OHIO STATE DENTAL BOARD

EVALUATION FORM FOR BIENNIAL SPONSOR CONTINUING EDUCATION COURSES

77 South High Street
17th Floor
Columbus, Ohio 43266-0306

Phone #: 614/466-2580
FAX #: 614/752-8995
www.dental.ohio.gov

Do Not Write In This Space
For Office Use Only

DIRECTIONS: This form must be completed by organizations, agencies, or individuals who want to offer a course/ program to dentists/dental hygienists/dental assistant radiographers that will satisfy part of the continuing education requirement for renewal of licenses. **A separate form must be submitted for each course/program.** You must complete all areas/questions and/or attach supplemental documentation (ie. instructor(s) resumes, course/program objectives or outlines, etc.) to this form. Refer to Ohio Revised Code Sections 4715.141(A) for guidance on approved course(s)/program(s) content. The Ohio State Dental Board (Board) does not approve individual course(s)/program(s). However, if you wish the Board to evaluate a particular course/program for classification purposes, you may submit this form and any supplemental documentation required by the Board to assist in a determination. **Recognition of a sponsor does not imply endorsement of course content presented.**

Name of Biennial Sponsor: _____

Course Title: _____

_____

Instructor(s): _____

_____

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

Course Objectives:

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

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..."

A minimum of fifty percent (50%) of the course content must comply with Ohio Revised Code Section 4715.141(A). Please indicate which of the following apply:

- ☐ (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.

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

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

_____

List the Category of Credit 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

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

- ☐ Clinical
- ☐ Lecture
- ☐ Convention
- ☐ Forum
- ☐ Study Club
- ☐ Workshop
- ☐ Supervised Self-instruction:
  - ☐ Audio
  - ☐ Computer
  - ☐ Correspondence
  - ☐ Internet
  - ☐ Publication
  - ☐ Textbook
  - ☐ Video
- ☐ Other:

_____

_____

Exact number of hours course/program is scheduled: _____

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

CERTIFICATE OF AGREEMENT

As a provider of continuing education as required by the Ohio State Dental Board, I agree to the following *(Please indicate by initializing)*:

_____ Course/Program content has a sound scientific basis, proven efficacy to ensure public safety and complies with Ohio Revised Code Sections 4715.141 and 4715.25.

_____ Participant objectives state the expected outcomes for the participant.

_____ Curriculum offerings reflect the appropriate didactic and clinical training for the subject matter.

_____ Ensure course(s)/program(s) have qualified clinically experienced instructor(s).

_____ Furnish to each participant at the course/program a certificate of completion which includes the sponsor's name, title of course/program, instructor(s), date of course, location, 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 for a period of no less than four (4) years.

I understand that Ohio State Dental Board (Board) approval does not imply endorsement of the course/program content presented, nor does it imply or assure approval by other regulatory boards. **The statement "Approved Sponsor of the Ohio State Dental Board", or similar wording may appear on promotional materials, however, I may not advertise that a particular course/program has been approved by the Board.**

Signature _____ Date _____

FOR BOARD USE ONLY

☐ Approved Reasons: _____

☐ Denied _____

_____

Number of CE hours approved for this course/program: _____

Signature _____ Date _____