



LOCAL APPROVAL APPLICATION

Phone: 888.243.3368, ext. 4114 or ext. 4335

Email: pace@agd.org

Website: www.agd.org

Name of Program Provider organization:

Please check one: First-time applicant Renewing applicant, provider number:

Individual to whom correspondence regarding this application should be addressed:

Contact name	Title
Address	
Telephone	Fax
Email	Website

Section 1: Eligibility

- Continuing education organizations are eligible for AGD PACE approval, not individual speakers or course content.
- Continuing education organizations with one primary speaker is eligible for PACE approval, but applicants must understand it is the organization, not the speaker, that can be approved.
- Continuing education organizations that offer only one course multiple times can be approved, but applicants must understand it is the organization, not the educational content, that can be approved.
- Applicants may be a major unit or department within an institution.

The following questions will determine if your organization is eligible for AGD PACE approval.

Review the following criteria to qualify for local PACE approval:

Organizations are eligible for local PACE approval if they:

- Offer courses in only one state or province
- Draw a significant portion of participants from only one state or province
- Do not offer self-instruction programs
- Do not offer protocol (on-site/in-office) participation courses

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|---|-----|----|
| 1. Is your program presented in more than one state/province? | Yes | No |
| 2. Do your programs draw a significant number of attendees from outside the state/province in which your organization is based? | Yes | No |
| 3. Do your programs contain self-instruction or electronically mediated components? | Yes | No |
| 4. Do your programs contain combination on-site/in-office protocol courses? | Yes | No |

If you answered YES to any of the above questions your organization may not qualify for local PACE Approval.

Contact the AGD at PACE@agd.org or 1.888.243.3368 ext. 4114 or ext. 4335.

If you answered NO to all questions above, continue with the eligibility questions.

Review the following definition of continuing dental education (CDE):

CONTINUING DENTAL EDUCATION (CDE): Educational activities designed to review existing concepts and techniques, to convey information beyond basic dental education, and to update knowledge on advances in dental and medical sciences. The objective is to improve the knowledge, skills, and ability of the individual to deliver the highest quality of service to the public and profession. The basic sciences and behavioral and social sciences should be considered inseparable from technical knowledge in their influence on the professional person and, for this reason, educational experiences in these areas are an equally valid part of CDE. CDE programs are usually of short duration and are not structured or sequenced to provide academic credit toward a certificate or degree. Such courses are not applicable to advanced standing in specialty education programs.

CDE courses are conducted in a wide variety of forms using many methods and techniques and are sponsored by a diverse group of institutions, schools, and organizations. CDE should favorably enrich past educational experience. These programs should make it possible for dentists and allied team members to attune dental practice to modern knowledge as it continuously becomes available. All CDE should strengthen the habits of critical inquiry and balanced judgment that denote the truly professional and scientific person.

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|---|-----|----|
| 5. Does your organization offer a planned program of CDE activities consistent with the definition of continuing dental education listed above? | Yes | No |
|---|-----|----|

Review the following definition of a program provider:

PROGRAM PROVIDER: An agency (institution or organization) that is responsible for organizing, administering, publicizing, presenting, and keeping records for the CDE program. The program provider assumes both the professional and fiscal liability for the conduct and quality of the program. If the program provider contracts or agrees with another organization or institution to provide facilities, faculty, or other support for the CDE activity, the approved program provider must ensure that the facilities, faculty, or support provided meet the standards and criteria for recognition. The program provider remains responsible for the overall educational quality of the CDE activity.

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| 6. Does your organization assume the financial and administrative responsibility of planning, publicizing and offering the CDE program consistent with the above definition of a program provider? | Yes | No |
| 7. Does your organization have at least one permanent location in the United States (U.S.) or Canada? | Yes | No |
| 8. Does your organization ensure that all courses offered for CDE credit have a sound scientific basis in order to adequately protect the public? | Yes | No |
| 9. Does your organization ensure that the educational methods are appropriate to the stated objectives for the activity and, when participation is involved, enrollment must be related to available resources to ensure effective participation by enrollees? | Yes | No |
| 10. Does your organization ensure that the facilities selected for each activity are appropriate to accomplishing the educational method(s) being used and the stated educational objectives? | Yes | No |
| 11. Does your organization ensure that, upon completion of a CDE course intended toward attainment of certification or other recognition through the program provider, participating dentists will not be obligated, as a condition for attaining or maintaining that certification or recognition, to utilize a volume of any products and/or services. | Yes | No |

Review the following information regarding Commercial or Promotional Conflict of Interest:

The PACE standards and criteria are designed to ensure that: CDE activities promote improvement in oral healthcare and not a specific drug, device, service or technique of a commercial entity.

- If commercial relationships exist between the CDE provider, course presenters and/or a commercial company and its products, they must be fully disclosed to participants.
 - CDE providers must disclose to participants in CDE activities any potential conflicts of interest the planners and lecturer/author/instructors or a CDE activity may have.
 - Disclosure must be made at the beginning of the CDE activity and must be made in writing in publicity materials, course materials and/or audiovisual materials. Financial and/or in-kind aid is acknowledged in printed announcement and brochures
- | | | |
|--|-----|----|
| 12. Does your organization ensure that all CDE activities will promote improvements in oral healthcare, or if practice-management topics are offered, the CDE activities will serve the interest and needs of the profession and not a specific drug, device, service or technique of a commercial entity? (XII, S:1a) | Yes | No |
| 13. Does your organization ensure that any and all potential conflicts of interest between the CDE planners, instructors/presenters, authors or the CDE activity itself is disclosed to potential participants in advance and at the beginning of the CDE activity? (XII, S:1c) | Yes | No |

If you answered NO to any of the above questions your organization may not qualify for local PACE Approval. Please Contact the AGD at PACE@agd.org or 1.888.243.3368 ext. 4114 or ext. 4335.

Instructions

The PACE Guidebook is your resource for planning and administering what the Academy of General Dentistry looks for in a quality continuing dental education program.

The questions on this application are based on the Standards and Criteria of the Program Approval for Continuing Education, which are divided into thirteen (13) distinctive sections. Notations listed in parentheses () after each question refer to a specific standard or criteria within that section, found in the PACE Guidebook beginning on page 3. For example, (XIII S:2) means section XIII, standard 2; (II C:D) means section II, criteria D; and (IV, R:G) means section 4, recommendation G.

All local program providers must complete Section 2 and 3. If you answered 'NO' to any question, please attach an explanation at the end of the section. **Providers that offer hands-on participation courses or treat live patients during the educational program also must complete Section 4.**

When completing the application:

- Type or print answers legibly in ink.
- Do not bind into book form.
- Contact your local PACE-approval representative to confirm how many copies of the application should be submitted.
- In the upper right corner of each attachment, print the question number the attachment is associated with.

Applications should be sent to your local AGD PACE-approval representative. For a current list, please visit the AGD Website.

SECTION 2: Continuing Dental Education Program Summary

2-1. Select the organization type that best describes your organization:

Dental education organization	Dental specialty association/society
College/University	Dental study club
Dental materials/equipment company	Consulting company
AGD constituent/component	Federal or state agency
ADA state or local dental society	Other; please describe

2-2. How many years has your organization offered CDE Courses as a PACE approved provider?

FIRST TIME APPLICANT: We have not offered any courses yet

FIRST TIME APPLICANT: We have offered courses in the past, but did not have PACE approval.

Less than 12 months, had previous PACE approval

1-3 years, had previous PACE approval

3-5 years, had previous PACE approval

5 or more years, had previous PACE approval

Review the following course-type (teaching method) definitions:

LECTURE COURSE: A live presentation intended to communicate information or teach people about a particular subject. Lectures are used to convey critical information, history, background, theories and equations and do not significantly involve audience participation with the exception of asking and answering questions.

PARTICIPATION/HANDS-ON COURSE: A presentation intended to teach a particular subject, technique or skill that actively involves the audience. Participants will actively manipulate dental materials and/or devices, or practice clinical skills or techniques under the live or electronically-mediated supervision of a qualified instructor. When live patient treatment is involved, live instructor direct supervision is required. The participation activities must represent a minimum of 30% of total course time, and must directly address the educational objectives of the course and be an extension and amplification of the lecture portion of the course.

PRODUCT TRAINING: Courses where the central theme is focused on the use of a single product. Course content must be free from any sales and/or marketing information and should enhance a dental professional's knowledge and/or skill to deliver quality service to the public.

2-3. Based on the definitions above, select all course types your organization currently offers:

Lecture

Participation/Hands-on: No live patients treated during the course

Participation/Hands-on: Live patients treated by the instructor and/or participants during the course

Product Training

Other, contact the Academy of General Dentistry at 1.888.243.3368 ext. 4114 or ext.4335.

SECTION 2: Continuing Dental Education Program Summary Continued

2-4. Past Courses:

List only courses where this organization assumed responsibility for planning, organizing, publicizing and recordkeeping of the educational courses.

- Events where an individual from this organization was the instructor but had no other responsibilities in planning the overall courses should not be included in this list.
- If responsibilities for planning, organizing, publicizing and keeping records for the event were shared with another organization those events should be identified as JOINT PROGRAMS.
- If another entity contributed financial support, products or other resource to support or offset expenses and/or needs associated with the event, those events should be identified as receiving COMMERCIAL SUPPORT.
- If more than 10 courses have been offered in the last 12 months, list the 10 most recent courses.
- If no courses were offered in the last 12 months, list the most recent courses (up to 10) your organization offered during the past three years, and **attach** an explanation. For multi-day programs, include the start and end date. Do not include self-instruction courses on this list.

Audience:

G=general dentist S=dentist specialist DH=dental hygienist DA=dental assistant DL=dental laboratory technician F=Front desk O=Other

Delivery Method:

L=Lecture .P=Participation PT=Product Training

Course Title	Course Dates	Location (City, State/Prov.)	Audience	Number of Attendees	Number of Instructors	Delivery Method	Prerequisites CE Hours	CE Hours	Joint Provider (Yes/No)	Commercial Support (Yes/No)
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

If no courses have been offered in the past twelve months, explain why:

SECTION 2: Continuing Dental Education Program Summary Continued

2-5. Upcoming Courses:

List only courses where this organization will assume responsibility for planning, organizing, publicizing and recordkeeping of the educational courses.

- Events where an individual from this organization will be the instructor but had no other responsibilities in planning the overall courses should not be included in this list.
- If responsibilities for planning, organizing, publicizing and keeping records for the event will be shared with another organization those events should be identified as JOINT PROGRAMS.
- If another entity will contribute financial support, products or other resource to support or offset expenses and/or needs associated with the event, those events should be identified as receiving COMMERCIAL SUPPORT.
- If more than 10 courses will be offered in the next 12 months, list the first 10 scheduled.

Audience:

G=general dentist S=dentist specialist DH=dental hygienist DA=dental assistant DL=dental laboratory technician F=Front desk O=Other

Delivery Method:

L=Lecture .P=Participation PT=Product Training

Course Title	Course Dates	Location (City, State/Prov.)	Audience	Number of Attendees	Number of Instructors	Delivery Method	Prerequisites CE Hours	CE Hours	Joint Provider (Yes/No)	Commercial Support (Yes/No)
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

If no courses are planned in the next twelve months, explain why your organization should be considered for PACE Approval:

SECTION 3: PACE Standard Review

The questions on this application are based on the PACE Standards and Criteria. There are 13 distinct standards with additional criteria to better define how to meet each standard.

- Each question will start with a roman numeral, I through XIII, which identifies what standard the question refers to.
- Each question includes a notation identifying what standard and/or criterion it refers to. For example, (XIII S:2) means Standard XIII, Standard 2; (II C:D) means Standard II, Criterion D; and (IV, R:G) means Standard 4, Recommendation G.PACE Guidelines.

Many discussions of CE result in misinterpretation or confusion because frequently used terms may be defined differently in the context of CE. To clarify the intent, the PACE Guidelines contains a lexicon of terms that define how they will be used in relation to CE. CE providers should familiarize themselves with these definitions prior to completing the application to ensure a complete understanding of the information provided in this document. The PACE Guidelines can be found at <https://www.agd.org/continuing-education-events/pace/pace-guidelines>.

Standard I: Administration

I-1. In the table below, list the name, credentials and job title of all individuals that help plan or implement your continuing education courses. (S:1, C: A-C, E, G-J, P, S:IV, S:X)

Make sure to clearly identify all dental professionals. For each person listed, identify if they the person is part of your staff, planning committee or both. For each person listed, **attach** a job description or list of their responsibilities associated with the planning and implementation of your courses.

Name & Credentials	Job Title	Staff Member? (Yes/No)	Planning Committee Member? (Yes/No)	Job Responsibilities Attached? (Yes/No)
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I-2. Attach copies of minutes from your three most recent planning committee minutes. (C:F)

Planning Committee Meeting Date	Copy of Meeting Minutes Attached (Yes/No)
1.	
2.	
3.	

If copies of planning committee minutes are not available, explain why:

I-3. Attach a copy of your written policies, procedures or guidelines designed to ensure that all clinical and/or technical CE activities offered include the scientific basis for the program content and an assessment of the benefits and risks associated with that content in order to promote public safety. (I, C:O)

If written policies are not available, explain how your organization ensures that all clinical and/or technical CE activities offered include the scientific basis for the program content and an assessment of the benefits and risks associated with that content in order to promote public safety. (I, C:O)

PACE defines Joint Programs/Joint Providership as any continuing education activity in which two or more organizations agree to jointly offer a program. Letters of agreement between the joint providers must be developed to outline each party's responsibilities for the CDE activity and signed by all parties.

I-4. Does your organization work jointly with organizations to offer continuing education programs? (I, C:K)

Yes, sample of a letter of agreement signed by my organization and the organization we worked with to offer a continuing education program is **attached**.

Yes, written agreements not available, please explain:

No

Standard II: Fiscal Responsibility

II-1. Does your organization maintain a budget for the overall continuing education program, to include all costs and income, both direct and indirect? (II, C:C)

Yes No

II-2. Check all sources of funding for your CE program. (II C:A)

- Tuition/registration fees
- Sales of products, services or equipment
- Budget from parent organization
- Sponsorship from commercial entities
- Grants
- Other sources

If your organization receives funding from sources other than tuition/registration fees, please identify them below:

Standard III: Goals

III-1. Explain the mission of your continuing education program. (III, S:1-2. C:B)

- A mission statement is a short statement of why an organization exists and what its overall goal is. It may include a short statement of such fundamental matters as the organization's values or philosophies or a desired future state—the "vision".
- If part of a large organization, provide the mission of your continuing education program.

III-2. List the organizational goals of your continuing education program. (III, S:1-2. C:B)

- Organizational goals are those that providers commit themselves to accomplishing as an organization.
- Goals should be specific, time-targeted and measurable.

III-3. List the educational goals of your continuing education program. (III, S:1-2. C:B)

- Educational goals are those that providers commit themselves to accomplishing through a series of lectures, presentations and seminars. Educational goals are not course-specific
- Goals should be specific, time-targeted and measurable.

III-4. Who in your organization helps develop and reviews your organization's mission and goals? (III, C:A)

- Please include names and titles.

III-5 How often do you conduct reviews of your educational program and goals with your planning committee to ensure the goals of the program are being achieved? (III, C:C)

Standard IV: Needs Assessment

IV-1. Describe the methods/mechanisms your organization uses to objectively determine the professional needs and interests of future audiences. (IV, S:1, C:A, B, E, F)

- Make sure to indicate how often you use each method.
- If audience members are surveyed, include a copy of the survey.

IV-2. Explain who in your organization reviews the information gathered from your needs assessment activities. (IV, C:C)

IV-3. Explain how your needs assessment findings are used in planning your education activities. (IV, C:D)

Standard V: Objectives

V-1. **Attach** a copy of the written educational course objectives from your three most recent programs. These samples can be taken for the course publicity. (V, S:1, C:C, E)

- If educational course objectives from course publicity are not available include samples from student handouts or instructor slides.
- If multiple courses were offered at your most recent program include the written educational course objectives from three of the sessions offered.

If written educational course objectives are not available, explain why below:

V-2. Who is responsible for ensuring that the appropriate educational objectives are developed early on, prior to selecting specific course content or choosing educational methodologies? Check all that apply. (V, C:A)

- Instructor Planning committee
 Program planner/Staff Other

V-3. Explain when your organization develops the education objectives for each program/course. (V, C:B; VIII, C:A)

V-4. Do you ensure that the educational objectives do not conflict with or appear to violate the ADA Principles of Ethics and Code of Professional Conduct? (V, C:D)

- Yes No

Standard VI: Admissions

VI-1. In general, are your courses made available to all dentists? (VI S:1)

- Yes No

VI-2. Explain how your organization determines if previous training or preparation is necessary for learners to participate effectively and how you communicated the necessary level of knowledge, skill, or experience to potential participants. (VI, C:A)

Standard VII: Patient Protection

VII-1. Are participants cautioned about the dangers of incorporating techniques and procedures into their practices if the course has not provided them with adequate clinical experience to allow them to perform it completely? (VII,S:1, C:A)

- Yes No

If your organizations offers courses where live patients are treated by instructors or participants during the course you must also complete SECTION 4 of the application

Standard VIII: Instructors

VIII-1. Explain how your organization determines if instructors are qualified to provide instruction in the relevant subject matter. (VIII, S:1, C:D)

- Make sure to include who (staff, planning committee, etc.) helps to select instructors.
- If one instructor in your organization presents 50% or more of all courses offered, **attach** a copy of the instructor's complete Curriculum Vitae (CV).

VIII-2. Does your organization have a policy to ensure instructors are not discriminated against based on gender-identity, ethnicity, religion, age, disability, socioeconomic status and/or sexual orientation? (VIII, S:4)

Yes No

VIII-3. Does your organization ensure that adequate direct interchange between participants and instructors will take place? (VIII, C:C)

Yes No

VIII-4. Does your organization ensure that the number of course instructors assigned are appropriate to your chosen educational objectives and teaching methods? (VIII, C:B)

Yes No

VIII-5. Does your organization ensure that all instructors/writers/planners can provide evidence-based sources from peer-reviewed journals that support the content being taught? (VIII, S:3)

Yes No

VIII-6. What is your instructor-to-attendee ratio during the HANDS-ON/PARTICIPATION ACTIVITIES of your courses? (VIII, C:C)

- PARTICIPATION/HANDS-ON COURSE: A presentation intended to teach a particular subject, technique or skill that actively involves the audience. Participants will actively manipulate dental materials and/or devices, or practice clinical skills or techniques under the live or electronically-mediated supervision of a qualified instructor. When live patient treatment is involved, live instructor direct supervision is required. The participation activities must represent a minimum of 30% of total course time, and must directly address the educational objectives of the course and be an extension and amplification of the lecture portion of the course.
- Make sure to include the number of instructor assistants present when reporting the instructor: student ratio.
- If no hands-on/participation activities are offered enter "No hands-on activities."

Instructor: attendee ratio:

VIII-7. **Attach a signed sample of the affidavit of image authenticity obtained from all faculty members/instructors and/or course designers to ensure that images presented have not been falsified and will not misrepresent the outcome of treatment. (VIII, C:E)**

If an example of a signed affidavit of image authenticity is not available, provide an explanation.

VIII-8. Do you ensure that all instructors or authors can support clinical recommendations with references from scientific literature?

Yes No Clinical topics not taught

Standard IX: Publicity

IX-1. **Attach up to three copies of your most recent samples of publicity. (IX, S:1, 2, C:A, B)**

- Samples can include flyers, brochures, advertisements, printed web pages, etc.
- Samples should be from courses offered during the most recent twelve months or for courses that will be offered in the next twelve months.
- If no current examples are available **attach** a draft copy of publicity you will use for upcoming planned courses or an explanation of why no samples are available.

Additional publicity can be found at the following website address:

IX-2. Does your organization ensure that all publicity produced/distributed does not contain misleading statements regarding the nature of the activity or the benefits to be derived from participation? (IX, C:B)

Yes No

Standard X: Evaluation

X-1. **Attach** one completed sample of a course evaluation form used in each of your three (3) most recent courses. (Total number of samples: 3). (X, S:1, C:A, B)

- If less than three samples are available, **attach** one or two samples.

If no completed samples are available, please explain:

X-2. How often does your organization review completed course evaluations? (S:X, C:C)

X-3. Who reviews completed course evaluations? (S:X, C:D)

Standard XI: Course Records

XI-1. **Attach** a completed sample of a course attendance verification form provided to individual participants upon completion of a program. (XI, S: 1,2, C:C,D)

- Samples should be from your three (3) most recent courses.
- If less than three samples are available, **attach** one or two samples.
- DO NOT ATTACH COURSE ROSTERS

If no completed samples are available provide an explanation an explanation.

XI-2. How long are attendance records maintained so that they are accessible to participants? (X, S:2)

XI-3. Are you submitting CE credits earned by AGD MEMBER attendees direct to the AGD using the AGD online roster the within thirty days of course completion? (XI, S-4, C:A)

Yes No Not Applicable - First-time Applicant

XI-4. Explain how you calculate the number of CE hours to be awarded for each of the teaching methods you use in your programs. (XI, S:3, C:B).

Check all that apply.

Lecture:

Hands-on/Participation:

Other, please explain:

Standard XII: Commercial or Promotional Conflict of Interest

XII-1. **Attach** a copy of your written guidelines and policies that clearly identify you as responsible for program content, ensure scientific integrity of all CE activities and faculty selection, and help you avoid commercial influence in relation to this standard. (XII, C:A, B)

XII-2. Is the CDE provider responsible for all funding arrangements for each CDE activity? (XII, C:C)

Yes No, explanation below

XII-3. Are all product promotion materials and/or product-specific advertisement of any kind kept separate from all CDE activities? (XII, C:F)

Yes No, explanation below

XII-4. Do you make sure all arrangements for commercial exhibits or advertisements do not influence the planning of the CDE courses or interfere with the educational presentation and are not a provision of monetary or in-kind support for the CDE activities? (XII, C:G)

Yes N/A, no exhibits or advertisement associated with CE activities No, explanation below

XII-5. Do you ensure that a balanced view of all therapeutic options is presented, and that, whenever possible, generic names/terms are used? (XII, C:H)

Yes No, explanation below

XII-6. Are all outside sources of financial or in-kind support to either the CDE provider or presenters from a commercial entity, acknowledged in all promotional materials and at the beginning of the presentation itself? (XII, S: 1b., 1d., C:C, E)

Yes No, explanation below

XII-7. If CDE activities are supported by funds received from external sources, is the funding unrestricted? (XII, C:C)

Yes N/A, no funding accepted from external sources for CE activities No, explanation below

XII-8. **Attach** (up to) the three most recent forms, signed by recent instructors, that you have used to identify any potential conflicts of interest your instructors and/or planning committee members may have. (XII, S:1c., C:J)

- It is acceptable to black out names/signatures to maintain confidentiality.

Explain why your organization does not have examples of signed potential conflict of interest disclosures from your course instructors, planning committee members, and course directors.

XII-9. If you offer product/service-specific training courses or use specific products/brands in your courses for demonstration:

a. Explain how specific products/services are discussed or used in your courses. (XII, C: H, K)

b. Explain how you ensure specific products/services are not marketed or promoted during your educational activities. (XII, C: H, K)

XII-10. If you accept or plan to accept monetary or in-kind support from external sources for your educational programs attach up to three (3) of the most recent completed samples of the written agreements you use to outline the terms and conditions of any arrangement/ relationship between you and a commercial supporter. (XII, C:D)

- It is acceptable to black out signatures to maintain confidentiality. Attach an explanation if commercial support is accepted, but no examples of agreements are available.

Explain why your organization does not have examples of signed written statements or letters of agreement outlining the terms and conditions of the arrangement and/or the relationship between you and the commercial entity providing support.

- If outside support not accepted, state "outside support not accepted"

XII-10 b. Attach up to three (3) of the most recent samples of your printed announcements, brochures or other education materials, disclosing the source of external funding. (XII, S:1b.)

If none available, explain why your organization does not have examples of printed announcements, brochures or other education materials, disclosing the source of external funding.

- If outside support not accepted, state "outside support not accepted"

SECTION 4: PACE STANDARD VII REVIEW - PATIENT PROTECTION

Complete **ONLY** if patients are treated by instructors or course participants anytime during the classroom course.

VII-2. Is sufficient space and equipment available to allow active participation by each learner without any learner experiencing undue idle time? (VII, S:2c, C:F)

Yes

No

VII-3. Explain how your organization ensures that adequate facilities are available to ensure aseptic conditions and that universal precautions are followed when treating patients. (VII, C:F)

VII-4. Explain how you ensure that participants do not treat patients in violation of state dental licensure laws while in your course. (VII, C:B)

VII-5. **Attach** an example of a signed informed consent form obtained from a patient treated during a course. (VII, S:2.b, C:C, D)

If an example of a signed informed consent form is not available **attach** a blank form or an explanation why an example is not available.

VII-6. Explain how you provide sufficient clinical supervision during patient treatment to ensure that procedures are performed competently and who completes a patient's treatment if a question about the participant's competence arises. (VII, C:E, G)

VII-7. **Attach** an example of information provided to patients explaining postoperative care, who to contact for post-course treatment and what to do if an emergency arises as a result of treatment. (VII, C:H)

If an example of postoperative care is not available **attach** an explanation as to why it is not available.

VII-8. Explain your procedures to ensure there is malpractice coverage and liability insurance for instructors and attendees. (VII, C:I)