

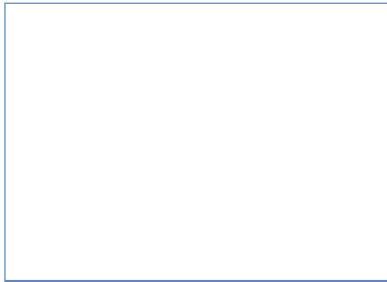


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OHIO STATE DENTAL BOARD

APPLICATION FORM FOR BIENNIAL SPONSORS OF CONTINUING EDUCATION COURSES



Do Not Write In This Space
For Office Use Only

DIRECTIONS: Use this form to apply to become a sponsor of continuing education (CE) required for renewal of dental/dental hygiene/dental assistant radiographer licenses. The Ohio State Dental Board (Board) approves CE sponsors for the current biennium and it is renewable for a two (2) year period thereafter. **To be considered by the Board, this application must be accompanied by: (A) a list of proposed courses/programs and course/program goals for the next year; and (B) course/program evaluation forms for at least three (3) of those proposed courses/programs.** Refer to Ohio Revised Code Sections 4715.141, 4715.25, and 4715.57, and Ohio Administrative Code Sections 4715-8-01 through 4715-8-04 for guidance on approval of course(s)/program(s) for sponsors. **Each sponsor must submit a separate form for sponsorship approval.** The application fee is \$135.00 per biennium, and is prorated at a rate of \$33.75 per half year. *The complete package of application materials and fees must be received at least thirty (30) days prior to a regularly scheduled Board meeting, otherwise, it will be processed at the next regularly scheduled meeting.*

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

All application materials and fees must be received by the board executive office thirty (30) days prior to a regularly scheduled board meeting to be guaranteed approval consideration. The application fee is \$135.00 per biennium, and is prorated at a rate of \$33.75 per half year, based upon the time the application is received in the Board office.

CONTINUING EDUCATION VERIFICATION INFORMATION

Following licensure renewal, the Board audits twenty percent (20%) of the licensees for compliance with continuing education required for renewal. As an approved CE sponsor, you will be 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 4715-8-03(D), records must include:

- 1) Name of CE sponsor, instructor(s) and their qualifications;
- 2) The date(s), location and number of continuing education hours of acceptable towards Ohio licensure renewal;
- 3) The title of the offering and/or specific subjects;
- 4) Category of credit hours acceptable toward Ohio licensure renewal as set forth in section 4715-8-01 (A) through (H) of the Administrative Code;
- 5) Sponsors must maintain records of the individual participants at each educational offering, including their names and addresses, for a period of at least four years.

IMPORTANT!

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

RENEWAL OF BIENNIAL SPONSORSHIP

Sponsor renewal is on a biennial basis and is effective from the approval date through the end of the current biennium ending on December 31st of each odd-numbered year. Your approval as a biennial sponsor of continuing education may be renewed as long as you comply with Ohio Revised Code Sections 4715.141, 4715.25, and 4715.57, and Ohio Administrative Code Sections 4715-8-01 through 4715-8-04. Renewal Applications will be sent by mail on or about November 1st of the renewal year and must be submitted in its entirety, including fees, to the Board executive office prior to December 31st of that same year in order that biennial sponsorship status continue uninterrupted. A new sponsor form should be completed for all changes in sponsor name, address, contact person, etc.

By Board Policy, *American Dental Association's Continuing Education Recognition Program (ADA CERP)* providers need not submit this form as long as they remain in good standing and in compliance with the recognition standards and criteria of the *ADA CERP Committee* and the *Council on Dental Education and Licensure*.

FOR BOARD USE ONLY

Approved Notes: _____

Denied _____

Date of Review _____

I.D. Number _____

Signature _____ Date _____

CERTIFICATE OF AGREEMENT

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

_____ Make application for approval status on a form provided by the Board.

_____ Submit to the Board, 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 the Board 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 application for biennial sponsor approval is a list of proposed course(s)/program(s) goals for the next year and completed course/program evaluation forms for three (3) proposed courses/programs. I understand that the Board may desire and seek additional information as necessary. I also understand that the Board may rescind the approved status of any biennial sponsor that fails to comply with this agreement and the Board statute and rules.

Signature _____ Date _____