



OHIO STATE DENTAL BOARD

77 South High Street, 18th Floor • Columbus, Ohio 43215-6135
Phone #: 614/466-2580 • FAX #: 614-752-8995 • www.dental.ohio.gov

LOG OF CONTINUING EDUCATION FOR DENTAL LICENSURE RENEWAL FOR THE PERIOD OF JANUARY 1, 2008 - DECEMBER 31, 2009

This log must be completed, signed, dated, and returned along with the licensure renewal application. Incomplete logs will result in a delay of licensure renewal. I certify the following to be true and correct.

NAME:

ID #:

ADDRESS:

SIGNATURE: _____ DATE: _____

**SUPPORTING DOCUMENTATION IS NOT REQUIRED AT THIS TIME
THIS IS A LOG OF CONTINUING EDUCATION HOURS ONLY
PURSUANT TO ORC 4715.141(C)**

Pursuant to Ohio Revised Code 4715.141, Ohio licensed dentists must obtain 40 continuing education (CE) hours from an approved/acceptable provider in order for your licensure renewal application to be considered. Course content must comply with the guidelines set forth in paragraphs (A)(1) to (A)(7) of this section. Those guidelines are as follows:

- (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) Competence 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.

Acceptable continuing education for all Ohio licensees is defined as educational and scientific courses given by board-approved sponsors consisting of activities designed to review existing concepts and techniques, to convey information beyond the basic dental education and to update knowledge on advances in scientific, and clinical practice related subject matter, including evidence-based dentistry wherein the objective is to improve the knowledge, skills and ability of the individual to provide the highest quality of service to the public and the profession.

Therefore, examples of course content which will not be considered acceptable for CE credit are practice management, money management, personal finance or business, basic educational or cultural subjects not related directly to dental patient care, teaching of the use of the Internet, general physical fitness or personal health issues, presentations by political or public figures, motivational courses, alternative medicine/theory which has no scientific basis, etc.

CE hours must be from an Ohio State Dental Board approved sponsor. Approved Sponsor types are:

- **Permanent Sponsors :**
 - American Dental Association, National Dental Association, American Dental Hygienists Association, National Dental Hygienists Association, and all constituent and component associations and societies affiliated with them.
 - National, state, district or local dental specialty organizations affiliated with the "American Dental Association"
 - Colleges and universities with accredited schools of dentistry or dental hygiene and community colleges with approved dental hygiene programs.
 - Colleges or universities accredited by an accrediting agency approved by the United States Office of Education
 - Hospitals accredited by the "Joint Commission on Accreditation of Healthcare Organizations (JCAHO).
- Academy of General Dentistry Program Approval for Continuing Education (AGD PACE)
- American Dental Association Continuing Education Recognition Program (ADA CERP)
- **Board-approved Biennial Sponsor** - Individuals, trade corporations, institutions, study clubs, dental research clinics, and nondental-related entities or groups that have applied and been approved by the board as sponsors for the current biennium.

It is your responsibility to ensure that the course content meets the standards described above as set forth in the Dental Practice Act.

Categories of credit according to O.A.C. 4715-8-01 (A) through (F)

(A)	Directly Interactive Presentation Format	No Maximum	(D)	Teaching & research appointments	4.0 Hrs Maximum
(B)	Supervised Self-Instruction	No Maximum	(E)	Volunteer service as a clinician	4/0 Hrs Maximum 1.0 hr awarded for each 4.0 hrs service
(C)	Papers, publications & scientific presentations	4.0 Hrs Maximum	(F)	Table clinics	2.0 Hrs Maximum

Documentation of Continuing Education Requirement

NAME OF SPONSOR: _____

SPONSOR TYPE: OSDB PERMANENT ADA CERP OSDB BIENNIAL AGD PACE CATEGORY OF CREDIT: (A) (C) (E) (G) (B) (D) (F) (H)

COURSE TITLE/
SUBJECT MATTER: _____

LOCATION: _____ DATE: _____ # HOURS: _____

NAME OF SPONSOR: _____

SPONSOR TYPE: OSDB PERMANENT ADA CERP OSDB BIENNIAL AGD PACE CATEGORY OF CREDIT: (A) (C) (E) (G) (B) (D) (F) (H)

COURSE TITLE/
SUBJECT MATTER: _____

LOCATION: _____ DATE: _____ # HOURS: _____

NAME OF SPONSOR: _____

SPONSOR TYPE: OSDB PERMANENT ADA CERP OSDB BIENNIAL AGD PACE CATEGORY OF CREDIT: (A) (C) (E) (G) (B) (D) (F) (H)

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SUBJECT MATTER: _____

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SUBJECT MATTER: _____

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COURSE TITLE/
SUBJECT MATTER: _____

LOCATION: _____ DATE: _____ # HOURS: _____

NAME OF SPONSOR: _____

SPONSOR TYPE: OSDB PERMANENT ADA CERP OSDB BIENNIAL AGD PACE CATEGORY OF CREDIT: (A) (C) (E) (G) (B) (D) (F) (H)

COURSE TITLE/
SUBJECT MATTER: _____

LOCATION: _____ DATE: _____ # HOURS: _____

TOTAL # HOURS COMPLETED: _____

This form may be duplicated as needed and stapled to the original.