

**CHANGES MADE TO EVALUATION AND OPERATIONAL POLICIES AND
PROCEDURES MANUAL (EOPP)**

Underline indicates addition; ~~Strikethrough~~ indicates deletion

2. Rules Of The Commission On Dental Accreditation:

Article I. MISSION

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

Adopted August 5, 2016; Revised August 6, 2021

H. DEVELOPMENT OF ADMINISTRATIVE AND OPERATIONAL POLICY STATEMENTS

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

1. Receives writing assignment and determines which staff should be involved in the assignment;
2. Conducts preliminary planning meeting;
3. Develops framework (e.g., outline, notes) for report;
4. Prepares an executive summary that clearly delineates the exact charge to the Commission, a Standing Committee and/or Review Committee(s). This approach will be taken on policies considered by more than one Review Committee (~~15800~~'s), or by a Standing Committee or the Commission (~~16900~~'s);
5. Circulates the framework to the Director and managers (those determined at time of assignment);
6. Conducts staff meeting to resolve substantive differences, if necessary;
7. Drafts report;
8. Circulates draft report to the Director and managers for review & comment; requests reviewers to highlight strong concerns; and
9. Conducts staff meeting to resolve any substantive differences in comments received (if necessary).

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

II. REVIEW COMMITTEES AND BOARD OF COMMISSIONERS

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. Following consideration of workload, public members may concurrently serve on more than one (1) review 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. 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.
- *. xi. 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

2. Composition

Dental Hygiene Education Review Committee (~~44~~ 13 members)

- 1 discipline-specific Commissioner appointed by American Dental Hygienists' Association
- 1 public member
- ~~4~~ 5 dental hygienist educators
- 2 dental hygienist practitioners
- ~~1~~ 2 dentist practitioners
- 1 dentist educator
- 1 higher education administrator

Revised: 2/22; 2/21; 8/18; 2/16; 2/15; 8/14; 2/13, 7/09, 7/08, 1/08; Reaffirmed: 8/17; 8/10; Adopted: 1/06

B. COMMISSION AND COMMISSION MEETINGS

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 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.

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 ~~striketrough~~ 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: 12/91:15, 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~~ 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~~ 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; Reaffirmed: 8/18; 8/13; 8/10; Adopted: 8/02

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~~ 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

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 clinic 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.m.~~ 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.n. 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

H. 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 timeframe 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

I. SITE VISITS

Invoicing Process for Special Focused Site Visits

In advance of the special focused site visit, the program must remit payment for the Administrative Fee (\$5,000 ~~in 2020 and 2021~~) plus \$1,500 per site visitor/staff attending visits up to two (2) days in length. Site visits that are three (3) or more days will be billed an additional \$500 per site visitor/staff for each additional day; further, if additional airfare or transportation expenses are incurred, these will be assessed to the program. Failure to submit the special focused site visit fee in advance of the visit may result in a delay of the visit and additional rescheduling cost to the program, and may impact the program's accreditation status. See Program Fee Policy.

Revised: 2/22; 1/20; 8/19; 2/19; 2/18; 2/17; 8/16; 2/16; 8/14; 8/13; 1/00, 1/99, 1/98; Reaffirmed: 8/13; 8/10, 7/06; Adopted: 7/96

J. SITE VISITORS

2. Criteria For Nomination Of Site Visitors

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.

Revised: 2/22; 1/20; 8/19; 8/18; 8/14; 8/12, 7/09, 7/07, 7/01; Reaffirmed: 8/10; Adopted: 7/98

C. 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 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 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 a 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.

1. A program administrator submits the report by ~~June 1 or December 1~~ **May 1 or November 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.
- *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; 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

J. 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

K. 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

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

S. 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.

Reporting Requirements for Off-Campus Sites	Major Activity Sites	Minor Activity Sites	Supplemental Activity Sites*
Definitions	Students/Residents required 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	Students/Residents required 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.	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).
Program Report Requirement	Report required by <u>June 1 or December 1</u> <u>May 1 or November 1</u>	Report required at least 30 days prior to planned implementation of educational activity site.	No report required.
Acknowledgement/Approval	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.	Commission acknowledgement of review at the program's next site visit.	No approval required.

<p>Site Visit(s) to Educational Activity Site</p>	<p>Commission may direct special focused site visit to review educational activity site prior to or after approval of the site. Commission may review site at future site visits.</p>	<p>Commission may visit educational activity site during program’s next site visit.</p>	<p>No site visit required.</p>
---	---	---	--------------------------------

*sites used for community service and service learning are exempt

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 Commission’s *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 an 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)

VI. COMPLAINTS

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