



Request for CE Approval – Seminar or Lecture Activity

Application Type

- New Application
- Annual Renewal *(Identify major changes to course if applicable)*

Along with a *Request for CE Approval* form, a separate outline and objectives page must be completed and submitted for each lecture/activity topic. Incomplete applications will be returned. Please type or print clearly all information.

Applicant/Sponsor Information

Name of sponsoring institution, company, affiliate or individual:

Program Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____

E-mail: _____

Activity Identification

Title of Activity: _____

Activity Length: _____

Speaker(s): _____

Has this activity been submitted to another CERP Provider?

Yes No If yes, name of CERP Provider: _____

Activity Description and Fees

(Please check all that best apply to the activity you are requesting). Courses offered by Colorado Dental Societies (components of the CDA) are exempt from the \$100 Processing fee.

Processing fee \$_____

Indicate method of payment	Amount \$_____
_____ Check	_____ Credit Card
Name _____ Exactly as it appears on credit card	
Card Number _____	Security Code _____ Expires ____/____

Checklist: Completed *Request for Approval* form

Objectives for each activity or lecture

CV or credentials for each speaker

Outline for each activity or lecture

Processing fee(s)

Official Use Only

Date Received: _____ Approved CEU's: _____ Fee received: _____
Primary Reviewer: _____ Date: _____ Expiration Date: _____

Outline and Objectives:

Title of Activity: _____

Topic/Lecture Title: _____

Objectives: (What the participant is expected to learn or acquire as a result of this activity)

Upon completion of this activity, participants will be able to:

1. _____

2. _____

3. _____

4. _____

Outline: (List the major points of this activity)

I. _____
A. _____
1. _____
2. _____
B. _____
1. _____
2. _____

II. _____
A. _____
1. _____
2. _____
B. _____
1. _____
2. _____

III. _____
A. _____
1. _____
2. _____
B. _____
1. _____
2. _____

Speaker Information:

Title of Activity: _____

A Curriculum Vitae (CV) or resume may be used in place of this form for speaker credentials.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Fax:(_____) _____

Email: _____

Education:

Certifications:

Practice/work Experience:



COLORADO DENTAL ASSOCIATION

CONFLICT OF INTEREST DECLARATION

A conflict of interest may be considered to exist if a continuing dental education speaker is affiliated with, or has a financial interest in any organization(s) that may be co-supporting a course or may have a direct interest in the subject matter of the presentation. The intent of this policy is not to prevent a speaker with an affiliation or financial interest from making a presentation. It is intended that any potential conflict be identified openly so that the attendees have the full disclosure of the facts and may form their own judgments about the presentation. Please choose the appropriate statement and sign below that statement.

DECLARATION

I, the undersigned, declare that neither I nor any member of my family have a financial arrangement or affiliation with any corporate organization offering financial support or grant monies for this continuing dental education program, nor do I have a financial interest in any commercial product(s) or service(s) I will discuss in the presentation.

Name

Signature/Date

I, the undersigned, (or an immediate family member), have a financial interest/arrangement or affiliation with the corporate organization offering financial support or grant monies for this continuing dental education program, or I do have a financial interest in any commercial product(s) or services I will discuss in the presentation.

Having an interest in or an affiliation with a corporate organization does not necessarily prevent you from making a presentation, but the relationship must be made known to the audience. Failure to disclose or a false disclosure will require (Provider Name) to remove you from the program and to identify a replacement for your participation.

Affiliation/Financial Interest

Corporate Organization

Grants/Research Support

Consultant

Stock Shareholder

Honorarium

Other Financial or Material Support

Name

Signature/Date

CE SCORECARD

Requests submitted for CE credits must include the following information:

- 1 Synopsis of the course describing the information to be conveyed to the participants.
- 2 Is the course based upon scientific evidence?
 - 2a Do the materials include references to the literature establishing the scientific basis of the material presented?

If the course does not have an established scientific basis, do the materials include the available evidence and state that it is limited (based on a small study) or inconclusive (results not duplicated in another study)?
 - 2b
 - 2c Are the known risks and benefits presented in the materials submitted?
- 3 Are the objectives participants will learn during the course clearly stated and reasonable?
 - 4 Are there educational materials such as slides or handouts?

Is information concerning the instructor's knowledge of the proposed topic(s), pertinent education or expertise as related to the topic(s) and experience as a presenter or instructor included in the submission?
 - 5 Is there a short bio on each of the individuals presenting the course material?

Are the educational materials used during the course or provided to the participants free from any advertising, trade name(s) or product messaging?
 - 6 Do the course materials submitted meet one or more goals of the CE Advisory Committee?
 - 8a Encourage attendance by all members of the dental team
 - 8b Promote access to all dental professionals to continuing education courses
 - 8c Keep members and staff up-to-date on new technologies, procedures and practices in dentistry
 - 9 Does the topic of the course address at least one of the educational needs of the membership?
 - 9a Endodontics
 - 9b Orthodontics
 - 9c New materials & technologies
 - 9d Prosthetics
 - 9e Periodontics
 - 9f Oral Surgery
 - 9g Pediatrics
 - 9h Retirement/financial planning
 - 9i Business
 - 9j Practice management
 - 9k HIPAA
 - 9l Risk Management
 - 10 Do the course materials submitted promote oral health and patient safety?

Yes	No