

Accreditation Case Selection

STRATEGIES AND TIPS TO IMPROVE SUCCESS RATES

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Abstract

Case selection for AACD Accreditation submissions is critical, emphasizing optimal periodontal health, early mentorship, and collaboration with skilled laboratory technicians when appropriate. Prioritizing tissue healing, simplified treatment planning, and meticulous finishing procedures all enhance clinical outcomes. Achieving Accreditation elevates professional expertise and empowers dentists to provide higher-quality, esthetic restorations for their patients.

Key Words: AACD Accreditation, case selection, periodontal health, AACD Mentor, treatment planning

Introduction

Appropriate case selection is a key factor in Accreditation case submissions, as identifying and selecting a suitable case increases the likelihood of a positive outcome. However, it is not always possible to find that perfect case. Getting expert advice from an official AACD Mentor before beginning a case can be extremely helpful in obtaining a favorable result. The following strategies and tips are meant to optimize candidates' chances of success.

**“TO MINIMIZE THE RISK OF
IRREVERSIBLE MISTAKES,
FIND A MENTOR EARLY IN
THE PROCESS AND PRESENT
THE CASE FOR THEIR
REVIEW BEFORE INITIATING
TREATMENT.”**

Tip 1

Ensure that periodontal health is optimal prior to starting a case. The dentist or a qualified team member should provide oral hygiene instructions to achieve healthy gingival tissues before restorative procedures are initiated. Postoperative views showing gingival inflammation will result in point deductions (Figs 1 & 2).



Figure 1: The gingivae at teeth #8 and #9 show severe inflammation, while the surrounding areas are healthy. Replacing the crowns on these teeth with quality restorations could lead to a strong Accreditation case.



Figure 2: Inadequate gingival health and oral hygiene make this an unsuitable case for Accreditation unless both improve significantly.

Avoid expediting a case to meet a deadline. Allocate adequate time for soft tissue healing, necessary refinements, and touch-ups. With sufficient time, papillae may regenerate, and gingival tissues may fully heal, allowing inflammation to subside. The presence of dark triangles or inflamed tissue can lead to failure or cause a borderline case to fall below the passing threshold.

Tip 2

Tip 3

Collaborate exclusively with an official AACD Accreditation Mentor who is also an active Accreditation Examiner. Contact credentialing@aacd.com or access the AACD Volunteer Mentor Network at aacd.com/AccreditationMentorProgram to connect with experienced examiners who offer clinical guidance, case feedback, and support—either directly or anonymously—throughout the candidate's progression toward Accreditation. To minimize the risk of irreversible mistakes, find a mentor early in the process and present the case for their review before initiating treatment. Embrace constructive feedback as a vital component of professional refinement and clinical growth.

Tip 4

Choose cases that are not overly complex. No additional points are awarded for complexity, and all treatment—whether required or optional—is evaluated against the full Accreditation criteria (Figs 3 & 4).¹



Figure 3: For this case to be successful, the gingival levels of #8 and #9 must be corrected (#8 is longer than #9). The gingiva on #10 is significantly inflamed, and #7 is extremely dark.



Figure 4: For Case Type III, #9 needs a connective tissue graft to match the soft tissue at #8. To enhance esthetics, it would be best to replace the yellow composite fillings on ##6, 7, 10, and 11, correct the canted midline on #8, and add a little composite on the mesial-incisal of #8.

Simplify complex cases when appropriate. For example, in Class IV fracture cases involving adjacent teeth with existing esthetic or structural issues, consider addressing those concerns before starting the Accreditation case. Capture updated preoperative images after preliminary treatment, then restore the designated tooth/teeth. This approach allows for focused execution and reduces the risk of point deductions related to secondary restorations that are not specific to the case type.^{2,3}

Tip 5

Tip 6

For Case Types I and V, evaluate gingival health and symmetry before tooth preparation with burs. Consult with a periodontist to increase confidence in these evaluations. If periodontal treatment is needed, complete it with adequate healing time before proceeding. Correcting soft tissue irregularities after direct or indirect veneer placement is too late.^{4,5}

Select an ideal patient; this is as important as case selection. Ideal patients must be willing to visit a specialist as needed, tolerate extended appointments, attend multiple follow-up visits for touch-ups and adjustments, and consent to comprehensive photographic documentation. Patients who live at a distance, have significant time constraints, or request accelerated treatment timelines may decrease the likelihood of a successful outcome.

Tip 7

Tip 8

Refer patients to appropriate specialists as needed. For malpositioned teeth, seek orthodontic consultation. In cases with soft tissue concerns, refer the patient to a periodontist. For Case Type III (Implant), consider selecting an extremely skilled periodontist experienced in esthetic implant cases to place the implant (Figs 5 & 6).⁶



Figure 5: Orthodontic treatment was needed to correct the bite and to optimize the positions of the worn-down #8 and #9.



Figure 6: The postoperative view highlights the successful collaboration between the orthodontist and restorative dentist.

For Case Types I, II, and III, partner with an excellent laboratory technician⁷ and make sure they are part of the process from the start. However, laboratory technicians can also help a candidate with anatomy and wax-ups to practice and prepare for Case Types IV and V.⁸

Tip 9

Tip 10

Be aware of shade-matching complications due to show-through in teeth with dark substructures, such as endodontically treated or tetracycline-stained teeth. Laboratory opaquers may be necessary, resulting in monochromatic restorations.

Tip 11

In Class IV fracture cases, the fractured segment must comprise at least 10% of the tooth structure, as viewed from the facial aspect. If there are concerns that the fracture is too small, it likely is.

Tip 12

Another tip for a Case Type IV (Class IV fracture) is that the teeth can be out of position and not even fully erupted, but the case can still be acceptable for Accreditation (Figs 7 & 8).



Figure 7: Tooth #8 has a medium-sized Class IV fracture, and the other teeth are out of position and need orthodontic treatment.



Figure 8: A natural-looking esthetic outcome with composite resin, characterized by accurate anatomical form and appropriate shade selection. The tooth has been successfully restored to its pre-fracture condition.

Tip 13

One of the most common faults noted by Examiners in Case Types IV and V is inadequate finishing and polishing of the restorations.⁹

“SUCCESS IN ACCREDITATION RELIES ON CAREFUL CASE AND PATIENT SELECTION, OPTIMAL PERIODONTAL HEALTH, AND SUFFICIENT HEALING TIME. ENGAGING EXPERIENCED AACD ACCREDITATION MENTORS AND SKILLED LAB TECHNICIANS EARLY IN THE PROCESS IMPROVES TREATMENT QUALITY AND PREDICTABILITY.”

Summary

AACD Accreditation offers a path to professional distinction—it is an enriching and disciplined pursuit that challenges clinicians to elevate their skills and showcase their highest level of clinical expertise. It is profoundly rewarding and marks a significant milestone in advancing clinical and esthetic excellence. Beyond the credential, it fosters mastery in treatment planning, interdisciplinary collaboration, technical precision, and artistic execution. Success in Accreditation relies on careful case and patient selection, optimal periodontal health, and sufficient healing time. Engaging experienced AACD Accreditation Mentors and skilled lab technicians early in the process improves treatment quality and predictability. Accreditation supports commitment to providing patients with higher-quality, esthetically pleasing dental care. Many Accredited dentists and laboratory technicians affirm that the learning and growth experienced during this distinguished endeavor far outweigh the recognition achieved. Through Accreditation, clinicians elevate the standard of care they provide to patients and cultivate a deep sense of responsibility and dedication to their well-being, refining their professional purpose and commitment to lifelong excellence in esthetic dentistry.

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