



Application for Continuing Education Provider

Business & Professions Code § 1645, Title 16 CCR §§ 1016-1017

Non-Refundable Fee: \$410 (Must accompany application)

For Office use only			
Receipt	_____	File	_____
Date Rec'd	_____	Fee	_____
Approved	_____	Denied	_____
RP#	_____		

 Name of provider organization Telephone Number

 Street address of provider organization City State Zip

 Mailing address of Provider Organization City State Zip

 Name of contact person of provider organization Telephone Number

Provider organization is a/an

- | | | | |
|--------------------------|-------------------|--------------------------|------------------------|
| <input type="checkbox"/> | Individual | <input type="checkbox"/> | Dental Society |
| <input type="checkbox"/> | Partnership | <input type="checkbox"/> | Dental Specialty Group |
| <input type="checkbox"/> | Corporation | <input type="checkbox"/> | Health Facility |
| <input type="checkbox"/> | Government Agency | <input type="checkbox"/> | Educational Institute |

 Fax Number

FEIN or SSN # _____ Corporate Number _____

Describe the goals/objectives of the CE program, and include any outlines, summaries, or brochures pertaining to the course (s). Pursuant to proposed regulations, mandatory CE courses must be approved in advance.

Courses of Study

Will each course of study be conducted on the same educational standards of scholarship & teaching as that required of a true university discipline, and be supported by those facilities and educational resources necessary, and comply with this requirement?

Yes No

Will each course of study offered clearly state educational objectives that can be realistically accomplished within the framework of that course?

Yes No

Describe anticipated teaching methods for courses of study for continuing education:

Lecture _____ Audiovisual _____
Seminar _____ Simulation _____
Clinical _____

Interactive live-time (computers, telephone or video conferencing, or other electronic mediums) _____

Non-interactive home study (computers, tape recorded and correspondence courses) _____

Other (describe) _____

Will participants completing courses of study for credit be asked to provide a written evaluation of the quality of the course?

Yes No

Will all courses offered be a means of an orderly learning experience in the area of dental and medical health, preventive dental services, diagnosis and treatment planning, clinical procedures, basic health sciences, dental practice administration, or the Dental Practice Act and other laws specifically related to dental practice which is designed to directly enhance the licensee's knowledge, skill or competence in the provision of service to patients or the community?

Yes No

Will courses of study offered for continuing education credit be available to all dental and dental auxiliary licensees?

Yes No

Instructors

Will each instructor have education and experience within the last five years in the subject being taught?

Yes No

Records

Will the provider furnish written certification to each licensee that the licensee has met the attendance requirement of the course?

Yes No

Describe how "Certificates of Completion" will be distributed to licensees.

Is provider aware of the record keeping requirements in the event the Board conducts an audit of those courses offered for continuing education credit?

Yes No

Is provider aware of biennial report due at the time of provider renewal which includes a list of all courses offered for credit, names and qualifications of each instructor, and a summary of the content of each course of study?

Yes No

Acknowledgement

Has provider reviewed Business & Professions Code § 1645 and California Code of Regulations §§ 1016 and 1017?

Yes No

Does provider agree to abide by the requirements set forth in Business & Professions Code § 1645 and California Code of Regulations §§ 1016 and 1017? Does provider acknowledge that failure to do so may result in loss of provider status?

Yes No

Certification

I certify under the penalty of perjury under the laws of the State of California that the statements made in the application are true and correct, and that all courses offered for continuing education credit will meet the requirements set forth by the Board.

Signature of provider administrator

Date

INFORMATION COLLECTION AND ACCESS

The information requested herein is mandatory and is maintained by Dental Board of California, 2005 Evergreen Street, Suite 1500, Sacramento, CA 95815, Executive Officer, 916-263-2300, in accordance with Business & Professions Code, §1600 et seq. Except for Social Security numbers, the information requested will be used to determine eligibility. Failure to provide all or any part of the requested information will result in the rejection of the application as incomplete. Disclosure of your Social Security number is mandatory and collection is authorized by §30 of the Business & Professions Code and Pub. L 94-455 (42 U.S.C.A. §405(c)(2)(C)). Your Social Security number will be used exclusively for tax enforcement purposes, for compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination Board, and where licensing is reciprocal with the requesting state. If you fail to disclose your Social Security number, you may be reported to the Franchise Tax Board and be assessed a penalty of \$100. Each individual has the right to review the personal information maintained by the agency unless the records are exempt from disclosure. Applicants are advised that the names(s) and address(es) submitted may, under limited circumstances, be made public.