



# GUIDE TO ACCREDITATION

*The board and staff want to respectfully acknowledge that the Commission on Dental Accreditation of Canada offices are located on the traditional territories of the Algonquin Anishinaabeg nation; we appreciate their graciousness as we live, work, and play on these lands.*

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## 1.0 The Commission on Dental Accreditation of Canada

The Commission on Dental Accreditation of Canada (CDAC) is a leading oral health accreditation agency dedicated to ensuring the quality and integrity of oral health education programs. Through comprehensive evaluation and continuous improvement support, we help programs meet our rigorous standards—preparing students for successful careers and advancing the future of oral health care. CDAC accredits the following:

- Undergraduate dental educational programs
- Dental specialty educational programs
- Dental Hygiene educational programs
- Dental Assisting educational programs
- Health facility dental services
- Hospital and non-hospital dental residency educational programs

### 1.1 What is accreditation?

The accreditation process is a rigorous peer-review process which involves self-assessment against the standards, documentation review and an onsite accreditation survey. The process is intended to be supportive, educational, and collaborative rather than punitive, with the goal of fostering ongoing program enhancement and accountability. CDAC recognizes that DDS/DMD, Dental Specialty, Dental Hygiene, Dental Assisting, Dental Residency programs, and Health Facilities that demonstrate compliance with the nationally established standards published by CDAC.

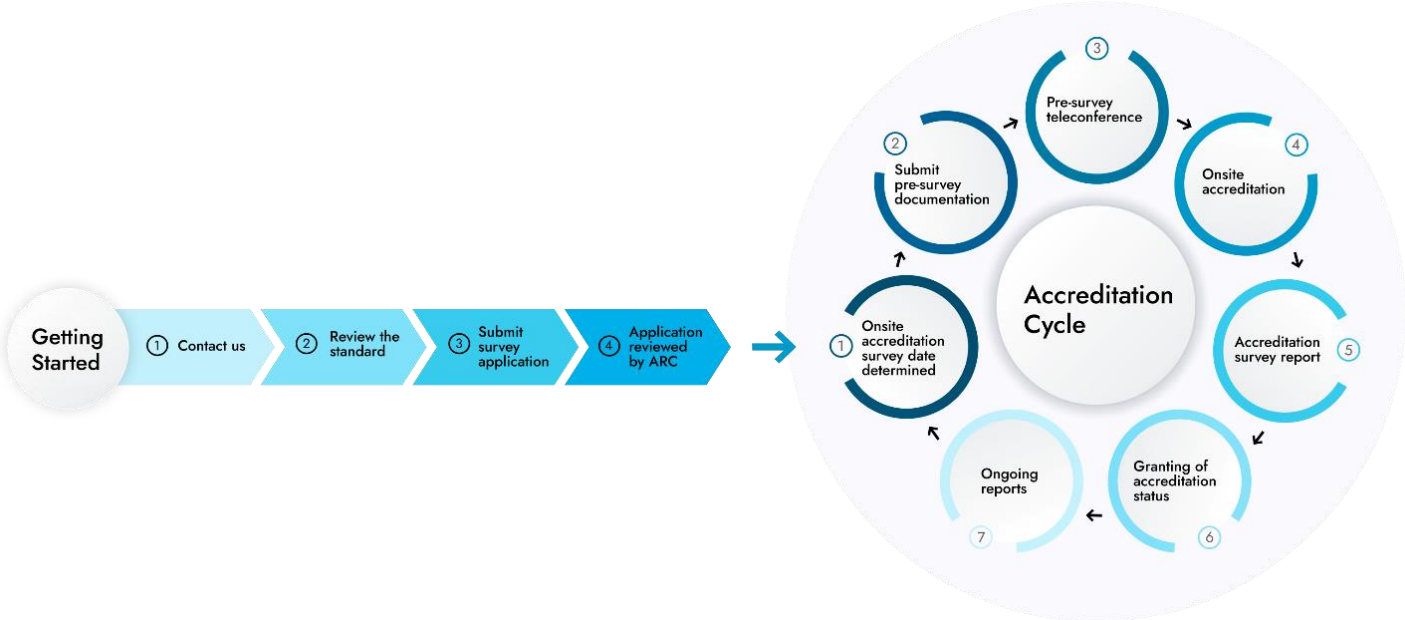
The standards are an essential element in this process as they are the basis by which a program can benchmark, be accountable, assure quality and continuously improve their program with the end goal of promoting quality education and student competency for entry to practice. An accreditation standard is a set of criteria or requirements that a program must meet to demonstrate its quality, competence, and adherence to established benchmarks.

A list of accredited educational programs and health facilities is posted on the website at [www.cdac-cadc.ca](http://www.cdac-cadc.ca).

As part of CDAC's quality improvement activities, CDAC may carry out studies aimed at improving the accreditation process, updating the accreditation standards, and pertaining to other related activities. These studies may require that the programs surveyed provide additional information. CDAC expects the program or health facility's full cooperation in this endeavour, as the intent is to improve dental training standards in Canada. Although these studies are not part of the minimum accreditation standards, their results may prompt the introduction of new accreditation standards for subsequent years.

CDAC is currently modernising its standards. It is anticipated that new outcome-based accreditation standards will be available in 2027 for use in 2028 surveys and beyond.

## 2.0 The Accreditation Process



### 2.1 GETTING STARTED



#### 2.1.1 Contact Us

Please send an email to [cdac@cdac-cadc.ca](mailto:cdac@cdac-cadc.ca). Each program will be assigned to an Accreditation Specialist who will support them through their accreditation journey.

#### 2.1.2 Review the standard

New oral health education programs, health facility and dental residency educational programs

submitting an application to CDAC are encouraged to carefully review the applicable CDAC accreditation standards to determine whether they meet these standards. The [accreditation standards](#) are available on the CDAC website.

Prior to applying for initial accreditation and when planning a new program, it is strongly recommended to carefully review the accreditation standards and to consult with CDAC and other established programs.

### 2.1.3 Submit Application

The Program responds to the standard and prepares documentation and evidence. This serves as the application for *Preliminary Approval*.

The Program is required to address the standards following the directions outlined in the section “Pre-Survey Documentation”.

Note: Dental Residency Programs and Health Facilities

Initial accreditation for a Residency Program or Health Facility involves submitting a letter to CDAC requesting an accreditation survey visit. CDAC reviews the request and if it is approved by the Accreditation Review Committee, CDAC schedules a survey visit to assess the program/facility. Note that unlike other oral health educational programs, Residency Programs and Health Facilities are not granted Preliminary Approval status prior to a survey visit.

The Program will be invoiced according to the fee schedule once the application has been received. For program fees, consult the *Program Fee Schedule* available on the CDAC website [www.cdac-cadc.ca](http://www.cdac-cadc.ca). Please note that a new funding model will be introduced in 2027.

### 2.1.4 Application reviewed by the Accreditation Review Committee

CDAC reviews the application at its quarterly Accreditation Review Committee to determine if the program is granted Preliminary Approval status, and a survey visit is scheduled to assess the program.

The application must clearly respond to the applicable accreditation standards established. For each accreditation standard, educational programs must:

- a) state in full the accreditation standard and the related number that appears following each standard (e.g., 2.1, 2.2, etc.)
- b) following each standard, provide the “documentation required” as indicated in the accreditation standards. The program responses must be clear and concise and respond to each standard, providing the appropriate information and a referenced appendix, if required. Appendices and index tabs should be clearly labelled and positioned to identify all responses and references.
- c) provide the required documentation addressing each of the accreditation standards.

If the submission is successful, the educational program is granted year-by-year *Preliminary Approval*, provided it continues to demonstrate compliance with the minimum requirements as

established by CDAC following the initial enrollment of students and to the point at which students enter their final year. Typically, an initial accreditation survey visit will be scheduled during the final term or year when students in the graduating cohort are in session. At this stage, the program progresses to the next phase of its continuous quality improvement journey: the Accreditation Cycle.

## 2.2 ACCREDITATION CYCLE



### 2.2.1 Onsite accreditation survey date determined

Once Preliminary Approval status is granted, a survey visit is scheduled to assess the program(s) during the final term or year when students of the graduating cohort are in session.

Survey visits are usually conducted between January and June, and between September and November of each year.

The initial accreditation process for a new program is deemed complete only upon the conclusion of its first accreditation survey. Students who are enrolled in the program at the time of the initial onsite accreditation survey visit are considered to have graduated from an accredited program.

The survey timetable will be drafted initially by CDAC and shared with the program for input. After reviewing pre-survey documentation and a pre-survey teleconference with CDAC and the accreditation surveyor team, a decision will be made whether additional information is required of

the program and if any changes to the timetable are required. The survey timetable is finalised by CDAC in consultation with the program.

The Program Director (or the program lead for the accreditation survey) is required to schedule meetings, conferences, and tours for the accreditation survey team based on the suggested timetable provided by CDAC. Although the order and arrangement of the tours and conferences are at the discretion of the Program Director, CDAC is available to provide suggestions.

#### *2.2.1.1. Timetable*

A draft timetable is provided by CDAC to the program for input in scheduling survey interviews. The first part of Day 1 of the team's visit will include a conference with the Program Director, senior administration, and any other associates who are responsible for the administration or coordination of the program. The purpose of this session is to discuss the overall program administration, and to review the implementation of recommendations from the previous survey report, if applicable.

A private meeting is to be scheduled with the institution's President, designate or equivalent position. During this meeting, the administration will have an opportunity to discuss policy and plans for the institution that may have an impact on the program.

A tour of the building should be scheduled to acquaint the survey team with the physical facilities, the major instructional resource areas, equipment, and the general institution layout.

The remainder of the visit is composed, almost entirely, of a series of private interviews or conferences.

#### *2.2.1.2 Interviews*

Interviews/conferences are scheduled in advance and held in a room where a conference table space and a screen or projector for virtual attendees is available to be used by both the accreditation survey team and interviewees. The room must ensure confidential discussions, with no devices present that could monitor or record the interview. Interviews with faculty members, students, dental personnel, etc., are to be scheduled without the attendance of members of program administration or department head.

Survey team members will have received in advance the program curriculum. However, course syllabi, textbooks, evaluation procedures, etc., for all courses in the curriculum should be available for the survey team members to review if requested.

Faculty member interviews/conferences provide an opportunity for survey team members to clarify any questions related to their respective courses. There may be instances where several faculty members will meet with the survey team members at the same time because of the integrated nature of their courses.

It is not required that every individual teaching within the program be scheduled for a group interview. However, if a subject/area is omitted, the Program Director should be able to describe, in some detail that course and answer any questions relating to it.

The survey team will meet privately with the students. The program should make provisions to schedule a room to accommodate this meeting. Student forums are an integral part of the CDAC survey process. Please ensure sure all students are present. A 15-minute virtual meeting will also be scheduled with recent graduates of the program.

#### *2.2.1.3 Clinical Observation*

The timetable includes a designated two- to four-hour period during which surveyors observe senior students providing patient/client care. This observation is not intended to assess individual student competence; rather, it is conducted to evaluate clinical processes, systems, and workflow within the clinic setting.

At the commencement of the observation period, surveyors provide students with a brief orientation to explain the purpose of the observation and request that students continue with their routine clinical activities. During this time, surveyors may observe operatory set-up, review the radiography room and sterilization bay, and assess clinic workflow. Surveyors may also request access to the clinic manual and may review patient charts as part of this process.

#### *2.2.1.4 On-Site Protocol*

Unless otherwise indicated by the survey team, the program administrators are not required to attend the survey team meetings/conferences with faculty members.

Members of the administration who are directly associated with a particular program component, are usually present for at least part of the discussion. The survey team retains the right to conduct private discussions with individual members of the faculty or administration.

Photographs while onsite may be taken to record the physical facilities. No patient or students will be photographed for privacy purposes.

The program must secure a conference room for the survey team for the duration of the survey. Discussions with the survey team take place in the conference room assigned to the team. All rooms must ensure confidential discussions, with no devices present that could monitor or record the interview.

In view of the heavy schedule of the survey team, members are unable to accept invitations to social events. However, the provision of refreshments and a working lunch by the program is an appreciated courtesy.

### **2.2.2 Submit pre-survey documentation**

In preparation for the onsite accreditation survey, the accreditation process requires the program or facility to prepare a self-evaluation of the program's educational activities, which is referred to

as the pre-survey documentation. Your Accreditation Specialist will provide guidance if a new submission is required or which elements of the pre-survey documents should be updated.

Pre-survey documentation is not required for accredited programs in years between scheduled survey visits; however, programs and facilities are required to notify CDAC prior to implementing changes that affect accreditation standards, such as enrollment or intake increases. This is considered a significant program change. Please refer to [reporting requirements](#) on the CDAC website.

### *2.2.2.1 Pre-Survey Documentation*

The accreditation standards established by CDAC constitute the basis that the accreditation survey team uses to review the pre-survey documentation provided by the program. The standards are also the foundation on which the team drafts the accreditation survey report and the criteria by which CDAC determines program accreditation.

The accreditation standards identify both the standards, which **must** or **should** be met, and the documentation that must be submitted by the program. The program's response serves as the pre-survey documentation submitted to CDAC prior to the survey visit. This documentation is reviewed by the accreditation survey team members before the accreditation survey visit and is the basis of the survey report. Please note that the timetable is subject to change should the surveyors determine that additional meetings are required or if there is more or less time required for a standard based on their review of the pre-survey documentation. CDAC will endeavour to minimize these changes and the disruption it will cause to the programs. The survey timetable will be finalized 2 weeks in advance.

**Please follow the steps outlined in Appendix I when preparing the pre-survey documentation.**

The pre-survey documentation **must** be uploaded **twelve (12)** weeks prior to the date of the survey visit, including the independent student evaluation (DDS and Dental Hygiene programs only), for review by the accreditation survey team members prior to the survey visit.

Please do not hesitate to contact your Accreditation Specialist should any problems arise in preparing and uploading your pre-survey documentation.

### **2.2.3 Pre-survey teleconference**

A pre-survey teleconference with your Accreditation Specialist, surveyors and the program is held 2-4 weeks prior to the onsite accreditation survey. The duration of this teleconference is anticipated to be 30 minutes. This is an opportunity for the program/service to offer a brief and high-level introduction and highlight some main successes or challenges since the last survey and identify if there is an area where the program/service would like to receive more feedback.

### **2.2.4 Onsite accreditation survey visit**

The accreditation survey team visits the program, when senior students are in their final semester/term and are providing patient/client care. The survey team prepares a survey report based on the accreditation standards and submits it to CDAC.

#### *2.2.4.1 The Accreditation Survey Team*

The survey team reviews the pre-survey documentation provided by the program ahead of the onsite accreditation survey and is responsible for the preparation of a comprehensive written report for review and consideration by CDAC.

In consultation with the program, CDAC appoints the accreditation survey team. The composition of the survey team may be modified by CDAC to respond to the program's needs and/or the availability of the appropriate expertise.

CDAC maintains a roster of qualified survey team members to select the required numbers for each survey team. Nominations to the roster are received from organizations and associations involved in the accreditation process.

Accreditation survey teams are typically structured as follows:

**DDS/DMD programs:** Basic membership consists of clinicians/educators, a basic scientist, a representative from the National Dental Examining Board of Canada, and a representative of CDAC, with the Chair of the survey team being appointed by CDAC.

**Dental specialty programs:** Basic membership of this survey team consists of an appropriately qualified specialist and a representative from CDAC.

**Dental Hygiene programs:** Basic membership of this survey team consists of two individuals who have experience in Dental Hygiene education, a representative from the provincial regulatory authority (if applicable) and a representative from CDAC.

**Dental Assisting programs:** Basic membership of this survey team consists of two individuals who have experience in Dental Assisting education, a representative from the provincial regulatory authority (if applicable) and a representative from CDAC.

**Health Facilities:** Basic membership of this survey team consists of one individual who has experience with a dental service and a representative from CDAC.

**Dental Residency educational programs:** Basic membership of this survey team consists of one individual with hospital/dental internship experience and a representative from CDAC.

#### *2.2.4.2 Survey length*

Survey visits may be lengthened or shortened as needed and for specific reasons, following consultation with the program. Please refer to the instructions that apply to your program.

**DDS/DMD** The duration of a survey visit to accredit a DDS/DMD is usually four and one-half days; with a verbal report from the survey team presented on the last morning. The program is asked to provide lab coats for the clinical team members.

**Dental Specialties:** The duration of a survey visit to accredit a graduate/post-graduate program is usually two days.

**Dental Hygiene programs:** The duration of a survey visit to accredit a Dental Hygiene education program is usually two and half days. The schedule must provide sufficient time to visit the clinical setting. The program is required to provide lab coats for the team members.

**Dental Assisting programs:** The duration of a survey visit to accredit a Dental Assisting education program is usually two days. The schedule must provide sufficient time for a visit in the clinical setting. The program is required to provide lab coats for the team members.

**Health Facilities:** The duration of a survey visit to accredit a health facility dental service is usually one day. The visit may be lengthened, particularly if an internship/residency education program is to be surveyed as well.

**Dental Internship or Residency education programs:** The duration of a survey visit to accredit a dental internship or residency program is usually one day.

#### *2.2.4.3 The Exit interview*

An oral summary is provided by the accreditation survey team during the exit conference with the senior administrator(s) and the Program Director. The team verbally provides the program with the recommendations and suggestions that will appear in the final written report.

### **2.2.5 The Accreditation Survey Report**

CDAC and the survey team are responsible for the compilation of the written survey report. It is then edited and reviewed by all survey team members before forwarding a draft survey report to the program four weeks following the end of the survey.

Survey reports include a preface which introduces and outlines the importance of the ‘must’ and ‘should’ statements throughout the document and is stated as the following:

#### *Preface*

*Recommendations and Suggestions made in the survey report are based upon minimum national standards for programs. In areas where a standard is not met and/or a deficiency exists, a recommendation will be made. Recommendations are mandatory and must be addressed by the program. Suggestions may also appear in this report, and these are identified by the survey team to enhance the overall effectiveness of the program. Suggestions are meant to be helpful.*

The program is provided two weeks with an opportunity to review the report for verification of factual data. Should the program have questions or clarifications, these are addressed by CDAC staff in consultation with the program and, if applicable, subsequent changes are made to the written report.

Once approved by the program, the report is presented to the appropriate CDAC Accreditation Review Committee for granting of the accreditation status.

Please note that the timelines are subject to change in certain circumstances.

### 2.2.6 Granting of Accreditation Status

The following accreditation statuses may be granted to an educational program or health facility dental service. **It is important to note that accreditation is only one element of eligibility for registration/licensure in a jurisdiction.** Please verify with the regulator in your jurisdiction for registration and licensure requirements. If accreditation is granted, the name of the program, the accreditation status and the duration of accreditation is identified on the CDAC website.

Once a new program has had its first ONSITE accreditation survey, the accreditation process is complete, and an accreditation status **may be** granted. If accreditation is granted students enrolled in the program at the time of the initial ONSITE accreditation survey visit are considered to have graduated from an accredited program.

#### *Preliminary Approval*

Based on a comprehensive submission of documentation prepared by the program addressing the accreditation standards, the educational program is granted year-by-year *Preliminary Approval* if it continues to meet the minimum requirements as established by CDAC after initial enrollment of students, and until such time as students are enrolled in the final year or term.

Preliminary approval is granted for the period between the approval of the application and the date of the initial onsite survey as determined by CDAC. Please note that deferrals of the initial accreditation onsite survey will only be granted under extenuating circumstances and will be based on the policy available on the CDAC website.

Following the initial onsite accreditation survey, the program will be granted one of the statuses below.

#### *Approved (without reporting requirements)*

Based on a survey visit and comprehensive documentation prepared by the program addressing the accreditation standards, this classification, when granted to an educational program or dental service, indicates that the program achieves or exceeds the minimum requirements or standards for approval as established by CDAC. This accreditation classification indicates that the program has no serious deficiencies or weaknesses. However, recommendations, or suggestions relating to enhancement of the program or dental service, are generally included in the evaluation report.

Length of term: Based on the educational discipline.

#### *Approved (with reporting requirements)*

Based on a survey visit and comprehensive documentation prepared by the program addressing the accreditation standards, this classification is granted to an educational program or dental service, where specific deficiencies or weaknesses exist in one or more basic areas of the

educational program or dental service. The deficiencies or weaknesses are considered to be of such nature that they can be corrected within a reasonable length of time. This accreditation classification is considered adequate to meet the eligibility requirements for licensure and board examinations in the case of educational programs or to maintain adequate standards of patient/client care in dental services. A program receiving the status of *Approved (with reporting requirements)* must provide a progress report according to the timeline outlined in the transmittal letter.

Length of term: Based on the educational discipline.

#### *Provisionally Approved (with reporting requirements)*

Based on a survey visit and comprehensive documentation prepared by the program addressing the accreditation standards, this classification is granted to an educational program or dental service if it has been determined that the program or service has deficiencies or weaknesses in one or more specific areas. This accreditation classification signifies the seriousness of the deficiencies or weaknesses but is considered adequate to meet the eligibility requirements for licensure and board examinations in the case of educational programs, or to maintain adequate requirements of patient/client care in dental services. The deficiencies or weaknesses are considered to be of such magnitude that, if not corrected, withdrawal of the program or dental service accreditation status will result. To maintain the status of *Approval*, evidence of compliance to the standards must be demonstrated within one year.

Length of term: Maximum One (1) year

#### *Intent to Withdraw*

Based on a program's failure to address recommendations from an accreditation survey report, CDAC may initiate its intent to withdraw accreditation status at the applicable Accreditation Review Committee. Programs are notified by CDAC of an action to withdraw accreditation.

#### *Accreditation Withdrawn*

Based on a program's failure to address recommendations from an accreditation survey report, CDAC has withdrawn the accreditation status of the program/service.

#### *Denial*

If a new program/service fails to meet the accreditation standards at the time of its application submission, preliminary program accreditation status may be denied, and an initial accreditation survey will not be granted. Such a denial reflects the presence of program deficiencies that existed at the point of application. Denial of preliminary accreditation indicates that the program did not demonstrate compliance with required accreditation standards.

Accreditation may be denied following the initial onsite survey to a program with preliminary approval if it has demonstrated significant underperformance and/or whose student learning outcomes are insufficient to ensure competency for entry into practice.

### 2.2.6.1 Duration of Accreditation

	Duration of Accreditation	
	New Program (no. of years)	Established Program (no. of years)
Dentistry / Specialty / Qualifying Program	3	7
Dental Hygiene / Dental Assisting: (Publicly funded)	3	7
Dental Hygiene / Dental Assisting: (Privately funded)	2	4
Health Facility	5	5
Dental Residency	5	5

CDAC reserves the right to reduce or extend the term of approval granted to a program to maintain the principle of an integrated survey, or as various conditions may warrant.

### 2.2.6.2 Distribution of Reports

Following the CDAC Accreditation Review Committee meeting, the program will receive written confirmation of its accreditation status, a copy of the final survey report, and an accreditation certificate.

The final survey report will be sent to the individual identified by the program as having authority over the program. This individual may be the Dean, Program Director, or Department Head.

Programs are encouraged to share their accreditation survey report with the appropriate regulating body.

The CDAC website will be updated to reflect the accreditation status of the program, the year the onsite accreditation survey was held and the year of the next anticipated accreditation onsite survey.

### 2.2.6.3 Appeal Procedure

Programs denied accreditation status or whose accreditation status has been withdrawn, can appeal the decision. Please contact your Accreditation Specialist should you require additional information regarding the Appeal Procedure.

### 2.2.6.4 Accreditation Fees

For program fees, consult the Program Fee Schedule available on the [CDAC](#) website. Please note

that a new funding model will be introduced in 2027.

## 2.2.7 Reporting Requirements

### 2.2.7.1 Progress Reports

When the status granted to a program is Provisionally Approved (with reporting requirements), Approved (with reporting requirements), or Preliminary Approval, the program is required to provide a progress report to CDAC in accordance with the timelines outlined in the transmittal letter.

Any program that receives a status less than *Approved (without reporting requirements)* is required to submit a progress report. The progress report is intended to respond to the specific Recommendations identified in the survey report.

A well-written and effective progress report comprehensively addresses the identified Recommendations and clearly documents how the program has addressed each Recommendation. CDAC requires evidence demonstrating the implementation of the specific Recommendation(s). Reports of action taken to rectify deficiencies accompanied by supporting documentation (evidence) are required in deciding to upgrade a program's accreditation status.

Institutions with more than one education program must submit separate progress reports for each program that receives less than *Approved (without reporting requirements)* accreditation status.

#### *Who reviews progress reports?*

CDAC Accreditation Review Committee members, who have not participated in the accreditation survey visit to that program, review the progress report. Please note the members conducting the progress report reviews do not review the initial pre-survey documentation submitted by the program at the time of the survey. It is therefore essential that the progress report include evidence to demonstrate compliance.

CDAC will notify those programs that are required to submit progress reports. The submission deadline for progress reports is indicated in the transmittal letter.

### 2.2.7.2 Annual Program Review

As a requirement for continued accreditation, programs are responsible for completing an Annual Program Review (APR), informing CDAC yearly of any significant changes related to administration, personnel, facilities, finance, and other matters that could affect the accreditation status of the program. The APR is a critical component of accreditation, and it must be signed off by a program leader who is in authority to do so (Dean or Director). This online reporting mechanism is due for completion by June 30th each year.

### 2.2.7.3 Significant program changes

When significant changes to the program / curriculum are planned, programs are required to report to CDAC. Information, such as providing specific information to demonstrate that adequate resources and logistics are in place to support the proposed changes is requested prior to

implementing the change.

Programs must provide:

- The effective date of the intended program change(s)
- A description of the proposed change(s) to the program/curriculum

According to the change, the program must also provide:

- A summary of the former curriculum versus the new curriculum
- All course outlines and the curriculum map
- The timetables and scheduling for didactic, laboratories, preclinical and clinical courses
- The faculty: student ratios for didactic, laboratories, preclinical and clinical courses
- The curriculum vitae of new faculty members hired to support the change(s) if any
- A description of any changes to the physical facilities if any
- If applicable, provide confirmation of regulatory authority approval.
- If applicable, describe how communication has occurred with other programs within the faculty/ institution to explain how the proposed changes will have an impact.

Programs applying for intake/enrollment increases, significant changes to program curriculum, applications for survey visits, applications for preliminary approval, and other time-sensitive requests, can submit agenda items to their assigned Accreditation Specialist for consideration for review of the Accreditation Review Committees.

CDAC staff will exercise discretion to determine when submitted agenda items are to be reviewed. Programs will be notified of CDAC's decision regarding the consideration of items in a timely manner.

#### *2.2.7.4 Change of ownership*

Should there be a change in program sponsorship or ownership, the accreditation status is not automatically transferred. Prior to a change in sponsorship/ownership, the accredited program must contact their Accreditation Specialist to discuss the possible implications on the accreditation status

Please refer to the [change of ownership policy](#) on the CDAC website.

#### *2.2.7.5 Policies*

Access to additional policies to support your program's accreditation journey can be found here: [CDAC policies](#)

## APPENDIX I – How to index pre-survey documentation

For each accreditation standard, the program must:

- a) state in full the accreditation standard and the related number that appears following each standard (e.g., 2.1, 2.2, etc.)
- b) following each standard, provide the “documentation required” as indicated in the accreditation standards. Responses must be clear and concise and must respond to each standard providing the appropriate information and a referenced appendix, if necessary. The appendices and index tabs should be clearly labelled and placed to identify all responses and references.

Responses are prepared following the order of the standards. If an appendix is required, it should be referenced to the corresponding standard and appear in numeric sequence (e.g. 1.f-1, 1.f-2, etc.).

If the program accepts students at various times in the academic year, this must be identified in the submission, identifying the number of student intakes per year, the number of students in each intake, and the projected graduation dates.

CDAC requires programs to provide their responses to the accreditation standards in electronic format, using a secure file transfer method, in Microsoft Word format; appendices can be submitted in either Microsoft Word, Excel, or PDF formats. Photos should be submitted in JPG format. CDAC will provide each program with a unique link to CDAC’s SharePoint. Please reach out to your Accreditation Specialist to get this link.

The information must be appropriately indexed to allow for easy access and navigation of the documentation provided. Please refer to the attached sample index. **DO NOT USE SYMBOLS OF ANY KIND IN NAMES OF FILES.** (This includes hyphens and ampersands) Please keep all file names under 20 characters long. Longer file names may result in difficulty uploading the documents to SharePoint.

### How to Index Documents

All documents must be filed according to the corresponding standard. See example screenshot below:

Name
0.0 Program Information
1.0 Institutional Structure
2.0 Educational Program
3.0 Admin, Faculty and Faculty Development
4.0 Educational Support and Services
5.0 Clinic Administration
6.0 Research and Scholarly Activities
7.0 Program Relationships

### Subfolder Indexing

The documents must be further categorized into the appropriate subfolder. For example, if corresponding documentation needs to be filed under **4.0 Educational Support and Services**, please file it in the appropriate sub-folder. See example screenshot below

Name
4.1 Physical Facilities
4.2 Learning Resources
4.3 Didactic and Clinical Support
4.4 Student Issues

### Document Guidelines

- File each document in the applicable folder.
- Avoid duplicating documents across multiple folders unless explicitly required.
- Use clear, consistent file names that reflect the document content and date where applicable.
- File names cannot exceed 20 characters in length including spaces.
- File name cannot include any symbols of any kind (**This includes “-” and “&”**)
- File names should reference the documentation required as requested in the Accreditation Standards (e.g. 1.1.1 A senior org chart; 2.1.3 transfer students)
- File name should be labelled to appear in chronological order of reference in the main response document. (i.e. 1.f.1; 1.f.2, 1.g, etc.)
- Ensure documents are final or clearly labeled as drafts

**IMPORTANT:** Please ensure all course outlines are saved separately.