





























**INSTITUTION:** \_\_\_\_\_

**SUMMARY OF FACTUAL INFORMATION  
ON THE DENTAL HYGIENE PROGRAM**

The purpose of providing the following information is to give the reader of the completed self-study document a brief summary of critical factual information about the dental hygiene program.

Admissions

- a. Number of classes admitted annually: \_\_\_\_\_
- b. Enrollment pattern (month and number): \_\_\_\_\_
- c. Current total enrollment:
  - 1st year students \_\_\_\_\_
  - 2nd year students \_\_\_\_\_
  - 3<sup>rd</sup> year students\* \_\_\_\_\_
  - 4<sup>th</sup> year students\* \_\_\_\_\_

(\*To be completed if applicable)

Facilities

- a. Identify program(s) that share dental hygiene facilities, e.g., dental assisting, dental laboratory technology, nursing:

\_\_\_\_\_

- b. Number of treatment areas used for preclinical/clinical instruction: \_\_\_\_\_
- c. Number of laboratory stations: \_\_\_\_\_
- d. Number of radiography units: \_\_\_\_\_

Program Faculty Numbers:

- a. Dental hygienists-  
Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_

















## Institutional Accreditation

- 1-5 Programs must be sponsored by institutions of higher education that are accredited by an institutional accrediting agency (i.e., a regional or appropriate\* national accrediting agency) recognized by the United States Department of Education for offering college-level programs.**

\* Agencies whose mission includes the accreditation of institutions offering allied health education programs.

**Intent:**

*Dental schools, four-year colleges and universities, community colleges, technical institutes, vocational schools, and private schools, which offer appropriate fiscal, facility, faculty and curriculum resources are considered appropriate settings for the program. The institution should offer appropriate fiscal, facility, faculty and curriculum resources to sponsor the dental hygiene educational program.*

Narrative Response and Documentation:

- 1. Which of the following best describes the program’s educational setting: dental school, four-year college/university, community/junior college, technical college/institute, vocational school or federal service training center? Indicate whether the institution is public, private (not-for-profit) or private (for profit).**
- 2. By what agency recognized by the United States Department of Education or officially recognized state accrediting agency, is the institution accredited? Briefly describe the institution’s accreditation history, including its current status and date of last evaluation.**
- 3. Include an exhibit indicating the most current accreditation report status**

For additional guidance you may refer to “Examples of evidence to demonstrate compliance” following Standard 1-5 in the Accreditation Standards for Dental Hygiene Education Programs.

- 1-6 All arrangements with co-sponsoring or affiliated institutions must be formalized by means of written agreements which clearly define the roles and responsibilities of each institution involved.**

Narrative Response and Documentation:

**Note:** off-campus sites (including enrichment sites) are addressed in Standard 4-4. Co-sponsoring or affiliated institutions allow dental *hygiene* program students to utilize resources available to their regularly enrolled students, e.g., bookstore, library, health center fitness facility, etc. as defined in an affiliation agreement.

- 1. Does the program have an arrangement with another institution for sharing resources as described above?**
- 2. Is the additional institution considered to be a co-sponsor of the program?**

- 3. If yes, describe the arrangement, including a brief history and date of the initial agreement. Include a copy of co-sponsor/affiliation written agreement.**

For additional guidance you may refer to “Examples of evidence to demonstrate compliance” following Standard 1-6 in the Accreditation Standards for Dental Hygiene Education Programs.

### **Community Resources**

- 1-7 There must be an active liaison mechanism between the program and the dental and allied dental professions in the community. The authority and final responsibility for curriculum development and approval, student selection, faculty selection and administrative matters must rest with the educational institution.**

**Intent:**

*The purpose of an active liaison mechanism is to provide a mutual exchange of information for improving the program, recruiting qualified students and meeting employment needs of the community. The responsibilities of the advisory body should be defined in writing and the program director, faculty, and appropriate institution personnel should participate in the meetings as non-voting members to receive advice and assistance.*

Narrative Response and Documentation:

- 1. Briefly describe the interaction between the program and professionals in the community, such as dental hygienists, general and specialty dentists, and other health care specialists? How do community liaison members provide resources and/or help support the program?**
- 2. Describe the structure, function, and responsibilities of the liaison mechanism(s).**
- 3. List the names, affiliation, role/title, committee term, disciplines and appointment dates of individuals currently involved in the program’s liaison activities. If applicable, provide the names and positions of individuals representing separate liaison mechanisms for any off-campus sites.**
- 4. Provide meeting minutes from the last two liaison activities.**
- 5. Describe recent liaison activities.**
- 6. Provide a copy of by-laws and/or description of duties and responsibilities of individuals involved in liaison activities**

For additional guidance you may refer to “Examples of evidence to demonstrate compliance” following Standard 1-7 in the Accreditation Standards for Dental Hygiene Education Programs.



## STANDARD 2 - EDUCATIONAL PROGRAM

### Instruction

- 2-1 The curriculum must include at least two academic years of full-time instruction or its equivalent at the postsecondary college-level. The scope and depth of the curriculum must reflect the objectives and philosophy of higher education. The college catalog must list the degree awarded and course titles and descriptions.**

**In a two-year college setting, the graduates of the program must be awarded an associate degree. In a four-year college or university, graduates of the program must be awarded an associate degree, post-degree certificate, or baccalaureate degree.**

**Intent:**

*The dental hygiene curriculum is comprehensive in scope and depth and requires a minimum of two years of academic preparation. The curriculum should include additional coursework and experiences, as appropriate, to develop competent oral health care providers who can deliver optimal patient care within a variety of practice settings and meet the needs of the evolving healthcare environment.*

*In a four-year college setting that awards a certificate, admissions criteria should require a minimum of an associate degree. Institutions should provide students with opportunities to continue their formal education through affiliations with institutions of higher education that allow for transfer of course work. Affiliations should include safeguards to maximize credit transfer with minimal loss of time and/or duplication of learning experiences.*

*General education, social science and biomedical science courses included in associate degree dental hygiene curricula should parallel those offered in four-year colleges and universities. In baccalaureate degree curricula, attention is given to requirements for admission to graduate programs to establish a balance between professional and nonprofessional credit allocations.*

Narrative Response and Documentation:

- 1. Describe how the scope and depth of the curriculum reflect the objectives and philosophy of higher education and facilitates opportunities for students to continue their formal education through transfer of course work**
- 2. Describe how the curriculum is structured to allow individual students to meet required program competencies.**
- 3. As an exhibit, include pages of the college catalog relevant to the dental hygiene program. If the college catalog is online, download and provide the appropriate pages.**



































































































## **Examples of Selected Exhibits**

All Exhibits included in the completed Self-Study Report should be **numbered** sequentially. Exhibit numbers in the completed document will not correspond to the example exhibit numbers provided in this Self-Study Guide.

### **Standard 1 – Institutional Effectiveness**

**Example Exhibit 1**  
**Example Exhibit 2**  
**Example Exhibit 3**  
**Example Exhibit 4**  
**Example Exhibit 5**

### **Standard 2 – Educational Program**

**Example Exhibit 6**  
**Example Exhibit 7**  
**Example Exhibit 8**  
**Example Exhibit 9**  
**Example Exhibit 10**  
**Example Exhibit 11**  
**Example Exhibit 12**  
**Example Exhibit 13**  
**Example Exhibit 16**  
**Example Exhibit 17**

### **Standard 3 – Administration, Faculty and Staff**

**Example Exhibit 14**  
**Example Exhibit 15**

## Example Exhibit 1

Using the following format or another format that describes similar information, list the program’s specific goals and objectives and outline the outcomes assessment process that the program utilizes.

	<b>Objective</b>	<b>Action Step</b>	<b>Monitoring Mechanism</b>	<b>Evaluating Mechanisms</b>	<b>When Evaluated</b>	<b>Who Collects Data</b>	<b>Who Assesses Data</b>	<b>Results</b>	<b>Resulting Action</b>	<b>Program Improvement as a result of data analysis</b>
Goal #1										
Goal #2										
Goal #3										
Goal #4										

## EXAMPLE EXHIBIT 2

Using the following format, identify the sources of fiscal support for the program and the percentage of the program's total budget that each source constitutes:

Current fiscal year: \_\_\_\_\_

A. State support \$ \_\_\_\_\_ %

B. Local support \$ \_\_\_\_\_ %

C. Grant

federal \$ \_\_\_\_\_ %

state \$ \_\_\_\_\_ %

local \$ \_\_\_\_\_ %

private \$ \_\_\_\_\_ %

D. Student tuition \$ \_\_\_\_\_ %

E. Outside Entities \$ \_\_\_\_\_ %

\_\_\_\_\_  
(specify)  
F. Other \$ \_\_\_\_\_ %

\_\_\_\_\_  
(specify)

TOTAL \$ \_\_\_\_\_ 100%



### EXAMPLE EXHIBIT 3

Using the following form, provide information on the dental hygiene program's budget for the previous, current and ensuing fiscal years.

	Previous Year 20__ to 20__	Current Year 20__ to 20__	Ensuing Year 20__ to 20__
<b>I. Capital Expenditures</b>			
A. Construction	\$ _____	\$ _____	\$ _____
B. Equipment			
1. Clinic (dental unit, chair, etc.)	_____	_____	_____
2. Radiography (including darkroom)	_____	_____	_____
3. Laboratory	_____	_____	_____
4. Locker Room	_____	_____	_____
5. Reception Room	_____	_____	_____
6. Faculty & Staff offices	_____	_____	_____
7. Instructional equipment	_____	_____	_____
8. Other (specify) _____	_____	_____	_____
_____	_____	_____	_____
<b>TOTAL</b>	\$ _____	\$ _____	\$ _____
<b>II. Non-capital expenditures</b>			
A. Instructional materials, e.g., slides, films	\$ _____	\$ _____	\$ _____
B. Clinic supplies	_____	_____	_____
C. Laboratory supplies	_____	_____	_____
D. Office supplies	_____	_____	_____
E. Program library collection			
1. Institutional	_____	_____	_____
2. Departmental	_____	_____	_____
F. Equipment maintenance and replacement	_____	_____	_____
G. Other (specify) _____	_____	_____	_____
_____	_____	_____	_____
_____	\$ _____	\$ _____	\$ _____
<b>TOTAL</b>			
<b>III. Faculty</b>			
A. Salaries	\$ _____	\$ _____	\$ _____
B. Benefits	_____	_____	_____
C. Professional Development	_____	_____	_____
D. Travel for Student Supervision	_____	_____	_____
E. Other (specify) _____	_____	_____	_____
_____	_____	_____	_____
_____	\$ _____	\$ _____	\$ _____
<b>TOTAL</b>			
<b>IV. Staff</b>			
A. Secretarial Support	\$ _____	\$ _____	\$ _____
B. Other (specify) _____	_____	_____	_____
_____	_____	_____	_____
_____	\$ _____	\$ _____	\$ _____
<b>TOTAL</b>			
<b>V. Other Categories, if any</b>			
(specify) _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____
_____	\$ _____	\$ _____	\$ _____
<b>TOTAL</b>			
<b>GRAND TOTAL</b>	\$ _____	\$ _____	\$ _____

## EXAMPLE EXHIBIT 4

Provide the actual dental hygiene expenditures for the previous year using the following form.

	Previous Year 20__ to 20__
I. Capital Expenditures	
A. Construction	\$ _____
B. Equipment	_____
1. Clinic (dental unit, chair, etc.)	_____
2. Radiography (including darkroom)	_____
3. Laboratory	_____
4. Locker Room	_____
5. Reception Room	_____
6. Faculty & staff offices	_____
7. Instructional equipment	_____
8. Other (specify) _____	_____
_____	\$ _____
TOTAL	
II. Non-capital Expenditures	
A. Instructional materials, e.g., slides, films	\$ _____
B. Clinic Supplies	_____
C. Laboratory supplies	_____
D. Office supplies	_____
E. Program library collection	_____
1. Institutional	_____
2. Departmental	_____
F. Equipment maintenance and replacement	_____
G. Other (specify) _____	_____
_____	\$ _____
TOTAL	
III. Faculty	
A. Salaries	\$ _____
B. Benefits	_____
C. Professional Development	_____
D. Travel for Student Supervision	_____
E. Other (specify) _____	_____
_____	\$ _____
TOTAL	
IV. Staff	
A. Secretarial Support	\$ _____
B. Other (specify) _____	_____
_____	\$ _____
TOTAL	
V. Other Categories, if any (specify) _____	\$ _____
_____	_____
TOTAL	\$ _____
GRAND TOTAL	\$ _____

## EXAMPLE EXHIBIT 5

Provide information in the salary schedule for full-time and part-time faculty for the current year. If appropriate, use the following format.

### FULL-TIME FACULTY

Categories of Faculty Rank	INSTITUTION			DENTAL HYGIENE PROGRAM		
	Minimum	Average	Maximum	Minimum	Average	Maximum

### PART-TIME FACULTY

Categories of Faculty Rank	INSTITUTION			DENTAL HYGIENE PROGRAM		
	Minimum	Average	Maximum	Minimum	Average	Maximum

## EXAMPLE EXHIBIT 6

Using the format illustrated below, provide enrollment data for the program during the current and four preceding years. If classes are admitted more than once a year, indicate admissions by each admission interval.

**Note:** Programs with multiple enrollment starts per year must provide enrollment and attrition data for each group of students enrolled. Please modify the below chart to reflect this information.

	Preceding Years				Current Year (recently admitted class)
	20__	20__	20__	20__	20__
Number of Applicants (submitted required credentials)					
Met the Minimum Admission Criteria					
Number Offered Admission					
Total Number Enrolled					
Number Enrolled with Advanced Standing					
Number Completed					
Percentage Completed	%	%	%	%	%

Using the format illustrated below, indicate the number of students who withdrew or were dismissed from the program during the current and four preceding years.

Program Non-Completion Reasons	REASON FOR WITHDRAWAL			
	ACADEMIC PROBLEMS	LACK OF INTEREST	PERSONAL/ FINANCIAL ISSUES	OTHER (SPECIFY)
1. Academic Year Enrollment (20__)				
2. Academic Year Enrollment (20__)				
TOTAL				

## Example Exhibit 7

For programs that have multiple enrollment starts **only**: Please complete Example Exhibit 7 for each requested calendar year. Identify the class, number of students and the start and end dates. This is an example. Modify the Exhibit as appropriate.

**As an example:**

Previous Year: 2012\_\_

January	February	March	April	May	June	July	August	September	October	November	December
Class 1 (20 students): start February 2, 2012 and graduates November 31, 2013											
Class 2 (22 students): start June 2, 2012 and graduate April 30, 2014											
									Class 3 (15 students): starts October 31, 2012 and graduates September 1, 2014		

Current Year: 2013\_\_

January	February	March	April	May	June	July	August	September	October	November	December
Class 1 (20 students): start February 2, 2012 and graduates December 1, 2013											
Class 2 (22 students): start June 2, 2012 and graduate April 30, 2014											
Class 3 (15 students): starts October 31, 2012 and graduates September 1, 2014											
Class 4 (20 students): start February 2, 2013 and graduates December 1, 2014											
Class 5 (22 students): start June 2, 2013 and graduate April 30, 2015											
									Class 6 (15 students): starts October 31, 2013 and graduates September 1, 2015		

Following Year: 2014\_\_

January	February	March	April	May	June	July	August	September	October	November	December
Class 2 (22 students): start June 2, 2012 and graduate April 30, 2014											
Class 3 (15 students): starts October 31, 2012 and graduates September 1, 2014											
Class 4 (20 students): start February 2, 2013 and graduates December 1, 2014											
Class 5 (22 students): start June 2, 2013 and graduate April 30, 2015											
Class 6 (15 students): starts October 31, 2013 and graduates September 1, 2015											

## EXAMPLE EXHIBIT 8

Outline the sequence of the dental hygiene curriculum as illustrated below. This is an EXAMPLE. If the program delivery structure is different, please modify to demonstrate the same information.

Course Number	Course Title	Credit* Hours	Clock Hours/Week			Faculty/Student Ratio			Faculty Person Responsible
			Lec.	Lab.	Clinical	Lec.	Lab.	Clinic	
<b>First Term:</b>									
BIO-105	Anatomy & Physiol. I	4	3	3	0	1:30	1:30	-----	Dr. Grey
CHE-105	Chem.-Health Sciences	4	3	3	0	1:30	1:30	-----	Ms. White
DEH-107	Dental	3	2	3	0	1:30	1:15	-----	Ms. Doe
DEH-117	Anatomy:Histol.	4	2	6	0	1:30	1:6	-----	Ms. Black
DEH-128	Preclinical DH I	2	3	2	0	1:30	1:6	-----	Ms. Doe
IDH-140	Dental Radiology	1	1	0	0	1:30	-----	-----	Ms. Nelson
	First Aid	18	14	17	0				
<b>Second Term:</b>									
BIO-106	Anatomy & Physiol. II	4	3	2	0	1:30	1:30	-----	Dr. Olson
BIO-108	Microbiology	4	3	3	0	1:30	1:30	-----	Ms. White
DEA-113	Radiology II	2	1	3	0	1:30	1:6	-----	Ms. Green
DEH-105	Dental Materials	2	1	3	0	1:30	1:15	-----	Ms. Doe
DEH-106	Elements of Nutrition	1	1	0	0	1:30	-----	-----	Ms. Adams
DEH-119	Preventive OHS II	4	2	0	8	1:30	-----	1:6	Ms. Doe
DEH-205	Head & Neck Anatomy	1	1	0	0	1:30	-----	-----	Dr. Allen
		18	12	11	8				
<b>Third Term:</b>									
<b>Fourth Term:</b>									
Total Number of Credit Hours		_____							

\*If the institution does not assign credit hours, do not complete this column.

## EXAMPLE EXHIBIT 9

List the various evaluation methods (paper/project, clinical evaluation, skills assessment, exam, etc.) used to measure **each** stated program competency. Please list all program competencies and identify all courses where the competency is addressed.

<b>Program Competency #1:</b>	
<b>Course Number Where Addressed</b>	<b>List Competency Measurement Method(s)</b>

<b>Program Competency #2:</b>	
<b>Course Number Where Addressed</b>	<b>List Competency Measurement Method(s)</b>

<b>Program Competency #3:</b>	
<b>Course Number Where Addressed</b>	<b>List Competency Measurement Method(s)</b>

<b>Program Competency #4:</b>	
<b>Course Number Where Addressed</b>	<b>List Competency Measurement Method(s)</b>

## EXAMPLE EXHIBIT 10

Complete checklist in the Example Exhibit to ensure all components from DH Standard 2-7 are included. Please include this exhibit in the self-study document.

<b>Course Documentation Checklist (DH Standard 2-7)</b>							
<b>Course Number and Name</b>	<b>Written Course Descriptions</b>	<b>Content Outlines, with Topics to be Presented</b>	<b>Specific Instructional Objectives</b>	<b>Learning Experiences</b>	<b>Evaluation Criteria and Procedures</b>	<b>Example of Exam, Quiz, and/or Rubric</b>	<b>All Skill Evaluations</b>
DH 105 Dental Radiology I	x	x	x	x	x	x	x



## EXAMPLE EXHIBIT 11

For each term provide a schedule of the dental hygiene courses as illustrated below. Include course number and name; faculty, setting (clinic, lab, classroom number); and number of students. Modify the exhibit as needed to account for multiple sections.

This is an **EXAMPLE**. Programs with multiple enrollment starts must modify the exhibit to provide the requested information. If there are multiple classes running concurrently, please modify the exhibit to clearly demonstrate the requested information below.

TERM: \_\_\_\_\_ 20\_\_  
(specify)

Hour	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
9:00	A&P I 105 Lec. Dr. Grey Room 200 20 Students	Chem I 105 Lec. Ms. White Room 200 20 Students	A&P I 105 Lec. Dr. Grey Room 200 20 Students	Preclinical DH I 117 Lec. Ms. Black Room 201 20 Students	A&P 105 Lec. Dr. Grey Room 201 20 Students
10:00	Dent. Anat. 107 Lec. Ms. Doe Room 201 20 Students	↓	Dent. Anat. 107 Lec. Ms. Doe Room 200 20 Students	Ms. Doe Ms. Grey ↓	Dent. Rad. 188 Lab. Ms. Doe & Dr. Grey Clinic 10 Students
11:00	Dental Rad. 128 Lec. Ms. Doe Room 200 20 Students	↓	Dental Rad. 128 Lec. Ms. Doe Room 300 20 Students	↓	Dental Rad. 128 Lec. Ms. Doe Room 201 20 Students
1:00	Dental Rad. 128 Lec. Ms. Doe Room 201 20 Students	A&P 105 Lab. Dr. Grey Clinic 10 students		Dent. Anat. 107 Lec. Ms. Doe Room 201 20 Students	
2:00	Chem. 105 Lec. Ms. White Room 200 20 Students	↓	Chem. 105 Lec. Ms. White Room 300 20 Students	↓	Chem. 105 Lec. Ms. White Room 200 20 Students
3:00	Preclinical DH I 117 Lab. Ms. Black & Ms. Doe Clinic 10 Students	↓	Preclinical DHI I 117 Lab. Ms. Black & Dr. Doe Clinic 10 Students	↓	Preclinical DHI I 117 Lab. Ms. Black & Ms. Doe Clinic 10 Students

4:00	↓	First Aid 140 Lec. Ms. Nelson Room 200 20 Students			↓
5:00		↓			↓

## Example Exhibit 12

Using the format illustrated below, list the courses which provide the major instruction in each required content area and specify the number of clock hours devoted to instruction in that area.

CONTENT AREA	COURSE NO. & TITLE	CLOCK HRS. OF INSTRUCTION PROVIDED
<u>GENERAL EDUCATION:</u>		
Oral communications		
Written communications		
Psychology		
Sociology		
<u>BIOMEDICAL SCIENCES:</u>		
Anatomy		
Physiology		
Chemistry		
Biochemistry		
Microbiology		
Immunology		
General Pathology		
Nutrition		
Pharmacology		
<u>DENTAL SCIENCES:</u>		
Tooth morphology		
Head, neck and oral anatomy		
Oral embryology and histology		
Oral pathology		
Radiography		
Periodontology		
Pain management		
Dental materials		
<u>DENTAL HYGIENE SCIENCES:</u>		
Oral health education/preventive counseling		
Health Promotion		
Patient management		
Clinical dental hygiene		
Provision of services for and management of patients with special needs		
Community dental/oral health		
Medical and dental emergencies		
Basic life support		
Legal and ethical aspects of dental hygiene practice		
Infection and hazard control management		
Provision of oral health care services to patients with bloodborne infectious diseases		
Other (specify)		
<b>TOTAL CLOCK HOURS IN CURRICULUM:</b>		

## Example Exhibit 13

Using the format illustrated below, list the preclinical and clinical courses which provide the major instruction in the following patient care competencies provided in the program. Provide the program requirements (if defined by the program; i.e. number of times each student must complete each service) and the most recent dental hygiene class's average for performing each area identified. If the program has not defined numerical requirements, describe the minimum number of performances for completing the preclinical and clinical courses.

<i>Clinical DH Services provided by the program</i>	<i>Laboratory/Preclinical Course No. &amp; Title</i>	<i>Clinical Course No. &amp; Title</i>	<i>Program Requirements</i>	<i>Average</i>
<b><u>Assessment</u></b>				
<b><u>Planning</u></b>				
<b><u>Implementation</u></b>				
<b><u>Evaluation</u></b>				
<b><u>Documentation</u></b>				

## Example Exhibit 14

Using the following format, provide information requested for each dental hygiene faculty member for each term of the academic year. (Note: If two or more classes are enrolled concurrently, each table should reflect the faculty member's total time commitment per term.)

Name of faculty member _____ Term _____ 20_____				
Full- or Part-time appointment: _____				
<b>A. <u>Teaching Contact Hours</u></b>			<b>B. <u>Supplemental Responsibilities</u></b>	
Course No. and Title	Clock Hrs./Week Lec. Lab. Clinic			<u>Clock Hrs./Week</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
<b>TOTAL HRS/WEEK</b>	_____	_____	_____	<b>TOTAL HRS/WEEK</b> _____
Hours per week devoted to Total Effort (A+B)				_____



















**Does your Self Study have ALL of the following?**

	A <b>Cover Page</b> that identifies the program for <u>each</u> physical book (also included in the digital copy)?
	<b>Sequential Page Numbers</b> throughout <u>each</u> physical book?
	A <b>Table of Contents</b> for <u>each</u> physical book that lists each document and the corresponding page number?
	A <b>Tab</b> for each standard, exhibit section (i.e. “Standard 1 Exhibits, etc.) and course in the curriculum?
	As few physical books as possible? <i>(Please note, for Allied Self Studies <b>ONLY</b>, the 200 page limit no longer applies. However, please make sure that Site Visitors will be able to easily navigate these physical books. Please limit your documents to what is requested to demonstrate compliance.)</i>
	<b>ONE</b> digital file (PDF or Word) per physical book submitted? <i>(Please note, for Allied Self Studies <b>ONLY</b>, the 20 MB file size limit no longer applies.)</i>
	<b>NO</b> active internet links?
	<b>NO</b> patient protected health information (PHI) or HIPAA identifiers as outlined in section 164.514 of the HIPAA Privacy Rule?*
	<b>NO</b> sensitive personally identifiable information (“PII”) such as social security numbers, drivers’ license numbers, credit card numbers, account numbers, etc.?*

*\* If the program/institution submits documentation that does not comply with the directives on PHI and PII, 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.*

**If you have any questions regarding the formatting of your Self Study, please contact Betsey Palmer at [palmerb@ada.org](mailto:palmerb@ada.org) or 312-440-2675.**