

**Priscila Souza de Souza Submission to ADC Draft Accreditation Standards Consultation****Respondent details****Name:** Priscila Souza de Souza**Organisation:** Adc**Role/capacity:** Dentist student**Location:** Rural/regional**Do you identify as  
Aboriginal and/or Torres  
Strait Islander?** No**Response to consultation questions****Do you consider that the draft Standards  
are at the threshold level to deliver  
competent graduates who are safe to  
practise?**

(Yes, Somewhat, No, Unsure)

**Additional comments:****Do you agree with the specific  
proposals as incorporated in the draft  
Standards?**

(Yes, Somewhat, No, Unsure)

**Additional comments:****Are there any additional Standards or  
Criteria that should be added?**

(Yes, No, Unsure)

**Additional comments:****Are there any Standards or Criteria that  
should be deleted or reworded?**

(Yes, No, Unsure)

**Additional comments related to your  
response, and clearly reference the**

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**specific criteria you are referring to for refinement.**

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**Do you have any other questions or comments on the Standards?**