



Bureau of Professional Licensing
 PO Box 30670 • Lansing, MI 48909
 Telephone: (517) 241-7500
www.michigan.gov/bpl
BPL-Board Support@michigan.gov

APPLICATION FOR APPROVAL OF A DENTAL CONTINUING EDUCATION PROGRAM

Authority: 1978 PA 368

A continuing education program application must be submitted a minimum of 70 days prior to program date. Programs offered prior to approval will be denied. A separate application and documentation is required for each program.

This program will be offered to (mark all that apply):

Dentists: _____ Dental Hygienists: _____ Dental Assistants: _____ Dental Therapists: _____

Please print or type:

Sponsor Name		
Sponsor Street Address		
City	State	Zip Code
Contact Person	Phone Number	Email Address
Continuing Education Program Title		
Previous Approval Number for this Program if any		
Date program is to begin on	Program location(s) if different then address above	
Total Number of Hours of Course Instruction (Excluding Breaks, Meals, etc.)	Can a Board Member or member of the Department attend the program? Yes _____ No _____	
Does any part of the program involve the treatment of live patients? Yes _____ (Patient Protection form required) No _____		
Approved program providers must issue certificates or letters of attendance for continuing education credit in Michigan that include the following: <ul style="list-style-type: none"> • The name of the sponsor. • The name of the program. • The name of the speaker or instructor. • The name of the attendee. • The date of the program. • The Michigan approval number as assigned by the department. • The dates of the current approval term. • The signature of the person responsible for attendance monitoring and his/her title. • The number and type of hours attended. 		

LARA/BPL-DENTALCE (Rev. 08/2021)

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Required Additional Documents – submit via email to BPL-BoardSupport@michigan.gov

- A curriculum vitae for each instructor.
- Course content for the course to be offered, showing relevance to health care and the advancement of the licensee's dental education.
- A sample copy of the certificate or letter of attendance for continuing education credit in Michigan.
- A Patient Protection Form for any program or course that involves treatment of live patients.

CERTIFICATION AND SIGNATURE

I hereby certify that the statements made in this application are true, complete, and correct, and the materials submitted accurately reflect the presentation and administration of this continuing education program.

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

Signature

Title

Print or type name

Date