CODA Alignment: Dental Therapy Programs

Risk-Based Caries Management: A Minimally Invasive Approach supports dental therapy programs in meeting Commission on Dental Accreditation (CODA) standards.

CODA accredits programs, not courses. No module is "CODA-approved," and each program decides how the series fits its own competency statements.

- **Coverage.** *Direct* means a module objective and a decision students make address the standard. *Partial* means the series addresses part of the standard; the cell names the part that is missing.
- **Standards checked.** The Accreditation Standards for Dental Therapy Education Programs, effective February 6, 2015, and revised through August 2025.
- Modules can be assigned one at a time, by track, or as the full series. The mapping table refers to modules by number.

Sources

- Accreditation Standards for Dental Therapy Education Programs (effective February 6, 2015; revised through August 2025)
- CODA Accreditation Standards page

This mapping was checked against CODA's standards in November 2026. CODA revises its standards periodically, so each program is responsible for confirming the current standards at coda.ada.org.

Module	Title	Track
1	The Disease Process of Dental Caries	Foundations
2	Caries Risk Assessment	Foundations
3	Risk Categories and What They Mean	Foundations
4	Matching the Care Plan to Risk	Prevention & Intervention
5	Classifying the Lesion	Prevention & Intervention
6	Assessing Lesion Activity	Prevention & Intervention
7	Fluoride: From Prevention to Arrest	Prevention & Intervention
8	Sealants and Surface Protection	Prevention & Intervention
9	Levels of Intervention: When Operative Care Is Justified	Prevention & Intervention
10	Talking With Patients About Diet and Caries Risk	Application & Whole-Person Care
11	Monitoring and Recall Decisions	Application & Whole-Person Care
12	Whole-Person Care: A Complete Case	Application & Whole-Person Care

Dental therapy standards

Standard	What it requires	Where the series supports it	Coverage
2-9	Critical thinking and problem solving, including knowing when to consult a dentist or another member of the health care team	Every module opens with a prediction students commit to. Modules 2–12 model a clinician's reasoning aloud, and Modules 3–12 include case decisions students make on their own. The series does not address when to consult a dentist; it leaves scope of practice to each program.	Partial
2-12i	Biomedical science: nutrition	Diet as a driver of caries, including fermentable carbohydrate and how often it is eaten (Modules 1, 6, 10). General nutrition is not covered.	Partial
2-13f	Cariology	Modules 1–6, and the full series	Direct
2-13g	Atraumatic restorative treatment (ART)	Module 7 covers SMART: silver diamine fluoride (SDF) first, then a glass ionomer restoration, with any decay removed using hand instruments only.	Partial
2-13h	Operative dentistry	When a restoration is justified, and how far selective removal of carious tissue goes (Module 9). Technique is not taught.	Partial
2-13l	Preventive counseling and health promotion	Plans fitted to the patient's own risk factors (Module 4). Diet counseling with motivational interviewing (Module 10).	Direct
2-13n, 2-13o	Pediatric dentistry; geriatric dentistry	Marcus, 6–8: sealants on erupting molars, SDF, and a caregiver's consent (Modules 3, 6–8). Elena, 71: classifying a lesion, care when access is limited, and SDF (Modules 5, 7–9). Options for root surfaces are taught in general terms, not in her case. Only the caries content of these fields is covered.	Partial
2-14	Managing a diverse patient population. The intent names health literacy, health care disparities, and dentally underserved populations.	Non-medical drivers of health as a cause of caries and a kind of risk factor (Modules 1–3). Elena's long bus trip limits her visits; access shapes her plan but never justifies restoring (Modules 7–9). Community water fluoridation as the option that reaches people who cannot easily get to a clinic (Modules 2, 7). Plans built around a work schedule (Modules 10, 11). Bias in first impressions and in chart language (Module 12). Teach-back, a health literacy practice used with every patient (Module 7). Asking about the cultural traditions or personal preferences behind a patient's eating pattern (Module 10). Health literacy itself is not taught as a topic.	Partial
2-15	Communicating and collaborating with other members of the health	Within the oral health team: weighing a colleague's argument against the evidence (Module 8) and a chart note another member of the oral health team can act on	Partial

Standard	What it requires	Where the series supports it	Coverage
	care team	(Module 12). Beyond it: asking Sam's physician or pharmacist, with his agreement, about whether a different medication or dose would cause less dry mouth (Module 4); that is the only step involving another health profession.	
2-16	Ethical decision making and professional responsibility	Informed consent for SDF, including off-label use and the patient's right to refuse (Module 7). Evidence versus opinion when changing a risk category (Module 3). A clinician naming their own bias (Module 9). Chart language that records findings, not judgments (Module 12). Ethical principles are applied but not named.	Partial
2-18	Accessing, critically appraising, applying and communicating information for evidence-based care	Students see how evidence is weighed: study populations and methods (Module 5), trial results by product format (Module 4), why a nonrandomized study is not proof on its own (Module 8), strength of ADA recommendations (Module 7), how a guideline panel grades certainty (Module 9), and a trial on recall intervals (Module 11). Module 7 has students explain SDF to a patient. Students do not search for or appraise studies themselves.	Partial
2-20	Oral health care for patients in all stages of life	Cases include a child (Marcus), an adolescent (Patient C, 15, in a Module 1 knowledge check), adults, and an older adult (Elena). Adolescent content is limited to that one knowledge check.	Partial
2-21c	Oral health instruction and disease prevention education, including nutritional counseling and dietary analysis	Reading a patient's daily eating and drinking pattern, checking his fluoride use, and agreeing on one change he chooses (Module 10).	Direct
2-21g	Applying topical preventive agents, including fluoride varnish, antimicrobial agents, and pit and fissure sealants	Choosing fluoride type and strength by risk and the patient's circumstances (Module 7). Resin versus glass ionomer sealants (Module 8). Antibacterial agents in a plan for high risk (Module 4). Students learn which agent to choose, not how to apply it.	Partial
2-21o	Preparation and placement of direct restorations in primary and permanent teeth	When a restoration is justified, and how far selective removal of carious tissue goes (Module 9). Technique is not taught.	Partial
2-22	Additional functions authorized by the state	The SDF content (Module 7) supports programs in states that authorize dental therapists to apply SDF.	Partial