



AMERICAN ACADEMY OF DENTAL HYGIENE

13 Hamilton Avenue Stamford, CT 06902-3021

APPLICATION FOR CONTINUING EDUCATION PROVIDER

Name of Provider / Organization / Telephone / Number

Street Address of Provider Organization / City / State / Zip Code

Mailing Address of Provider Organization (if different from above) City / State / Zip Code

Name of contact person of Provider Organization / Telephone Number

Email address

FAX Number

Provider organization is a/an:

- Individual
- Partnership
- Corporation
- Government Agency
- Dental Society
- Dental Specialty Group
- Health Facility
- Educational Institute
- Dental Hygiene Society

FEIN or SSN #

Corporate Number

List the goals/objectives of the CE program; include outlines, course description, or brochures (information should be scanned and sent electronically with application):

Courses of Study

Will each course of study be conducted on the same educational standards of scholarship and 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 Clinical
 Seminar Simulation
 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, or 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 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

Is provider aware of the record keeping requirements in the event a state board conducts an audit of those courses offered for continuing education credit? Yes No

Certification

I certify that the statements made in this application are true and correct, and that all courses offered for continuing education credit will meet the requirements set forth by the American Academy of Dental Hygiene.

Provider Signature



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