

77 South High Street
18th Floor
Columbus, Ohio 43215-6135



Phone #: 614/466-2580
FAX #: 614/752-8995
www.state.oh.us/den

OHIO STATE DENTAL BOARD

CONTINUING EDUCATION SPONSOR SUBSTANCE ABUSE EDUCATION COURSE WORKSHEET

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

Course Title: _____

Instructor(s): _____

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

Course Objectives as set forth in Ohio Administrative Code Section 4715-8-01(B) *(Please indicate where **all** of the following have been included in submitted course curriculum):*

- Causes
- Prevention
- Detection
- Treatment Alternatives

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

Number of Continuing Education Credit Hours Requested: _____

FOR BOARD USE ONLY

Approved Notes: _____

Denied _____

Date of Review _____

I.D. Number _____

Signature _____ Date _____