



**WICHITA STATE
UNIVERSITY**

UNIVERSITY LIBRARIES

Appendix W. Dental Hygiene Program accreditation

Item Type	Accreditation document
Authors	Commission on Dental Accreditation (CODA)
Publisher	Wichita State University
Download date	2026-05-12 12:38:51
Link to Item	http://hdl.handle.net/10057/13410



HLC Accreditation 2016-2017

Federal Compliance Form

Commission on Dental Accreditation

Appendix W

Dental Hygiene Accreditation

Additional information:



February 19, 2015

Dr. John Bardo
President
Wichita State University
1845 Fairmont Street
Wichita, KS 67260

Re: Dental Hygiene Program

Dear President Bardo:

At its February 5, 2015 meeting, the Commission on Dental Accreditation (CODA) considered the progress report on the dental hygiene program sponsored by the Wichita State University.

Following careful review of the information provided, the Commission determined that the recommendation cited in the July 2014 site visit report have been met and adopted a **resolution to change the program's accreditation status to "approval without reporting requirements."** The definitions of accreditation classifications are enclosed. No additional information is requested at this time from the program. The next site visit for the program is scheduled for **2020**.

In taking this action, the Commission stipulated that it will expect the institution to keep the Commission informed as soon as possible of anticipated major changes in any approved educational program offered, particularly in the areas of administration, enrollment, faculty, facilities and curriculum. The Commission's **policy and guidelines** for reporting major program changes are enclosed.

*Note: **The program's documentation for CODA (self-study, application, or reports to CODA, for example) must NOT contain any patient protected health information (PHI) or HIPAA identifiers as outlined in section 164.514 of the HIPAA Privacy Rule.***

In addition, most states have enacted laws to protect sensitive personally identifiable information ("PII") such as social security numbers, drivers' license numbers, credit card numbers, account numbers, etc. Before sending documents such as faculty CVs to CODA, institutions must fully redact the following PII: social security numbers, credit or debit card numbers, driver's license numbers or government-issued ID numbers, account numbers, health information, taxpayer ID, and date of birth.

If the program/institution submits documentation that does not comply with the directives on PHI and PII (noted above), CODA will assess a penalty fee of \$1000 to the institution; a resubmission that continues to contain PHI or PII will be assessed an additional \$1000 fee.

President Bardo
February 19, 2015
Page 2

The Commission has authorized use of the following statement by institutions or programs that wish to announce their programmatic accreditation by the Commission. Programs that wish to advertise the specific programmatic accreditation status granted by the Commission may include that information as indicated in italics below (see text inside square brackets); that portion of the statement is optional but, if used, must be complete and current.

The program in dental hygiene is accredited by the Commission on Dental Accreditation [*and has been granted the accreditation status of "approval without reporting requirements"*]. The Commission is a specialized accrediting body recognized by the United States Department of Education. The Commission on Dental Accreditation can be contacted at (312) 440-4653 or at 211 East Chicago Avenue, Chicago, IL 60611. **The Commission's web address is:** <http://www.ada.org/en/coda>.

If this office can be of any assistance to you, please contact me by telephone, at 1-800-621-8099, extension 2695 or by e-mail, at renfrowp@ada.org.

Sincerely,



Patrice Renfrow, RDH, MA
Manager, Allied Dental Education
Commission on Dental Accreditation

PR/ap

Sent via e-mail: CODA Accreditation Status Definitions
Reporting Program Changes in Accredited Programs
Electronic Submission Guidelines for General Correspondence

Link to Evaluation and Operational Policies and Procedures
<http://www.ada.org/coda/policies-and-guidelines>

Link to Accreditation Standards for Dental Hygiene Education Programs
<http://www.ada.org/coda/current-accreditation-standards>

President Bardo
February 19, 2015
Page 3

cc: Dr. Sandra Bibb, dean, College of Health Professions
Ms. Denise Maseman, department chairperson, Dental Hygiene
Mr. Herman Bounds, director, Accreditation Division, U.S. Department of Education
(via CODA website)
State Boards of Dentistry (via CODA website)
Institutional Accreditors (via CODA website)
Dr. Perry Tuneberg, chair, Commission on Dental Accreditation (CODA)
Dr. Sherin Tooks, director, Commission on Dental Accreditation (CODA)

ACCREDITATION STATUS DEFINITIONS

PROGRAMS WHICH ARE FULLY OPERATIONAL

APPROVAL (*without reporting requirements*): An accreditation classification granted to an educational program indicating that the program achieves or exceeds the basic requirements for accreditation.

APPROVAL (*with reporting requirements*): An accreditation classification granted to an educational program indicating that specific deficiencies or weaknesses exist in one or more areas of the program. Evidence of compliance with the cited standards must be demonstrated within 18 months if the program is between one and two years in length or two years if the program is at least two years in length. If the deficiencies are not corrected within the specified time period, accreditation will be withdrawn, unless the Commission extends the period for achieving compliance for good cause.

(Adopted: 01/98)
(Reaffirmed: 07/05; Revised: 01/99; Effective: 07/99)

PROGRAMS WHICH ARE NOT FULLY OPERATIONAL

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 “not fully operational.” The accreditation classification granted by the Commission on Dental Accreditation to programs which are not fully operational is “initial accreditation.” When “initial accreditation” status is granted to a developing education program, it is in effect through the projected initial enrollment date. However, if enrollment is delayed for two consecutive years, the institution must reapply for “initial accreditation” and update pertinent information on program development. Following this, the Commission will reconsider granting “initial accreditation” status.

Initial Accreditation: Initial Accreditation is the accreditation classification granted to any dental, advanced dental or allied dental education program which is in the planning and early stages of development or an intermediate stage of program implementation and not yet fully operational. This accreditation classification provides evidence to educational institutions, licensing bodies, government or other granting agencies that, at the time of initial evaluation(s), the developing education program has the potential for meeting the standards set forth in the requirements for an accredited educational program for the specific occupational area. The classification “initial accreditation” is granted based upon one or more site evaluation visit(s) and until the program is fully operational.

(CODA: 02/02; Revised 07/08)

Initial Accreditation Status for Accredited Programs

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 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).

(CDE: 12/74:19)

(Reaffirmed: 07/07; 07/01; Revised: 07/08; 08/02; 07/96)

OTHER ACCREDITATION ACTIONS

Discontinued: An action taken by the Commission when a program voluntarily discontinues its participation in the accreditation program and no longer enrolls a first year class.

Intent to Withdraw: A formal warning utilized by the Commission on Dental Accreditation to notify an accredited program and the communities of interest that the program’s accreditation will be withdrawn if compliance with accreditation standards or policies cannot be demonstrated by a specified date. The warning is usually for a six-month period, unless the Commission extends for good cause.

“Intent to Withdraw” Accreditation

In the event accreditation is withdrawn from a program by the Commission, students currently enrolled in the program at the time accreditation is withdrawn and who successfully complete the program will be considered graduates of an accredited program. Students who enroll in a program after the accreditation has been withdrawn will not be considered graduates of a Commission-accredited program. Such graduates may be ineligible for certification/licensure examinations. In view of this, the Commission advises programs that the “intent to withdraw” accreditation may have legal implications for the program and suggests that their institutional legal counsel be consulted regarding how and when to advise applicants and students of the Commission’s accreditation actions.

Withdraw: An action taken by the Commission when a program has been unable to demonstrate compliance with the accreditation standards or policies within the time period specified. A final action to withdraw accreditation is communicated to the program and announced to the communities of interest. A statement summarizing the reasons for the Commission’s decision and comments, if any, that the affected program has made with regard to this decision, is available upon request from the Commission office. In the event the Commission withdraws accreditation from a program, students currently enrolled in the program at the time accreditation is withdrawn and who successfully complete the program, will be considered graduates of an accredited program. Students who enroll in a program after the accreditation has been withdrawn will not be considered graduates of a Commission-accredited program.

(Reaffirmed: 07/07; 07/01; 12/87:9)

COMMISSION ON DENTAL ACCREDITATION

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. Reporting changes in the Annual Survey does not preclude the requirement to report changes 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 specialty education programs must adhere to the Policy on Enrollment Increases in Advanced Specialty Programs. In addition, programs adding off-campus sites must adhere to the Policy on the Accreditation of Off-Campus sites. Guidelines for Reporting Off-Campus Sites are available from the Commission office. Guidelines for Requesting an Increase in Enrollment in a Predoctoral Dental Education Program are available from the Commission office.

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.

When a change is planned, Commission staff should be consulted to determine reporting requirements. This report must document how the program will continue to meet accreditation standards. The Commission's Guidelines for Reporting Program Changes are available on the ADA 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 at least thirty (30) days prior to a regularly scheduled, semi-annual Review Committee meeting 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 used to meet accreditation standards or program requirements;
- Transfer of sponsorship from one institution to another;
- Moving a program from one geographic site to another, including but not limited to geographic moves within the same institution;
- Program director qualifications not being in compliance with the standards. In lieu of a CV, a copy of the new or acting program director's completed BioSketch should 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. (Specialty programs see Policy on Enrollment Increases In Advanced Specialty Programs; 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;
- 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; and/or
- Expansion of a developing dental hygiene or 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.

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. Failure to proactively plan for change will not be considered unexpected change. Depending upon the timing and nature of the change, appropriate investigative procedures including a site visit may be warranted.

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:

- 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 should be provided to Commission staff. Contact Commission Staff for the BioSketch template.

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

1. A program administrator submits the report at least thirty (30) days prior to a regularly scheduled Review Committee meeting.
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 changes received from accredited educational programs.

- *Approve the report of program change:* 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(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 institutions will be advised that they may re-submit the request with additional information if they choose.

Revised: 2/15; 8/14; 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

GUIDELINES FOR REPORTING PROGRAM CHANGES

PURPOSE: A “report on changes” informs the Commission that a change has taken place in the program. Change is part of the dynamic evolution and growth of a healthy education program. **Changes have a direct and significant impact on the program’s potential ability to comply with the Accreditation Standards.** The program administrator must inform the Commission at least thirty (30) days prior to the anticipated implementation of change. The report should indicate how the relevant standard(s) will continue to be met.

CONSULTATION: Before a change occurs, Commission staff should be consulted immediately. Staff will provide guidance in adequately explaining and documenting all changes. In addition, program administrators frequently consult with staff when they are anticipating changes. This allows the program administrator to assess the impact of the proposed change on the accreditation status of the program.

FORMAT: The report must be clear and concise and must follow the “Format” and “Mechanics” illustrated within this guideline. Reports that fail to adhere to the stated guidelines may be returned to the program for proper formatting. For each change in the program being reported:

1. DESCRIBE THE CHANGE briefly and as clearly as possible. Provide a chronology of events/circumstances leading to the change, if you believe that would be helpful. Include a description of the relevant aspects of the program BEFORE the change and AFTER the change illustrating the impact of the change on the program.
2. PROVIDE RELEVANT DOCUMENTATION to illustrate how the program will continue to comply with the accreditation standard(s). For example, if enrollment increased by a significant percentage, describe and document the resources that will allow the larger number of students to be provided with a quality education (e.g., additional faculty; the purchase of new equipment; copies of laboratory/clinic schedules).

NOTE: When deciding how to explain a change and selecting appropriate documentation, it may be helpful to use the following approach:

- a. Description: discuss BEFORE and AFTER the change;
- b. Appraisal and Analysis: assess the IMPACT of the change;
- c. Supportive Documentation: EVIDENCE that the program continues to meet the standards.

Note: The program’s documentation for CODA (self-study, application, or reports to CODA, for example) must NOT contain any patient protected health information (PHI) or HIPAA identifiers as outlined in section 164.514 of the HIPAA Privacy Rule.

In addition, most states have enacted laws to protect sensitive personally identifiable information (“PII”) such as social security numbers, drivers’ license numbers, credit card

numbers, account numbers, etc. Before sending documents such as faculty CVs to CODA, institutions must fully redact the following PII: social security numbers, credit or debit card numbers, driver's license numbers or government-issued ID numbers, account numbers, health information, taxpayer ID, and date of birth.

If the program/institution submits documentation that does not comply with the directives on PHI and PII (noted above), CODA will assess a penalty fee of \$1000 to the institution; a resubmission that continues to contain PHI or PII will be assessed an additional \$1000 fee.

MECHANICS: The following guidelines must be observed when preparing your report:

1. COVER PAGE – **Must** include the following information:
 - a. name and address of the institution
 - b. program title;
 - c. name, title, telephone number, e-mail address and signature of the program director;
 - d. name, title, and signature of the department head/dean;
 - e. name, title, and signature of the chief executive officer of the institution (the chief executive officer of the institution sponsoring the program must be copied on the letter to the Commission).
2. DOCUMENTATION -- If documentation is extensive, include a LIST OF APPENDICES in the text of the report and include the actual items in separate **appendices**. Use **numbered tabs** for each appendix and cite them for each item mentioned in the report. Include the tab number next to the item on the list of documentation in the report.
3. PACKAGING--The report must be typed, two-sided, page numbered, three-hole punched and fastened with clips or rubber bands. **Please DO NOT bind the report into book form – the pages must be loose.**
4. COPIES--Submit **one (1) paper copy and one (1) comprehensive electronic copy** of the report on changes for **each program** affected.

ACCREDITATION MATERIALS AND CONVERSION FEES

All institutions will provide the Commission with an electronic copy of all **accreditation documents/reports and related materials**. The program's documentation for CODA must not contain any patient protected health information (PHI) or personally identifiable information (PII). These documents may include, but are not limited to, self-study, responses to site visit/progress reports, initial accreditation applications, reports of major change, and transfer of sponsorship and exhibits. Electronic submission guidelines will be provided to programs. Accreditation documents/reports and related materials must be complete and comprehensive. If the program is unable to provide a comprehensive electronic document, the Commission will assess a fee for converting the document (e.g. exhibits, tables, curriculum, report of change, progress report, transfer of

sponsorship, response to site visit report) to an electronic version. If the program/institution submits documentation that does not comply with the policy on PHI and PII (noted above), CODA will assess a penalty fee of \$1000 to the institution; a resubmission that continues to contain PHI or PII will be assessed an additional \$1000 fee.

Reaffirmed: 8/10; Revised: 8/13; 8/12, 8/11, 8/07, 7/06; Adopted: 1/06

DEADLINES: Depending on the specific program change, reports **must** be submitted to the Commission at least thirty (30) days prior to a regularly scheduled Review Committee meeting or at least thirty (30) days prior to the anticipated implementation of a change. Because of the above deadlines, program administrators should consult with Commission staff well in advance of an anticipated change in order to assess any potential impact of the anticipated change on the accreditation status of the program. If the report of change will be considered by a review committee and the Commission, the Commission acknowledgment will indicate the meeting date. Failure to comply with the policy will jeopardize the program's accreditation status.

Programs/Institutions must meet established deadlines for submission of requested information. Program information (i.e., reports on changes) is considered an integral part of the accreditation process. If an institution fails to comply with the Commission's deadlines, it will be assumed that the institution no longer wishes to participate in the accreditation program. In this event, the Commission will immediately notify the chief executive officer of the institution of its intent to withdraw the accreditation of the program(s) at its next scheduled meeting.

ASSISTANCE: Call Commission staff if you have questions about your report. Staff are available to answer questions about report preparation and can be contacted on the ADA toll-free number: 1-800/621-8099.

- dental education programs, extension 2721;
- advanced specialty programs in dental public health, oral and maxillofacial pathology, oral and maxillofacial radiology, pediatric dentistry and prosthodontics, extension 2672;
- advanced specialty programs in endodontics, oral and maxillofacial surgery, orthodontics and dentofacial orthopedics and periodontics, and fellowships in oral and maxillofacial surgery and orthodontics and dentofacial orthopedics, extension 2714;
- advanced education in general dentistry, general practice residency, and advanced general dentistry education programs in dental anesthesiology, oral medicine and orofacial pain, extension 2788;
- dental assisting programs, extension 2705;
- dental hygiene programs, extension 2695; and
- dental laboratory technology programs, extension 2705

Information should be sent to: Commission on Dental Accreditation, 211 E. Chicago Avenue, 19th Floor, Chicago, IL 60611.

Updated: 2/15; 8/14; 8/13; 2/12; 8/10

Electronic Submission of General Correspondence and Reports
(Change in program director, major change, increase in enrollment, transfer of sponsorship, etc.)

The Commission has moved to an electronic document storage system and requires that all Correspondence/Reports and related materials submitted to the Commission for a program's permanent file be done so electronically.

Electronic reports that fail to adhere to the stated guidelines may be returned to the program for re-formatting and may not be reviewed at the assigned time.

Every effort should be made to ensure that the document is concise and contains only the information necessary to demonstrate compliance with the Accreditation Standards.

The program's documentation for CODA (self-study, application, or reports to CODA, for example) must NOT contain any patient protected health information (PHI) or HIPAA identifiers as outlined in section 164.514 of the HIPAA Privacy Rule.

In addition, most states have enacted laws to protect sensitive personally identifiable information ("PII") such as social security numbers, drivers' license numbers, credit card numbers, account numbers, etc. Before sending documents such as faculty CVs to CODA, institutions must fully redact the following PII: social security numbers, credit or debit card numbers, driver's license numbers or government-issued ID numbers, account numbers, health information, taxpayer ID, and date of birth.

If the program/institution submits documentation that does not comply with the directives on PHI and PII (noted above), CODA will assess a penalty fee of \$1000 to the institution; a resubmission that continues to contain PHI or PII will be assessed an additional \$1000 fee.

Documents that fail to adhere to the Commission's HIPAA and PII compliance requirements will be destroyed and corrected documents must be submitted.

Media: PC formatted travel drive (USB drive). Sending files as email attachment(s) is discouraged. Nonetheless, if the documents will be e-mailed to the Commission, attachments must not exceed 5 megabytes.

File Formats: Adobe Portable Document Format (.pdf)
Microsoft Word (.doc) or (.docx)
Microsoft Excel (.xls)

File Size:

- Reports and appendices that are less than 200 pages should be saved or scanned as a single document. Reports exceeding 200 pages should be broken down into 200 page files. **Submission of multiple single-page electronic files is not acceptable. Documents submitted in this manner will be returned to the program for reformatting.** Any single electronic/digital file should be no larger than 50 megabytes. Photographs, unless directly related to your report, must not be included. Further, photographs which require a photo wizard for viewing must not be included.
- Documents must be positioned so that they do not need to be rotated to view.
- **If the report was not created as one of the above formats, use the "Save As" function to save the document in one of the preferred formats.**

Web-based Information: The Commission must retain a snapshot of the information presented at the time of the submission of the report. For this reason, the electronic report must not link to information on the Internet. To ensure that the Commission retains the correct information, please insert or "embed" all web-based information into the report.

Organization: The Commission prefers that the report be submitted as a single comprehensive document. If the report is more than 200 pages, it should be saved as smaller 200 page documents. The travel drive (USB) should have **one folder that is labeled "1-2015 Report of Program Change ENDO" (Endodontics, for example)**. The month and year should correspond to the actual date the report is submitted. Within the folder, the institution should present the report. The ability to rename the folder and/or documents should not be restricted. Again, any single electronic/digital file should be no larger than 50 megabytes. Submission of multiple single-page electronic files is not acceptable. Documents submitted in the manner will be returned to the program for reformatting.



1-2015 Report of Program Change ENDO

Paper Copies: The program is responsible for assuring that the electronic copy submitted is an exact replica of the paper copy. Failure to comply with these guidelines will constitute an incomplete report. If the program cannot provide an electronic copy of all aspects of the report, including appendices (e.g. student/resident schedules, contracts/agreements, etc.), please submit a comprehensive paper copy of the report to be scanned by the Commission. This document should **include a cover page marked "Copy for Scanning"**. The Commission will accept a paper copy and assess a fee for converting the document to an electronic version.

In addition to the electronic version of the documents, paper copies of the report and related materials must be submitted based on the number stated in the transmittal letter. Please contact one of the Commission staff listed below at 800.621.8099 if you have further questions.

Commission on Dental Accreditation Staff

Catherine Horan, x2721, predoctoral dental education

Peggy Soeldner, x2788, postdoctoral general dentistry education (advanced education in general dentistry, general practice residency, dental anesthesiology, oral medicine and orofacial pain)

Jennifer Snow, x2714, endodontics, oral and maxillofacial surgery, orthodontics and dentofacial orthopedics and periodontics education

Catherine Baumann, x2672, dental public health, oral and maxillofacial pathology, oral and maxillofacial radiology, pediatric dentistry and prosthodontics education

Patrice Renfrow, x2695, dental hygiene, dental assisting, and dental laboratory technology education

Commission on Dental Accreditation Discipline Abbreviations

DE – Predoctoral Dental Education
AEGD – Advanced Education in General Dentistry Education
GPR – General Practice Residency Education
Dent Anes – Dental Anesthesiology
OF Pain – Orofacial Pain
Oral Med – Oral Medicine
DA – Dental Assisting Education
DH – Dental Hygiene Education
DLT – Dental Laboratory Technology Education
DPH – Dental Public Health Education
ENDO – Endodontics Education
OMP – Oral and Maxillofacial Pathology Education
OMR – Oral and Maxillofacial Radiology Education
OMS – Oral and Maxillofacial Surgery Education
OMS-CF COS – Oral and Maxillofacial Surgery Clinical Fellowship Education – Cosmetics
OMS-CF CR – Oral and Maxillofacial Surgery Clinical Fellowship Education – Craniofacial (Pediatric Craniomaxillofacial)
OMS-CF ONC – Oral and Maxillofacial Surgery Clinical Fellowship Education - Oncology
ORTHO – Orthodontics and Dentofacial Orthopedics Education
ORTHO-CF – Clinical Fellowship Education in Craniofacial and Special Care Orthodontics
PED – Pediatric Dentistry Education
PERIO – Periodontics Education
PROS – Prosthodontics Education
CBMXPROS - Combined Prosthodontics/Maxillofacial Prosthetics
MXPROS - Maxillofacial Prosthetics

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

Security Reminder: Personally Identifiable Information

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

- Review for Social Security number, **driver’s licensure number**, credit card number, account, number or any other potential personally identifiable information.
- Redact any personally identifiable information.
- Make sure the redacted information is unreadable in hard copy and electronic form. You must use appropriate redaction methods to ensure personal information cannot be read.

CODA **does not accept sensitive personally identifiable information (“PII”)** in any materials submitted by a program.

Security Reminder: Patient Information

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

Examples of information about a patient:

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

If **even one identifier is readable, the information may be protected health information (“PHI”)**, which is protected under HIPAA. HIPAA imposes strict requirements for protecting PHI and harsh penalties for violations.

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

When redacting identifiers, you must ensure that the information is unreadable in both hard copy and electronic form. For example, certain information redacted on a hard copy can become readable when the hard copy is scanned. Use cover-up tape and ensure the information is not visible/readable through the redaction.

The HIPAA Identifiers – Simplified List

Note: This is a simplified list of the HIPAA identifiers. For complete information, see section 164.514 of the HIPAA Privacy Rule.

<http://www.hhs.gov/ocr/privacy/hipaa/administrative/combined/hipaa-simplification-201303.pdf>. The HIPAA Privacy Rule provisions on de-identification, including the 18 identifiers, can be found on pages 96-97.

To de-identify protected health information, the following identifiers of the individual or of relatives, household members, and employers must be removed:

1. Names
2. Address (including city, zip code, county, precinct)
3. Dates:
 - Dates (except year) for information such as birth date, admission date, date of death
 - All ages over 89 (or information that would indicate a date over 89, including year)
4. Telephone numbers
5. Fax numbers
6. E-mail addresses
7. Social Security numbers
8. Medical record numbers
9. Health plan beneficiary numbers
10. Account numbers
11. Certificate/license numbers
12. Vehicle identifiers and serial numbers, including license plate numbers
13. Device identifiers and serial numbers
14. Web Universal Resource Locators (URLs)
15. Internet Protocol (IP) address numbers
16. Biometric identifiers (e.g., finger and voice prints)
17. Full face photographic images and comparable images
18. Any other unique identifying number, characteristic, or code (unless the key is not disclosed or discernible).

In addition, the covered entity cannot have actual knowledge that the information could be used alone or in combination with other information to identify the individual.