

Academy of General Dentistry Program Approval for Continuing Education (PACE) Annual Report

Please print:

PACE Provider ID Number:	
Official organization name of Continuing Dental Education (CDE) program provider:	
Name and title of contact person to whom correspondence regarding this application should be addressed:	
E-mail address:	
CDE program provider street address:	
City, State/Province and Zip/Postal Code:	
Telephone number:	
Fax number:	
Web site:	

I affirm that, in accordance to PACE Standard XI: Course Records, I am submitting continuing education credits earned by AGD members at my courses to the AGD via the AGD online roster within 30 days of the course completion.

List three most recent courses your organization offered in the last 12 months. If no courses were held attach an explanation. (If you or a member of your organization spoke on behalf of another organization during the past 12 months, but your organization was not involved with administering the overall program, please **do not include.)**

Title of Activity	Date(s) Offered	Location (City, State/Province)	Intended Audience*	# of Students	# of Instr.	Method of Delivery**	Prerequisite (Yes/No)	Offered with another Program Provider? (Yes/No)	Received outside financial or in-kind support (Yes/No)	Credit Hours Awarded

*Intended audience:

G=General dentist, S=Dentist specialist, DH=Dental hygienist, DA=Dental assistant, DL=Dental laboratory technician

**Method of delivery:

L=Lecture, PA=Participation, PR=Protocol, SI=Self-instruction, W=live webinar

Annual Documentation:

Please attach the following documentation to this report:

- A copy of your most recent CE Planning Committee meeting minutes
- A sample publicity from the past twelve months
- A completed commercial sponsor agreement (if applicable)