committee.
ix. In the event that fewer than 50% of discipline-specific experts are present for any one discipline, the decision by a quorum of the Review Committee shall be acceptable. In the case of less than 50% of discipline-specific experts, including the Chair, available for a review committee meeting, for specified agenda items or for the entire meeting, the Review Committee Chair may temporarily appoint an additional discipline-specific expert(s) with the approval of the CODA Director. The substitute should be a previous Review Committee member or an individual approved by both the Review Committee Chair and the CODA Director. The substitute would have the privileges of speaking, making motions and voting.

x. xi. Recommendations to the Commission from the Review Committee must be taken at meetings in which there is both a quorum and at least one (1) discipline-specific expert, other than the Chair, present.

Consent agendas may be used by Review Committees, when appropriate, and may be approved by a quorum of the Review Committee present at the meeting.

Revised: 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

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

A conflict includes, but is not limited to:
- close professional or personal relationship or affiliation with the institution/program or key personnel in the institution/program which may create the appearance of a conflict;
- serving as an independent consultant or mock site visitor to the institution/program;
- being a graduate of the institution/program;
- being a current employee or appointee of the institution/program;
- previously applied for a position at the institution within the last five (5) years;
- being a current student at the institution/program;
- having a family member who is employed by or affiliated with the institution;
- manifesting a professional or personal interest at odds with the institution or program;
- key personnel of the institution/program having graduated from the program of the Commissioner;
- having served on the program’s visiting committee within the last seven (7) years; and/or
- no longer a current employee of the institution or program, but having been employed there within the past five (5) years.

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

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

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

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

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

After the Commission meeting, the Report of Accreditation Status of Education Programs in the minutes of the meeting will include the Commissioners’ identified conflicts.

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

A. POLICY AND PROCEDURE FOR DEVELOPMENT AND REVISION OF ACCREDITATION STANDARDS

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

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

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

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

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

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

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

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

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

Step 2.
   i. Consideration of preliminary document by appropriate Review Committee
   ii. Recommendation by Review Committee for circulation of document to COI by the
       Commission
   iii. Commission authorizes circulation

Step 3.
i. Circulation of preliminary document to COI for review and comment

ii. Hearings are conducted with communities of interest, as appropriate, at ADA Annual Session and ADEA Annual Meeting and additional communities of interest as appropriate

Step 4.

i. Comments from COI compiled by staff

ii. Comments reviewed by appropriate review committee and appropriate changes made

iii. Recommendation by Review Committee to implement changes, or to recirculate for further comment if changes are significant

iv. Commission approves changes and authorizes implementation timeframe or recirculation to COI for comments

v. Steps 3 and 4 can be repeated, depending upon significance of changes. In the case of multiple circulations of proposed revisions, each successive revision will be presented to show all currently proposed changes to the original document, which is the current document in use by the Commission. The title page of the document will provide a chronology of Commission action(s) on revisions. The header on each page will indicate the meeting at which the proposed document was considered by the Commission. In addition, documents for circulation will have line numbers throughout.

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

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

B. APPLICATION FOR ACCREDITATION FOR FULLY OPERATIONAL PROGRAMS

WITH ENROLLMENT AND WITHOUT ACCREDITATION

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

Because accreditation is voluntary, a program may withdraw its application for accreditation at any time prior to the Commission taking action regarding an accreditation status. When an accreditation status has been granted, the program has the right to ask that the status be discontinued at any time for any reason.
Upon request, the Commission office will provide more specific information about types of programs, application forms, deadlines for submission and accreditation standards. Program administrators and faculty are encouraged to consult with Commission staff during this initial process.

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

The following steps apply:

1. An application for accreditation is completed by the program and submitted to the Commission on Dental Accreditation, along with appropriate documentation and application fee. The first opportunity for the Commission to consider the program, provided that the application is in order, the first opportunity for the Commission to consider the program is generally 12 to 18 months following the Commission’s formal acknowledgment of receipt of the application and initiation of the review process, and following an initial site visit.

2. The completed application for accreditation is reviewed to determine whether the program, as proposed, appears to have the potential to meet minimum requirements. The application is considered complete when the Criteria for Granting Accreditation have been addressed as part of the application process.

3. If it is determined that the Criteria for Granting Accreditation have been addressed, a site visit is scheduled four (4) to seven (7) months following completion of the application review.

4. If changes occur within the program between the date of submission of the application and scheduled site visit, the site visit may be delayed.

5. After the site visit has been conducted, the visiting committee submits a draft report to the Commission office.

6. Within four (4) to six (6) weeks following the site visit, the preliminary draft of the site visit report is transmitted to the institution for consideration and comment prior to review by the discipline-specific Review Committee and the Commission.

7. The visiting committee’s report and the institution’s response to the preliminary report are transmitted to the discipline-specific Review Committee for consideration at its meeting prior to the Commission meeting.

8. The Commission then considers the Review Committee’s report and takes action on the accreditation status.

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

**Time Limitation for Review of Applications:** The review of an application will be terminated if an institution fails to respond to the Commission’s requests for information for a period of six (6) months. In this case, the institution will be notified that the application process has been
C. APPLICATION FOR INITIAL ACCREDITATION FOR DEVELOPING PROGRAMS

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

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

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

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

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

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

The following steps apply:

1. An application for accreditation is completed by the program and submitted to the Commission on Dental Accreditation, along with appropriate documentation and application fee. The first opportunity for the Commission to consider the program, provided Provided
that the application is in order, the first opportunity for the Commission to consider the program is generally 12 to 18 months following the Commission’s formal acknowledgment of receipt of the application, and initiation of the review process, and following an initial site visit.

2. The completed application for accreditation is reviewed to determine whether the program, as proposed, appears to have the potential to meet minimum requirements. The application is considered complete when the Criteria for Granting Accreditation have been addressed as part of the application process.

3. If it is determined that the Criteria for Granting Accreditation have been addressed, a site visit is scheduled four (4) to seven (7) months following completion of the application review.

4. If changes occur within the program between the date of submission of the application and scheduled site visit, the site visit may be delayed.

5. After the site visit has been conducted, the visiting committee submits a draft report to the Commission office.

6. Within four (4) to six (6) weeks following the site visit, the preliminary draft of the site visit report is transmitted to the institution for consideration and comment prior to review by the discipline-specific Review Committee and the Commission.

7. The visiting committee’s report and the institution’s response to the preliminary report are transmitted to the discipline-specific Review Committee for consideration at its meeting prior to the Commission meeting.

8. The Commission then considers the Review Committee’s report and takes action on the accreditation status.

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

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

Revised: 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

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

An additional purpose of accreditation recognized by the United States Department of Education (USDE) is the protection of the public through the identification of qualified personnel to staff the health care system. Therefore, the Commission on Dental Accreditation established accreditation classifications, which have proven to be acceptable to educational institutions. Published definitions are a widely recognized means for carrying out accreditation functions.
“Initial accreditation” status is an accreditation classification that is applicable to developing programs. It is granted when a proposed or developing program demonstrates that it has the potential to meet the accreditation standards.

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

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

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

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

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

D. CRITERIA FOR GRANTING ACCREDITATION

The application for accreditation of a dental or dental-related program is considered complete when the following criteria, as applicable, have been adequately addressed in the application.

a. A dean/program director/program administrator, as applicable, who meets the requirements of the discipline-specific standards, has been employed at the time the application is submitted and at least six (6) months prior to a projected accreditation site visit.

b. The program is sponsored by an institution that, at the time of the application, complies with the discipline-specific accreditation standards related to institutional accreditation.

c. A strategic plan/outcomes assessment process, which will regularly evaluate the degree to which the program’s stated goals and objectives are being met, is developed.

d. The long and short-term financial commitment of the institution to the program is documented.

e. Contractual agreements are drafted and signed providing assurance that a program dependent upon the resources of a variety of institutions and/or extramural clinics and/or other entities
has adequate support.

f. A defined student/resident admission process and due process procedures are developed.

g. A projection of the number, qualifications, assignments and appointment dates of faculty is developed.

h. An explanation is included of how the curriculum was developed including who developed the curriculum and the philosophy underlying the curriculum. If curriculum materials are based on or are from an established education program, there must be documentation that permission was granted to use these materials.

i. The first-year curriculum with general course and specific instructional objectives, learning activities, evaluation instruments (including, as applicable, laboratory evaluation forms, sample tests, quizzes, and grading criteria) is developed.

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

j. As applicable, courses for the subsequent years of the curriculum are developed, including general and specific course objectives.

k. If the capacity of the facility does not allow all students to be in laboratory, pre-clinical laboratory and/or clinical at the same time, a plan documenting how students/residents will spend laboratory, pre-clinical and/or clinical education sessions has been developed and is included.

l. As applicable, evaluation instruments for laboratory, pre-clinical, clinical, and clinical enrichment experiences are developed.

l. As applicable, policies and procedures such as a patient recruitment system; patient classification system; an ionizing radiation policy; an infection control policy; and a student/resident tracking system are developed.

m. As applicable, the adequacy of the patient caseload in terms of size, variety and scope to support required clinical experiences is available.

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

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

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

POLICY ON THIRD PARTY COMMENTS

The Commission currently publishes, in its accredited lists of programs, the year of the next site visit for each program it accredits. In addition, the Commission posts its spring and fall site visit announcements on the Site Visit Process and Schedule area of the Commission’s website for those programs being site visited in the current and next year. Special site visits and initial accreditation site visits for developing programs may be scheduled after the posting on the Commission’s website; thus, the specific dates of these site visits may not be available for publication. Parties interested in these specific dates (should they be established) are encouraged
to contact the Commission office. The Commission will request written comments from interested parties on the CODA website.

The United States Department of Education (USDE) procedures require accrediting agencies to provide an opportunity for third-party comment, either in writing or at a public hearing (at the accrediting agencies’ discretion) with respect to institutions or programs scheduled for review. All comments must relate to accreditation standards for the discipline and required accreditation policies. In order to comply with the Department’s requirement on the use of third-party comment regarding program’s qualifications for accreditation or initial accreditation, the following procedures have been developed.

Those programs scheduled for regular review must solicit third-party comments through appropriate notification of communities of interest and the public such as faculty, students, program administrators, dental-related organizations, patients, and consumers at least ninety (90) days prior to their site visit. The notice should indicate the deadline of sixty (60) days for receipt of third-party comments in the Commission office and should stipulate that signed or unsigned comments will be accepted, that names and/or signatures will be removed from comments prior to forwarding them to the program, and that comments must pertain only to the standards for the particular program or policies and procedures used in the Commission’s accreditation process. The announcement may include language to indicate that a copy of the appropriate accreditation standards and/or the Commission’s policy on third-party comments may be obtained by contacting the Commission at 211 East Chicago Avenue, Chicago, IL 60611, or by calling 1-312-440-4653 or by email.

All comments submitted must pertain only to the standards relative to the particular program being reviewed or policies and procedures used in the accreditation process. Comments will be screened by Commission staff for relevancy. Signed or unsigned comments will be considered. For comments not relevant to these issues, the individual will be notified that the comment is not related to accreditation and, where appropriate, referred to the appropriate agency. For those individuals who are interested in submitting comments, requests may be made to the Commission office.

All relevant comments will have names and/or signatures removed and will then be referred to the program at least fifty (50) days prior to the site visit for review and response. A written response from the program should be provided to the Commission office and the visiting committee fifteen (15) days prior to the site visit. Adjustments may be necessary in the site visit schedule to allow discussion of comments with proper personnel. Negative comments received after the established deadline of sixty (60) days prior to the site visit will be handled as a complaint. Any unresolved issues related to the program’s compliance with the accreditation standards will be reviewed by the visiting committee while on-site.
Programs with the status of initial accreditation, and programs seeking initial accreditation must solicit comment through appropriate notification of communities of interest and the public such as faculty, students, program administrators, dental-related organizations, patients, and consumers utilizing the procedures noted above.

On occasion, programs may be scheduled for special focused or special comprehensive site visits and because of the urgency of the visit, solicitation of third-party comments within the ninety (90) day time-frame may not be possible. However, third party comments must be solicited at the time the program is notified of the Commission’s planned site visit, typically sixty (60) days in advance of the visit. In this case, the timeframe for solicitation of third-party comments will be shortened. The notice should indicate the deadline of thirty (30) days for receipt of third-party comments in the Commission office and should stipulate that signed or unsigned comments will be accepted, that names and/or signatures will be removed from comments prior to forwarding them to the program, and that comments must pertain only to the standards for the particular program or policies and procedures used in the Commission’s accreditation process. All relevant comments will have names and/or signatures removed and will then be referred to the program at least twenty (20) days prior to the site visit for review and response. A written response from the program should be provided to the Commission office and the visiting committee ten (10) days prior to the site visit. Adjustments may be necessary in the site visit schedule to allow discussion of comments with proper personnel. Any unresolved issues related to the program’s compliance with the accreditation standards will be reviewed by the visiting committee while on-site. Negative comments received after the established deadline of thirty (30) days prior to the site visit will be handled as a complaint.

Individuals who are interested in submitting third party comments, may contact the Commission office for submission guidance. Third party comments should be emailed to the appropriate Commission staff; comments should not be sent to the Commission office via the US Postal Service.

Revised: 2/22; 8/19; 8/18; 2/18; 2/16; 2/15; 8/13; 8/12, 8/11, 7/09, 8/02, 1/97; Reaffirmed: 8/13; 8/10, 1/03; Adopted: 7/95

J. SITE VISITORS

The Commission uses site visitors with education and practice expertise in the discipline or areas being evaluated to conduct its accreditation program. Nominations for site visitors are requested from national dental and dental-related organizations representing the areas affected by the accreditation process. Self-nominations are accepted. Site visitors are appointed by the Commission annually and may be re-appointed.

During the term of service as a Review Committee member, these individuals should not serve as site visitors for an actual accreditation site visit to an accredited or developing program, unless deemed necessary. Two instances when a review committee member could serve on a site visit
include: 1) an inability to find a site visitor from the comprehensive site visitor list, or 2) when
the review committee believes a member should attend a visit for consistency in the review
process. This applies only to site visits that would be considered by the same review
committee on which the site visitor is serving. Review committee members are prohibited from
serving as independent consultants for mock accreditation purposes. These policies help avoid
conflict of interest in the decision making process and minimize the need for recusals.

During the term of service as a commissioner, these individuals may not independently consult
with a CODA-accredited program or a program applying for CODA accreditation. In addition,
site visitors serving on the Commission may not serve on a site visit team during their terms.

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

Prior to a site visit, a list of site visitors and other participants is reviewed by the
institution/program for conflict of interest or any other potential problem. The
program/institution being site visited will be permitted to remove individuals from the list if a
collision of interest, as described in the Commission’s Conflict of Interest Policy, can be
demonstrated. Information concerning the conflict of interest must be provided in writing clearly
stating the specifics of the conflict.

Site visitors are appointed by the Chair and approved by the institution’s administration, i.e.
dental school dean or program director. The visiting committee conducts the site visit and
prepares the report of the site visit findings for Commission action. The size and composition of
a visiting committee varies with the number and kinds of educational programs offered by the
institution. All visiting committees will include at least one person who is not a member of a
Review Committee of the Commission or a Commission staff member. Two dental hygiene site
visitors shall be assigned to dental school-sponsored dental hygiene site visits.

When appropriate, a generalist representative from a regional accrediting agency may be invited
by the chief executive officer of an institution to participate in the site visit with the
Commission’s visiting committee. A generalist advises, consults and participates fully in
committee activities during a site visit. The generalist’s expenses are reimbursed by the
institution. The generalist can help to ensure that the overall institutional perspective is
considered while the specific programs are being reviewed.

The institution is encouraged to invite the state board of dentistry to send a current member to
participate in the site visit. If invited, the current member of the state board receives the same
background materials as other site visit committee members and participates in all site visit
conferences and executive sessions. The state board of dentistry reimburses its member for
expenses incurred during the site visit.

In addition to other participants, Commission staff member may participate on the visiting
committee for training purposes. It is emphasized that site visitors are fact-finders, who report
committee findings to the Commission. Only the Commission is authorized to take action
affecting the accreditation status.

Revised: 8/19; 2/16; 8/14; 1/03, 1/00, 7/97; Reaffirmed: 8/10, 7/09, 7/07, 7/06, 7/01;
CODA: 07/96:10, 12/83:4

1. Appointments: All site visitor appointments are made annually for one year terms for a
maximum of six consecutive years. Following the maximum appointment period of six
consecutive years, the site visitor may reapply for appointment after one year. In exceptional
circumstances the Review Committee may recommend that the Commission alter an individual’s
term limits. Site visitors assist the Commission in a number of ways, including: developing
accreditation standards, serving on special committees, and serving as site visitors on visits to
predoctoral, advanced dental and allied dental education programs.

The Commission reviews nominations received from its communities of interest, including
discipline-specific sponsoring organizations and certifying boards. Individuals may also self-
nominate. In addition to the mandatory subject expertise, the Commission always requests
nominations of potentially under-represented ethnic groups and women, and makes every effort to
achieve a pool of site visitors with broad geographic diversity to help reduce site visit travel
expenses.

Site visitors are appointed/reappointed annually and required to sign the Commission’s Conflict
of Interest Statement, the Agreement of Confidentiality, the Copyright Assignment, Licensure
Attestation, and the ADA’s Professional Conduct Policy and Prohibition Against Harassment.
Site visitors must also complete annual training and will receive periodic updates on the
Commission’s policies and procedures related to the Health Insurance Portability and
Accountability Act (HIPAA). The Commission office stores these forms for seven (7) years. In
addition, site visitors must comply with training requirements, the ADA’s travel policy and other
CODA Rules and Regulations. The Commission may remove a site visitor for failing to comply
with the Commission’s policies and procedures, continued, gross or willful neglect of the duties
of a site visitor, or other just cause as determined by the Commission.

Subsequent to appointment/reappointment by the Commission, site visitors receive an
appointment letter explaining the process for appointment, training, and scheduling of
Commission site visitors.

Revised: 8/19; 8/18; 8/14; 7/08; Reaffirmed: 8/10, 1/98, 8/02; CODA: 07/94:9, 01/95:10
2. Criteria For Nomination Of Site Visitors: For predoctoral dental education programs, the
Commission solicits nominations for site visitors from the American Dental Education Association
to serve in five of six roles on dental education program site visits. The site visitor roles are Chair,
Basic Science, Clinical Science, Curriculum, and Finance. Nominations for the sixth role, national
licensure site visitor, are solicited from the American Association of Dental Boards.

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

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

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

All site visitors are appointed for a one-year term and may be re-appointed annually for a total of
six consecutive years. Appointments are made at the Winter (January/February) Commission
meeting and become effective upon Commission action and completion of site visitor mandatory
training with the close of the ADA annual session in the Fall.

A. Predoctoral Dental Education: The accreditation of predoctoral dental education
programs is conducted through the mechanism of a visiting committee. Membership
on such visiting committees is general dentistry oriented rather than discipline or
subject matter area oriented. The composition of such committees shall be
comprised, insofar as possible, of site visitors having broad expertise in dental
curriculum, basic sciences, clinical sciences, finance, national licensure (practitioner)
and one Commission staff member. The evaluation visit is oriented to an assessment
of the educational program’s success in training competent general practitioners.

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

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

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

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

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

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

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

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

National Licensure:
• Should be a current clinical board examiner or have served in that capacity within the
previous three (3) years.
• Should have an interest in the accreditation process.

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

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

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

The following are criteria for selection of dental hygiene site visitors:
• a full-time or part-time appointment with a dental hygiene program accredited by the
Commission on Dental Accreditation;
• a baccalaureate or higher degree;
• background in educational methodology;
• accreditation experience through an affiliation with a dental hygiene education program that
has completed a site visit; and
• accreditation experience within the previous three (3) years.

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

D. Allied Dental Education in Dental Assisting: The following are criteria for selection of dental
assisting site visitors:
Standing Committee on Documentation and Policy
Commission Only
CODA Winter 2022

E. Allied Dental Education in Dental Laboratory Technology: The following are criteria for selection of dental laboratory technology site visitors:

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

Revised: 8/18; 8/14; Reaffirmed: 8/19; 8/10; 7/08; CODA: 07/95:

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

• a full-time or part-time appointment with a predoctoral dental or allied dental education program accredited by the Commission on Dental Accreditation or an accredited (or recognized) dental therapy program;
• a baccalaureate or higher degree;
• background in educational methodology;
• accreditation experience through an affiliation with a dental therapy, allied, or predoctoral dental program that has completed a site visit;*
• accreditation experience within the previous three (3) years;*
• must either be a licensed dentist educator (general dentist) or licensed dental therapist educator; and
• the “licensed dentist educator” may be predoctoral dental educator site visitors (i.e., a general dentist educator who serves as curriculum or clinical predoctoral site visitor) or allied dental educator site visitors.
*temporarily waived for dental therapist educator position until after CODA accredits a minimum of three (3) dental therapy education programs.
Dental therapy site visit team consist of three (3) members as follows: one (1) dental therapist educator, one (1) predoctoral dentist educator (curriculum or clinical site visitor), and one (1) additional site visitor that could be either a second dental therapist educator, second predoctoral dentist educator, or an allied dentist educator. If needed due to lack of dental therapy educator availability, such that if a dental therapy educator cannot be identified in accordance with Commission policy then the three-person site visit team may be composed of predoctoral educators and allied dentists, three (3) people total in any combination.

Revised: 2/21; 8/18; 8/16; Reaffirmed: 8/19; Adopted: 02/16

REPORTING PROGRAM CHANGES IN ACCREDITED PROGRAMS

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

At times, however, more significant changes occur in a program. Changes have a direct and significant impact on the program’s potential ability to comply with the accreditation standards. These changes tend to occur in the areas of finances, program administration, enrollment, curriculum and clinical/laboratory facilities, but may also occur in other areas. All program changes that could affect the ability of the program to comply with the Accreditation Standards must be reported to the Commission. When a change is planned, Commission staff should be consulted to determine reporting requirements. Reporting program changes in the Annual Survey does not preclude the requirement to report changes directly to the Commission. Failure to report and receive approval in advance of implementing the change, using the Guidelines for Reporting Program Change, may result in review by the Commission, a special site visit, and may jeopardize the program’s accreditation status.

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

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

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

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

The following examples illustrate, but are not limited to, changes that must be reported by June
1 or December 1 and must be reviewed by the appropriate Review Committee and approved by
the Commission prior to the implementation to ensure that the program continues to meet the
accreditation standards:

- Establishment of Off-Campus Sites not owned by the sponsoring institution used to meet
  accreditation standards or program requirements (See Guidelines on Reporting and Approval
  of Sites Where Educational Activity Occurs);
- Changes to Off-Campus Sites not owned by the sponsoring institution that impacts the use of
  the site (e.g. minor site to major site, or termination of enrollment at or discontinued use of
  major site);
- Transfer of sponsorship from one institution to another;
- Changes in institutional accreditor or pending or final adverse actions. (See Policy on
  Regard For Decisions of States and Other Accrediting Agencies);
- Moving a program from one geographic site to another, including but not limited to
  geographic moves within the same institution;
- Program director qualifications not in compliance with the standards. In lieu of a CV, a copy
  of the new or acting program director’s completed BioSketch must be provided to
  Commission staff. Contact Commission Staff for the BioSketch template.
- Substantial increase in program enrollment as determined by preliminary review by the
  discipline-specific Review Committee Chair.
  - Requests for retroactive permanent increases in enrollment will not be considered.
  - Requests for retroactive temporary increases in enrollment may be considered due to
    special circumstances on a case-by-case basis. Programs are reminded that resources
    must be maintained even when the full complement of students/residents is not
    enrolled in the program. (see Policy on Enrollment Increases In Advanced Dental
    Education Programs and Predoctoral programs see Guidelines for Requesting an
    Increase in Enrollment in a Predoctoral Dental Education Program);
- Change in the nature of the program’s financial support that could affect the ability of the
program to meet the standards;
• Curriculum changes that could affect the ability of the program to meet the standards;
• Reduction in faculty or support staff time commitment that could affect the ability of the
  program to meet the standards;
• Change in the required length of the program;
• Reduction of program dental facilities that could affect the ability of the program to meet the
  standards;
• Addition of advanced standing opportunity, part-time track or multi-degree track, or other
  track offerings;
• Expansion of a developing dental hygiene or assisting program which will only be
  considered after the program has demonstrated success by graduating the first class,
  measured outcomes of the academic program, and received approval without reporting
  requirements; and/or
• Implementation of changes in the use of distance education that could affect the ability of the
  program to meet the standards (see reporting requirements found in the Policy on Distance
  Education).

The following examples illustrate, but are not limited to, additional program changes that must
be reported in writing at least thirty (30) days prior to the anticipated implementation of the
change and are not reviewed by the Review Committee and the Commission but are reviewed at
the next site visit:

• Establishment of Off-Campus Sites owned by the sponsoring institution used to meet
  accreditation standards or program requirements;
• Expansion or relocation of dental facilities within the same building;
• Change in chief executive officer, chief academic officer, and program director. For the
  program director only (new, acting, interim): In lieu of a CV, a copy of the new or
  acting program director’s completed BioSketch must be provided to Commission staff.
  Contact Commission Staff for the BioSketch template.
• First-year non-enrollment. See Policy on Non Enrollment of First Year Students/Residents.
• Addition of distance education methods (see reporting requirements found in the Policy on
  Distance Education).

The Commission recognizes that unexpected, changes may occur. If an unexpected change occurs,
it must be reported no more than 30 days following the occurrence. Unexpected changes may
be the result of sudden changes in institutional commitment, affiliated agreements between
institutions, faculty support, or facility compromise resulting from natural disaster (See
Policy/Guidelines on Interruption of Education). Failure to proactively plan for change will not be
considered an unexpected change. Depending upon the timing and nature of the change, appropriate
investigative procedures including a site visit may be warranted.
The Commission uses the following process when considering reports of program changes. Program administrators have the option of consulting with Commission staff at any time during this process.

1. A program administrator submits the report by **June 1 or December 1**.
2. Commission staff reviews the report to assess its completeness and to determine whether the change could impact the program’s potential ability to comply with the accreditation standards. If this is the case, the report is reviewed by the appropriate Review Committee for the discipline and by the Commission.
3. Receipt of the report and accompanying documentation is acknowledged in one of the following ways:
   a. The program administrator is informed that the report will be reviewed by the appropriate Review Committee and by the Commission at their next regularly scheduled meeting. Additional information may be requested prior to this review if the change is not well-documented; or
   b. The program administrator is informed that the reported change will be reviewed during the next site visit.
4. If the report will be considered by a Review Committee and by the Commission, the report is added to the appropriate agendas. The program administrator receives notice of the results of the Commission’s review.

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

- **Approve the report of program change**: If the Review Committee or Commission does not identify any concerns regarding the program’s continued compliance with the accreditation standards, the transmittal letter should advise the institution that the change(s) have been noted and will be reviewed at the next regularly-scheduled site visit to the program.
- **Approve the report of program change and request additional information**: If the Review Committees or Commission does not identify any concerns regarding the program’s compliance with the accreditation standards, but believes follow up reporting is required to ensure continued compliance with accreditation standards, additional information will be requested for review by the Commission. Additional information could occur through a supplemental report or a focused site visit,
- **Postpone action and continue the program’s accreditation status, but request additional information**: The transmittal letter will inform the institution that the report of program change has been considered, but that concerns regarding continued compliance with the accreditation standards have been identified. Additional specific information regarding the identified concerns will be requested for review by the Commission. The institution will be further advised that, if the additional information submitted does not satisfy the Commission regarding the identified concerns, the Commission reserves the right to request additional documentation, conduct a special focused site visit of the program, or deny the request.
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• **Postpone action and continue the program’s accreditation status pending conduct of a special site visit:** If the information submitted with the initial request is insufficient to provide reasonable assurance that the accreditation standards will continue to be met, and the Commission believes that the necessary information can only be obtained on-site, a special focused site visit will be conducted.

• **Deny the request:** If the submitted information does not indicate that the program will continue to comply with the accreditation standards, the Commission will deny the request for a program change. The institution will be advised that they may re-submit the request of program change with additional information if they choose. If the program change was submitted retroactively, and non-compliance is identified, the program’s accreditation status will be changed. The transmittal letter will inform the institution that the report of program change has been considered, but an area of non-compliance with the accreditation standards has been identified. The program’s accreditation status is changed and additional specific information regarding the identified area(s) of non-compliance will be requested for review by the Commission.

Revised: 2/22; 8/21; 8/20; 1/20; 8/18; 2/18; 8/17; 8/16; 2/16; 8/15; 2/13 2/12, 8/10, 7/09, 7/07, 8/02, 7/97; Reaffirmed: 7/07, 7/01, 5/90; CODA: 05/91:11

POLICY ON INTERRUPTION OF EDUCATION

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

If the interruption results in modification of the program, instructional time, or curriculum content, for example, the The institution must provide a comprehensive plan for how the loss of instructional time will be addressed. A program which experiences an interruption of longer than two (2) years will be notified of the Commission’s intent to withdraw accreditation at its next scheduled meeting.

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

POLICY ON NON-ENROLLMENT OF FIRST YEAR STUDENTS/RESIDENTS

First-year non-enrollment must be reported to the Commission. The Commission expects institutions to maintain compliance with all accreditation standards during a period of non-enrollment. In addition, resources accounting for the potential enrollment capacity of the program must be maintained during a period of non-enrollment.
The accreditation status of programs within the purview of the Commission on Dental Accreditation will be discontinued when all first-year positions remain vacant for two (2) consecutive years. Exceptions to this policy may be made by the Commission upon receipt of a formal request from the institution stating reasons why the accreditation of the program should not be discontinued. Exceptions to this policy may also be made by the Commission for programs in Oral and Maxillofacial Pathology with “initial accreditation” status upon receipt of a formal request from the institution stating reasons why the accreditation of the program should not be discontinued. If the Commission grants an institution’s request to continue the accreditation of a program, the continuation of accreditation is effective for one (1) year. Only one (1) request for continued accreditation will be granted for a total of three (3) consecutive years of non-enrollment. See the Commission’s policies related to Reporting Program Changes in Accredited Programs, Initial Accreditation, Intent to Withdraw Accreditation, Voluntary Discontinuance, and Discontinuance or Closure of Educational Programs Accredited by The Commission and Teach-Out Plans for additional information.

Revised: 2/22; 2/21; 8/20; 8/16; 2/15; Reaffirmed: 8/15; 8/10, 7/07, 7/01, 7/99, 12/87, 4/83, 12/76

L. POLICY ON ENROLLMENT INCREASES IN ADVANCED DENTAL EDUCATION PROGRAMS

An advanced dental education program considering or planning an enrollment increase, or any other substantive change, should notify the Commission early in the program’s planning. Such notification will provide an opportunity for the program to seek consultation from Commission staff regarding the potential effect of the proposed change on the accreditation status and the procedures to be followed.

The following advanced dental education disciplines have authorized total complement enrollment: dental public health, endodontics, oral and maxillofacial pathology, oral and maxillofacial radiology, oral and maxillofacial surgery (per year enrollment is authorized), orthodontics and dentofacial orthopedics, pediatric dentistry, periodontics, and prosthodontics. Programs with authorized enrollment must use the discipline-specific Guidelines to request and obtain approval for an increase in enrollment prior to implementing the increase.

The following advanced dental education disciplines do not have authorized enrollment: advanced education in general dentistry, general practice residency, dental anesthesiology, oral medicine, and orofacial pain. However, approval of an increase in enrollment in these advanced dental education programs must be reported to the Commission if the program’s total enrollment increases beyond the enrollment at the last site visit or prior approval of enrollment increase. Programs must use the discipline-specific Guidelines to request an increase in enrollment prior to implementing the increase. Upon submission of the program change report, a substantial increase in program
enrollment as determined by preliminary review by the discipline-specific Review Committee Chair, will require prior approval by CODA.

A request for an increase in enrollment with all supporting documentation must be submitted in writing to the Commission by June 1 or December 1. A program must receive Commission approval for an increase in enrollment prior to publishing or announcing the additional positions or accepting additional students/residents. Failure to comply with this policy will jeopardize the program’s accreditation status, up to and including withdrawal of accreditation.

Requests for retroactive permanent increases in enrollment will not be considered. The Commission may consider retroactive temporary enrollment increases due to special circumstances on a case-by-case basis, including, but not limited to:

- Student/Resident extending program length due to illness, parental leave, incomplete projects/clinical assignments, or concurrent enrollment in another program;
- Unexpected loss of an enrollee and need to maintain balance of manpower needs;
- Urgent manpower needs demanded by U.S. armed forces; and
- Natural disasters.

If a program has enrolled beyond the approved number of students/residents without prior approval by the Commission, the Commission may or may not retroactively approve the enrollment increase without a special focused site visit at the program’s expense.

If the focused visit determines that the program does not have the resources to support the additional student(s)/resident(s), the program will be placed on “intent to withdraw” status and no additional student(s)/resident(s) beyond the previously approved number may be admitted to the program until the deficiencies have been rectified and approved by the Commission. Student(s)/Resident(s) who have already been formally accepted or enrolled in the program will be allowed to continue.

POLICY AND PROCEDURE REGARDING INVESTIGATION OF COMPLAINTS AGAINST EDUCATIONAL PROGRAMS

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

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

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

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

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

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

The Commission strongly encourages attempts at informal or formal resolution through the program’s or sponsoring institution’s internal processes prior to initiating a formal complaint with the Commission. The following procedures have been established to manage complaints:

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

The initial screening is usually completed within thirty (30) days and is intended to ascertain that the potential complaint relates to a required accreditation policy or procedure (i.e. one contained in the Commission’s Evaluation and Operational Policies and Procedure Manual) or to one or more accreditation standard(s) or portion of a standard which have been or can be specifically identified by the complainant.
Written correspondence clearly outlines the options available to the individual. It is noted that
the burden rests on the complainant to keep his/her identity confidential. If the complainant does
not wish to reveal his/her identity to the accredited program, he/she must develop the complaint
in such a manner as to prevent the identity from being evident. The complaint must be based on
the accreditation standards or required accreditation procedures. Submission of documentation
which supports the noncompliance is strongly encouraged.

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

1. The materials submitted are entered in the Commission’s database and the program’s file and
reviewed by Commission staff. At this point, the complaint is the property of the
Commission and may not be withdrawn by the complainant for the purposes of the
Commission’s review.

2. Legal counsel, the Chair of the appropriate Review Committee, and the applicable Review
Committee members may be consulted to assist in determining whether there is sufficient
information to proceed.

3. If the complaint provides sufficient evidence of probable cause of noncompliance with the
standards or required accreditation procedures, the complainant is so advised and the
complaint is investigated using the procedures in the following section, formal complaints.

4. If the complaint does not provide sufficient evidence of probable cause of noncompliance
with the standard(s) or required accreditation policy(ies), or procedure(s), the complainant is
so advised. The complainant may elect:
   a. to revise and submit sufficient information to pursue a formal complaint; or
   b. not to pursue the complaint. In that event, the decision will be so noted and no further
      action will be taken.

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

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

2. **Formal Complaints:** Formal complaints (as defined above) are investigated as follows:

1. The complainant is informed in writing of the anticipated review schedule.

2. The Commission informs the chief administrative officer (CAO) of the institution sponsoring
   the accredited program that the Commission has received information indicating that the
   program’s compliance with specific required accreditation policy(ies), procedure(s) or
designated standard(s) has been questioned.

3. Program officials are asked to report on the program’s compliance with the required policy(ies), procedure(s) or standard(s) in question by a specific date, usually within thirty (30) days.

a. For standard(s)-related complaints, the Commission uses the questions contained in the appropriate sections of the self-study to provide guidance on the compliance issues to be addressed in the report and on any documentation required to demonstrate compliance. Additional guidance on how to best demonstrate compliance may also be provided to the program.

b. For policy(ies) or procedure(s)-related complaints, the Commission provides the program with the appropriate policy or procedural statement from the Commission’s Evaluation and Operational Policies and Procedures Manual. Additional guidance on how to best demonstrate compliance will be provided to the program. The Chair of the appropriate Review Committee and/or legal counsel may assist in developing this guidance.

4. Receipt of the program’s written compliance report, including documentation, is acknowledged.

5. The appropriate Review Committee and the Commission will investigate the issue(s) raised in the complaint and review the program’s written compliance report at the next regularly scheduled meeting. In the event that waiting until the next meeting would preclude a timely review, the appropriate Review Committee(s) will review the compliance report in a telephone conference call(s). The action recommended by the Review Committee(s) will be forwarded to the Commission for mail ballot approval in this later case.

6. The Commission may act on the compliance question(s) raised by the complaint by:

a. determining that the program continues to comply with the policy(ies), procedure(s) or standard(s) in question and that no further action is required.

b. determining that the program may not continue to comply with the policy(ies), procedure(s) or standard(s) in question and going on to determine whether the corrective action the program would take to come into full compliance could be documented and reported to the Commission in writing or would require an on-site review.

i. If by written report: The Commission will describe the scope and nature of the problem and set a compliance deadline and submission date for the report and documentation of corrective action taken by the program.

ii. If by on-site review: The Commission will describe the scope and nature of the problem and determine, based on the number and seriousness of the identified problem(s), whether the matter can be reviewed at the next regularly scheduled on-site review or whether a special on-site review will be conducted. If a special on-site review is required, the visit will be scheduled and conducted in accord with the Commission’s usual procedures for such site visits.

c. determining that a program does not comply with the policy(ies), procedure(s) or standards(s) in question and:

i. changing a fully-operational program’s accreditation status to “approval with reporting requirements”
ii. going on to determine whether the corrective action the program would take to come
into full compliance could be documented and reported to the Commission in writing
or would require an on-site review.
   • If by written report: The Commission will describe the scope and nature of the
   problem and set a compliance deadline and submission date for the report and
   documentation of corrective action taken by the program.
   • If by on-site review: The Commission will describe the scope and nature of the
   problem and determine, based on the number and seriousness of the identified
   problem(s), whether the matter can be reviewed at the next regularly scheduled
   on-site review or whether a special on-site review will be conducted. If a special
   on-site review is required, the visit will be scheduled and conducted in accord
   with the Commission's usual procedures for such site visits.

7. Within two weeks of its action on the results of its investigation, the Commission will also:
   a. notify the program of the results of the investigation.
   b. notify the complainant of the results of the investigation.
   c. record the action.

8. The compliance of programs applying for initial accreditation is assessed through a
   combination of written reports and on-site reviews.
   a. When the Commission receives a complaint regarding a program which has an
   application for initial accreditation pending, the Commission will satisfy itself about all
   issues of compliance addressed in the complaint as part of its process of reviewing the
   applicant program for initial accreditation.
   
   b. Complainants will be informed that the Commission does provide developing programs
   with a reasonable amount of time to come into full compliance with standards that are
   based on a certain amount of operational experience.

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

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

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

Anonymous comments/complaints determined to be unrelated to an Accreditation Standard or CODA policies and procedures will not be considered, or those 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, will be added to the respective program’s file for evaluation during the program’s next scheduled accreditation site visit. At the time of the site visit, the program and site visit team will be informed of the anonymous comment/complaint. The program will have an opportunity to respond to the anonymous comment/complaint; the response will be considered during the site visit evaluation. Anonymous comments/complaints will be assessed to determine trends in compliance with Commission standards, policies, and procedures. The assessment of findings related to the anonymous comments/complaint will be documented in the site visit report.

Revised: 2/22; 2/21; Reaffirmed: 8/21; Adopted: 8/17
PROGRAM SUBMISSION DUE DATE

POLICY REVISIONS FOR CONSIDERATION

Underline indicates addition; Strikethrough indicates deletion

REPORTING PROGRAM CHANGES IN ACCREDITED PROGRAMS

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

At times, however, more significant changes occur in a program. Changes have a direct and significant impact on the program’s potential ability to comply with the accreditation standards. These changes tend to occur in the areas of finances, program administration, enrollment, curriculum and clinical/laboratory facilities, but may also occur in other areas. All program changes that could affect the ability of the program to comply with the Accreditation Standards must be reported to the Commission. When a change is planned, Commission staff should be consulted to determine reporting requirements. Reporting program changes in the Annual Survey does not preclude the requirement to report changes directly to the Commission. Failure to report and receive approval in advance of implementing the change, using the Guidelines for Reporting Program Change, may result in review by the Commission, a special site visit, and may jeopardize the program’s accreditation status.

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

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

The Commission’s Policy on Integrity also applies to the reporting of changes. If the Commission determines that an intentional breech of integrity has occurred, the Commission will immediately notify the chief executive officer of the institution of its intent to withdraw the accreditation of the program(s) at its next scheduled meeting.
A Report of Program Change must document how the program will continue to meet accreditation standards. The Commission’s Guidelines for Reporting Program Changes are available on the Commission’s website and may clarify what constitutes a change and provide guidance in adequately explaining and documenting such changes.

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

- Establishment of Off-Campus Sites not owned by the sponsoring institution used to meet accreditation standards or program requirements (See Guidelines on Reporting and Approval of Sites Where Educational Activity Occurs);
- Changes to Off-Campus Sites not owned by the sponsoring institution that impacts the use of the site (e.g. minor site to major site, or termination of enrollment at or discontinued use of major site);
- Transfer of sponsorship from one institution to another;
- Changes in institutional accreditor or pending or final adverse actions. (See Policy on Regard For Decisions of States and Other Accrediting Agencies);
- Moving a program from one geographic site to another, including but not limited to geographic moves within the same institution;
- Program director qualifications not in compliance with the standards. In lieu of a CV, a copy of the new or acting program director’s completed BioSketch must be provided to Commission staff. Contact Commission Staff for the BioSketch template.
- Substantial increase in program enrollment as determined by preliminary review by the discipline-specific Review Committee Chair.
  - Requests for retroactive permanent increases in enrollment will not be considered. Requests for retroactive temporary increases in enrollment may be considered due to special circumstances on a case-by-case basis. Programs are reminded that resources must be maintained even when the full complement of students/residents is not enrolled in the program. (see Policy on Enrollment Increases In Advanced Dental Education Programs and Predoctoral programs see Guidelines for Requesting an Increase in Enrollment in a Predoctoral Dental Education Program);
- Change in the nature of the program’s financial support that could affect the ability of the program to meet the standards;
- Curriculum changes that could affect the ability of the program to meet the standards;
- Reduction in faculty or support staff time commitment that could affect the ability of the program to meet the standards;
- Change in the required length of the program;
- Reduction of program dental facilities that could affect the ability of the program to meet the standards;
• Addition of advanced standing opportunity, part-time track or multi-degree track, or other track offerings;

• Expansion of a developing dental hygiene or assisting program which will only be considered after the program has demonstrated success by graduating the first class, measured outcomes of the academic program, and received approval without reporting requirements; and/or

• Implementation of changes in the use of distance education that could affect the ability of the program to meet the standards (see reporting requirements found in the Policy on Distance Education).

The following examples illustrate, but are not limited to, additional program changes that must be reported in writing at least thirty (30) days prior to the anticipated implementation of the change and are not reviewed by the Review Committee and the Commission but are reviewed at the next site visit:

• Establishment of Off-Campus Sites owned by the sponsoring institution used to meet accreditation standards or program requirements;

• Expansion or relocation of dental facilities within the same building;

• Change in program director. In lieu of a CV, a copy of the new or acting program director’s completed BioSketch must be provided to Commission staff. Contact Commission Staff for the BioSketch template.

• First-year non-enrollment. See Policy on Non Enrollment of First Year Students/Residents.

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

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

5. A program administrator submits the report by June 1 or December 1. May 1 or November 1.

6. Commission staff reviews the report to assess its completeness and to determine whether the change could impact the program’s potential ability to comply with the accreditation standards. If this is the case, the report is reviewed by the appropriate Review Committee for the discipline and by the Commission.

7. Receipt of the report and accompanying documentation is acknowledged in one of the
following ways:

c. The program administrator is informed that the report will be reviewed by the appropriate
   Review Committee and by the Commission at their next regularly scheduled meeting.
   Additional information may be requested prior to this review if the change is not well-
documented; or

d. The program administrator is informed that the reported change will be reviewed during
   the next site visit.

8. If the report will be considered by a Review Committee and by the Commission, the report is
   added to the appropriate agendas. The program administrator receives notice of the results of
   the Commission’s review.

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

• **Approve the report of program change**: If the Review Committee or Commission does not
  identify any concerns regarding the program’s continued compliance with the accreditation
  standards, the transmittal letter should advise the institution that the change(s) have been
  noted and will be reviewed at the next regularly-scheduled site visit to the program.

• **Approve the report of program change and request additional information**: If the Review
  Committees or Commission does not identify any concerns regarding the program’s
  compliance with the accreditation standards, but believes follow up reporting is required to
  ensure continued compliance with accreditation standards, additional information will be
  requested for review by the Commission. Additional information could occur through a
  supplemental report or a focused site visit,

• **Postpone action and continue the program’s accreditation status, but request additional
  information**: The transmittal letter will inform the institution that the report of program
  change has been considered, but that concerns regarding continued compliance with the
  accreditation standards have been identified. Additional specific information regarding the
  identified concerns will be requested for review by the Commission. The institution will be
  further advised that, if the additional information submitted does not satisfy the Commission
  regarding the identified concerns, the Commission reserves the right to request additional
  documentation, conduct a special focused site visit of the program, or deny the request.

• **Postpone action and continue the program’s accreditation status pending conduct of a
  special site visit**: If the information submitted with the initial request is insufficient to
  provide reasonable assurance that the accreditation standards will continue to be met, and the
  Commission believes that the necessary information can only be obtained on-site, a special
  focused site visit will be conducted.

• **Deny the request**: If the submitted information does not indicate that the program will
  continue to comply with the accreditation standards, the Commission will deny the request
  for a program change. The institution will be advised that they may re-submit the request of
  program change with additional information if they choose. If the program change was
  submitted retroactively, and non-compliance is identified, the program’s accreditation status
will be changed. The transmittal letter will inform the institution that the report of program change has been considered, but an area of non-compliance with the accreditation standards has been identified. The program’s accreditation status is changed and additional specific information regarding the identified area(s) of non-compliance will be requested for review by the Commission.

Revised: 8/21; 2/21; 8/20; 1/20; 8/18; 2/18; 8/17; 8/16; 2/16; 8/15; 2/15; 8/13 2/12, 8/11, 8/10, 7/09, 7/07, 8/02, 7/97; Reaffirmed: 7/07, 7/01, 5/90; CODA: 05/91:11

L. POLICY ON ENROLLMENT INCREASES IN ADVANCED DENTAL EDUCATION PROGRAMS

An advanced dental education program considering or planning an enrollment increase, or any other substantive change, should notify the Commission early in the program’s planning. Such notification will provide an opportunity for the program to seek consultation from Commission staff regarding the potential effect of the proposed change on the accreditation status and the procedures to be followed.

The following advanced dental education disciplines have authorized total complement enrollment: dental public health, endodontics, oral and maxillofacial pathology, oral and maxillofacial radiology, oral and maxillofacial surgery (per year enrollment is authorized), orthodontics and dentofacial orthopedics, pediatric dentistry, periodontics, and prosthodontics. Programs with authorized enrollment must use the discipline-specific Guidelines to request and obtain approval for an increase in enrollment prior to implementing the increase.

The following advanced dental education disciplines do not have authorized enrollment: advanced education in general dentistry, general practice residency, dental anesthesiology, oral medicine, and orofacial pain. However, approval of an increase in enrollment in these advanced dental education programs must be reported to the Commission if the program’s total enrollment increases beyond the enrollment at the last site visit or prior approval of enrollment increase. Programs must use the discipline-specific Guidelines to request an increase in enrollment prior to implementing the increase. Upon submission of the program change report, a substantial increase in program enrollment as determined by preliminary review by the discipline-specific Review Committee Chair, will require prior approval by CODA.

A request for an increase in enrollment with all supporting documentation must be submitted in writing to the Commission by June 1 or December 1. May 1 or November 1. A program must receive Commission approval for an increase in enrollment prior to publishing or announcing the additional positions or accepting additional students/residents. Failure to comply with this policy will jeopardize the program’s accreditation status, up to and including withdrawal of accreditation.
Requests for retroactive permanent increases in enrollment will not be considered. The Commission may consider retroactive temporary enrollment increases due to special circumstances on a case-by-case basis, including, but not limited to:

- Student/Resident extending program length due to illness, parental leave, incomplete projects/clinical assignments, or concurrent enrollment in another program;
- Unexpected loss of an enrollee and need to maintain balance of manpower needs;
- Urgent manpower needs demanded by U.S. armed forces; and
- Natural disasters.

If a program has enrolled beyond the approved number of students/residents without prior approval by the Commission, the Commission may or may not retroactively approve the enrollment increase without a special focused site visit at the program’s expense.

If the focused visit determines that the program does not have the resources to support the additional student(s)/resident(s), the program will be placed on “intent to withdraw” status and no additional student(s)/resident(s) beyond the previously approved number may be admitted to the program until the deficiencies have been rectified and approved by the Commission. Student(s)/Resident(s) who have already been formally accepted or enrolled in the program will be allowed to continue.

Revised: 2/22; 8/20; 1/20; 8/18; 8/16; 2/16; 8/15; 8/10; Reaffirmed: 7/07; CODA: 08/03:22

POLICY STATEMENT ON REPORTING AND APPROVAL OF SITES WHERE EDUCATIONAL ACTIVITY OCCURS

The Commission on Dental Accreditation recognizes that students/residents may gain educational experiences in a variety of settings and locations.

An accredited program may use one or more than one setting or location to support student/resident learning and meet Commission on Dental Accreditation standards and/or program requirements. The Commission expects programs to follow the EOPP guidelines and accreditation standards when developing, implementing and monitoring activity sites used to provide educational experiences.

Reporting Requirements:

The Commission on Dental Accreditation must be informed when a program accredited by the Commission plans to initiate educational experiences in new settings and locations. Off-Campus training sites that are owned by the sponsoring institution or where the sponsoring organization has legal responsibility and operational oversight do not need prior approval before utilization but must be reported to the Commission in accordance with the Policy on Reporting Program Changes in Accredited Programs.
<table>
<thead>
<tr>
<th>Reporting Requirements for Off-Campus Sites</th>
<th>Major Activity Sites</th>
<th>Minor Activity Sites</th>
<th>Supplemental Activity Sites*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definitions</td>
<td>Students/Residents <strong>required</strong> to complete an experience at this site to meet a program requirements or accreditation standards, and Competency assessments or comparable summative assessments performed at the site</td>
<td>Students/Residents <strong>required</strong> to complete an experience at this or another site to meet a program requirements or accreditation standards, and No competency assessments or comparable summative assessments performed at the site. Evaluation may occur.</td>
<td>Student/Resident chooses whether to visit the site outside of the educational program (e.g. volunteer mission trips, health fair, etc. not used to fulfill program or accreditation requirements).</td>
</tr>
<tr>
<td>Program Report Requirement</td>
<td>Report required by <strong>June 1 or December 1</strong> <strong>May 1 or November 1</strong></td>
<td>Report required at least 30 days prior to planned implementation of educational activity site.</td>
<td>No report required.</td>
</tr>
<tr>
<td>Acknowledgement/Approval</td>
<td>Commission approval required prior to implementation of the educational activity site. Approval of the major activity sites required prior to recruiting students/residents for the site and initiating use of the site.</td>
<td>Commission acknowledgement of review at the program’s next site visit.</td>
<td>No approval required.</td>
</tr>
<tr>
<td>Site Visit(s) to Educational Activity Site</td>
<td>Commission may direct special focused site visit to review educational activity site prior to or after</td>
<td>Commission may visit educational activity site during program’s next site visit.</td>
<td>No site visit required.</td>
</tr>
</tbody>
</table>
The Commission must ensure that the necessary education as defined by the standards is available, and appropriate resources (adequate faculty and staff, availability of patient experiences, and distance learning provisions) are provided to all students/residents enrolled in an accredited program. Generally, only programs without reporting requirements will be approved to initiate educational experiences at major activity sites. When the Commission has received notification that an institution plans to offer its accredited program at an off-campus educational activity site, the Commission may conduct a special focused site visit to each educational activity site where each student’s/resident’s educational experience is provided, based on the specifics of the program, the accreditation standards, and Commission policies and procedures, or if other cause exists for such a visit as determined by the Commission. There may be extenuating circumstances when a special review is necessary.

The program must report the rationale for adding an educational activity site and how that site affects the program’s goals, objectives, and outcomes. For example, program goals, objectives, and outcome measures may address institutional support, faculty support, curriculum, student didactic and clinical learning, research, and community service. The program must support the addition of an educational activity site with trends from pertinent areas of its outcomes assessment program that indicates the rationale for the additional site.

When conducting a review of the program, the Commission’s site visit team will identify the sites to be visited based upon educational experiences at the site (for example based upon length of training at the site, educational experience or evaluation/competencies achieved). After the initial visit or review, each educational activity site may be visited during the regularly scheduled CODA evaluation visit to the program.

**Discipline-specific Exemptions:**

The Commission recognizes that dental assisting and dental laboratory technology programs utilize numerous extramural private dental offices and laboratories to provide students with clinical/laboratory work experience. The program will provide a list of all currently used extramural sites in the self-study document. The Commission will then randomly select and visit facilities at the time of a site visit to the program. Prior Commission approval of these extramural dental office and laboratory sites will not be required.

The Commission recognizes that dental public health programs utilize numerous off-campus sites to provide students/residents with opportunities to conduct their supervised field experience. The program will provide a list of all currently used sites in the self-study document. The visiting
committee will select and visit facilities during the site visit to the program to evaluate compliance with CODA accreditation standards. Prior Commission approval of these supervised field experience sites will not be required. Programs where 30% or more of the overall student/resident training occurs at off-campus site(s) must report the off-campus site(s) under the Commissions Policy Statement on Approval of Sites Where Educational Activity Occurs.

The Commission recognizes that advanced dental education programs in dental anesthesiology utilize numerous mobile ambulatory settings and rotations to provide residents with opportunities to gain required clinical experiences. The program will provide a list of all currently used settings and rotations in the self-study document. The visiting committee will randomly select and visit several settings and rotation locations during the site visit to the program to evaluate compliance with Commission on Dental Accreditation standards. Prior Commission approval of these settings and rotations will not be required.

For predoctoral dental education programs, when primary program faculty travel with student(s) to a site and competency is assessed, the site may be treated as a minor site for reporting purposes.

Expansion of a developing dental hygiene program and/or current or developing dental assisting program will only be considered after the program has demonstrated success by graduating the first class, measured outcomes of the academic program, and received approval without reporting requirements.

### Fees Related to the Use of Educational Activity Sites:

All programs accredited by the Commission pay an annual fee. Additional fees will be based on actual accreditation costs incurred during the visit to and educational activity site. The Commission office should be contacted for current information on fees.

### Commission on Dental Accreditation Consideration of Educational Activity Sites:

The Commission uses the following process when considering reports for adding educational activity sites. Program administrators have the option of consulting with Commission staff at any time during this process.

1. Depending upon the type of educational activity site established, a program administrator submits either: (1) the major educational activity site report by June 1 or December 1 May 1 or November 1 or (2) the minor educational activity site report at least thirty (30) days prior to planned implementation of educational activity site.

2. Commission staff reviews the report to assess its completeness and to determine whether the change could impact the program’s potential ability to comply with the accreditation standards. If this is the case, whether the site is major or minor, the report is reviewed by the appropriate Review Committee for the discipline and by the Commission.

3. Receipt of the educational activity site report and accompanying documentation is acknowledged in one of the following ways:
a. The program administrator is informed that the report will be reviewed by the appropriate Review Committee and by the Commission at their next regularly scheduled meeting. Additional information may be requested prior to this review if the change is not well-documented; or

b. The program administrator is informed that the reported change will be reviewed during the next site visit.

4. If the report will be considered by a Review Committee and by the Commission, the report is added to the appropriate agendas. The program administrator receives notice of the results of the Commission’s review.

The following alternatives may be recommended by Review Committees and/or be taken by the Commission in relation to the review of reports of addition of educational activity sites received from accredited educational programs.

- **Approve the addition of the educational activity site**: If the Review Committees or Commission does not identify any concerns regarding the program’s continued compliance with the accreditation standards, the transmittal letter should advise the institution that the change has been noted and will be reviewed at the next regularly-scheduled site visit to the program.

- **Approve the addition of the educational activity site and request additional information**: If the Review Committees or Commission does not identify any concerns regarding the program’s compliance with the accreditation standards, but believes follow up reporting is required to ensure continued compliance with accreditation standards, additional information will be requested for review by the Commission. Additional information could occur through a supplemental report or a focused site visit. Use of the educational site is permitted.

- **Postpone action and continue the program’s accreditation status, but request additional information**: The transmittal letter will inform the institution that the report of the addition of the educational activity site has been considered, but that concerns regarding continued compliance with the accreditation standards have been identified. Additional specific information regarding the identified concerns will be requested for review by the Commission. The institution will be further advised that, if the additional information submitted does not satisfy the Commission regarding the identified concerns, the Commission reserves the right to request additional documentation, conduct a special focused site visit of the program, or deny the request. Use of the educational activity site is not permitted until Commission approval is granted.

- **Deny the request**: If the submitted information does not indicate that the program will continue to comply with the accreditation standards, the Commission will deny the request for the addition of educational activity sites. The institutions will be advised that they may re-submit the request with additional information if they choose.

Revised: 2/22; 8/18; 8/17; Reaffirmed: 8/20; Adopted: 2/16 (Former Off-Campus Policy)