

**Board of Dentistry
Continuing Education Program**

P.O. Box 30670
Lansing, Michigan 48909
(517) 335-0918

SPONSOR INSTRUCTIONS

*Authority: P.A. 368 of 1978, as amended
This form is for information only.*

Enclosed are forms and instructions for applying for approval of continuing education programs. All forms must be typed. In order to obtain approval of its programs, a sponsor must establish that it meets the standards and criteria adopted by the board. The board has adopted the standards and criteria of the National Sponsor Approval Program of the Academy of General Dentistry (AGD) which are set forth in the 1989 Guidebook. The standards and criteria have been extracted from the Guidebook and are listed in this package.

Continuing education programs offered by sponsors that are approved by the AGD or any of its state constituent academies are automatically approved by the board. Continuing education programs that are offered by accredited schools of dentistry, dental hygiene, or dental assisting are also automatically approved by the board. Thus, AGD approved sponsors and accredited schools should not apply to the Board of Dentistry for approval of their programs.

Those who do apply must complete the enclosed application and list all continuing education programs for which approval is requested. If a sponsor later wishes to obtain approval for additional programs, a continuing education programs list form must be submitted. After four years from the date of the original application, unless otherwise specified by the Board, a complete new application must be submitted. Retroactive programs cannot be approved.

All certificates (this includes letters of attendance) must show the following information for use in Michigan for continuing education credit:

1. The name of the sponsor;
2. The name of the program;
3. The name of the attendee;
4. The date of the program;
5. The number of hours approved for the number of hours the licensee attended;
6. The signature of the person responsible for attendance monitoring and their title;
7. The approval number and whose approval (When your program is approved for Michigan by the licensing board for continuing education credit, you must indicate on the certificate the approval number given by this Department.) If your program is automatically approved by Michigan rules, you must indicate on the certificate who has approved it and the approval number.*

Questions about the application process should be directed to the Bureau of Health Professions - Continuing Education Program, P.O. Box 30670, Lansing, 48909 or call (517) 335-0918

*** NOTE: If this information is not included, it will delay the administrative processing of the audit for the licensee.**

Bureau of Health Professions

Board of Dentistry

PO Box 30670

Lansing, MI 48909

(517) 335-0918*

www.michigan.gov/healthlicense

**ACADEMY OF GENERAL DENTISTRY NATIONAL SPONSOR APPROVAL PROGRAM
STANDARDS/CRITERIA FOR APPROVAL**

Authority: Board of Dentistry R 338.11705 (5)
this form is for informational purposes only

This worksheet is provided as an aide to the sponsors in determining the criteria for program approval by the Board of Dentistry. This portion should **not** be returned to this office.

SECTION I - ADMINISTRATION

Standards- The **administration** of your program is consistent with the goals of the **program** and the objectives of the planned activities.

Criteria	Yes	No
The continuing education program is under the ongoing supervision of an individual or an administrative authority so that there is continuity in the sponsor's continuing education effort.	<input type="checkbox"/>	<input type="checkbox"/>
The administrative authority/administrator shall be responsible for maintaining accurate records of participants' attendance.	<input type="checkbox"/>	<input type="checkbox"/>
The administrative authority/administrator shall be responsible for retaining information on the formal planned activities offered, including needs assessment, methods, objectives, course outlines and evaluation procedures.	<input type="checkbox"/>	<input type="checkbox"/>

SECTION II - FISCAL RESPONSIBILITIES

Standards- Resources shall be sufficient to meet the goals of the program and the objectives of the planned activities.

Criteria	Yes	No
Resources are available to fund the services necessary to manage the continuing education programs.	<input type="checkbox"/>	<input type="checkbox"/>
The administrative authority/administrator shall be responsible for maintaining accurate records of participants' attendance.	<input type="checkbox"/>	<input type="checkbox"/>
The administrative authority/administrator shall be responsible for retaining information on the formal planned activities offered, including needs assessment, methods, objectives, course outlines and evaluation procedures.	<input type="checkbox"/>	<input type="checkbox"/>
We have included with this application a budget for the overall continuing education programs, to be included all costs and income, both direct and indirect.	<input type="checkbox"/>	<input type="checkbox"/>
Financial aid will be acknowledged in printed announcements and brochures.	<input type="checkbox"/>	<input type="checkbox"/>
Printed announcements and brochures will not make reference to specific products.	<input type="checkbox"/>	<input type="checkbox"/>

SECTION III - GOALS

Standards- We shall develop and operate in accordance with the written statement attached of the long-range goals related to the continuing education program.

Criteria	Yes	No
Goals shall relate to the profession and health care needs of the public.	<input type="checkbox"/>	<input type="checkbox"/>
The individual responsible for administration of the CDE program shall have input into the development of the overall program goals.	<input type="checkbox"/>	<input type="checkbox"/>

SECTION IV - NEEDS ASSESSMENT

Standards- The content of the program will be based on identifiable mechanisms to determine the current professional needs and interest of the audience.

Criteria	Yes	No
Needs/interest must be developed from data sources not sponsors perceptions. We have enclosed the documentation to identify needs/interest and how this assessment is used in planning the continuing education programs.	<input type="checkbox"/>	<input type="checkbox"/>

SECTION V - OBJECTIVES

Standards- We have written educational objectives for each activity and they will be published in advance for the intended audience.

Criteria	Yes	No
The program planner is ultimately responsible for assuring that appropriate objectives are developed for each activity. (The education objectives may, however, be prepared by instructor, course director or program planner.)	<input type="checkbox"/>	<input type="checkbox"/>
Educational objectives will be developed for each activity during the planning stages. These shall provide direction in selecting specific course content, and choosing appropriate education methodologies.	<input type="checkbox"/>	<input type="checkbox"/>
The objectives must be published and distributed to the intended audience	<input type="checkbox"/>	<input type="checkbox"/>

SECTION VI - ADMISSIONS

Standards- In general, continuing education shall be made available to all dentists. If attendance is based on previous training or preparation, it will be specified in course announcements.

Criteria	Yes	No
If previous training or preparation is necessary, we will provide a precise definition of knowledge, skill, or experience. Demonstrate the necessity for admission restrictions. Will specify in advance, and make available, a method whereby applicants may demonstrate that they have met the requirements.	<input type="checkbox"/>	<input type="checkbox"/>

SECTION VII - EDUCATIONAL METHODS

Standards- Facilities selected are appropriate for the education method(s) being used, and the stated educational objectives.

Criteria	Yes	No
The program planner is responsible for choosing the educational methods.	<input type="checkbox"/>	<input type="checkbox"/>
Educational methods shall be appropriate to the characteristic or composition (especially skill level) of the intended audience.	<input type="checkbox"/>	<input type="checkbox"/>
Educational methods shall be appropriate to the facilities used for the activity.	<input type="checkbox"/>	<input type="checkbox"/>
We have a written description of the methods to be used, which will assist in effective planning as well as evaluation of the activity.	<input type="checkbox"/>	<input type="checkbox"/>
We have paid attention to group size is mandatory when planning an activity that requires participation, with the proper number of instructors.	<input type="checkbox"/>	<input type="checkbox"/>

SECTION VIII - FACILITIES

Standards- Facilities selected are appropriate for the education method(s) being used, and the stated educational objectives.

Criteria	Yes	No
The sponsor is responsible for assuring that facilities and equipment are adequate and in good working condition.	<input type="checkbox"/>	<input type="checkbox"/>
We assume the responsibility for the safety of the attendees in their activities. There will be adequate space and equipment to accommodate the size of the audience.	<input type="checkbox"/>	<input type="checkbox"/>
If attendees are required to provide material and equipment, you will notify them with specific descriptions of all equipment and materials required.	<input type="checkbox"/>	<input type="checkbox"/>

SECTION IX - PATIENT PROTECTION

Standards- You will notify the participants to be cautioned about the hazards of using limited knowledge when integrating new techniques into their practices, patient protection must be assured as follows:

1. Prior to the course, the participants possess the basic skill, knowledge, and expertise necessary to perform the treatment techniques being taught.
2. You will have patient consent in **writing**, prior to treatment.
3. The equipment and instruments will be in good working order.
4. We have adequate and appropriate **arrangements** and/or facilities for emergency and postoperative care.

Criteria	Yes	No
Participants should be cautioned of incorporating techniques and procedures into their practices if the course has not provided them with adequate training.	<input type="checkbox"/>	<input type="checkbox"/>
We are responsible for assuring that participants treating patients are not performing outside the state law they are practicing in.	<input type="checkbox"/>	<input type="checkbox"/>
We, the sponsor, are responsible for getting informed consent of all patients.	<input type="checkbox"/>	<input type="checkbox"/>

Criteria cont.	Yes	No
The patients will be informed, in non technical language, of:	<input type="checkbox"/>	<input type="checkbox"/>
<ol style="list-style-type: none"> 1. The training situation; 2. The nature and extent of the treatment to be rendered; 3. Any benefits or potential harm that may result from the procedure; 4. Available alternative procedures; 5. Their right to discontinue treatment. 		
We assume responsibility for completion of treatment by a qualified clinician, should any question of the course participant's competence arise.	<input type="checkbox"/>	<input type="checkbox"/>
There will be no compromise in adequate provisions for care of patients treated during CE activities. Aseptic conditions (where possible, and where not possible antiseptic conditions), equipment and instruments, as well as emergency care facilities, will be provided.	<input type="checkbox"/>	<input type="checkbox"/>
We will provide sufficient clinical supervision to assure procedures are performed competently.	<input type="checkbox"/>	<input type="checkbox"/>
We will assume responsibility for providing the necessary post course treatment, either through the practitioner who treated the patient during the course, or through some alternative arrangement.	<input type="checkbox"/>	<input type="checkbox"/>

SECTION X - INSTRUCTORS

Standards- Our instructors that are chosen to teach the courses must be qualified by education and/or experience to provide instruction in the relevant subject matter. The number of instructors must be adequate to assure effective educational results.

Criteria	Yes	No
We assume responsibility for communicating specific course objectives and design to instructors early in the planning process.	<input type="checkbox"/>	<input type="checkbox"/>
Our number of instructors assigned to any activity, will be predicated upon the course objectives and the educational methods used.	<input type="checkbox"/>	<input type="checkbox"/>
We are aware that instructor/attendee ratio is critical in participation courses.	<input type="checkbox"/>	<input type="checkbox"/>
Great care has been taken to assure that close supervision and adequate direct interchange between participants and instructor will take place.	<input type="checkbox"/>	<input type="checkbox"/>

SECTION XI - PUBLICITY

Standards- Publicity shall be informative and not misleading. It shall include:

1. Course title;
2. A description of the **course** content;
3. The education objectives;
4. A description of teaching methods to be used;
5. Costs;
6. The name of the sponsor and contact persons
7. The course instructor(s) and their qualifications;
8. Refund and cancellation policies;
9. Location;
10. Date;
11. Specifics as to approvals granted and credits available.

For effective presentation and assimilation of course content, the prior level of skill, knowledge, or experience required (or suggested) of participants shall be clearly specified in publicity materials.

Criteria	Yes	No
All of our publicity concerning our programs, shall provide complete and accurate information to the potential audience. We will take care to avoid misleading statements regarding the nature of the activity.	<input type="checkbox"/>	<input type="checkbox"/>
Accurate statements concerning credits or approvals granted to the activity shall be included. Great care will be taken to assure that such statements follow the wording prescribed by the Department of Consumer and Industry Services so that applicants cannot misinterpret them.	<input type="checkbox"/>	<input type="checkbox"/>

SECTION XII- EVALUATION

Standards- The sponsor shall develop and utilize activity mechanism that:

1. Are appropriate to the objectives and education methods;
2. Measure the extent to which course objectives have been **accomplished**;
3. Assess course content, instructor effectiveness, and overall administration.

Criteria	Yes	No
We will provide an evaluation mechanism that will allow participants to assess their achievement of personal objectives. Such mechanisms shall be content-oriented and shall provide feedback to participants so that they can assess their mastery of the material. The educational objectives for the activity should form the basis for the evaluation.	<input type="checkbox"/>	<input type="checkbox"/>
We shall periodically conduct an internal review to determine; <ol style="list-style-type: none"> 1. The extent to which the goals are being achieved; 2. The extent to which evaluation effectively and appropriately assesses: <ol style="list-style-type: none"> a. Educational objectives; b. Quality of the instructional process; c. Participants perception of enhanced professional effectiveness; 3. If evaluation methods are appropriate to and consistent with the scope of the activity; 4. How effectively activity evaluation data are used in planning future CE activities 	<input type="checkbox"/>	<input type="checkbox"/>

SECTION XIII- COURSE RECORDS

Standards- Sponsors shall maintain permanent and accurate records of individual attendance and make such courses acceptable to attendees.

Criteria	Yes	No
We will maintain accurate, permanent records of individual attendees at each activity, to accommodate the growing number of legal and professional requirements.	<input type="checkbox"/>	<input type="checkbox"/>

Bureau of Health Professions

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APPLICATION FOR DENTAL CONTINUING EDUCATION SPONSORSHIP

Authority: Board of Dentistry R 338.11705 (5)
 If this form is not completed, approval will not be granted.

A Sponsor application must be submitted prior to the first program offered. Programs offered prior to sponsor approval will be denied approval. Please type or print this form and submit it along with any supporting documentation.

Name of Sponsor		Previous MI Approval Number and Expiration Date:
Street Address		
City	State	ZIP Code
Name of Contact Person	E-Mail Address	Telephone Number ()

List the names and titles of all individuals responsible for continuing education programs. List the individual with primary day-to-day responsibility for the continuing education programs first.

Name	Title

How long have you offered continuing education programs?

How are your CE programs funded? Please check all that apply.

<input type="checkbox"/> Tuition and fees	<input type="checkbox"/> Sales of product and/or equipment
<input type="checkbox"/> Budget Allocated for CE	<input type="checkbox"/> Member dues
<input type="checkbox"/> Grants- Source? _____	<input type="checkbox"/> Other- Please list: _____

What are the goals of your CE Programs?

Which of the following do you use to accomplish participant needs assessment?

<input type="checkbox"/> Survey/questionnaire	<input type="checkbox"/> Advisory committee input
<input type="checkbox"/> Course evaluation form	<input type="checkbox"/> Advice from professional organizations
<input type="checkbox"/> Verbal feedback during course	<input type="checkbox"/> Public health statistics or other pertinent patient health care data

How are the results of the needs assessment activities used?

Are specific objectives (learner outcomes) developed for each CE program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How are objectives communicated to potential participants? Please check all that apply.		
<input type="checkbox"/> Course brochures or announcements <input type="checkbox"/> Course handout materials <input type="checkbox"/> Presented verbally by clinician at outset of course <input type="checkbox"/> Other- Describe: _____ _____		
How are educational methods (lecture, discussion, participation, slides, etc...) chosen?		
How do you determine the suitability of facilities for your programs?		
Do any of your CE programs involve the treatment of patients by either the clinician or participants? (If yes, please complete the Patient Protection Form.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How do you determine if the instructor is qualified to provide instruction in the relevant subject matter?		
Please provide a curriculum vitae/resume for each instructor.		
Please provide course content for courses to be offered or past courses that have been offered including the number of hours of continuing education to be awarded.		
Which of the following will course participants be asked to evaluate?		
<input type="checkbox"/> Course content <input type="checkbox"/> Instructors <input type="checkbox"/> Course handout materials <input type="checkbox"/> Facilities <input type="checkbox"/> Administrative arrangements <input type="checkbox"/> Use of educational aids <input type="checkbox"/> How well course met expectations		
How are the results of the course evaluations used?		
How do the participants obtain information about their record of attendance at a program?		

Name of Sponsor

CERTIFICATION

I hereby certify that the information provided on the enclosed forms, for approval as a sponsor for Michigan Dentistry continuing education, is true and complete. Please check all that are filed with the application.

- Complete Application for CE Sponsorship
- Curriculum Vitae/Resume for Each Speaker
- Patient Protection Form
- Course Information
- I certify that if approval of the sponsor is granted by the Board of Dentistry, accurate, permanent records of individual attendees at each program will be maintained, and written evidence of attendance containing the approval number assigned to the sponsor shall be provided to each licensee, and only those licensees in attendance. Our continuing education programs will meet the standards and criteria adopted by the Michigan Board of Dentistry.

If this is not signed and dated, your application will not be complete.

SIGNATURE

TITLE

TYPE OR PRINT NAME

DATE

Michigan Department of Licensing and Regulatory Affairs

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PATIENT PROTECTION FORM

Authority: Board of Dentistry R 338.11705 (5)

For each setting in which participants are treated by either the clinician or participants, provide the following information (responses should apply to all clinical sites used):

List operatory equipment available:
List methods used to ensure sterile techniques:

Describe the provisions available for emergency care in the following situations. In describing the provisions, include available facilities, equipment, personnel and location in relation to the course site:

Medical Emergencies:	Dental Procedure Emergencies:
Prior to treatment in continuing education activities, how are participants informed of the training situation and the arrangements for follow-up care?	
Who is responsible for obtaining informed consent from the patient? ATTACH A COPY OF THE FORM USED FOR THIS PURPOSE	

What arrangements are made to assure that the following are provided:

Preoperative examination and preparation:
Postoperative (follow-up) care:
Prior to a course, how do you assess the participant's ability to assimilate instruction and perform the treatment technique(s) being taught?
What arrangements are made concerning liability protection for instructors and participants?
Are participants warned of the hazards of using limited knowledge in integrating new techniques into their practice?
Describe any follow-up contact the sponsor has with participants following courses in which new patient treatment techniques were practiced/learned:

Sponsor signature:	Date:
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CONTINUING EDUCATION PROGRAM LIST

Authority: Board of Dentistry R 338.11705 (5)

PLEASE NOTE: This form must be completed and submitted with all new sponsor applications. Failure to complete this form will result in a delay in sponsorship approval. This form must be also be completed for additional programs to be added to an already approved sponsor application.

Type or Print Only

Name of Sponsor	Approval Number (if applicable) and Expiration Date:
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Title of Program	Date(s)	Location (city)	Contact Hours