



Sample Documents for AGD PACE Applications

The documents attached are examples of the types of samples program providers are required to submit with their PACE applications.

- If providers are not currently using one of the documents required, they are encouraged to develop the document and begin using in their program.
- Providers may modify the samples attached to best fit their needs.
- Documents developed from these samples should be integrated into providers' programs and included with their completed PACE Application.

Job Responsibilities

The Administrator:

- X is responsible for the quality and content of the program, and for planning and conducting the program.
- X will consult with the Continuing Education Advisory Committee for periodic review of program goals, selecting continuing education topics and evaluating quality of the program.
- X will maintain all records connected with the program including attendance at programs, objectives, course outlines, evaluation results, and needs assessments or surveys if applicable.
- X is responsible for program planning, signing contracts and ensuring conflict of interest statements are signed if applicable.
- X will not accept any commercial support of programs.
- X will screen any additional faculty by review of potential instructors CV to determine relevant education and experience, contacting references and, if feasible, attending a course given by the instructor.
- X will be responsible for assuring that the program complies with the Standards/Criteria of the Academy of General Dentistry Program Approval for Continuing Education (PACE).
- X will supervise the activities of the Administrative Assistant.

Outline for 2002-2003 Organizational Goals

1. Continue award-winning service to our members
2. National recognition of Mortie Award
3. Improved communication within each committee, with each committee meeting at least once
4. Quality CE of interest to membership with good attendance. All state and local CE should go through CE Committee (Joe Bee) and be placed on calendar (Dr. Bedell).
5. Continue free membership appreciation courses across the state.
6. Improved website listing CE, location and contact person.
7. Continue growth of student and young member chapters via CE, Glidepath, lunch and learn with AEGD residents, etc.
8. Promote 2003 Annual Meeting Dr. Howard Strassler.
9. Good turnout for constituent Develop Conference in Chicago November 7-9, 2002
10. Positive National Visitation early 2003
11. Continued positive relationships with MSDA. President elect Dr. David Williams is an active AGD member

Continuing Education Goals

My mission as a provider of continuing education is to help health care professionals meet federal and state training requirements by providing high quality comprehensive training programs,

The long-range goals of the program, are to:

1. Improve patient and health care worker safety by providing accurate detailed information on infection control and exposure control.
2. Inform health care professionals of changes in regulations which will help them to be in compliance with state and federal laws.
3. Inform health care professionals of the latest recommendations of professional organizations (AGD, ADA, OSAP) and government agencies (CDC, OSHA)

Needs Assessment

We appreciate your involvement with our continuing education courses and would like to hear from you. Please complete this questionnaire to let us know of your continuing education needs.

AGD Dentist Non-AGD Dentist Hygienist Dental Assistant Office Staff Other

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. How often do you attend continuing education courses?

- a. Less than 15 hours per year b. Between 16 and 30 hours per year c. Between 31 and 45 per year d. Between 46 and 60 hours per year
- e. More than 60 hours per year

2. What is most important in your selection of continuing education providers?

- a. Cost b. Location c. Subject area d. Instructional Methods (self-instruction, lecture, participations)
- e. Instructor qualification f. Other, please explain

3. Please circle your preferred method of instruction:

- a. Self-instructional: online b. Self-instructional: video or cd c. Self-instructional: article d. Lecture e. In-office participation
- f. Participation: live patients g. Weekend workshop or meeting h. Lunch & learn

4. What specific subjects are of interest to you?

5. What are your suggestions for future courses?

Course Evaluation Form

(please submit to your constituent's CE Chairperson following the course)

Course Title:	Date:
Presenter:	Location:
Program Provider:	AGD Subject Code:
Course Type: Lecture	Participation Mastertrack

We are constantly trying to improve the quality of our continuing education courses. Please take a few minutes at the completion of the program to evaluate this course and presenter. Thank you.

AGD Dentist	Non-AGD Dentist	Hygienist	Dental Assistant	Office Staff	Other
Pre-Fellow	Fellow		Master	Scout	

PLEASE CIRCLE YOUR RESPONSE TO EACH OF THE FOLLOWING:

	Strongly Disagree			Strongly Agree
Meeting site was adequate in size, comfortable and convenient	1	2	3	4 5
Course administration was efficient and friendly	1	2	3	4 5
Course objectives were consistent with the course as advertised	1	2	3	4 5
Course material was up-to-date, well-organized and presented in sufficient depth	1	2	3	4 5
Instructor demonstrated a comprehensive knowledge of the subject	1	2	3	4 5
Instructor appeared to be interested and enthusiastic about the subject	1	2	3	4 5
Instructor spoke clearly and distinctly	1	2	3	4 5
Instructor encouraged questions and participation	1	2	3	4 5
Audio-visual materials used were relevant and of high quality	1	2	3	4 5
Handout materials enhanced course content	1	2	3	4 5
Overall, I would rate this course:	1	2	3	4 5
Overall, I would rate this instructor:	1	2	3	4 5

Comments (positive or negative):

Other topics and/or speakers you would like offered:

COURSE OBJECTIVES

At the end of this course, participants should be able to:

- Locate information in MSDS sheet on health effects and safe handling of chemicals
- Explain chemical and biohazard labeling system used in work environment
- Explain the procedure for spill clean-up
- List 4 categories of Personal Protective Equipment covered under the 1994 standard
- Identify hazards present in the workplace requiring PPE
- Match appropriate PPE with hazards identified
- Determine CDC recommendations for TB skin testing in their workplace
- Determine exposure classification of employees
- Answer questions about required Hepatitis B Vaccination Program
- State training frequency required under each law
- List 4 main methods of avoiding exposure to Bloodborne Pathogens
- Explain rights of employees in case of exposure to blood or body fluids
- Choose an effective and appropriate disinfectant

Provider AGD ID#:

Provider Name:

Provider Address:

CERTIFICATE OF ATTENDANCE

Member AGD ID#:

Participant's Name:

State and License #:

Course Date:

Course Title:

Total Number of CE Hours:

AGD Subject Code:

Speaker:

Educational Method:

(Lecture, participation or self-instruction. Note: If a program is 30% or more hands-on/participation all hours can be counted as participation)

Verification Code:

Location:

Program Provider Authorized Signature:

Guidelines for Commercial Support

- CE programs offered by the PROVIDER must be independent of commercial influence either direct or indirect.
- Any commercial relationships between the PROVIDER, course providers and a commercial company and its products must be fully disclosed to participants.
- The PROVIDER will disclose in its announcements, brochures educational materials and at the course itself any external funding
- Any course receiving commercial support must have a letter of agreement outlining the terms and condition of the arrangement and/or relationship between the program provider and the commercial supporter.
- Programs sponsored by the PROVIDER must present a balanced view of all therapeutic options Promotional nature of the activity will be fully disclosed. Whenever possible generic names must be used to contribute to the impartiality of the program

Letter of Agreement and Disclosure

Between _____ and _____
Constituent/Sponsor/Speaker Company/Commercial Supporter

Title of CE Activity:

Location:

Contact Person:

City/State/Zip Code:

Telephone Number:

The above named company wishes to provide support for the named CE activity by means of:

A. Speaker #1:

Speaker #2:

Speaker #3:

Including:

All Expenses _____ Travel Only _____ Honorarium Only _____
Amount of Honorarium \$

B. Support for Catering functions, in the amount of: \$

Please specify: _____

C. Other (equipment rental, brochure distribution etc.):

Please specify: _____

Conditions

1. **Statement of Purpose:** The program is for scientific and educational purposes only and will not promote the products of the company directly.
2. **Control of Content & Selection of Presenters and Moderators:**
Sponsor is responsible for control of content and selection of presenters and moderators. The company agrees not to direct the content of the program. The company, or its agents, will respond only to sponsor-initiated requests for suggestions of presenters or sources of possible presenters. The company will suggest more than one name (if possible); will provide speaker qualifications; will disclose financial or other relationships between the company and speaker, and will provide this information in writing. Sponsor will record the role of the company, or its agents.

Agreed

Customer Representative: _____
Please print

Signature: _____ Date: _____

Course Director: _____
Please print

Signature: _____ Date: _____

CE Department Director: _____
Please print

Signature: _____ Date: _____

SAMPLE - CONFLICT OF INTEREST DECLARATION

PLEASE COMPLETE ONLY ONE BOX.

I, the undersigned, declare that neither I nor any member of my family have a financial arrangement with any corporate organization offering financial support or grant monies in regards to my continuing dental education presentation at the _____.

Print Name

Signature

Date

I, the undersigned (or an immediate family member), **have** a financial interest/arrangement or affiliation with a corporate organization offering financial support or grant monies for or related to the content of ***my continuing dental education presentation at the*** _____ as follows (there is no need to disclose the actual financial value of any affiliation):

Affiliation/Financial Interest

Corporate Organizations

Employee, full- or part-time

Grant/Research Support

Consultant

Stock Shareholder

(directly purchased)

Honorarium

Other Financial or Material Support

Owner/Part Owner (*please specify*)

I understand that this form will be available for review by program participants.

Print Name	

Signature	Date

Having an interest in or an affiliation with the corporate organization does not necessarily prevent you from making the presentation, but the relationship must be made known to the audience. Failure to disclose or a false disclosure may result in your removal from the program.

Consent Form

1. I hereby consent to and authorize the performance of dental procedures upon (state name of patient or "myself") _____ for the following purpose(s):

Such procedures shall be used as are required in attempting to accomplish the purpose(s) stated above.

2. I further certify that the dental treatment recommended for me in this document has been thoroughly discussed with me and that I understand my dental treatment needs. I am aware that some changes in the plan may become necessary during the course of treatment, and that, if this is the case, these changes will be explained prior to the time they occur.
3. I understand that the X-rays, charts and any other results from this treatment will be used for educational purposes.
4. The nature and purpose of the treatment listed above and any possible risks involved have been fully explained to me.

Patient's Signature

Date

Doctor's Signature

Date