

GREATER CLEVELAND DENTAL SOCIETY



RENEWAL APPLICATION FORM FOR BIENNIAL SPONSORS OF CONTINUING EDUCATION

Do Not Write In This Space
For Office Use Only

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DIRECTIONS: Use this form to renew the approved status of the Company/ Organization/Individual as a sponsor of continuing education (CE) for dentists in the State of Ohio for Ohio State Dental Board approved courses through GCDS. A GCDS approved CE sponsor will be approved for the next two (2) year period. **To be considered by GCDS, this application must be accompanied by:** (A) a list of proposed courses/programs and course/program goals for the next year; (B) a synopsis of all course(s)/program(s) offered during the current biennium; and (C) complete documentation of one (1) course/program provided during the current biennium; (D) a complete list of Study Club members. **It is a requirement of GCDS that at least 50% of members be ADA members for approval.** Each sponsor must submit the renewal application form in its entirety, including fees, to GCDS office for approval. The application fee is \$195.00 per biennium. There are no pro-rated fees. *The complete package of application materials and fees must be received for consideration of approval. Approval may take up to thirty (30) days. You are responsible to submit all required materials in a timely manner to ensure that there is no interruption to your approved status. Applications may be mailed or e-mailed.*

Name of Company, Organization, or Individual providing course(s)/program(s) Telephone number

Address Fax number

City State Zip code

Name and Title of the designated contact person E-Mail address

CONTINUING EDUCATION COURSE/PROGRAM INFORMATION

As an approved CE sponsor, you are expected to keep records of your CE course(s)/program(s). At a minimum, you must maintain records of individual course(s)/program(s) offerings. Pursuant to Ohio Administrative Code Section 4715-8-02(C) which states:

"GCDS retains the right and authority, upon notification, to audit, monitor, or request evidence demonstrating adherence to Chapter 4715., for courses given by any sponsor. GCDS may rescind biennial sponsor status if the sponsor has disseminated any false or misleading information in connection with the continuing education program, or if the sponsor has failed to conform to sections 4715.141 and 4715.25 of the Revised Code, or rules 4715-8-01, 4715-8-02, and 4715-8-03 of the Administrative Code."

Therefore, pursuant to Ohio Administrative Code Section 4715-8-03(D), please provide the following information for one (1) course/program offered during the current biennium:

Course Title: _____

Instructor(s): _____

Qualifications of Instructor(s) *(You may attach copies of curriculum vitae to this worksheet):*

Course Objectives *(You may attach additional pages to this worksheet):*

Course Curriculum or Outline *(You may attach additional pages to this worksheet):*

Pursuant to Ohio Administrative Code Section 4715-8-02(D)(3) which states:

"A CE sponsor must document that it is targeting its activities to a great extent to dentists by providing dental oriented topics within the scope of the profession."









Course(s)/Program(s) offered to dental licensees should reflect appropriate didactic and clinical training for subject matter as defined by the American Dental Association's definition of dentistry, which states in pertinent part:

"Dentistry is defined as the evaluation, diagnosis, prevention and/or treatment (nonsurgical, surgical or related procedures) of diseases, disorders and/or conditions of the oral cavity, maxillofacial area and/or the adjacent and associated structures and their impact on the human body..."

Additionally, course/program content must comply with Ohio Revised Code Section 4715.141(A) in order to be considered acceptable CE for Ohio licensees. Please indicate which of the following Ohio Revised Code Section best applies to this course/program offering:

- (1) Competency in treating patients who are medically compromised or who experience medical emergencies during the course of dental treatment;
- (2) Knowledge of pharmaceutical products and the protocol of the proper use of medications;
- (3) Competency to diagnose oral pathology;
- (4) Awareness of currently accepted methods of infection control;
- (5) Basic medical and scientific subjects including, but not limited to, biology, physiology, pathology, biochemistry, and pharmacology;
- (6) Clinical and technological subjects including, but not limited to, clinical techniques and procedures, materials, and equipment;
- (7) Subjects pertinent to health and safety.

List the Category of Credit hours acceptable for Ohio licensure renewal as set forth in Ohio Administrative Code Section 4715-8-01(A) through (H) for this course/program (*Please indicate **one** of the following*):

-  Category A: Education and scientific courses
-  Category B: Substance abuse education
-  Category C: Infection Control education
-  Category D: Supervised self-instruction
-  Category E: Nonsupervised self-instruction
-  Category F: Papers, publications and scientific presentations
-  Category G: Teaching and research appointments
-  Category H: Table clinics

IMPORTANT!

GCDS may rescind biennial sponsor status if the sponsor fails to keep the proper records.

Main Topic of Course/Program (Please indicate **one** of the following):

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Air Abrasion | <input type="checkbox"/> Geriatrics | <input type="checkbox"/> Oral Surgery | <input type="checkbox"/> Prosthodontics |
| <input type="checkbox"/> Anesthesiology | <input type="checkbox"/> Implants | <input type="checkbox"/> Orthodontics | <input type="checkbox"/> Radiology |
| <input type="checkbox"/> Cosmetics | <input type="checkbox"/> Infection Control | <input type="checkbox"/> OSHA | <input type="checkbox"/> Restorative |
| <input type="checkbox"/> Dental Hygiene | <input type="checkbox"/> Lasers | <input type="checkbox"/> Compliance | <input type="checkbox"/> Sedation |
| <input type="checkbox"/> Endodontics | <input type="checkbox"/> Medical Emergencies | <input type="checkbox"/> Pain Management | <input type="checkbox"/> Stomatology |
| <input type="checkbox"/> Esthetics | <input type="checkbox"/> Nutrition | <input type="checkbox"/> Pedodontics | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Ethics or Jurisprudence | <input type="checkbox"/> Oral Medicine | <input type="checkbox"/> Periodontics | <input type="checkbox"/> TMD |
| <input type="checkbox"/> General Dentistry | <input type="checkbox"/> Oral Pathology | <input type="checkbox"/> Pharmacology | <input type="checkbox"/> Other _____ |

Type of Course/Program (Please indicate the following):

- | | | |
|-------------------------------------|---|---------------------------------|
| <input type="checkbox"/> Clinical | <input type="checkbox"/> Supervised Self-instruction: | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Lecture | <input type="checkbox"/> Audio | _____ |
| <input type="checkbox"/> Convention | <input type="checkbox"/> Computer | _____ |
| <input type="checkbox"/> Forum | <input type="checkbox"/> Correspondence | |
| <input type="checkbox"/> Study Club | <input type="checkbox"/> Internet | |
| <input type="checkbox"/> Workshop | <input type="checkbox"/> Publication | |
| | <input type="checkbox"/> Textbook | |
| | <input type="checkbox"/> Video | |

Number of **approved** continuing education credit hours provided: _____

Date the **approved** continuing education course/program was provided: _____

Location where the **approved** continuing education course/program was provided:

Street Address _____ City _____ State _____

Attach a sample/copy of the certification of completion that was provided to the licensee.

Attach a copy of any promotional literature for this course/program. (Pursuant to Ohio Administrative Code Section 4718-8-02(F), study clubs are exempt from this requirement.)

Attach a complete list of the individual participants at the course/program offering (The list must include the names and addresses of the attendees).

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Approved Notes: _____

Denied _____

Date of Review _____

I.D. Number _____

Signature _____ Date _____

CERTIFICATE OF AGREEMENT

To continue as a provider of continuing education as required by the Ohio State Dental Board, I agree to the following (*Please acknowledge by initialing*):

_____ Make application for approval status on a renewal form provided by GCDS.

_____ Submit to GCDS, prior to the end of the sponsorship period, a synopsis of all programs offered during the current biennium.

_____ Conduct programs that satisfy one (1) or more of the program areas in dentistry as defined by division (A), Section 4715.141 of the Revised Code.

_____ Designate a person who assumes responsibility for each continuing education offering.

_____ Use qualified clinically experienced instructor(s) to conduct the course(s)/program(s) offered.

_____ Maintain records of course/program content, instructor qualifications and individual participation, and make such records available to GCDS upon request.

_____ Indicate on any promotional literature disseminated, the following:

- a) the name of the sponsor, as well as any organization or agencies providing financial support;
- b) course title;
- c) description of course content;
- d) the educational objectives;
- e) a description of teaching methods used;
- f) costs and contact person;
- g) course instructor(s) and their qualifications;
- h) location, date and time;
- i) specifics as to the sponsors board sponsorship status; and
- j) number of credit hours each course provides towards fulfillment of CE obligation.

_____ Furnish to each attendee at the course/program to document his/her attendance a certificate of completion which includes the sponsor's name, title of course/program, instructor(s), date of course, location, and number of hours of credit acceptable towards Ohio licensure renewal, and category of credit according to section 4715-8-01(A) through (H) of the Administrative Code.

_____ Maintain records of attendee participation including names and addresses for a period of no less than four (4) years.

Enclosed with this renewal application for biennial sponsor approval is a list of proposed course(s)/program(s) goals for the next year; supplemental documentation for all four (4) sections of the renewal application; a copy/sample of the certificate of completion awarded to the licensee at the time of course completion; and copies of all promotional literature for this course/program. I understand that the Board may desire and seek additional information as necessary. I also understand that GCDS may rescind the approved status of any biennial sponsor that fails to comply with this agreement and GCDS statute and rules.

Signature _____ Date _____

IMPORTANT!

Renewal Application Form Checklist

- √ *Have you completely, accurately and legibly completed the name and address information on Page 1 of this application form?*
- √ *Have you completely, accurately and legibly completed all four (4) sections of this application form?*
- √ *Have you included or attached the following information (where required):*
 - ◆ *Qualifications of Instructor(s)*
 - ◆ *Course Objectives*
 - ◆ *Course Curriculum or Outline*
 - ◆ *Sample or Copy of certification of completion for course attendees*
 - ◆ *Copy of any promotional literature for this course/program*
 - ◆ *Complete list of the individual participants at the course program offering (This list must include the names and addresses of the attendees.)*
- √ *Have you attached a list of proposed course(s)/program(s) and goals for the next year?*
- √ *Have you attached a synopsis of all course(s)/program(s) offered during the current biennium?*
- √ *Have you initialized, signed and dated the Certificate of Agreement on the reverse side of this page?*
- √ *Have you enclosed the appropriate Renewal fee? **Checks payable to GCDSSC.***

**Thank you for your interest in providing continuing education to
Ohio licensees.**