

1                                   **Accreditation Standards for**  
2                                   **Advanced Specialty Education Programs in**  
3                                   **Prosthodontics**

4  
5                                   **Commission on Dental Accreditation**  
6                                   **211 East Chicago Avenue**  
7                                   **Chicago, Illinois 60611-2678**  
8                                   **(312) 440-4653**  
9                                   **www.ada.org/coda**

10  
11  
12  
13  
14  
15  
16    **Prosthodontics** is the dental specialty pertaining to the diagnosis, treatment planning,  
17    rehabilitation and maintenance of the oral function, comfort, appearance and health of patients  
18    with clinical conditions associated with missing or deficient teeth and/or oral and maxillofacial  
19    tissues using biocompatible substitutes. (*Adopted April 2003*)  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33

34                                   Copyright© ~~2014~~ 2015  
35                                   Commission on Dental Accreditation  
36    All rights reserved. Reproduction is strictly prohibited without prior written permission.



# Table Of Contents

	<u>PAGE</u>
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	
32	
33	
34	
35	
36	
37	
38	
39	

**Mission Statement of the Commission on Dental Accreditation** .....

**Accreditation Status Definitions**.....

**Preface**.....

**Policy on Major Changes**.....

**Policy on Enrollment Increases in Advanced Dental Specialty Programs**.....

**Definition of Terms Used in Prosthodontics Accreditation Standards**.....

**Standards**

**1 - INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS** .....

**AFFILIATIONS**.....

**2 - PROGRAM DIRECTOR AND TEACHING STAFF**.....

**3 - FACILITIES AND RESOURCES**.....

**4 - CURRICULUM AND PROGRAM DURATION**.....

**PROGRAM DURATION**.....

**CURRICULUM**.....

**DIDACTIC PROGRAM: BIOMEDICAL SCIENCES**.....

**DIDACTIC PROGRAM:**

**PROSTHODONTICS AND RELATED DISCIPLINES**.....

**CLINICAL PROGRAM**.....

**MAXILLOFACIAL PROSTHETICS:**.....

**PROGRAM DURATION**.....

**DIDACTIC PROGRAM**.....

**CLINICAL PROGRAM**.....

**5 - ADVANCED EDUCATION STUDENTS/RESIDENTS**.....

**ELIGIBILITY AND SELECTION**.....

**EVALUATION**.....

**DUE PROCESS**.....

**RIGHTS AND RESPONSIBILITIES**.....

**6 - RESEARCH**.....



## Accreditation Status Definitions

### Programs That 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 eighteen (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. Circumstances under which an extension for good cause would be granted include, but are not limited to:

- sudden changes in institutional commitment;
- natural disaster which affects affiliated agreements between institutions; faculty support; or facilities;
- changes in institutional accreditation;
- interruption of an educational program due to unforeseen circumstances that take faculty, administrators or students away from the program

### Programs That 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 enrollment date. However, if enrollment of the first class is delayed for two consecutive years following the projected enrollment date, the program’s accreditation will be discontinued, and 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** is the accreditation classification granted to any dental, advanced dental or allied dental education program which is 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).

## Preface

1  
2  
3 Maintaining and improving the quality of advanced education in the nationally recognized specialty areas of  
4 dentistry is a primary aim of the Commission on Dental Accreditation. The Commission is recognized by the  
5 public, the profession, and the United States Department of Education as the specialized accrediting agency in  
6 dentistry.  
7

8 Accreditation of advanced specialty education programs is a voluntary effort of all parties involved. The  
9 process of accreditation assures students/residents, specialty boards and the public that accredited training  
10 programs are in compliance with published standards.  
11

12 Accreditation is extended to institutions offering acceptable programs in the following recognized specialty  
13 areas of dental practice: dental public health, endodontics, oral and maxillofacial pathology, oral and  
14 maxillofacial radiology, oral and maxillofacial surgery, orthodontics and dentofacial orthopedics, pediatric  
15 dentistry, periodontics and prosthodontics. Program accreditation will be withdrawn when the training  
16 program no longer conforms to the standards as specified in this document, when all first-year positions  
17 remain vacant for a period of two years or when a program fails to respond to requests for program  
18 information. Exceptions for non-enrollment may be made by the Commission for programs with “approval  
19 without reporting requirements” status upon receipt of a formal request from an institution stating reasons  
20 why the status of the program should not be withdrawn.  
21

22 Advanced education in a recognized specialty area of dentistry may be offered on either a certificate-only or  
23 certificate and degree-granting basis.  
24

25 Accreditation actions by the Commission on Dental Accreditation are based upon information gained through  
26 written submissions by program directors and evaluations made on site by assigned consultants. The  
27 Commission has established review committees in each of the recognized specialties to review site visit and  
28 progress reports and make recommendations to the Commission. Review committees are composed of  
29 representatives selected by the specialties and their certifying boards. The Commission has the ultimate  
30 responsibility for determining a program’s accreditation status. The Commission is also responsible for  
31 adjudication of appeals of adverse decisions and has established policies and procedures for appeal. A copy  
32 of policies and procedures may be obtained from the Director, Commission on Dental Accreditation, 211 East  
33 Chicago Avenue, Chicago, Illinois 60611.  
34

35 This document constitutes the standards by which the Commission on Dental Accreditation and its  
36 consultants will evaluate advanced programs in each specialty for accreditation purposes. The Commission  
37 on Dental Accreditation establishes general standards which are common to all dental specialties, institution  
38 and programs regardless of specialty. Each specialty develops specialty-specific standards for education  
39 programs in its specialty. The general and specialty-specific standards, subsequent to approval by the  
40 Commission on Dental Accreditation, set forth the standards for the education content, instructional activities,  
41 patient care responsibilities, supervision and facilities that should be provided by programs in the particular  
42 specialty.  
43

- 1 As a learned profession entrusted by the public to provide for its oral health and general well-being,  
2 the profession provides care without regard to race, color, religion, gender, national origin, age,  
3 disability, sexual orientation, status with respect to public assistance, or marital status.  
4
- 5 The profession has a duty to consider patients' preferences, and their social, economic and emotional  
6 circumstances when providing care, as well as to attend to patients whose medical, physical and  
7 psychological or social situation make it necessary to modify normal dental routines in order to  
8 provide dental treatment. These individuals include, but are not limited to, people with  
9 developmental disabilities, cognitive impairments, complex medical problems, significant physical  
10 limitations, and the vulnerable elderly. The Standards reconfirm and emphasize the importance of  
11 educational processes and goals for comprehensive patient care and encourage patient-centered  
12 approaches in teaching, research and oral health care delivery.  
13
- 14 The profession adheres to ethical principles of honesty, compassion, kindness, respect, integrity,  
15 fairness and charity, as exemplified in the ADA Principles of Ethics and Code of Professional  
16 Conduct and the ADEA Statement on Professionalism in Dental Education.  
17
- 18 General standards are identified by the use of a single numerical listing (e.g., 1). Specialty-specific standards  
19 are identified by the use of multiple numerical listings (e.g. 1-1, 1-1.2, 1-2).  
20

## 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.

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;
- 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.



- 1 • Substantial increase in program enrollment as determined by preliminary review by the  
2 discipline-specific Review Committee Chair. (Specialty programs see Policy on Enrollment  
3 Increases In Advanced Specialty Programs);
- 4 • Change in the nature of the program’s financial support that could affect the ability of the  
5 program to meet the standards;
- 6 • Curriculum changes that that could affect the ability of the program to meet the standards;
- 7 • Reduction in faculty or support staff time commitment;
- 8 • Change in the required length of the program;
- 9 • Reduction of program dental facilities that could affect the ability of the program to meet the  
10 standards; and/or
- 11 • Expansion of a developing dental hygiene or assisting program will only be considered after the  
12 program has demonstrated success by graduating the first class, measured outcomes of the  
13 academic program, and received approval without reporting requirements.

14  
15 The Commission recognizes that unexpected, changes may occur. If an unexpected change occurs, it  
16 must be reported no more than 30 days following the occurrence. Unexpected changes may be the  
17 result of sudden changes in institutional commitment, affiliated agreements between institutions,  
18 faculty support, or facility compromise resulting from natural disaster. Failure to proactively plan for  
19 change will not be considered unexpected change. Depending upon the timing and nature of the  
20 change, appropriate investigative procedures including a site visit may be warranted.

21  
22 The following examples illustrate, but are not limited to, additional program changes that must be  
23 reported in writing at least thirty (30) days prior to the anticipated implementation of the change and  
24 are not reviewed by the Review Committee and the Commission but are reviewed at the next site  
25 visit:

- 26
- 27 • Expansion or relocation of dental facilities within the same institution;
- 28 • Change in program director. In lieu of a CV, a copy of the new or acting program director’s  
29 completed BioSketch should be provided to Commission staff. Contact Commission Staff for  
30 the BioSketch template.

31  
32 The Commission uses the following process when considering reports of changes. Program  
33 administrators have the option of consulting with Commission staff at any time during this process.

- 34
- 35 1. A program administrator submits the report at least thirty (30) days prior to a regularly scheduled  
36 Review Committee meeting.
- 37 2. Commission staff reviews the report to assess its completeness and to determine whether the  
38 change could impact the program’s potential ability to comply with the accreditation standards.  
39 If this is the case, the report is reviewed by the appropriate Review Committee for the discipline  
40 and by the Commission.
- 41 3. Receipt of the report and accompanying documentation is acknowledged in one of the following

1 ways:

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

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

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

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

- 14
- 15 • Approve the report of program change: If the Review Committees or Commission does not  
16 identify any concerns regarding the program's continued compliance with the accreditation  
17 standards, the transmittal letter should advise the institution that the change(s) have been noted  
18 and will be reviewed at the next regularly-scheduled site visit to the program.
- 19 • Approve the report of program change and request additional information: If the Review  
20 Committees or Commission does not identify any concerns regarding the program's compliance  
21 with the accreditation standards, but believes follow up reporting is required to ensure continued  
22 compliance with accreditation standards, additional information will be requested for review by  
23 the Commission. Additional information could occur through a supplemental report or a focused  
24 site visit.
- 25 • Postpone action and continue the program's accreditation status, but request additional  
26 information: The transmittal letter will inform the institution that the report of program change  
27 has been considered, but that concerns regarding continued compliance with the accreditation  
28 standards have been identified. Additional specific information regarding the identified concerns  
29 will be requested for review by the Commission. The institution will be further advised that, if  
30 the additional information submitted does not satisfy the Commission regarding the identified  
31 concerns, the Commission reserves the right to request additional documentation, conduct a  
32 special focused site visit of the program, or deny the request.
- 33 • Postpone action and continue the program's accreditation status pending conduct of a special  
34 site visit: If the information submitted with the initial request is insufficient to provide  
35 reasonable assurance that the accreditation standards will continue to be met, and the  
36 Commission believes that the necessary information can only be obtained on-site, a special  
37 focused site visit will be conducted.
- 38 • Deny the request: If the submitted information does not indicate that the program will continue  
39 to comply with the accreditation standards, the Commission will deny the request for a program  
40 change. The institutions will be advised that they may re-submit the request with additional  
41 information if they choose.

1  
2 Revised: 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

3  
4  
5 **POLICY ON ENROLLMENT INCREASES IN ADVANCED DENTAL**  
6 **SPECIALTY PROGRAMS**  
7

8  
9 A program considering or planning an enrollment increase, or any other substantive change, should  
10 notify the Commission early in the program’s planning. Such notification will provide an  
11 opportunity for the program to seek consultation from Commission staff regarding the potential  
12 effect of the proposed change on the accreditation status and the procedures to be followed.  
13

14 A request for an increase in enrollment with all supporting documentation must be submitted in  
15 writing to the Commission one (1) month prior to a regularly scheduled semiannual Review  
16 Committee meeting. A program must receive Commission approval for an increase in enrollment  
17 prior to publishing or announcing the additional positions or accepting additional students/residents.  
18

19 The Commission will not retroactively approve enrollment increases without a special focused site  
20 visit. Special circumstances may be considered on a case-by-case basis, including, but not limited  
21 to, temporary enrollment increases due to:

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

27  
28 Failure to comply with this policy will jeopardize the program’s accreditation status, up to and  
29 including withdrawal of accreditation. If a program has enrolled beyond the approved number of  
30 students/residents without prior approval by the Commission, a special focused site visit will be  
31 required at the program’s expense.  
32

33 If the focused visit determines that the program does not have the resources to support the additional  
34 student(s)/resident(s), the program will be placed on “intent to withdraw” status and no additional  
35 student(s)/resident(s) beyond the previously approved number may be admitted to the program until  
36 the deficiencies have been rectified and approved by the Commission. Student(s)/Resident(s) who  
37 have already been formally accepted or enrolled in the program will be allowed to continue.  
38

39 Revised: 8/10; Reaffirmed: 7/07; CODA: 08/03:22

1  
2  
3  
4 **Definitions of Terms Used in Prosthodontics Accreditation Standards**  
5  
6

7 The terms used in this document (i.e. shall, **must**, should, can and may) were selected carefully and  
8 indicate the relative weight that the Commission attaches to each statement. The definitions of these  
9 words used in the Standards are as follows:

10  
11 **Must** or Shall: Indicates an imperative need and/or duty; an essential or indispensable item;  
12 mandatory.  
13

14 **Intent:** Intent statements are presented to provide clarification to the advanced specialty education  
15 programs in prosthodontics in the application of and in connection with compliance with the  
16 Accreditation Standards for Advanced Specialty Education Programs in Prosthodontics. The  
17 statements of intent set forth some of the reasons and purposes for the particular Standards. As such,  
18 these statements are not exclusive or exhaustive. Other purposes may apply.  
19

20 **Examples of evidence to demonstrate compliance include:** Desirable condition, practice or  
21 documentation indicating the freedom or liberty to follow a suggested alternative.  
22

23 Should: Indicates a method to achieve the standards.  
24

25 May or Could: Indicates freedom or liberty to follow a suggested alternative.  
26

27 ~~Levels of Knowledge:~~  
28

29 ~~In depth: A thorough knowledge of concepts and theories for the purpose of critical analysis~~  
30 ~~and the synthesis of more complete understanding.~~

31 ~~Understanding: Adequate knowledge with the ability to apply.~~  
32

33 ~~Familiarity: A simplified knowledge for the purpose of orientation and recognition of~~  
34 ~~general principles.~~  
35

36  
37 ~~Levels of Skills:~~  
38

39 ~~Proficient: The level of skill beyond competency. It is that level of skill acquired through~~  
40 ~~advanced training or the level of skill attained when a particular activity is accomplished with~~  
41 ~~repeated quality and a more efficient utilization of time.~~  
42

1 ~~Competent: The level of skill displaying special ability or knowledge derived from training~~  
2 ~~and experience.~~

3  
4 ~~Exposed: The level of skill attained by observation of or participation in a particular activity.~~

5  
6 Graduates of specialty education programs provide unique services to the public. While there is  
7 some commonality with services provided by specialists and general dentists, as well as  
8 commonalities among the specialties, the educational standards developed to prepare graduates of  
9 specialty programs for independent practice should not be viewed as a continuum from general  
10 dentistry. Each specialty defines the educational experience best suited to prepare its graduates to  
11 provide that unique specialty service.

12 Competencies: Statements in the specialty standards describing the knowledge, skills and values  
13 expected of graduates of specialty programs.

14  
15 Competent: Having the knowledge, skills and values required of the graduates to begin  
16 independent, unsupervised specialty practice.

17  
18 In-depth: Characterized by thorough knowledge of concepts and theories for the purpose of critical  
19 analysis and synthesis.

20  
21 Understanding: Knowledge and recognition of the principles and procedures involved in a  
22 particular concept or activity.

23  
24  
25 Other Terms:

26  
27 Institution (or organizational unit of an institution): a dental, medical or public health school, patient care  
28 facility, ~~private practice office~~ or other entity that engages in advanced specialty education.

29  
30 Sponsoring institution: primary responsibility for advanced specialty education programs.

31  
32 Affiliated institution: support responsibility for advanced specialty education programs.

33  
34 Advanced specialty education student/resident: a student/resident enrolled in an accredited advanced  
35 specialty education program.

36  
37 A degree-granting program is a planned sequence of advanced courses leading to a master's or doctoral  
38 degree granted by a recognized and accredited educational institution.

39  
40 A certificate program is a planned sequence of advanced courses that leads to a certificate of completion in a  
41 specialty recognized by the American Dental Association.

42  
43 Student/Resident: The individual enrolled in an accredited advanced education program.

1 International Dental School: A dental school located outside the United States and Canada.

2  
3 Evidence-based dentistry: Evidence-based dentistry is an approach to oral health care that requires  
4 the judicious integration of systematic assessments of clinically relevant scientific evidence, relating  
5 to the patient’s oral and medical condition and history, with the dentist’s clinical expertise and the  
6 patient’s treatment needs and preferences.

7  
8 Formative Assessment\*: guiding future learning, providing reassurance, promoting reflection, and  
9 shaping values; providing benchmarks to orient the learner who is approaching a relatively  
10 unstructured body of knowledge; and reinforcing students’ intrinsic motivation to learn and inspire  
11 them to set higher standards for themselves.

12  
13 Summative Assessment\*: making an overall judgment about competence, fitness to practice, or  
14 qualification for advancement to higher levels of responsibility; and providing professional self-  
15 regulation and accountability.

16  
17 \*Epstein, R.M. (2007) *Assessment in Medical Education*. The New England Journal of Medicine,  
18 387-96.

19  
20  
21 **Prosthodontic Specific Terms:**

22  
23 Removable Prosthodontics – is that branch of prosthodontics concerned with the replacement of teeth and  
24 contiguous structures for edentulous or partially edentulous patients by artificial substitutes that are  
25 removable from the mouth.

26  
27 Fixed Prosthodontics – is that branch of prosthodontics concerned with the replacement and/or restoration of  
28 teeth by artificial substitutes that are not removable from the mouth.

29  
30 Implant Prosthodontics – is that branch of prosthodontics concerned with the replacement of teeth and  
31 contiguous structures by artificial substitutes partially or completely supported and/or retained by alloplastic  
32 implants.

33  
34 Maxillofacial Prosthetics – is that branch of prosthodontics concerned with the restoration and/or replacement  
35 of stomatognathic and associated craniofacial structures by artificial substitutes.

36  
37 Educationally Qualified: An individual is considered Educationally Qualified after the successful completion  
38 of an advanced educational prosthodontics program, which is accredited by the Commission on Dental  
39 Accreditation.

40  
41 Board Eligible: An individual is Board Eligible when his/her application has been submitted to and approved  
42 by the Board and his/her eligibility has not expired.

43  
44 Diplomate: Any dentist who has successfully met the requirements of the Board for certification and remains  
45 in good standing.

1           **STANDARD 1 - INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS**  
2

3     The program **must** develop clearly stated goals and objectives appropriate to advanced specialty  
4     education, addressing education, patient care, research and service. Planning for, evaluation of and  
5     improvement of educational quality for the program **must** be broad-based, systematic, continuous  
6     and designed to promote achievement of program goals related to education, patient care, research  
7     and service.  
8

9     The program **must** document its effectiveness using a formal and ongoing outcomes assessment  
10    process to include measures of advanced education student/resident achievement.  
11

12    ***Intent:** The Commission on Dental Accreditation expects each program to define its own goals and*  
13    *objectives for preparing individuals for the practice of prosthodontics and that one of the program*  
14    *goals is to comprehensively prepare competent individuals to initially practice prosthodontics. The*  
15    *outcomes process includes steps to: (a) develop clear, measurable goals and objectives consistent*  
16    *with the program's purpose/mission; (b) develop procedures for evaluating the extent to which the*  
17    *goals and objectives are met; (c) collect and maintain data in an ongoing and systematic manner;*  
18    *(d) analyze the data collected and share the results with appropriate audiences; (e) identify and*  
19    *implement corrective actions to strengthen the program; and (f) review the assessment plan, revise*  
20    *as appropriate, and continue the cyclical process.*  
21

22    The financial resources **must** be sufficient to support the program's stated goals and objectives.  
23

24    ***Intent:** The institution should have the financial resources required to develop and sustain the*  
25    *program on a continuing basis. The program should have the ability to employ an adequate number*  
26    *of full-time faculty, purchase and maintain equipment, procure supplies, reference material and*  
27    *teaching aids as reflected in annual budget appropriations. Financial allocations should ensure that*  
28    *the program will be in a competitive position to recruit and retain qualified faculty. Annual*  
29    *appropriations should provide for innovations and changes necessary to reflect current concepts of*  
30    *education in the advanced specialty discipline. The Commission will assess the adequacy of*  
31    *financial support on the basis of current appropriations and the stability of sources of funding for*  
32    *the program.*  
33

34    The sponsoring institution **must** ensure that support from entities outside of the institution does not  
35    compromise the teaching, clinical and research components of the program.  
36

37    Examples of evidence to demonstrate compliance may include:

- 38       • Written agreement(s)
  - 39       • Contract(s)/Agreement(s) between the institution/program and sponsor(s) related to facilities,  
40        funding, and faculty financial support
- 41  
42

1 Advanced specialty education programs **must** be sponsored by institutions, which are properly  
2 chartered, and licensed to operate and offer instruction leading to degrees, diplomas or certificates  
3 with recognized education validity. Hospitals that sponsor advanced specialty education programs  
4 **must** be accredited by an accreditation organization recognized by the Centers for Medicare and  
5 Medicaid Services (CMS). Educational institutions that sponsor advanced specialty education  
6 programs **must** be accredited by an agency recognized by the United States Department of  
7 Education. The bylaws, rules and regulations of hospitals that sponsor or provide a substantial  
8 portion of advanced specialty education programs **must** ensure that dentists are eligible for medical  
9 staff membership and privileges including the right to vote, hold office, serve on medical staff  
10 committees and admit, manage and discharge patients.

11  
12 United States military programs not sponsored or co-sponsored by military medical treatment  
13 facilities, United States-based educational institutions, hospitals or health care organizations  
14 accredited by an agency recognized by the United States Department of Education or accredited by  
15 an accreditation organization recognized by the Centers for Medicare and Medicaid Services (CMS)  
16 **must** demonstrate successful achievement of Service-specific organizational inspection criteria.

17  
18 The authority and final responsibility for curriculum development and approval, student/resident  
19 selection, faculty selection and administrative matters **must** rest within the sponsoring institution.

20  
21 The institution/program **must** have a formal system of quality assurance for programs that provide  
22 patient care.

23  
24 The position of the program in the administrative structure **must** be consistent with that of other  
25 parallel programs within the institution and the program director must have the authority  
26 responsibility, and privileges necessary to manage the program.

27  
28

## 29 AFFILIATIONS

30  
31 The primary sponsor of the educational program **must** accept full responsibility for the quality of  
32 education provided in all affiliated institutions.

33  
34 Documentary evidence of agreements, approved by the sponsoring and relevant affiliated  
35 institutions, **must** be available. The following items **must** be covered in such inter-institutional  
36 agreements:

- 37  
38 a. Designation of a single program director;  
39 b. The teaching staff;  
40 c. The educational objectives of the program;  
41 d. The period of assignment of students/residents; and  
42 e. Each institution's financial commitment.

43



1 **Intent:** An “institution (or organizational unit of an institution)” is defined as a dental, medical or  
2 public health school, patient care facility, or other entity that engages in advanced specialty  
3 education. The items that are covered in inter-institutional agreements do not have to be contained  
4 in a single document. They may be included in multiple agreements, both formal and informal (e.g.,  
5 addenda and letters of mutual understanding).

6  
7 ***POLICY STATEMENT ON ACCREDITATION OF OFF-CAMPUS SITES***  
8  
9

10 The Commission on Dental Accreditation recognizes primary and off-campus sites as locations  
11 where students/residents gain required educational experiences designed to meet accreditation or  
12 program requirements. Guidance regarding policy and procedures for each type of site follows.

13  
14 **Primary site:** The sponsoring institutional site for an accredited program is the primary site. This  
15 site holds primary responsibility for clinical or didactic learning experiences that meet the program  
16 requirements or accreditation standards for a specific program. The site further holds responsibility  
17 for the written agreement with off-campus sites to meet accreditation standards.

18  
19 **Off-campus site:** A training site located away from the primary site. For students/residents in a  
20 specific program, an off-campus site could be their principal learning site. An off-campus site could  
21 be one of the following:

- 22  
23 1. A site with which a written agreement is held with the sponsoring institution regarding off-  
24 campus learning experiences that meet accreditation standards or program requirements.  
25 2. A site owned/operated by the sponsoring institution that provides additional learning  
26 experiences that meet accreditation or program requirements and does not require a separate  
27 written agreement.

28  
29 The Commission recognizes that dental assisting and dental laboratory technology programs utilize  
30 numerous extramural private dental offices and laboratories to provide students with  
31 clinical/laboratory work experience. The program will provide a list of all currently used extramural  
32 sites in the self-study document. The Commission will then randomly select and visit several  
33 facilities at the time of a site visit to the program. Prior Commission approval of these extramural  
34 dental office and laboratory sites will not be required.

35  
36 **Optional Enrichment/Optional Observation site:** The Commission also recognizes optional  
37 enrichment and optional observation sites for the purposes of providing optional, elective enrichment  
38 or observational experiences. These sites are not used for achieving accreditation or program  
39 requirements. Therefore, these sites do not require Commission approval.

40  
41 An institution may use one or more than one site to support student learning and meet CODA  
42 standards or program requirements. Initiation of activities at the off-campus site as well as

1 documentation and reporting of site activities is expected to follow the EOPP guidelines and  
2 accreditation standards.

3  
4 The Commission on Dental Accreditation must be informed when a program accredited by the  
5 Commission plans to initiate an off-campus site (distance site and/or additional training site not  
6 located on the main campus). The Commission must be informed in writing site at least thirty (30)  
7 days prior to a regularly scheduled semi-annual Review Committee meeting. There may be  
8 extenuating circumstances when a special review is necessary. A program must receive Commission  
9 on Dental Accreditation approval of the off-campus site prior to recruiting students/residents and  
10 initiating use of the site.

11  
12 Generally, only programs without reporting requirements will be approved to initiate educational  
13 experiences at off-campus sites. The Commission must ensure that the necessary education as  
14 defined by the standards is available, and appropriate resources (adequate faculty and staff,  
15 availability of patient experiences, and distance learning provisions) are provided to all  
16 students/residents enrolled in an accredited program. When the Commission has received  
17 notification that an institution plans to offer its accredited program at an off-campus site, the  
18 Commission will conduct a special focused site visit to each off-campus location where a significant  
19 portion of each student's/resident's educational experience is provided, based on the specifics of the  
20 program, the accreditation standards, and Commission policies and procedures, or if other cause  
21 exists for such a visit as determined by the Commission.

22  
23 A significant portion of each student's/resident's educational experience at an off-campus site is  
24 defined as any experience that impacts the program's ability to meet a CODA standard. The program  
25 must report the rationale for adding an off-campus site and how that site affects the program's goals,  
26 objectives, and outcomes. For example, program goals, objectives, and outcome measures may  
27 address institutional support, faculty support, curriculum, student didactic and clinical learning,  
28 research, and community service. The program must support the addition of an off-campus site with  
29 trends from pertinent areas of its outcomes assessment program that indicates the rationale for the  
30 additional site.

31  
32 After the initial visit, each off campus site may be visited during the regularly scheduled CODA  
33 evaluation visit to the program.

34  
35 Expansion of a developing dental hygiene and/or assisting program will only be considered after the  
36 program has demonstrated success by graduating the first class, measured outcomes of the academic  
37 program, and received approval without reporting requirements.

38  
39 All programs accredited by the Commission pay an annual fee. Additional fees will be based on  
40 actual accreditation costs incurred during the visit to on and off-campus location. The Commission  
41 office should be contacted for current information on fees.

42  
43 Revised: 8/13, 2/13, 2/12, 8/10, 7/09, 7/07; Reaffirmed: 2/02, 1/06; Adopted: 07/98

1                   **STANDARD 2 - PROGRAM DIRECTOR AND TEACHING STAFF**

2  
3     The program **must** be administered by **a one** director who is board certified in the respective  
4     specialty of the program. (All program directors appointed after January 1, 1997, who have not  
5     previously served as program directors, must be board certified.)

6  
7     ***Intent:*** *The director of an advanced specialty education program is to be certified by an ADA-*  
8     *recognized certifying board in the specialty. Board certification is to be active. The board*  
9     *certification requirement of Standard 2 is also applicable to an interim/acting program director. A*  
10    *program with a director who is not board certified, but who has previous experience as an*  
11    *interim/acting program director in a Commission-accredited program prior to 1997 is not*  
12    *considered in compliance with Standard 2.*

13  
14    Examples of evidence to demonstrate compliance may include:

15           For board certified directors: Copy of board certification certificate; letter from board  
16           attesting to current/active board certification

17           (For non-board certified directors who served prior to January 1, 1997: Current CV  
18           identifying previous directorship in a Commission on Dental Accreditation- or Commission  
19           on Dental Accreditation of Canada-accredited advanced specialty program in the respective  
20           discipline; letter from the previous employing institution verifying service)

21  
22    The program director **must** be appointed to the sponsoring institution and have sufficient authority  
23    and time to achieve the educational goals of the program and assess the program's effectiveness in  
24    meeting its goals.

25  
26    Documentation of all program activities **must** be ensured by the program director and available for  
27    review.

28  
29    2-1     The program director **must** have primary responsibility for the organization and execution of  
30    the educational and administrative components to the program.

31  
32           2-1.1   The program director **must** devote sufficient time to:

- 33           a.     Participate in the student/resident selection process, unless the program is  
34           sponsored by federal services utilizing a centralized student/resident selection  
35           process;
- 36           b.     Develop and implement the curriculum plan to provide a diverse educational  
37           experience in biomedical and clinical sciences;
- 38           c.     Maintain a current copy of the curriculum's goals, objectives, and content  
39           outlines;
- 40           d.     Maintain a record of the number and variety of clinical experiences  
41           accomplished by each student/resident;
- 42           e.     Ensure that the majority of faculty assigned to the program are educationally  
43           qualified prosthodontists;

- 1 f. Provide written faculty evaluations at least annually to determine the
- 2 effectiveness of the faculty in the educational program;
- 3 g. Conduct periodic staff meetings for the proper administration of the
- 4 educational program; and
- 5 h. Maintain adequate records of clinical supervision.
- 6

7 2-2 The program director **must** encourage students/residents to seek certification by the  
8 American Board of Prosthodontics.

- 9
- 10 2-3 The number and time commitment of the teaching staff **must** be sufficient to
- 11 a. Provide didactic and clinical instruction to meet curriculum goals and
  - 12 objectives; and
  - 13 b. Provide supervision of all treatment provided by students/residents through specific
  - 14 and regularly scheduled clinic assignments.
  - 15

16

17 2-4 The program **must** show evidence of an ongoing faculty development process.

18

19 ***Intent:** Ongoing faculty development is a requirement to improve teaching and learning, to*

20 *foster curricular change, to enhance retention and job satisfaction of faculty, and to maintain*

21 *the vitality of academic dentistry as the wellspring of a learned profession.*

22

23 **Examples of evidence to demonstrate compliance may include:**

- 24 Participation in development activities related to teaching, learning, and assessment
- 25 Attendance at regional and national meetings that address contemporary issues in education
- 26 and patient care
- 27 Mentored experiences for new faculty
- 28 Scholarly productivity
- 29 Presentations at regional and national meetings
- 30 Examples of curriculum innovation
- 31 Maintenance of existing and development of new and/or emerging clinical skills
- 32 Documented understanding of relevant aspects of teaching methodology
- 33 Curriculum design and development
- 34 Curriculum evaluation
- 35 Student/Resident assessment
- 36 Cultural Competency
- 37 Ability to work with students/residents of varying ages and backgrounds
- 38 Use of technology in didactic and clinical components of the curriculum
- 39 Evidence of participation in continuing education activities
- 40

### STANDARD 3 - FACILITIES AND RESOURCES

1  
2  
3 Institutional facilities and resources **must** be adequate to provide the educational experiences and  
4 opportunities required to fulfill the needs of the educational program as specified in these Standards.  
5 Equipment and supplies for use in managing medical emergencies **must** be readily accessible and  
6 functional.

7  
8 ***Intent:** The facilities and resources (e.g.; support/secretarial staff, allied personnel and/or technical  
9 staff) should permit the attainment of program goals and objectives. To ensure health and safety for  
10 patients, students/residents, faculty and staff, the physical facilities and equipment should effectively  
11 accommodate the clinic and/or laboratory schedule.*

12  
13 The program **must** document its compliance with the institution's policy and applicable regulations  
14 of local, state and federal agencies, including but not limited to radiation hygiene and protection,  
15 ionizing radiation, hazardous materials, and bloodborne and infectious diseases. Policies **must** be  
16 provided to all students/residents faculty and appropriate support staff and continuously monitored  
17 for compliance. Additionally, policies on bloodborne and infectious diseases **must** be made  
18 available to applicants for admission and patients.

19  
20 ***Intent:** The program may document compliance by including the applicable program policies. The  
21 program demonstrates how the policies are provided to the students/residents faculty and  
22 appropriate support staff and who is responsible for monitoring compliance. Applicable policy  
23 states how it is made available to applicants for admission and patients should a request to review  
24 the policy be made.*

25  
26 Students/Residents, faculty and appropriate support staff **must** be encouraged to be immunized  
27 against and/or tested for infectious diseases, such as mumps, measles, rubella and hepatitis B, prior  
28 to contact with patients and/or infectious objects or materials, in an effort to minimize the risk to  
29 patients and dental personnel.

30  
31 ***Intent:** The program should have written policy that encourages (e.g., delineates the advantages of)  
32 immunization of students/residents, faculty and appropriate support staff.*

33  
34 All students/residents, faculty and support staff involved in the direct provision of patient care **must**  
35 be continuously recognized/certified in basic life support procedures, including cardiopulmonary  
36 resuscitation.

37  
38 ***Intent:** Continuously recognized/certified in basic life support procedures means the appropriate  
39 individuals are currently recognized/certified.*

40  
41 The use of private office facilities as a means of providing clinical experiences in advanced specialty  
42 education is only approved when the specialty has included language that defines the use of such  
43 facilities in its specialty-specific standards.

- 1  
2 **Intent:** Required prosthodontic clinical experiences do not occur in private office facilities unless  
3 affiliated with the sponsoring institution. Practice management and elective experiences may be  
4 undertaken in private office facilities.  
5
- 6 3-1 Physical facilities **must** permit students/residents to operate under circumstances prevailing  
7 in the practice of prosthodontics.  
8
- 9 3-1.1 The clinical facilities **must** be specifically identified for the advanced education  
10 program in prosthodontics.  
11 3-1.2 There **must** be sufficient number of completely equipped operatories to accommodate  
12 the number of students/residents enrolled.  
13 3-1.3 Laboratory facilities **must** be specifically identified for the advanced education  
14 program in prosthodontics.  
15 3-1.4 The laboratory **must** be equipped to support the fabrication of most prostheses  
16 required in the program.  
17 3-1.5 There **must** be sufficient laboratory space to accommodate the number of  
18 students/residents enrolled in the program, including provisions for storage of  
19 personal and laboratory armamentaria.  
20
- 21 3-2 Radiographic equipment for extra-and intraoral radiographs **must** be accessible to the  
22 student/resident.  
23
- 24 3-3 Lecture, seminar, study space and administrative office space **must** be available for the  
25 conduct of the educational program.  
26
- 27 3-4 Library resources **must** include access to a diversified selection of current dental, biomedical,  
28 and other pertinent reference material.  
29
- 30 3-4.1 Library resources **must** also include access to appropriate current and back issues of  
31 major scientific journals as well as equipment for retrieval and duplication of  
32 information.  
33
- 34 3-5 Facilities **must** include access to computer, photographic, and audiovisual resources for  
35 educational, administrative, and research support.  
36
- 37 3-6 Adequate allied dental personnel **must** be assigned to the program to ensure clinical and  
38 laboratory technical support.  
39
- 40 3-7 Secretarial and clerical assistance **must** be sufficient to meet the educational and  
41 administrative needs of the program.  
42

- 1 3-8 Laboratory technical support **must** be sufficient to ensure efficient operation of the clinical  
2 program and meet the educational needs of the program.  
3

## STANDARD 4 – CURRICULUM AND PROGRAM DURATION

The advanced specialty education program **must** be designed to provide special knowledge and skills beyond the D.D.S. or D.M.D. training and be oriented to the accepted standards of specialty practice as set forth in specific standards contained in this document.

*Intent: The intent is to ensure that the didactic rigor and extent of clinical experience exceeds pre-doctoral, entry level dental training or continuing education requirements and the material and experience satisfies standards for the specialty.*

Advanced specialty education programs **must** include instruction or learning experiences in evidence-based practice. Evidence-based dentistry is an approach to oral health care that requires the judicious integration of systematic assessments of clinically relevant scientific evidence, relating to the patient’s oral and medical condition and history, with the dentist’s clinical expertise and the patient’s treatment needs and preferences.

Examples of Evidence to demonstrate compliance may include:

- Formal instruction (a module/lecture materials or course syllabi) in evidence-based practice
- Didactic Program course syllabi, course content outlines, or lecture materials that integrate aspects of evidence-based practice
- Literature review seminar(s)
- Multidisciplinary Grand Rounds to illustrate evidence-based practice
- Projects/portfolios that include critical reviews of the literature using evidence-based practice principles (or “searching publication databases and appraisal of the evidence”)
- Assignments that include publication database searches and literature appraisal for best evidence to answer patient-focused clinical questions.

The level of specialty area instruction in certificate and degree-granting programs **must** be comparable.

*Intent: The intent is to ensure that the students/residents of these programs receive the same educational requirements as set forth in these Standards.*

Documentation of all program activities **must** be ensured by the program director and available for review.

If an institution and/or program enrolls part-time students/residents, the institution/program **must** have guidelines regarding enrollment of part-time students/residents. Part-time students/residents **must** start and complete the program within a single institution, except when the program is discontinued. The director of an accredited program who enrolls students/residents on a part-time basis **must** ensure that: (1) the educational experiences, including the clinical experiences and



1 responsibilities, are the same as required by full-time students/residents; and (2) there are an  
2 equivalent number of months spent in the program.

### 3 4 **PROGRAM DURATION**

5  
6 4-1 A postdoctoral program in prosthodontics **must** encompass a minimum of **33 34** months.

7  
8 4-2 A postdoctoral program in prosthodontics that includes integrated maxillofacial training  
9 **must** encompass a minimum of 45 months.

10  
11 4-3 A 12-month postdoctoral program in maxillofacial prosthetics **must** be preceded by  
12 successful completion of an accredited prosthodontics program.

### 13 14 **CURRICULUM**

15  
16 ~~4-4~~ Students/Residents **must** have the didactic/clinical background that supports successful  
17 completion of the prosthodontic specialty board examination and fosters life-long learning.

18  
19 *Intent: Program directors should promote prosthodontic board certification. It is expected*  
20 *that students/residents should continue their life-long professional development by employing*  
21 *the didactic and clinical knowledge acquired during the program.*

22  
23 ~~4-4~~ The curriculum must be designed to enable the student/resident to attain skills representative  
24 of a clinician proficient in the theoretical and practical aspects of prosthodontics. Advanced  
25 level instruction may be provided through the following: formal courses, seminars, lectures,  
26 self-instructional modules, clinical assignments and laboratory assignments.

27  
28 ~~4-54.1~~ Written goals and objectives, including course outlines for didactic courses, **must** be  
29 developed for all instruction included in this curriculum.

30  
31 *Intent: The curriculum should be designed to enable the student/resident to attain skills*  
32 *representative of a clinician competent in the theoretical and practical aspects at the*  
33 *specialty level of prosthodontics. Advanced level instruction may be provided through the*  
34 *following: formal courses, seminars, lectures, self-instructional modules, clinical*  
35 *assignments and laboratory.*

36  
37 ~~4-4.2~~ Content outlines **must** be developed for all didactic portions of the program.

38  
39 ~~4-6~~ 4-4.3 Students/Residents **must** prepare and present diagnostic data, treatment plans and the  
40 results of patient treatment.

41  
42 ~~4-7~~ 4-4.4 The amount of time devoted to didactic instruction and research **must** be at least 30%  
43 of the total educational experience.

1  
2 4-8 ~~4-4.5~~—A minimum of 60% of the total program time **must** be devoted to providing patient  
3 services, including direct patient care and laboratory procedures.  
4

5 4-9 ~~4-4.6~~ ~~The program may include organized teaching experience. If time is devoted to this~~  
6 ~~activity, it should be carefully evaluated in relation to the goals and objectives of the overall~~  
7 ~~program and the interests of the individual student/resident. Time devoted to organized~~  
8 ~~teaching experiences **must** not compromise the didactic and clinical goals and objectives of~~  
9 ~~the overall program.~~

10  
11 *Intent: If time is devoted to teaching experiences for the student/resident, it should be*  
12 *evaluated in relation to the goals and objectives of the overall program and the benefit of the*  
13 *individual student/resident.*  
14

#### 15 **DIDACTIC PROGRAM: BIOMEDICAL SCIENCES**

16  
17 4-10 ~~Instruction **must** be provided at the in-depth level for the diagnosis of diseases affecting~~  
18 ~~prosthodontic treatment.~~

19  
20 *Intent: Students/Residents should receive instruction regarding diagnosis, etiology,*  
21 *pathogenesis and prevention of diseases that directly affect treatment outcomes. Risk*  
22 *assessment and prognosis should be included. It is expected that such foundational learning*  
23 *would be directly supportive of requisite clinical curriculum competencies.*  
24

25 4-11 ~~Instruction **must** be provided at the in-depth level in each of the following areas as both~~  
26 ~~separate entities and integrated treatment approaches used to address patient needs and~~  
27 ~~expectations.~~

28 ~~a. Fixed prosthodontics;~~

29 ~~b. Removable prosthodontics;~~

30 ~~c. Implants and implant therapy;~~

31 ~~d. Occlusion;~~

32 ~~e. Esthetics;~~

33 ~~f. Biomaterials;~~

34 ~~g. Wound healing;~~

35 ~~h. **Surgical principles;**~~

36 ~~h i. Infection Control;~~

37 ~~i j. Craniofacial anatomy and physiology related to prosthodontic therapy including~~  
38 ~~dental implant placement;~~

39 ~~j k. Diagnostic Imaging, including three dimensional imaging related to prosthodontic~~  
40 ~~therapy including dental implant placement; and~~

41 ~~k l. Prosthodontic diagnosis and treatment planning.~~  
42

1 *Intent: Students/Residents should receive in-depth didactic instruction that supports*  
2 *prosthodontic treatment outcomes. Didactic learning should directly support clinical*  
3 *decision making and requisite clinical curriculum competencies toward achieving patient*  
4 *esthetics and function. This includes foundational knowledge of surgical principles, and*  
5 *procedures, and complications, as they relate to implant placement, as well as biomaterial*  
6 *properties including biocompatibility, biomechanics and biotechnology as they apply to*  
7 *prosthodontic treatment plans.*  
8  
9

10 4-125 Instruction **must** be provided at the understanding level in each of the following  
11 biomedical areas:

- 12 a. Oral pathology;
- 13 b. Applied pharmacology;
- 14 c. ~~Craniofacial anatomy and physiology;~~
- 15 d. ~~Risk assessment for oral disease; Oral microbiology~~
- 16 e. ~~Infection control; and~~
- 17 f. ~~Wound healing.~~

18  
19 ~~4-6 Instruction **must** be provided at the familiarity level in each of the following:~~

- 20 ~~a. Craniofacial growth and development;~~
- 21 ~~b. Immunology; and~~
- 22 ~~c. Oral microbiology.~~

23  
24 ~~*Intent: Students/Residents will have the didactic background that supports the various*~~  
25 ~~*aspects of comprehensive prosthodontic therapy they provide or guide during their clinical*~~  
26 ~~*experiences with dentate, partially edentulous and completely edentulous patients. This*~~  
27 ~~*fundamental didactic background is necessary whether the student provides therapy or*~~  
28 ~~*serves as the referral source to other providers. It is expected that such learning would be*~~  
29 ~~*directly supportive of requisite clinical curriculum proficiencies and competencies.*~~  
30

## 31 **DIDACTIC PROGRAM: PROSTHODONTICS AND RELATED DISCIPLINES**

32  
33  
34 ~~4-7 Instruction **must** be provided at the in-depth level in each of the following:~~

- 35 ~~a. Fixed prosthodontics;~~
- 36 ~~b. Implant prosthodontics;~~
- 37 ~~c. Removable prosthodontics, and~~
- 38 ~~d. Occlusion.~~

39  
40 ~~*Intent: Students/Residents will have in depth knowledge in all aspects of prosthodontic*~~  
41 ~~*therapy to serve their leading role in the management of patients from various classification*~~  
42 ~~*systems such as the Prosthodontic Diagnostic Index for edentulous, partially edentulous and*~~

1 ~~dentate patients. This includes surgical and post-surgical management of the implant~~  
2 ~~patient.~~

3  
4 ~~4-138~~ Instruction **must** be provided at the understanding level in each of the following clinical  
5 areas:

- 6 a. ~~Biomaterials~~Temporomandibular disorders and orofacial pain;  
7 b. ~~Geriatric dentistry~~Evidence-based health care principles including identifying,  
8 appraising and applying available evidence;  
9 c. ~~Maxillofacial prosthetics~~Emerging science and technology;  
10 d. ~~Preprosthetic surgery; including surgical principles and procedures~~Ethics and  
11 professionalism;  
12 e. ~~Evidence-based decision-making~~ Preprosthetic surgery; ~~including surgical~~  
13 ~~principles and procedures;~~  
14 f. ~~Temporomandibular disorders and orofacial pain~~Geriatric considerations in  
15 prosthodontic care;  
16 g. ~~Medical emergencies~~  
17 g. Diagnostic radiologyMaxillofacial prosthetics;  
18 h. ~~Research methodology; and~~Medical emergencies;  
19 i. ~~Emerging science and technology~~Research methodology; and  
20 j. Pain control and sedation.

21  
22 ~~4-14~~ Instruction **must** be provided at the understanding level in diagnostic and treatment planning  
23 aspects of other recognized dental specialties as they relate to referral, patient treatment and  
24 prosthodontic outcomes.

25  
26 *Intent: Students/Residents should receive instruction in diagnosis and treatment planning*  
27 *and as a member of interdisciplinary teams in order to develop, implement and assess*  
28 *treatment approaches that optimize therapeutic outcomes. Students/Residents should receive*  
29 *instruction in relating proposed treatments to survival, physiologic, psychological and*  
30 *economic outcomes. Instruction should be provided in risk assessment and prognosis*  
31 *prediction based upon considered treatment options and individual patient needs.*

32  
33  
34 ~~4-159~~ Instruction **must** be provided at the familiarity level in each of the following.  
35 Students/Residents **must** receive didactic specialty instruction including but not limited to:

- 36  
37 a. ~~Endodontics~~Craniofacial growth and development;  
38 b. ~~Periodontics~~Biostatistics;  
39 c. ~~Orthodontics~~Intraoral photography;  
40 d. ~~Sleep disorders~~Practice management;  
41 e. ~~Sedation~~Scientific writing;  
42 f. ~~Intraoral photography~~Sleep disorders;  
43 g. ~~Practice management~~Teaching methodology including public speaking; and

- 1 h. Ethics Behavioral science.
- 2 ~~i. Biostatistics;~~
- 3 ~~j. Scientific writing; and~~
- 4 ~~k. Teaching methodology.~~

## 7 **CLINICAL PROGRAM**

10 Prosthodontics is the dental specialty pertaining to the diagnosis, treatment planning, rehabilitation  
11 and maintenance of the oral function, comfort, appearance and health of patients with clinical  
12 conditions associated with missing or deficient teeth and/or oral and maxillofacial tissues using  
13 biocompatible substitutes (CDEL Approved 2003). At the specialty level, Prosthodontics embraces  
14 its role as part of a therapy team. To support this definition and vision, programs will provide  
15 appropriate clinical experiences for students/residents to develop the following competencies:

17 4-16 Students/Residents **must** be competent at the prosthodontic specialty level in the treatment of  
18 clinical conditions associated with missing or deficient teeth and/or oral and maxillofacial  
19 tissues using biocompatible substitutes-by achieving clinical competence in the following  
20 areas:

- 22 a. Patient assessment, including medical history, dental history, temporomandibular  
23 assessment, extraoral and intraoral examination, radiologic assessment and occlusal  
24 analysis;
- 25 b. Systemic, infectious and neoplastic disease screening, including patient education for  
26 prevention;
- 27 c. Diagnosis;
- 28 d. Risk assessment and prognosis;
- 29 e. Treatment planning;
- 30 **f. Adjunct referral;**
- 31 **g. Patient Care;**
- 32 **g h. Outcomes assessment; and**
- 33 **h i. Maintenance.**

35 **Intent:** Students/Residents should use advanced methods including existing and emerging  
36 technologies for diagnosis, treatment planning, **referral,** and prosthodontic treatment to  
37 optimize occlusion, masticatory function and esthetics.

39 ~~4-10 The program must provide sufficient clinical experiences for the student/resident to be~~  
40 ~~proficient in the comprehensive treatment of a wide range of complex prosthodontic patients~~  
41 ~~with various categories of need.~~

1 4-17 Students/Residents **must** be competent in managing and treating a wide scope of complex  
2 clinical conditions for edentulous, partially edentulous and dentate patients.

3  
4 *Intent: Students/Residents should manage and treat patients with clinical conditions at a*  
5 *level beyond experiences at the predoctoral dental education level. Students/Residents should*  
6 *provide prosthodontic therapy for a wide scope of patients with esthetic and functional needs*  
7 *above the level of general dentistry, including patients with varying degrees of cognitive and*  
8 *physical impairment.*

9  
10 ~~4-11 The program must provide sufficient clinical experiences for the student/resident to be~~  
11 ~~proficient in:~~

- 12 ~~a. Collecting, organizing, analyzing, and interpreting diagnostic data;~~  
13 ~~b. Determining a diagnosis;~~  
14 ~~c. Developing a comprehensive treatment plan and prognosis;~~  
15 ~~d. Critically evaluating the results of treatment; and~~  
16 ~~e. Effectively utilizing the professional services of allied dental personnel, including but~~  
17 ~~not limited to, dental laboratory technicians, dental assistants, and dental hygienists.~~

18  
19 ~~4-12 The program must provide sufficient clinical experiences for the student/resident to be~~  
20 ~~proficient in the comprehensive diagnosis, treatment planning and rehabilitation of~~  
21 ~~edentulous, partially edentulous and dentate patients.~~

- 22 ~~a. Clinical experiences must include a variety of patients within a range of prosthodontic~~  
23 ~~classifications, such as in the Prosthodontic Diagnostic Index for edentulous, partially~~  
24 ~~edentulous and dentate patients.~~  
25 ~~b. Clinical experiences must include rehabilitative and esthetic procedures of~~  
26 ~~varying complexity.~~  
27 ~~c. Clinical experiences must include treatment of geriatric patients, including patients~~  
28 ~~with varying degrees of cognitive and physical impairments.~~  
29 ~~d. This may include defects, which are due to genetic, functional, parafunctional,~~  
30 ~~microbial or traumatic causes.~~

31  
32 ~~*Intent: Students/Residents will be proficient in the use of adjustable articulators to develop*~~  
33 ~~*an integrated occlusion for opposing arches; complete and partial coverage restorations;*~~  
34 ~~*restoration of endodontically treated teeth, fixed prosthodontics, removable partial dentures,*~~  
35 ~~*complete dentures, implant supported and/or retained prostheses, and continual care and*~~  
36 ~~*maintenance of restorations. Students/Residents will diagnose and treat patients using*~~  
37 ~~*advances in science and technology.*~~

38  
39 4-18 Students/Residents **must** be competent in the application of principles associated with fixed  
40 prosthodontics, removable prosthodontics and implants, and as members of a treatment team.

41  
42 *Intent: Students/Residents should evaluate and use existing and appropriate newly introduced*  
43 *technologies to replace teeth and their associated structures using biologically active and*

1 passive therapies for fixed and removable prosthodontic treatment. These experiences should be  
2 beyond those learned at the predoctoral level and use natural teeth and dental implants as part  
3 of the treatment.

4  
5 4-19 Students/Residents **must** be competent in the application of evidence-based health care  
6 principles.

7  
8 **Intent:** Students/Residents should be able to identify, appraise, apply and communicate best  
9 evidence as it relates to health care and clinical and translational research, including how such  
10 research is conducted, evaluated, applied and communicated to patients and health care  
11 providers.

12  
13 4-20 Students/Residents **must** be competent regarding principles of ethical decision making pertaining  
14 to academic, research, patient care and practice environments.

15  
16 **Intent:** Students/Residents should be able to draw on a range of resources such as professional  
17 codes, regulatory law, and ethical theories to guide judgment and action for issues that are  
18 complex, novel, ethically arguable, divisive or of public concern.

19  
20 4-21 Students/Residents **must** be competent in the application of principles of esthetic dentistry.

21  
22 **Intent:** Students/Residents should use existing and newly introduced technologies and apply  
23 principles of esthetic dentistry to restore existing teeth and replace missing teeth and their  
24 associated structures. These experiences should be beyond those learned at the predoctoral level  
25 supported by natural teeth and dental implants as part of the treatment.

26  
27 4-22 Students/Residents **must** be competent in the placement, and restoration of dental implants,  
28 including referral.

29  
30 **Intent:** Replacement of missing teeth and the associated oral and maxillofacial tissues using  
31 biocompatible substitutes is a core component of Prosthodontics and its definition.  
32 Students/Residents should perform surgical placement of dental implants in healed edentulous  
33 sites with adequate vertical and horizontal osseous tissue as a part of prosthodontic treatment for  
34 patients. These experiences should demonstrate the student's/resident's role in the process of  
35 assessment, diagnosis, treatment planning, and implementation of prosthetic rehabilitation, and  
36 referral.

37  
38 4-23 Students/Residents **must** be competent in leading and coordinating oral health care with other  
39 members of the health care team.

40  
41 **Intent:** Students/Residents should be able to plan, evaluate and provide direction for patient  
42 treatment in consultation with other health care providers in a multi-disciplinary team.  
43 Students/Residents should be able to direct laboratory technicians supporting treatment at the  
44 prosthodontic specialty level.

45

1 4-24 Students/Residents **must** be competent in selection and application of biomaterials recognizing  
2 esthetic, biomechanical and biocompatibility implications of prosthodontic therapies.

3  
4 **Intent:** Students/Residents should be able to treatment plan for clinical predictability based on  
5 patient and restoration factors.

6  
7  
8 ~~4-25~~13 The program must provide sufficient dental laboratory experience for the sStudent/Residents  
9 ~~to **must** be competent in the laboratory aspects of procedures used in the~~ treatment of  
10 ~~complete edentulism edentulous, partially edentulism edentulous~~ and dentate patients.

11  
12 **Intent:** Students/Residents should be able to use existing technologies to plan, design and  
13 fabricate prostheses. They should be capable of directing dental technicians in prosthodontic  
14 laboratory procedures. They should be able to evaluate newly introduced technologies and  
15 apply these as appropriate.

16  
17 ~~4-26~~14 Students/Residents **must** be competent in the prosthodontic management of patients with  
18 temporomandibular disorders and/or orofacial pain.

19  
20 **Intent:** Students/Residents should recognize signs and symptoms associated with  
21 temporomandibular disorders and/or orofacial pain. Students/Residents should either  
22 provide appropriate treatment or refer, consistent with contemporary practice and the best  
23 interest of the patient.

24  
25 ~~4-27~~15 Students/Residents ~~must be exposed to~~ **must have experience with** patients requiring ~~various~~  
26 maxillofacial prosthetic ~~services~~ care.

27  
28 **Intent:** Students/Residents should have clinical patient experiences screening, diagnosing,  
29 assessing risk, treatment planning, referring and following-up patients requiring  
30 maxillofacial services.

31  
32 ~~4-16~~—Students/Residents **must** participate in all phases of implant treatment including  
33 ~~implant placement.~~

34  
35 ~~4-17~~—Students/Residents **must** be exposed to preprosthetic surgical procedures.

36  
37 ~~**Intent:** Surgical procedures should include contouring of residual ridges, gingival~~  
38 ~~recontouring, placement of dental implants, and removal of teeth.~~

39  
40 ~~4-18~~—Students/Residents **must** be exposed to patient management through sedation.

41  
42 ~~—**Intent:** Students/Residents will observe procedures for patients who are sedated.~~

43



1 ~~4-19~~ ~~Students/Residents must be competent in oral/head/neck cancer screening and patient~~  
2 ~~education for prevention.~~

3  
4 ~~Intent: Students/Residents will be competent in clinical identification of potential pathosis~~  
5 ~~and referral to a specialist. Students/Residents will also educate patients to promote~~  
6 ~~oral/head/neck cancer prevention.~~

## 9 MAXILLOFACIAL PROSTHETICS

10  
11 Note: Application of these Standards to programs of various scope/length is as follows:

- 12 a. Prosthodontic programs that encompass a minimum of forty-five months that include  
13 integrated maxillofacial prosthetic training: all sections of these Standards apply;  
14 b. Prosthodontic programs that encompass a minimum of thirty-three months: all  
15 sections of these Standards apply except sections ~~4-20~~ ~~4-28~~ through ~~4-26~~ ~~4-36~~  
16 inclusive; and  
17 c. Twelve-month maxillofacial prosthetic programs: all sections of these Standards  
18 apply except sections ~~4-4~~ and ~~4-5~~ ~~4-10~~ through ~~4-19~~ ~~4-27~~, inclusive.

## 21 PROGRAM DURATION

22  
23 ~~4-28~~~~20~~ An advanced education program in maxillofacial prosthetics **must** be provided with a  
24 forty-five month integrated prosthodontic program which includes fixed  
25 prosthodontic, removable prosthodontic, implant prosthodontic and maxillofacial  
26 prosthetic experiences; or a one-year program devoted specifically to maxillofacial  
27 prosthetics which follows completion of a prosthodontic program.

## 30 DIDACTIC PROGRAM

31  
32 ~~4-29~~~~1~~ Instruction **must** be provided at the in-depth level in each of the following:

- 33 a. ~~Maxillary defects and soft palate defects, which are the result of disease or trauma~~  
34 ~~(acquired defects);~~  
35 b. ~~Mandibular defects, which are the result of disease or trauma (acquired defects);~~  
36 c. ~~Maxillary defects, which are naturally acquired (congenital or developmental~~  
37 ~~defects);~~  
38 d. ~~Mandibular defects, which are naturally acquired (congenital or developmental~~  
39 ~~defects);~~  
40 e. ~~Facial defects, which are the result of disease or trauma or are naturally acquired;~~  
41 f. ~~The use of implants to restore intraoral and extraoral defects;~~  
42 g. ~~Maxillofacial prosthetic management of the radiation therapy patient; and~~  
43 h. ~~Maxillofacial prosthetic management of the chemotherapy patient.~~

- 1 a. Etiology, multidisciplinary treatments, treatment sequela, and prosthetic treatment  
2 planning of defects of the craniofacial complex that are the result of disease, trauma  
3 and developmental/congenital processes;  
4 b. Implant therapy in the patients described in 4-28a;  
5 c. Intra-oral and extra-oral prosthetic considerations for patients receiving surgical,  
6 radiation or drug therapies that impact the health of the craniofacial structures.  
7

8 *Intent: Students/Residents should have the biomedical and clinical didactic background that*  
9 *supports the various aspects of prosthodontic therapy they provide and guide during their*  
10 *clinical experiences in treating patients with craniofacial deformities. Students/Residents*  
11 *should receive instruction in the advantages, disadvantages, indications and outcome*  
12 *assessments of multidisciplinary care of these patients and the impact this has on prosthetic*  
13 *interventions. This fundamental didactic background is necessary whether the*  
14 *student/resident provides therapy or serves as the referral source to other providers. This*  
15 *includes surgical and postsurgical management of patients requiring implant therapy. It is*  
16 *expected that such foundational learning would be directly supportive of requisite clinical*  
17 *curriculum competencies.*

18  
19 4-30 Students/Residents **must** have the didactic/clinical background that supports successful  
20 completion of the prosthodontic specialty board examination and fosters life-long learning.  
21

22 *Intent: Program directors should promote prosthodontic board certification to attain the*  
23 *appropriate hospital appointment for the clinical practice of maxillofacial prosthetics. It is*  
24 *expected that students/residents continue their life-long professional development by*  
25 *employing the didactic and clinical knowledge acquired during the maxillofacial program.*  
26

27 4-~~31~~<sup>22</sup> Instruction **must** be provided at the familiarity-understanding level in each of the following as

- 28 they impact health and reconstruction of the craniofacial complex and prosthodontic  
29 rehabilitation:  
30 a. Medical oncology;  
31 b. ~~Principles of head and neck surgery~~ Ablative and reconstructive surgery of the head and  
32 neck;  
33 c. Radiation oncology;  
34 d. Speech and deglutition; ~~and~~  
35 e. ~~Cranial defects~~ Developmental and congenital craniofacial anomalies;  
36 f. Advanced digital technology; and  
37 g. Biomaterials used in maxillofacial prosthetics.  
38  
39

## 40 CLINICAL PROGRAM

41  
42 4-~~32~~<sup>23</sup> Students/Residents **must** be competent to perform pre-prosthetic and maxillofacial prosthetic  
43 treatment procedures ~~performed~~ in the hospital ~~operation~~operating room.

1  
2 *Intent: Students/Residents should be able to perform pre-prosthetic procedures in*  
3 *preparation for maxillofacial rehabilitation as members of an inter-disciplinary treatment*  
4 *team in the hospital operating room that will directly affect the final reconstructive and*  
5 *rehabilitative outcome of patients with craniofacial complex defects.*  
6

7 4-33 Students/Residents **must** be competent in the hospital operation room to guide and assist  
8 multidisciplinary team members in resection and reconstructive treatment procedures that  
9 impact prosthetic rehabilitation for patients with maxillofacial and craniofacial complex  
10 defects.  
11

12 *Intent: Students/Residents should be able to guide and assist multidisciplinary team*  
13 *members in the operating room to enhance the resection contours and selection and*  
14 *positioning of flaps/grafts for reconstruction and rehabilitation of prosthetic patients with*  
15 *various craniofacial complex defects.*  
16

17 ~~4-24~~ ~~Students/Residents must gain clinical experience to become proficient in the pre-~~  
18 ~~prosthetic, prosthetic and post-prosthetic management and treatment of patients with~~  
19 ~~defects of the maxilla and mandible. Clinical experience regarding management and~~  
20 ~~treatment should include:~~  
21 ~~a. Patients who are partially dentate and for patients who are edentulous;~~  
22 ~~b. Patients who have undergone radiation therapy to the head and neck region;~~  
23 ~~c. Maxillary defects of the hard palate, soft palate and alveolus;~~  
24 ~~d. Mandibular continuity and discontinuity defects; and~~  
25 ~~e. Acquired, congenital and developmental defects.~~  
26

27 ~~4-34~~25 Students/Residents **must** gain clinical experience to become **be** competent in the pre-  
28 prosthetic, prosthetic and post-prosthetic management and **performing** treatment of patients  
29 with defects of ~~facial structures~~ the craniofacial complex.  
30

31 *Intent: Students/Residents should be able to deliver care for various deformities*  
32 *restoring/improving functional deficits. Such experiences should be beyond those learned at*  
33 *graduate prosthodontic level, and should use natural teeth and dental and craniofacial*  
34 *implants as part of the treatment*  
35

36 4-35 Students/Residents **must** be competent to direct and teach laboratory technicians supporting  
37 treatment for the maxillofacial prosthetic patients.  
38

39 *Intent: Students/Residents should be able to instruct laboratory technicians and allied health*  
40 *personnel in the unique laboratory and supportive procedures required for intraoral and*  
41 *extraoral maxillofacial prostheses.*  
42  
43

- 1 4-36 Students/Residents **must** demonstrate competency in ~~inter~~multi disciplinary diagnosis and  
2 treatment planning conferences relevant to clinical maxillofacial prosthetics, as it fulfills the  
3 mission of the program, which may include:  
4 a. Cleft palate and craniofacial conferences;  
5 b. Clinical pathology conferences;  
6 c. Head and neck cancer ~~diagnostie~~ treatment planning conferences;  
7 d. Medical oncology treatment planning conferences;  
8 e. Radiation therapy diagnosis and treatment planning conferences;  
9 f. Reconstructive surgery conferences; and  
10 g. Tumor boards.

11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43

1                   **STANDARD 5 - ADVANCED EDUCATION STUDENTS/RESIDENTS**

2  
3                   **ELIGIBILITY AND SELECTION**

4  
5 ~~Dentists with the following qualifications are eligible to enter advanced specialty education~~  
6 ~~programs accredited by the Commission on Dental Accreditation:~~

- 7  
8 ~~a. Graduates from institutions in the U.S. accredited by the Commission on Dental Accreditation;~~  
9 ~~b. Graduates from institutions in Canada accredited by the Commission on Dental Accreditation of~~  
10 ~~Canada; and~~  
11 ~~c. Graduates of international dental schools who possess equivalent educational background and~~  
12 ~~standing as determined by the institution and program.~~

13  
14 Eligible applicants to advanced specialty education programs accredited by the Commission on  
15 Dental Accreditation **must** be graduates from:

- 16  
17           a.     Predoctoral dental programs in the U.S. accredited by the Commission on Dental  
18           Accreditation; or  
19           b.     Predoctoral dental programs in Canada accredited by the Commission on Dental  
20           Accreditation of Canada; or  
21           c.     International dental schools that provide equivalent educational background and  
22           standing as determined by the program.

23  
24 Specific written criteria, policies and procedures **must** be followed when admitting  
25 students/residents.

26  
27 **Intent:** *Written non-discriminatory policies are to be followed in selecting students/residents. These*  
28 *policies should make clear the methods and criteria used in recruiting and selecting*  
29 *students/residents and how applicants are informed of their status throughout the selection process.*  
30

31 Admission of students/residents with advanced standing **must** be based on the same standards of  
32 achievement required by students/residents regularly enrolled in the program. Students/Residents  
33 with advanced standing **must** receive an appropriate curriculum that results in the same standards of  
34 competence required by students/residents regularly enrolled in the program.

35  
36 Examples of evidence to demonstrate compliance may include:

- 37           • policies and procedures on advanced standing  
38           • results of appropriate qualifying examinations  
39           • course equivalency or other measures to demonstrate equal scope and level of  
40           knowledge

1  
2 **Intent:** *Advanced standing refers to applicants that may be considered for admission to a*  
3 *training program whose curriculum has been modified after taking into account the applicant's past*  
4 *experience. Examples include transfer from a similar program at another institution, completion of*  
5 *training at a non-CODA accredited program, or documented practice experience in the given*  
6 *discipline. Acceptance of advanced standing students/residents will not result in an increase of the*  
7 *program's approved number of enrollees. Applicants for advanced standing are expected to fulfill*  
8 *all of the admission requirements mandated for students/residents in the conventional program and*  
9 *be held to the same academic standards. Advanced standing students/residents, to be certified for*  
10 *completion, are expected to demonstrate the same standards of competence as those in the*  
11 *conventional program.*

## 12 13 EVALUATION

14  
15 A system of ongoing evaluation and advancement **must** ensure that, through the director and faculty,  
16 each program:

- 17  
18 a. Periodically, but at least semiannually, ~~evaluates the knowledge, skills, ethical conduct and~~  
19 ~~professional growth of its students/residents, using appropriate written criteria and procedures~~  
20 ~~assesses the progress toward (formative assessment) and achievement of (summative assessment)~~  
21 ~~the competencies for the specialty using formal evaluation methods;~~  
22 b. Provides to students/residents an assessment of their performance, at least semiannually;  
23 c. Advances students/residents to positions of higher responsibility only on the basis of an  
24 evaluation of their readiness for advancement; and  
25 d. Maintains a personal record of evaluation for each student/resident which is accessible to the  
26 student/resident and available for review during site visits.

27  
28 **Intent:** *(a) The evaluation of competence is an ongoing process that requires a variety of*  
29 *assessments that can measure the acquisition of knowledge, skills and values necessary for*  
30 *specialty-level practice. It is expected that programs develop and periodically review evaluation*  
31 *methods that include both formative and summative assessments. (b) Student/Resident evaluations*  
32 *should be recorded and available in written form (c) Deficiencies should be identified in order to*  
33 *institute corrective measures (d) Student/Resident evaluation is documented in writing and is shared*  
34 *with the student/resident*

## 35 36 37 DUE PROCESS

38  
39 There **must** be specific written due process policies and procedures for adjudication of academic and  
40 disciplinary complaints, which parallel those established by the sponsoring institution.

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20

**RIGHTS AND RESPONSIBILITIES**

At the time of enrollment, the advanced specialty education students/residents **must** be apprised in writing of the educational experience to be provided, including the nature of assignments to other departments or institutions and teaching commitments. Additionally, all advanced specialty education students/residents **must** be provided with written information which affirms their obligations and responsibilities to the institution, the program and program faculty.

*Intent: Adjudication procedures should include institutional policy which provides due process for all individuals who may potentially be involved when actions are contemplated or initiated which could result in disciplinary actions, including dismissal of a student/resident (for academic or disciplinary reasons). In addition to information on the program, students/residents should also be provided with written information which affirms their obligations and responsibilities to the institution, the program, and the faculty. The program information provided to the students/residents should include, but not necessarily be limited to, information about tuition, stipend or other compensation; vacation and sick leave; practice privileges and other activity outside the educational program; professional liability coverage; and due process policy and current accreditation status of the program.*

**STANDARD 6 - RESEARCH**

1  
2  
3  
4  
5  
6

Advanced specialty education students/residents **must** engage in scholarly activity.