

ADA CERP Recognition Standards 2026 – Standards 1, 2, 4, and 5

November 20, 2025



COMMISSION FOR
CONTINUING EDUCATION
PROVIDER RECOGNITION

Welcome!

cerp@ada.org

312-440-2869

<https://ccepr.ada.org/>

CCEPR staff

Kelli Cousins, interim director

cousinsk@ada.org

Christopher Smith, coordinator

smithc@ada.org

Today's session

- Overview of Standards 2026: Standards 1, 2, 4, and 5
- What's new
- Transitioning
 - What will you need to change in your program?
 - When will you need to demonstrate compliance with new Standards?

We have another webinar scheduled for Standard 3 on December 2, 2025!

Continuing dental education

- **Professional training**

Predoctoral, postdoctoral, and continuing professional development prepare the profession to respond to changing healthcare needs.

- **CERP definition**

CE activities maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a dentist uses to provide services for patients, the public, or the profession. The objective is to enhance and update the knowledge base of dentists, strengthen critical thinking skills and support an evidence-based, ethical practice of dentistry.

Why have standards for CE?

What is the purpose of having standards for CE?

What role do CE standards play?

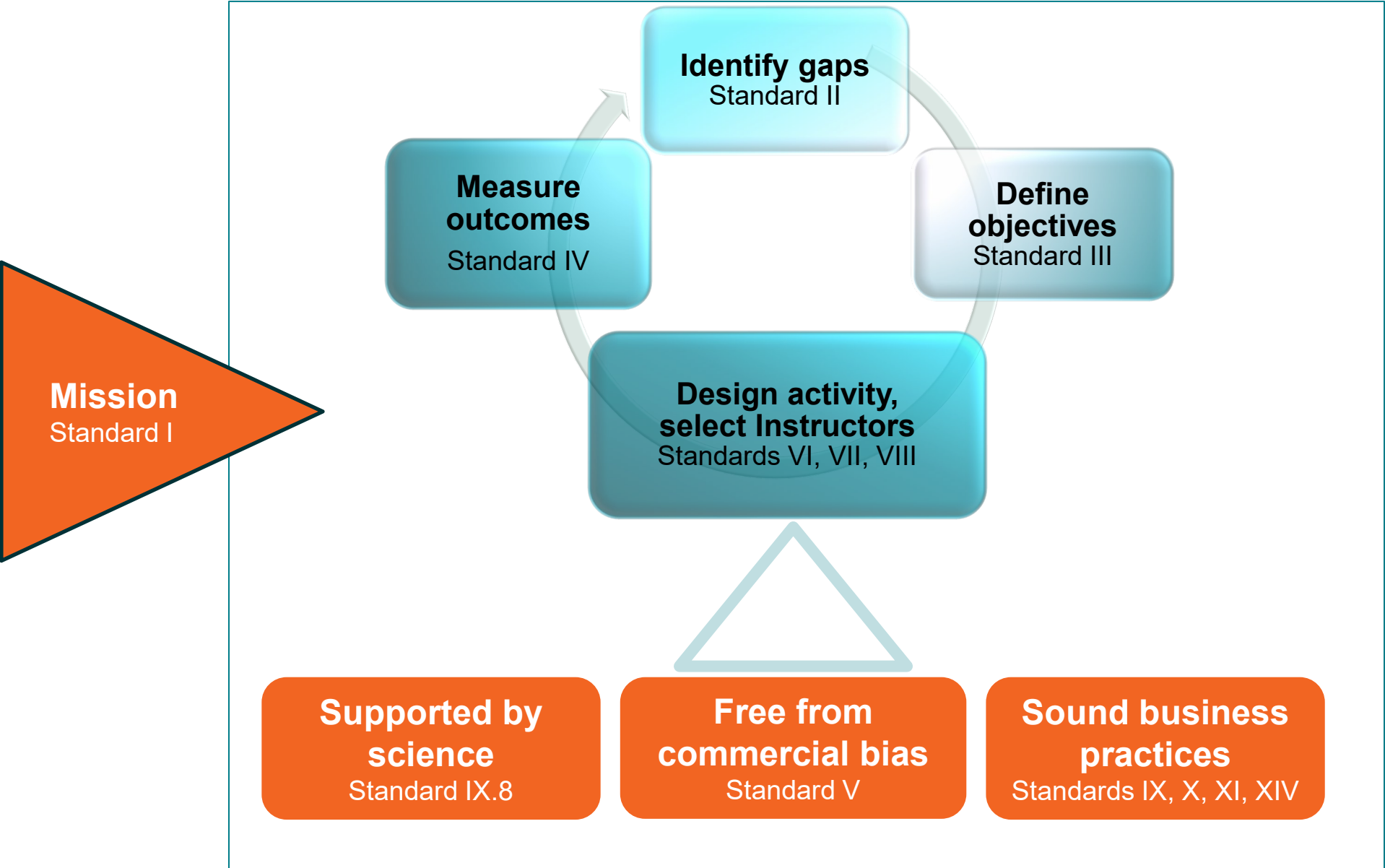
Purpose of ADA CERP

- Help dental professionals participate in quality CE
- Promote continuous quality improvement in oral health
- Protect patients

Goals for revising ADA CERP Standards

- Emphasize criteria most relevant to planning and implementing effective CE
- Eliminate redundancy and prescriptive requirements
- State requirements simply and provide guidance
- Re-organize to reflect the sequence of planning, implementing and evaluating CE
- Align with CE accreditation requirements in other health professions

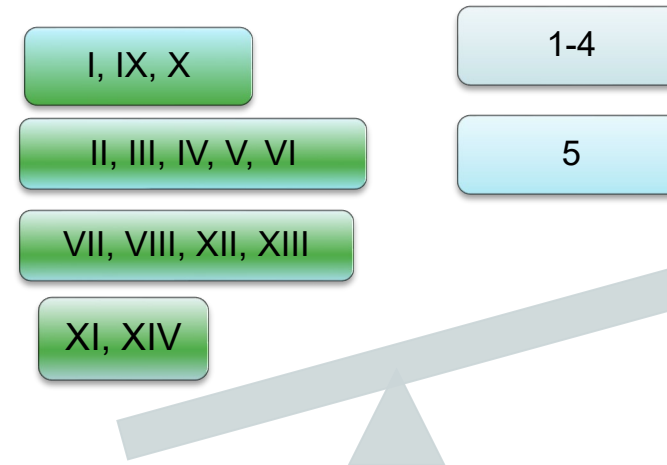
CE process and context



ADA CERP Standards 2026

New framework

1. Purpose and Mission
2. CE Planning
3. Integrity and Independence
4. Evaluation
5. Patient Protection



What will this mean for you?



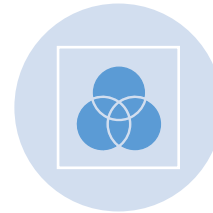
Standards less prescriptive



Potentially more latitude to demonstrate compliance



'Intent statements' offer guidance and clarification of expectation



Fewer criteria to meet (or not meet)

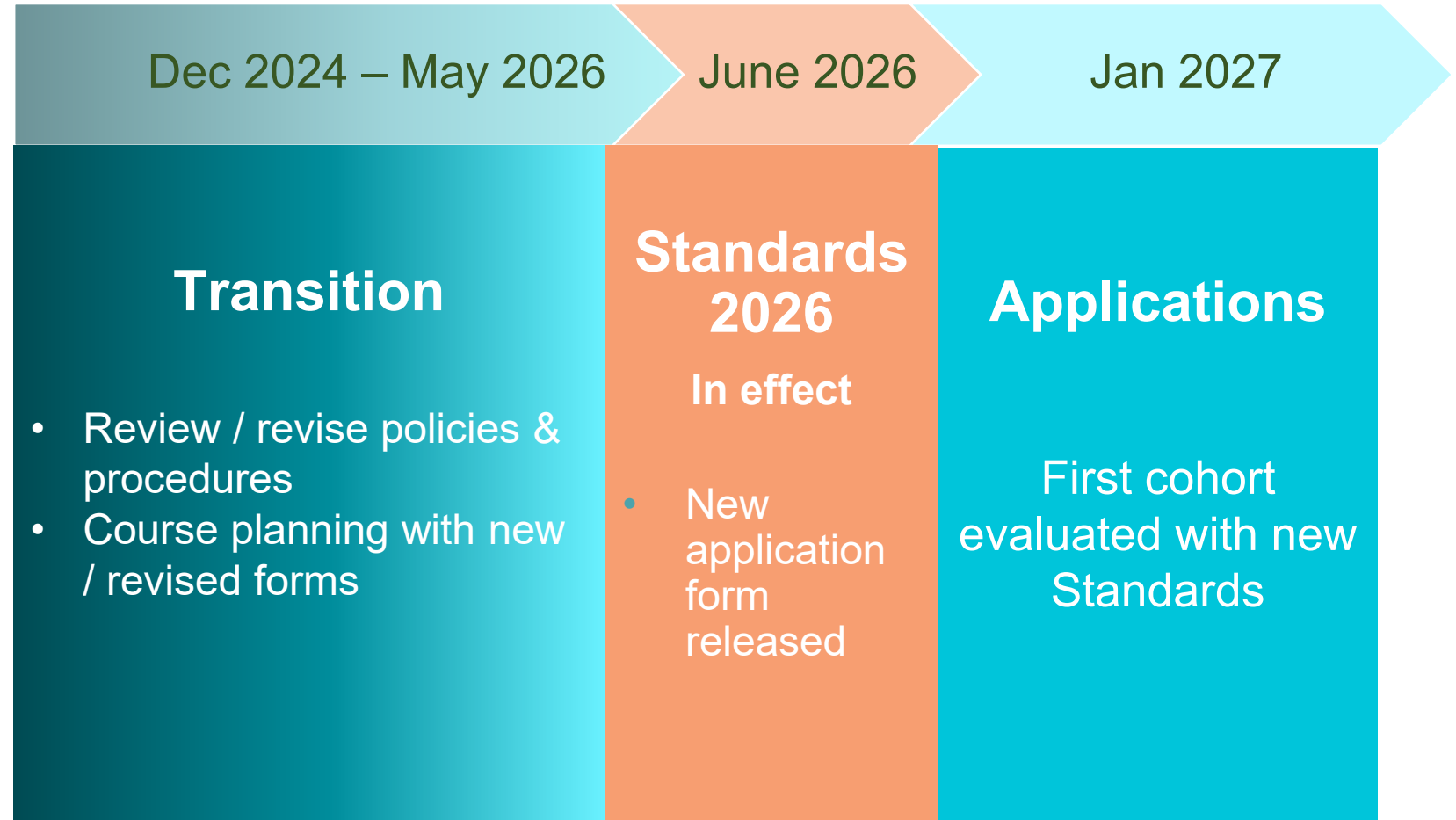
Individual criteria reduced from
104 > 22



New application form

Implementation timeline

- New Standards effective June 1, 2026
- Courses after June 1, 2026, meet new Standards
- Jan 2027 first cohort evaluated with new Standards
 - Providers with terms ending June 2027 and later



CERP application

- Approved by Commission, for release June 2026
- Self-study format
 - Short narrative describing how you meet each
 - Supporting documentation where applicable
 - Activity files demonstrating compliance with several criteria and policies
- Reviewers determine if the criterion is met – Yes or No

Recognition terms changing

Effective with new application form for Spring 2027 cohort

- 4-year recognition terms for most providers
- 2-year terms for new providers (no change)
- Only one application type
- Providers must meet certain number of criteria for recognition
 - Noncompliant in 0-2 criteria – continued recognition
 - Noncompliant in 3-5 criteria – progress report required in one year
 - Noncompliant in 6+ criteria – intent to withdraw/new application denied
 - Noncompliant in Standard 5.0 – progress report trigger

New format

What's required

1.1. Provider's CE mission

The provider has a mission statement for its CE program which identifies the intent and expected results of its CE programming in terms of changes in professional skills or performance, or patient outcomes.

Why:
Clarification,
suggestions

Intent statement/guidance:

A clearly defined CE mission statement can serve as a roadmap for the provider's overall CE program. A mission statement may include information about the learners, educational methods and goals, but it must define what the program aims to achieve in terms of changes in professional skills or performance, or in terms of patient outcomes.

ADA CERP Recognition Standards 2026

Standards 1, 2, 4, and 5

1. Purpose and Mission

1.1. Provider's CE mission

The provider has a mission statement for its CE program which identifies the intent and expected results of its CE programming in terms of changes in professional skills or performance, or patient outcomes.

1.2. Overall program analysis

The provider collects data and information on its CE program and analyzes the degree to which its CE mission is being met.

1.3. Overall program improvements

The provider identifies, plans and implements needed changes in the overall program in order to meet its CE mission.

New requirement or emphasis

- States expected results of overall CE program: what improvements is provider hoping to achieve?
- Provider uses data from its programming to evaluate whether it is meeting its mission.
 - E.g. Compiled evaluations
- Using data collected, what changes are needed to meet CE mission?
 - Summary of findings, description of changes . . .

1. Purpose and Mission

1.4. Program administration

The provider has an identifiable, continuous administrative authority or individual with responsibility for administration of the provider's CE program. The administrator is responsible for ensuring that the CE program meets the ADA CERP Recognition Standards and Procedures through an established planning, implementation, evaluation and record-keeping process.

1.5. Advisory input in CE planning

The provider obtains input into the planning of its CE activities from health care professionals who are reflective of the target audience for which the provider's CE activities are designed.

- How do you demonstrate continuity?
 - SOPs, manuals
 - Written policies and guidelines
 - Job descriptions for CE personnel
- One option: CE advisory committee – however, no longer required.

2. CE Planning

2.1. Educational needs

The provider identifies the educational needs and/or the professional practice gaps (gaps in knowledge, skills, performance) of their learners and incorporates these into their CE activities.

Intent statement/guidance:

Continuing education helps dental practitioners remain current in their professional knowledge, skills and practice in order to promote oral health and protect the public. CE providers should identify gaps between what dental professionals currently know or do and what is needed and desired in practice. Examples to document compliance might include but are not limited to:

- *Course planning forms that include questions and information about the practice gaps to be addressed*
- *Surveys of target audience regarding performance gaps or barriers to practice*
- *Quality and safety assurance and improvement documentation*
- *Clinical guidelines*
- *Regulatory requirements*

Identifying gaps and educational needs

Some sources

- Institutional reports identifying QI needed
- Published clinical guidelines
- Public health data
- Literature search
- Focus group summary report
- Planning committee
- Surveys of learners/target audience

Q. Describe a recent clinical problem for which you sought additional information or consultation.

Q. List a clinical or practice challenge you've encountered where you'd like more training.

2. CE Planning

2.2. Designed to change

The provider develops CE activities that are designed to change professional competence or performance, or patient outcomes.

2.3. Educational formats

The provider chooses educational formats for each CE activity that are appropriate for the setting, objectives, and desired results of the activity, and which promote active learning.

New emphasis or requirement

- Gaps in knowledge or performance identified—what are desired behaviors?
- Educational objectives framed in terms of what the learners will be able to do.
- Active learning formats promote knowledge and skills retention
 - Case presentations
 - Small group discussions / problem-solving
 - Polling / Q&A / Chat
 - Simulations
 - Hands-on practice

2. CE Planning

2.4. Instructor qualifications

The provider chooses instructors who are qualified by education and experience to provide instruction in the relevant subject matter.

2.5. Instructor collaboration and communications

The provider communicates and collaborates with the instructor regarding the educational needs, objectives, active learning formats, and assessments for the activity.

2.6. Publicity

Publicity for the provider's CE activities is informative and not misleading, and includes . . .

3. Integrity and Independence

3.0 Integrity and independence

The provider develops CE activities that comply with the Accreditation Council for Continuing Medical Education's [*Standards for Integrity and Independence in Accredited Continuing Education*](#), which includes the responsibility to:

1. Ensure content is valid.
2. Prevent commercial bias and marketing in accredited continuing education.
3. Identify, mitigate, and disclose relevant financial relationships.
4. Manage commercial support appropriately (if applicable).
5. Manage ancillary activities offered in conjunction with accredited continuing education (if applicable).

We have another webinar scheduled for Standard 3 on December 2, 2025!

4. Evaluation

4.0. Analyze effectiveness of CE activities

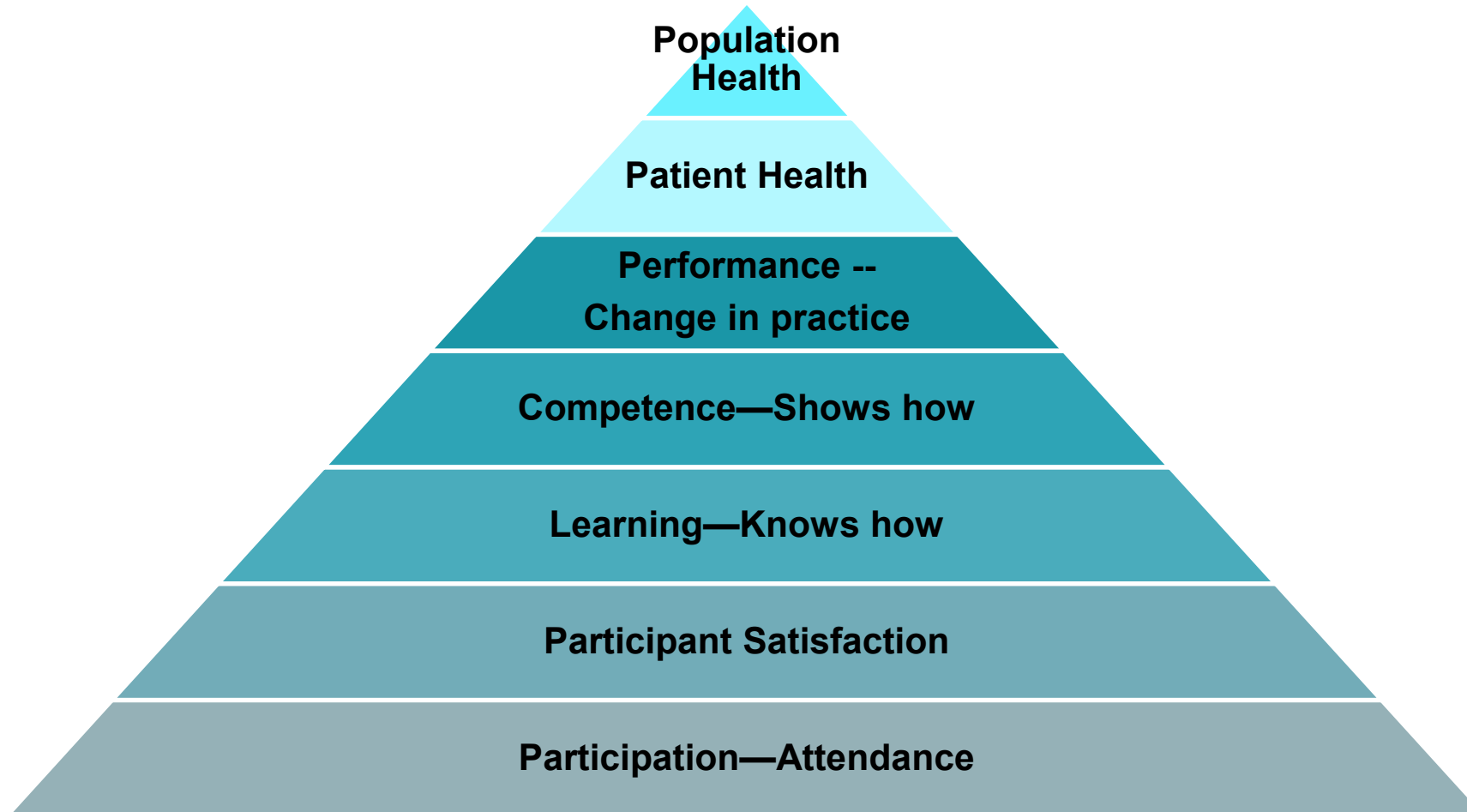
The provider analyzes changes in learners' knowledge, performance or practice, and/or patient outcomes achieved as a result of the provider's CE programs.

New requirement

- Assess learner achievement
 - Knowledge or
 - Skills or
 - Application to practice
- Or, what impact did this have on patients? (*if setting permits*)
- *Optional* to assess instructors, administration, etc.

- Data gathered about effectiveness of individual courses can be compiled and used to analyze overall program (1.2, 1.3)

Moore's levels of outcomes-based CME



Moore DE, Green JS, Gallis HA. Achieving desired results and improved outcomes: integrating planning and assessment throughout learning activities. J Continuing Educ Health Prof. 2009; 29(1):1-14.

Assessing learning

- Case discussions
- Problem-solving in small groups
- Interactive polling
- Pre- and post-test/quizzes
- Demonstration
- Simulation exercises
- Written self-assessments
 - What will learner do differently?
- Follow-up surveys
 - Did learner make any changes?

Documenting your practices

- Pre- and post-tests
- Live polling results
- Case presentations with problem-solving discussions
- Outline and/or assessment form for simulated exercise
- Post-course evaluation form with self-assessment and data collected
- Follow-up surveys and data collected

5. Patient Protection

Applies only to those providers that offer continuing education courses in which patients are treated.

A provider that offers CE courses in which patients are treated has protocols and procedures in place to ensure patient safety **and privacy**, including the following:

- a. Ensuring that participants and instructors treating patients are in compliance with any applicable dental licensure laws in the jurisdiction where the course is being held;
- b. Ensuring that providers, instructors and participants have liability protection where required;
- c. Obtaining informed consent from patients;
- d. Informing patients in plain language of
 - i. The training situation
 - ii. The nature and extent of the treatment to be rendered
 - iii. Any benefits or potential harm that may result from the procedure
 - iv. Available alternative procedures
 - v. Their right to discontinue treatment
 - vi. The name and contact information for the clinician responsible for answering questions, addressing concerns, and providing any necessary completion of treatment and post-treatment care, including emergency treatment.
- e. Ensuring **standard infection prevention and infection control protocols**, sterile equipment and instruments in good working order, and access to emergency care.
- f. **Ensuring instructors/participants are up to date on patient safety protocols and emergency response procedures.**
- g. Assuming responsibility for competent completion of treatment, any necessary post-course treatment, and management of complications by a qualified clinician.

Transitioning to the CERP Standards 2026



- Review your policies and procedures
- Develop a transition checklist and timeline
- Maintain standardized course files
- Consider a course planning form

CE Planning Form

Gap / educational need:

Educational objectives:

Learning format(s):

- Hands-on skills practice
- Simulation exercise
- Live lecture
- Panel discussion
- Recorded lecture
- Demonstration (live or recorded)
- Text-based self-study
- Other

Active learning elements:

- Case presentations / discussions
- Breakouts / small group discussions
- Q&A sessions / chat
- Polling
- Problem solving / treatment planning
- Other

Evaluating outcomes: How will activity outcomes be measured and when?

Transition checklist template

CERP Criteria	Requirement	Suggested Action	Target Date
1.1*	CE mission states expected results of program: changes in professional skills or performance, or patient outcomes.	<ul style="list-style-type: none"> Review/revise CE mission statement as needed Schedule meeting of advisors/stakeholders for input and adoption 	
1.2*	Provider collects and uses data to evaluate whether CE program is meeting mission.	<ul style="list-style-type: none"> Identify metrics to use (e.g. data points from learner feedback compared across multiple courses <u>offered</u>; patient chart audits, etc.) Set up process for periodically reviewing (who, when, how often) 	
1.3	Provider identifies, plans and implements changes to programming to better meet overall CE mission.	<ul style="list-style-type: none"> Conduct meeting to review overall CE program, including metrics you identified Summarize findings and any changes planned or implemented 	
1.4	Administrative authority responsible for ensuring that provider meets ADA CERP Standards.	Review/update program policies, guidelines, manuals, course planning documents as needed to support continuity in CE planning and delivery.	
1.5	Planning processes include input from healthcare professionals reflective of the target audience.	For each course, do you have a planner, instructor, author <u>or</u> reviewer reflective of audience? Do course planning documents/files capture this information?	

Suggested timeline for transitioning your program

Dec 2024-
Dec 2025

- Review Standards 2026
- Identify any needed changes to your policies / procedures / forms
- Begin using revised planning documents & forms for activities planned for June 2026 and later

Jan 2026-
May 2026

- Use revised planning documents & forms for all activities to be held June 2026 and later
- Finalize any changes to your mission statement / policies / procedures / forms
- Conduct overall program assessment

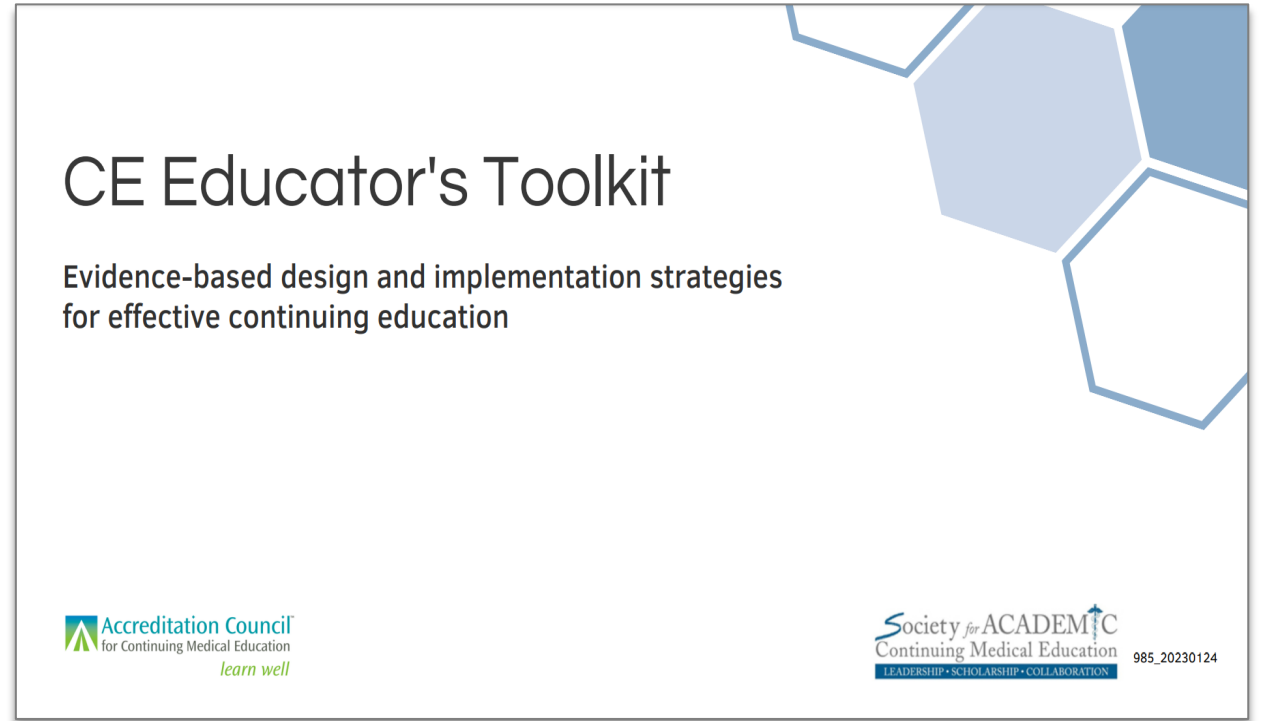
Jun 2026
onward

- All activities held after June 1, 2026, meet CERP Standards 2026

CCEPR.ADA.org/resources-for-ce-providers

- ADA CERP Recognition Standards 2026 Provider Transition Checklist
- Examples of documents for managing commercial COI
- ACCME CE Educator's Toolkit
- ACCME Standards for Integrity and Independence toolkit
- CERP Glossary

And more to come . . .

The image shows the cover of the 'CE Educator's Toolkit'. The title 'CE Educator's Toolkit' is prominently displayed in a large, dark font. Below it, the subtitle 'Evidence-based design and implementation strategies for effective continuing education' is written in a smaller, dark font. The background features a decorative graphic of overlapping, light blue and white geometric shapes, resembling a molecular or network structure. At the bottom left, the Accreditation Council for Continuing Medical Education logo is visible, with the tagline 'learn well'. At the bottom right, the Society for Academic Continuing Medical Education logo is shown, with the tagline 'LEADERSHIP • SCHOLARSHIP • COLLABORATION' and the ID number '985_20230124'.

Questions?



Thank you!

Kelli Cousins, interim director
cousinsk@ada.org

Christopher Smith, coordinator
smithc@ada.org

CCEPR.ada.org