Commission on Dental Accreditation

**Site Visitor Nomination Form**

**(Do not attach curriculum vitae. Type Only)**

**Name:**

**Accredited Program Affiliation:**

**Business Address:** Preferred **Phone#:**

**Fax #:**

**Home Address:** Preferred **Phone #:**

**Fax #:**

**Email Address:**

**Discipline in Which Appointment is Being Sought (check one):** If you are a non-general dentist applying for an appointment in predoctoral, please indicate predoctoral only.

|  |  |  |  |
| --- | --- | --- | --- |
| **Predoctoral** | **Allied** | **Advanced** | **Advanced** |
| Chair\* | Dental Assisting**\*** | Dental Public Health | Pediatric Dentistry |
| Clinical Sciences\* | Dental Hygiene\* | Dental Anesthesiology\* | Periodontics |
| Curriculum\* | Dental Laboratory Technology\* | Endodontics | Prosthodontics |
| Finance\* | Dental Therapy\*  (dental therapist) | Oral & Maxillofacial Pathology | Maxillofacial Prosthodontics |
| Basic Science\* | Dentist  (to serve as Allied Dentist) | Oral & Maxillofacial Radiology | Oral Medicine\* |
| National Licensure\* | Dental Therapy\*  (Allied Dentist or Predoc Curriculum /Clinical – check all that apply) | Orofacial Pain\* | General Practice Residency\* |
| *International Site Visitor*  *(also select role above)* |  | Advanced Educ General Dent**\*** | Orthodontics & Dentofacial  Orthopedics  Craniofacial and Special Care  Orthodontics Fellowship |
|  |  | Oral & Maxillofacial Surgery  Oral & Maxillofacial Surgery Fellowship (check all that apply):  Cosmetic Facial Surgery  Oral/Head and Neck Oncologic Surgery  Pediatric Craniomaxillofacial Surgery (Cleft and Craniofacial Surgery)  Microvascular Reconstructive Surgery  Endoscopic Maxillofacial Surgery |  |

**\**AEGD, GPR, Dent Anes, Oral Med, and Orofacial Pain, Dental Therapy, Dental Assisting, Dental Hygiene, Dental Laboratory Technology, and Predoctoral nominees-please review and complete the section at the end of this form, as applicable.***

|  |  |
| --- | --- |
| **Membership:** ADA#:    Certified Dental Technician #:  Registered Dental Hygienist #: | **State:**  Certified Dental Assistant #:  Registered Dental Therapist #: |

**Educational Background (Begin with College Level)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of School, City& State | Year of Grad. | Certificate or Degree | Area of Study |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Teaching Appointments for Past 10 Years (Begin with Current)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Institution, City& State | Rank  (e.g., Assistant Professor, etc.) | Discipline | From (Year) | To (Year) | FT/PT?\*\* |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

# \*\*Please indicate the number of days/week

# Hospital Appointments for Past 10 Years (Begin with Current)

|  |  |  |
| --- | --- | --- |
| Name of Hospital, City & State | From  (Year) | To  (Year) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Current Teaching Responsibilities At Primary Institution**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Course Title | Discipline and Level of Students (Year) | Total Contact Hours Per Year | | |
|  |  | Didactic | Preclinic | Clinic |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**CE Courses Taught In Last 3 Years**

|  |  |  |
| --- | --- | --- |
| Course Title | Discipline Taught | Month and Year |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

## Practice Experience for Past 10 Years

|  |  |  |  |
| --- | --- | --- | --- |
| Location (City and State) | Type of Practice | From (Year) | To  (Year) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Board Certification**

|  |  |  |
| --- | --- | --- |
| Certifying Organization | Discipline | Date certified |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Membership, Offices Or Appointments Held In Local, State Or National Dental Or Allied Dental Organizations, Including Appointments To State Boards Of Dentistry for Past 5 Years**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Organization | Title | From (Year) | To  (Year) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Published Works for Past 5 Years** (list articles in which you were the principal author that appeared in refereed journals or text books, by author(s), title, publication, and date)

|  |  |  |  |
| --- | --- | --- | --- |
| Author(s) | Title | Publication | Date |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Committee Assignments and Conjoint Course Involvement for Past 5 Years:**

|  |
| --- |
|  |

**Statement** (Write a short paragraph on why you are seeking appointment as a Site Visitor)

|  |
| --- |
|  |

**Licensure Action Attestation:**

I hereby attest that (check one):

\_\_\_\_\_ **NO** licensure action (e.g. revocation, suspension, or censure) has been taken against me

within the past twelve (12) months.

\_\_\_\_\_ Licensure action (e.g. revocation, suspension, or censure) **HAS BEEN** taken against me

within the past twelve (12) months.

Please describe:

\_\_\_\_\_ **Not Applicable** (I do not hold licensure in a dental or dental-related discipline)

|  |
| --- |
| Submission Date: |

|  |
| --- |
| Signature: |

Please **email** completed form to the appropriate CODA staff manager found at

<https://coda.ada.org/en/accreditation/coda-membership/coda-staff> **All GPR, AEGD, Dental Anesthesiology, Oral Med, Orofacial Pain Nominees Only:**

1. Please indicate which of the following type of program(s) you have completed. Also, indicate the name of the program and the date(s) enrolled.

|  |  |  |
| --- | --- | --- |
| **Discipline** | **Name of Program** | **Date(s) of enrollment** |
| General Practice Residency |  |  |
| Advanced Education in General Dentistry |  |  |
| Dental Anesthesiology |  |  |
| Oral Medicine |  |  |
| Orofacial Pain |  |  |

2. Please indicate whether you have significant experience in the ***administration*** of any of the type of program(s) listed below. If so, please indicate the name of the program and a description of your experience.

|  |  |  |
| --- | --- | --- |
| **Discipline** | **Name of Program** | **Description of Experience** |
| General Practice Residency |  |  |
| Advanced Education in General Dentistry |  |  |
| Dental Anesthesiology |  |  |
| Oral Medicine |  |  |
| Orofacial Pain |  |  |

3. Have you been *a* ***faculty member*** of any of the types of program listed below when it went through an accreditation site visit? Yes No

If yes, what program(s) and when was that site visit(s)?

|  |  |  |
| --- | --- | --- |
| **Discipline** | **Name of Program** | **Date of site visit** |
| General Practice Residency |  |  |
| Advanced Education in General Dentistry |  |  |
| Dental Anesthesiology |  |  |
| Oral Medicine |  |  |
| Orofacial Pain |  |  |

4. Have you gained other experiences that you believe qualify you to serve as a site visitor for the discipline noted below? If yes, please describe.

|  |  |
| --- | --- |
| **Discipline** | **Description of other experiences** |
| General Practice Residency |  |
| Advanced Education in General Dentistry |  |
| Dental Anesthesiology |  |
| Oral Medicine |  |
| Orofacial Pain |  |

**All Dental Hygiene, Dental Assisting, Dental Laboratory Technology, and Dental Therapy Nominees Only:**

**EDUCATION METHODOLOGY COURSES (All recent educational methodology taken related to all modalities used by you when teaching: didactic, laboratory/pre-clinic/clinic, and/or online/hybrid courses, including curriculum development, educational psychology, test construction, measurement and evaluation)**

|  |  |  |
| --- | --- | --- |
| Course Title | Course Description (brief) and Provider | Month and Year |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Dental Hygiene Nominees:**

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.

**Dental Assisting Nominees:**

The following are criteria for selection of dental assisting site visitors:

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

**Dental Laboratory Technology Nominees:**

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.

**Dental Therapy Nominees:**

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.

**Predoctoral Nominees:**

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.