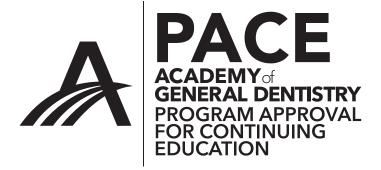


Guidelines for Graphic Standards and Reproduction of the Logo for the Academy of General Dentistry PACE Program

The following document outlines the appropriate use of the Academy of General Dentistry's (AGD) Program Approval for Continuing Education (PACE) logo. The examples on the following pages are the only official logos approved for use by AGD PACE-approved continuing dental education providers to indicate their organization's approval by the AGD.

The AGD PACE logo itself should not be altered in any way; to do so would be a violation of the AGD trademark. On the following pages are examples of correct and incorrect ways to use the AGD PACE logo, followed by the logo use agreement.





APPROVALS

The maximum term of approval will not exceed six years. Shorter terms of approval will be awarded based on eligibility requirements or if there are deficiencies or concerns that would justify an earlier re-evaluation date. In these cases, the reason(s) for a shorter period of approval will be identified and provided to the program provider. In no case will approval be granted for a period of less than one year.

Program providers approved by the PACE Council shall be designated "approved program providers" for the length of the approval period. Approval of a program provider does not imply recognition or approval of that program provider's parent or satellite organizations, cooperating agencies, parent company, subsidiaries, or divisions.

Any reference to the awarding of continuing education credit by a PACE-approved program provider in its announcements, promotional materials, publications, or any other form of communication must conform exactly to the examples on the next page.

AGD will publish an official list of program providers approved by the PACE Council and update this list whenever there are additions, deletions, or status changes. This list is available on AGD's website, www.agd.org.



AGD requires that you use the AGD PACE logo and one of the following approval statements on all publicity: Examples of the AGD PACE logo and approval statement.



NAME OF PROVIDER (Nationally or Locally) Approved PACE Program Provider for FAGD/MAGD credit. Approval does not imply acceptance by any regulatory authority or AGD endorsement.
START DATE to END DATE Provider ID# XXXXXX

AGD approved color



NAME OF PROVIDER (Nationally or Locally) Approved PACE Program Provider for FAGD/MAGD credit. Approval does not imply acceptance by any regulatory authority or AGD endorsement.
START DATE to END DATE Provider ID# XXXXXX

Black



NAME OF PROVIDER (Nationally or Locally) Approved PACE Program Provider for FAGD/MAGD credit. Approval does not imply acceptance by any regulatory authority or AGD endorsement. START DATE to END DATE Provider ID# XXXXXX

White



AGD PACE LOGO

The approval statement must appear with the current dates in conjunction with the AGD PACE logo on all promotional material and attendance verification forms. Your current term of approval can be found at www.agd.org.

The approval statement must be placed on the right side of the AGD PACE logo, as shown to the left.

The terms "accreditation," "accredited," "certification," or "certified" must not be used in conjunction with AGD PACE approval.

Font style for the approval statement should be sans serif (Arial or Helvetica) and cannot be smaller than 6 point in size.

The AGD PACE logo should not be smaller than 3/4 inch in size and not larger than 2 inches in height.

The AGD PACE logo should never be larger than the provider's logo.

The AGD PACE logo should be in the AGD approved color; black; or, in case of a dark colored background, white. It should not appear in any other color.



On white background



NAME OF PROVIDER (Nationally or Locally) Approved PACE Program Provider for FAGD/MAGD credit. Approval does not imply acceptance by any regulatory authority or AGD endorsement. START DATE to END DATE Provider ID# XXXXXX



NAME OF PROVIDER (Nationally or Locally) Approved PACE Program Provider for FAGD/MAGD credit. Approval does not imply acceptance by any regulatory authority or AGD endorsement. START DATE to END DATE Provider ID# XXXXXX

On light colored background



NAME OF PROVIDER (Nationally or Locally) Approved PACE Program Provider for FAGD/MAGD credit. Approval does not imply acceptance by any regulatory authority or AGD endorsement. START DATE to END DATE Provider ID# XXXXXX



NAME OF PROVIDER (Nationally or Locally) Approved PACE Program Provider for FAGD/MAGD credit. Approval does not imply acceptance by any regulatory authority or AGD endorsement. START DATE to END DATE Provider ID# XXXXXX

On dark colored background



NAME OF PROVIDER NAME OF PROVIDER
(Nationally or Locally) Approved PACE Program
Provider for FAGD/MAGD credit.
Approval does not imply acceptance by
any regulatory authority or AGD endorsement.
START DATE to END DATE
Provider ID# XXXXXX

Misuse of the AGD PACE logo compromises the image of the AGD and could be considered a violation of trademark use.

In order to maintain the brand

Some common misuses of the

AGD PACE logo, signature,

and standard relationships

are shown. Although these

incorrect use, they provide

approval statement.

the background necessary to determine the recommended acceptable and unacceptable

usage of the AGD PACE logo and standard relationships with the

examples do not include every

the previous pages.

identity, it is important to follow

the graphic standards outlined on



DO NOT separate the AGD logo from the PACE text or approval statement.



NAME OF PROVIDER

(Nationally or Locally) Approved PACE Program Provider for FAGD/

MAGD credit.

Approval does not imply acceptance by any regulatory authority or AGD endorseme START DATE to END DATE

Provider ID# XXXXXX



NAME OF PROVIDER
(Nationally or Locally) Approved PACE Program Provider for FAGD/
MAGD credit.
Approval does not imply acceptance by
any regulatory authority or AGD endorsement.
START DATE to END DATE
Provider ID# XXXXXX

DO NOT reduce the size of the AGD PACE logo so that it's unreadable.



PACE
The Plane of services in designated on an Asperved
TOCK Program Product by the Asserting of Control
Tock Program Product by the As

DO NOT alter any brand identity color combinations within the AGD PACE logo.



NAME OF PROVIDER
(Nationally or Locally) Approved PACE Program
Provider for FAGD/MAGD credit.
Approval does not imply acceptance by

Approval does not imply acceptance by any regulatory authority or AGD endors START DATE to END DATE Provider ID# XXXXXXX

DO NOT alter the language of the accepted AGD PACE approval statements in any way.



Accredited by the Academy of General Dentistry



AGD credits are accepted for relicensure credit



AGD PACE LOGO USE AGREEMENT

PROVIDER NAME
PROVIDER ID NO
CURRENT TERM OF APPROVAL
Permission to Use AGD PACE Logo for the Following: Marketing materials advertising continuing education courses during the specified approval period Website providing information about continuing education courses during the specified approval period Attendance verification forms for the specified approval period Other (please explain)
TERMS Continuing dental education program providers approved by the PACE Council shall be designated "approved program providers" for the length a specified approval period. Approval of a program provider does not imply recognition or approval of that program provider's parent or satellite organizations, cooperating agencies, parent company, subsidiaries, or divisions.
Any reference to the awarding of approved continuing education credit by a PACE-approved program provider in its announcements, promotional materials, publications, or any other form of communication must conform exactly to one of the two approved AGD PACE logomarks. The terms "accreditation," "accredited," "certification," or "certified" must not be used in conjunction with PACE approval.
Please initial: I agree to add the accepted approval statement as described in the Guidelines for Graphic Standards and Reproduction of the Logo for the Academy of General Dentistry PACE Program whenever using the graphic symbol and logotype provided to me.
I have read the terms of this agreement and agree to abide by these regulations in full.
PRINT NAME
DATE
Please email the AGD PACE logo to:
CONTACT PHONE NUMBER

PLEASE RETURN THIS SIGNED DOCUMENT TO:

Academy of General Dentistry **PACE Program** Fax: 312.335.3443 Email: pace@agd.org