



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

VOLUNTEER DENTAL SPONSOR APPLICATION

Authority: Public Act 368 of 1978, as amended.

Sponsor Name		
Sponsor Street Address		
City	State MI	Zip Code
Contact Person	Phone Number	Email Address
Previous Michigan Approval Number and Expiration Date: (if applicable)		
What type of entity, program, or event does the sponsor represent? Public or non-profit entity _____ Program _____ Event _____ School _____ Nursing home _____		
Does the sponsor provide dental services to indigent or dentally underserved populations? Yes _____ No _____		
List the names and titles of all responsible parties below.		
Name	Title	
Name	Title	
Name	Title	
Have any member(s) of this organization been the subject of any past or present disciplinary action? Yes _____ No _____ If yes, please explain:		
All certificates should show the following for use in Michigan for continuing education credit: <ul style="list-style-type: none"> • Name of the sponsoring organization. • Continuing education approval number issued by the Board of Dentistry. • Dates and times of volunteer services. • Number of continuing education hours earned. • Signature of the individual responsible for attendance. • Dates of the current approval term. • Name of the participant 		

Required Additional Documents

- The Volunteer Dental Dates form, providing the location, dates and times of services provided.
- Sample attendance documents.
- Sample completion certificate.
- **Application and supporting documentation should be submitted electronically to BPL-BoardSupport@michigan.gov.**

Additional dates to be added, after approval of the sponsor application, must be submitted to the Department, in advance, using the Volunteer Dental Dates form.

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. I further certify that if volunteer sponsor approval is granted by the Board of Dentistry, accurate, permanent individual records will be maintained. Written evidence of attendance containing the approval number assigned to the sponsor shall be provided to each participating volunteer.

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

Signature

Title

Print or Type Name

Date