



**College of Alberta
Dental Assistants**

Program Approval Standards

Program Approval Standards

Legislative authority: These program approval standards are established under the *Dental Assistants Profession Regulation*, the *Fair Registration Practices Act*, the *Health Professions Act*, the *Health Professions Restricted Activity Regulation*, and the *Labour Mobility Act*. Authority is further supported by the Bylaws of the College of Alberta Dental Assistants (2023).

1.0 Purpose

These Program Approval Standards establish the criteria used by the College of Alberta Dental Assistants to evaluate whether education programs prepare graduates for safe entry to practice as dental assistants in Alberta.

These standards support the Program Approval Policy Suite of the College, including:

PAP-POL-001 Program Approval and Course Recognition Framework

PAP-POL-002 Program Approval Status and Review

PAP-POL-003 Program Approval Decision Making

PAP-POL-004 Program Change Notification and Regulatory Review

PAP-POL-005 Program Approval Evidence and Documentation

These standards define the criteria used by the College to evaluate education program design, delivery, resources, outcomes, and ongoing effectiveness.

These standards support the mandate of the College to regulate the profession in the public interest and ensure graduates entering the profession are prepared for safe and competent practice.

These standards consolidate expectations historically distributed across the College's Program Approval Policies, Program Approval Guide, and Program and Course Approval Guidelines.

2.0 Scope

These standards apply to education programs seeking program approval from the College and to programs maintaining approved status.

These standards apply to program approval review, monitoring activities, focused review, and regulatory response activities conducted under the Program Approval Policy Suite.

These standards do not apply to the professional conduct of registrants.

Standards of Practice govern expectations for registrants in professional practice. Program Approval Standards establish the criteria used by the College to evaluate whether education programs prepare graduates for safe entry to practice.

3.0 Educational principles

The College establishes Educational Principles to guide the approval and evaluation of dental assisting education programs.

These principles support the mandate of the College to regulate the profession in the public interest and to ensure that education programs prepare graduates for safe and competent dental assisting practice. The historical guideline identified three Educational Principles: Student Preparation, Patient Protection, and Program Effectiveness.

These Educational Principles form the foundation for the Program Approval Standards and guide the evaluation of education programs seeking or maintaining program approval.

Educational principle 1: Student preparation

Dental assisting education programs prepare graduates to meet the requirements for initial registration and to enter practice as safe beginners who meet the standards expected by the public and the College.

Educational principle 2: Patient protection

Dental assistant program graduates take professional responsibility for their actions and strive to do no harm to patients by engaging in best practices and competent application of knowledge and skills. If harm occurs, the dental assistant program graduate discloses the issue, takes appropriate steps to minimize the harm, and evaluates processes to prevent recurrence.

Educational principle 3: Program effectiveness

Dental assistant and program graduates are knowledgeable of and practice to the current standard of care, seeking sound scientific information to support practice decisions.

4.0 Right-touch regulation and risk assessment

The College applies right-touch regulation and risk assessment when reviewing education programs and courses. The historical guideline states that right-touch regulation is applied as the College navigates a review process and identifies three core risk factors.

When assessing a program, the College may consider the following risk factors:

1. A program is not producing, or is not likely to produce, graduates who are prepared for safe entry to practice.
2. The care and treatment of patients by students enrolled in a program is not at the required level.
3. A program is not well managed and does not have effective systems in place to identify and address issues.

These risk factors inform the College's approach to monitoring, focused review, remedial action, and possible removal of approval status.

5.0 Interim standards framework

These standards support the interim program approval framework established by the Program Approval Policy Suite.

The interim framework separates regulatory functions into three components:

1. **Program Approval Standards** define the criteria used to evaluate education programs.
2. **Program Approval Policies** establish governance authority and decision accountability.
3. **Program Approval Procedures** establish the operational processes used to conduct program approval, monitoring, review, and evidence documentation activities.

Together these components support a regulatory assurance model that enables the College to maintain visibility, accountability, and defensibility through program approval oversight:

- visibility into education program performance and graduate readiness
- accountability for regulatory decision making
- defensibility of regulatory decisions

Within this framework, the Program Approval Standards support the visibility component by identifying the indicators used to evaluate education program design, delivery, and outcomes.

6.0 Development of the standards

These standards consolidate expectations previously distributed across several historical College documents including program approval policies, program approval guides, and program approval guidelines.

The purpose of this consolidation is to improve clarity, transparency, and regulatory consistency while maintaining continuity with existing expectations. The following table identifies how expectations from historical documents informed the standards structure.

7.0 Historical source mapping

Historical Document	Historical Content	Standard Alignment	Supporting Procedure	Assurance Function	Rationale
Program Approval Policies	Program approval authority and evaluation expectations	PAP-POL-001 Program Approval and Course Recognition Framework	PAP-PRC-001 Program Approval Procedure	Accountability	Establishes regulatory authority and framework
Program Approval Policies	Program approval decision processes	PAP-POL-003 Program Approval Decision Making	PAP-PRC-002 Program Approval Review Procedure	Accountability and Defensibility	Clarifies Council authority and decision documentation
Program Approval Guide	Institutional governance expectations	Standard 1	PAP-PRC-001 Program Approval Procedure	Visibility	Enables visibility into program leadership and oversight
Program and Course Approval Guidelines	Student preparation criteria	Standards 2, 3, 4, 5, and 6	PAP-PRC-001 Program Approval Procedure	Visibility	Preserves historical criteria under Educational Principle 1
Program and Course Approval Guidelines	Patient protection criteria	Standards 3, 4, 6, and 7	PAP-PRC-001 Program Approval Procedure	Visibility	Preserves historical criteria under Educational Principle 2
Program and Course Approval Guidelines	Program effectiveness criteria	Standards 1, 4, 7, and 8	PAP-PRC-002 Monitoring Procedure	Visibility and Accountability	Preserves historical criteria under Educational Principle 3
Program Approval Guide	Reporting and change expectations	PAP-POL-004 Program Change Notification and Regulatory Review	PAP-PRC-002 Monitoring Procedure	Accountability	Establishes regulatory oversight mechanisms
Program Approval Guide	Evidence expectations	PAP-POL-005 Program Approval Evidence and Documentation	PAP-PRC-003 Evidence Documentation Procedure	Defensibility	Ensures evidence supporting decisions is documented

8.0 Program approval standards

The following standards operationalize the Educational Principles and establish the criteria used by the College to evaluate education programs.

Standard 1: Program governance and administration

Education programs maintain governance and administrative structures that support program oversight, accountability, stability, and effective decision making.

Programs demonstrate that:

1. the program is a recognized entity within the institution's administrative structure
2. governance structures, reporting relationships, and decision pathways are clearly defined
3. the program administrator and institutional leadership have sufficient authority to support program delivery and respond to issues affecting the program
4. admissions, progression, remediation, complaints, grievances, appeals, and completion requirements are documented
5. faculty participation in governance and program decision making is supported
6. staffing stability, succession planning, and training are addressed
7. material program changes are reported to the College in accordance with College requirements
8. communication with the College is transparent, timely, and responsive
9. the program maintains approval or recognition from the appropriate provincial education authority, where applicable

This standard reflects historical expectations relating to organizational structure, admissions policies, administrative support, staff retention, transparency, major change reporting, and governance effectiveness. The historical guideline emphasized that a program should be well managed and have effective systems in place to identify and address issues.

Standard 2. Curriculum and learning outcomes

Education programs provide curriculum that prepares students to meet regulatory expectations for dental assisting practice in Alberta.

Programs demonstrate that curriculum:

1. aligns with program learning outcomes and entry-to-practice expectations
2. integrates the College's regulatory expectations, including ethics, professional standards, and relevant Alberta legislation
3. incorporates didactic, laboratory, preclinical, clinical, and practicum components as appropriate
4. is logically organized and sequenced to support safe progression from foundational knowledge to clinical application
5. reflects relevant competency expectations, including the College competency profile, Standards of practice, NDAEB domain description, and Alberta specific requirements where applicable

6. includes clearly documented course outlines, program outlines, schedules, and learning expectations
7. is reviewed and updated through structured curriculum review processes

This standard reflects historical expectations relating to curriculum organization, learning outcomes, scope of practice integration, ethics and standards integration, sequencing, Alberta-specific content, and curriculum review. The historical guideline specifically identified the need to integrate Standards of Practice, Ethics and Professional Standards, competency profile elements, and national domains into curriculum.

Standard 3. Clinical education and practice exposure

Education programs provide clinical education and practicum experiences that support the safe development of competence.

Programs demonstrate that:

1. clinical and practicum experiences align with program outcomes and expected competencies
2. students receive sufficient clinical and didactic opportunities to achieve course learning objectives, program outcomes, and relevant practice competencies
3. clinical experiences are sequenced to support safe progression from simulation to peer activities, where appropriate, to patient care
4. students are supervised appropriately according to the activity and their stage of development
5. practicum environments are appropriate, documented, and supported by agreements where required
6. where clinical education occurs in external clinical environments, the education program remains responsible for ensuring that supervision, patient safety practices, and student learning opportunities meet the expectations established by the College
7. students are exposed to an appropriate breadth of patients, procedures, and clinical experiences
8. patient care experiences, clinical hours, and student progression are tracked and reviewed
9. students and faculty are oriented to the clinical environment and applicable policies before patient care begins
10. students have exposure to appropriate patient records, consent processes, and clinical documentation requirements

This standard reflects historical expectations relating to practicum vetting, supervision, patient exposure, sequencing of learning, tracking of experiences, and clinical readiness. The guideline emphasized breadth of patient and procedure exposure, safe supervision, and appropriate clinical resources.

Standard 4. Student assessment and competence evaluation

Education programs maintain assessment processes that evaluate student knowledge, judgment, conduct, and clinical competence.

Programs demonstrate that:

1. assessment methods are appropriate to program outcomes and expected competencies
2. evaluation criteria are clearly documented and communicated to students and faculty
3. assessments are applied consistently across classroom, laboratory, clinical, and practicum settings

4. assessment processes support early identification of students at risk and include remediation where required
5. students are evaluated on both theoretical knowledge and clinical competence
6. assessment design, calibration, and review processes support fairness, quality, and consistency
7. progression and completion requirements are documented and applied consistently
8. assessment practices support readiness for the NDAEB Theory Exam and other relevant evaluation points

This standard reflects historical expectations relating to rubrics, calibration, remediation, progression, transparency of expectations, and assessment quality. The guideline repeatedly emphasized clear criteria, appropriate assessment methods, and tracking of student success.

Standard 5. Faculty and instructional capacity

Education programs maintain faculty and instructional resources sufficient to support safe, effective, and current program delivery.

Programs demonstrate that:

1. faculty members possess qualifications appropriate to their instructional responsibilities
2. faculty members maintain relevant academic, professional, and clinical knowledge
3. instructors and contracted teaching staff are registered with the appropriate regulatory body where applicable
4. practicum supervisors and oral health care providers involved in student learning are appropriately qualified
5. staffing levels and faculty to student ratios support safe teaching and clinical supervision
6. faculty are supported with time, resources, and training necessary to fulfill instructional and administrative responsibilities
7. faculty participate in ongoing professional development including educational theory and methodology relevant to their instructional assignments
8. systems exist to evaluate teaching effectiveness and address issues identified through evaluation
9. faculty qualifications, registration status, and role assignments are documented and available for review

This standard reflects historical expectations relating to qualifications, licensure, faculty ratios, instructional preparedness, educational methodology, and evaluation of teaching.

Standard 6. Program resources and learning environment

Education programs provide resources and learning environments appropriate for dental assisting education.

Programs demonstrate that:

1. facilities support classroom, simulation, laboratory, preclinical, clinical, and practicum learning activities
2. the physical environment supports safety, privacy, accessibility, and appropriate patient flow
3. equipment, materials, technology, and educational resources are sufficient for student learning
4. learning resources support didactic education, simulation, and clinical training
5. infection prevention and control measures, radiology safety requirements, patient record management and confidentiality requirements, and health and safety requirements are reflected in the learning environment

6. students and faculty have access to support services and learning supports appropriate to the program context
7. the program assesses the appropriateness of clinical resources and facilities and responds to identified gaps

This standard reflects historical expectations relating to clinic and classroom blueprints, schedules, equipment, facility adequacy, IPC, radiology safety, records management, and support services.

Standard 7. Graduate outcomes and program performance

Education programs monitor indicators of program effectiveness and graduate readiness. Outcome information informs the College's monitoring and oversight of approved programs but does not alone determine program approval status.

Programs demonstrate mechanisms to review program outcomes including:

1. program completion information
2. graduate outcomes
3. NDAEB examination outcomes and other relevant performance indicators
4. practicum, graduate, employer, patient, and stakeholder feedback where relevant
5. trends over time in graduate performance and program outcomes
6. analysis of results in relation to curriculum, admissions, attrition, assessment, and other program factors
7. reporting of outcome information to the College where required
8. outcome information, including NDAEB examination results where available, is shared with the College as required

This standard reflects historical expectations relating to NDAEB results, CPE results where applicable, graduate readiness, surveys, comparisons over time, and analysis of program effectiveness. The historical guide specifically identified annual review of program outcomes and licensure exam results as part of program oversight.

Standard 8. Program quality assurance and continuous improvement

Education programs maintain quality assurance processes that support ongoing evaluation, improvement, and responsiveness to risk.

Programs demonstrate that:

1. program performance is periodically reviewed using multiple sources of information
2. feedback from students, faculty, practicum settings, graduates, employers, advisory committees, and other stakeholders informs program improvement
3. the program has a framework in place to manage quality and implement curriculum or program changes in a structured manner
4. major changes or threats to program delivery are identified, assessed, and addressed
5. program reviews, meeting minutes, incident reviews, audit reports, contingency planning, and emergency planning support quality oversight

6. issues affecting student safety, patient safety, program quality, or program effectiveness are documented and addressed
7. curriculum updates and implementation schedules are maintained
8. continuous improvement processes support ongoing alignment with College requirements and Educational Principles
9. major changes or threats to program delivery are identified, assessed, and addressed before implementation where required by the College

This standard reflects historical expectations relating to quality management, stakeholder feedback, program review, curriculum change planning, risk identification, and response to threats to delivery. The guideline explicitly required providers to have a framework in place to manage quality, including implementation schedules for curriculum changes, and identified major changes or threats such as significant curriculum alterations, student number changes, staffing changes, revised timeframes, assessment changes, and practicum changes.

9.0 Expected Outcomes

1. **Public interest is strengthened** through program approval decisions supported by structured educational criteria and credible evidence.
2. **Education providers understand the expectations** used by the College to evaluate new and existing programs.
3. **Program approval activities are supported** by a clear distinction between principles, standards, policies, and procedures.
4. **The College maintains visibility** into program design, delivery, outcomes, and quality assurance.
5. **Program approval decisions are supported** by documented, consistent, and defensible regulatory criteria.
6. **Strategic alignment** ensures program approval oversight supports the Strategic Plan (2025-30) Leading with Vision, Ensuring Public Trust.

This document is reviewed annually, or sooner if required by legislative, regulatory, or strategic change.

10.0 Related legislation and references

Legislation and regulation

Dental Assistants Profession Regulation (Alberta Regulation 252/2005)

Fair Registration Practices Act

Health Professions Act

Health Professions Restricted Activity Regulation (Alberta Regulation 22/2023)

Labour Mobility Act

College authority and governance

Bylaws of the College of Alberta Dental Assistants (2023)

Code of Ethics (2020) of the College of Alberta Dental Assistants

Related College policies

PAP-POL-001 Program Approval and Course Recognition Framework

PAP-POL-002 Program Approval Status and Review

PAP-POL-003 Program Approval Decision Making

PAP-POL-004 Program Change Notification and Regulatory Review

PAP-POL-005 Program Approval Evidence and Documentation

PAP-PRC-001 Program Approval Procedure

11.0 Definitions

1. **College of Alberta Dental Assistants:** the regulatory body established under the *Health Professions Act*, responsible for governing the practice of dental assisting in Alberta to protect and serve the public interest. For the purposes of this document, the term “College” refers to the College of Alberta Dental Assistants.
2. **Council:** The governing body of the College as established by legislation and the Bylaws. Council exercises authority for program approval decisions in accordance with legislation, the Bylaws, and College policy.
3. **Educational Principles:** The three educational principles historically used by the College to guide the approval and evaluation of dental assisting education programs, namely Student Preparation, Patient Protection, and Program Effectiveness.
4. **Evidence:** Information, documentation, data, or verification obtained by the College that supports evaluation of program compliance with College requirements.
5. **Program approval:** The formal determination by Council that an education program meets College requirements and is recognized for regulatory purposes, including entry-to-practice eligibility, subject to any applicable approval status, conditions, monitoring, or review requirements.
6. **Program Approval Committee:** A governance committee established by Council to review program approval matters and make recommendations to Council.
7. **Registrar and Chief Executive Officer (or delegate):** The individual appointed by Council to manage the operations of the College and implement Council policy.

12.0 Document information

Policy type	Program Approval Standards			
Policy owner	Registrar and Chief Executive Officer (or delegate) of the College of Alberta Dental Assistants			
Approved by	Council of the College of Alberta Dental Assistants			
Approval date	March 23, 2026			
Effective date	March 23, 2026			
Review schedule	Annually or sooner if required by legislative, regulatory, or strategic change.			
Approval history	Version	Date	Council Motion #	Summary of Revision
Related documents	Bylaws of the College of Alberta Dental Assistants (2023) Code of Ethics (2020) PAP-POL-001 Program Approval and Course Recognition Framework PAP-POL-002 Program Approval Status and Review PAP-POL-003 Program Approval Decision Making PAP-POL-004 Program Change Notification and Regulatory Review PAP-POL-005 Program Approval Evidence and Documentation Strategic Plan (2025-30) Leading with Vision, Ensuring Public Trust			