STATE BOARD OF DENTISTRY
APPLICATION FOR APPROVAL OF ORGANIZATIONS AND INDIVIDUALS
TO PROVIDE CONTINUING EDUCATION
FOR DENTISTS AND DENTAL HYGIENISTS
INFORMATION AND INSTRUCTIONS

Before completing and submitting your application to our office, please read all materials and information included.

APPLICATION AND INFORMATION TO DOWNLOAD

Providers must download the following documents and information from the website at www.pla.in.gov:

1. *Application For Approval of Organizations and Individuals to Provide Continuing Education for Dentists and Dental Hygienists*
2. *Information and Instruction Sheet*
3. *Statutes and Administrative Rules which pertain to the practice of dentistry and dental hygiene*

IPLA ADDRESS/TELEPHONE NUMBER/FAX/EMAIL/WEBSITE

If you have any questions regarding the application process for continuing education approval you may contact the State Board of Dentistry at:

Indiana Professional Licensing Agency
Attn: State Board of Dentistry
402 W. Washington Street, Room W072
Indianapolis, IN 46204
Staff Phone: (317) 234-2054
FAX: (317) 233-4236
Staff Email: pla8@pla.IN.gov
Web Site: www.pla.IN.gov

ADMINISTRATIVE RULES FOR CONTINUING EDUCATION REQUIREMENTS

The rules which pertain to continuing education requirements are located at 828 IAC 1-5. Statutes and Administrative Rules are available to download from the Agency's website at www.pla.IN.gov.

APPROVAL AND EXPIRATION OF SPONSOR

- Approval of an individual or organization as a sponsor or continuing education issued by the Board shall be valid for the remainder of the approval period in effect on the date the approval was issued.
- The approval issued by the Board expires on March 2 of even-numbered years.
- The approval is not renewable. A new application for an individual or organization continuing education sponsor approval must be filed for each license period.

APPROVAL CERTIFICATES

Upon approval by the Board, a certificate will be issued and mailed to the Sponsor.

RECORD OF ATTENDANCE

As a condition of approval, organizations or individuals shall provide each attendee with verification of attendance which shall include the following:

(1) A record of the number of hours spent in the continuing education course.
(2) The name of the course or a description of the subject matter presented.
(3) The name of the sponsoring approved organization or individual.
(4) The date and location of the program.

MONITORING OF ATTENDANCE

The individual or organization is responsible for monitoring attendance in such a way that verification of attendance throughout the program can be reliably assured.

APPROVAL OF AN ORGANIZATION TO BE A CONTINUING EDUCATION SPONSOR INSTRUCTIONS

Organizations seeking approval as a continuing education sponsor must submit an application for approval of continuing education credit for dentists and/or dental hygienists. Programs presented prior to the receipt of approval or after the withdrawal or termination of approval by the board shall not count toward continuing education requirements. *(No fee is required for CE applications)*

All applicants must submit an application and supporting documentation to:

Indiana Professional Licensing Agency
Attn: State Board of Dentistry
402 W. Washington Street, Room W072
Indianapolis, Indiana 46204

APPLICATION

Complete, typewritten (or legibly printed) application.

The application shall include the following:

- The name of the sponsoring organization.
- The address and telephone number of the organization.

COPY OF DOCUMENTS

Submit a copy of all documents relating to the formation and continued existence of the organization.

DESCRIPTION OF SPECIFIC PURPOSES

Submit a description of the specific purposes for which the organization was formed.

RESUMES OR CURRICULUM VITAE

Submit a resume or curriculum vitae listing all education and relevant work experience for each individual in the organization with the direct responsibility for teaching and conducting an educational program.

LIST OF EDUCATIONAL PROGRAMS

Submit a list of each educational program presented or sponsored by the organization for five (5) years prior to the date of request for approval.

For all programs given the last two (2) years list the following information:

- Date and location of the program.
- Brief content summary.
- Name and academic and professional background of the lecturer.
- Number of clock hours granted for the program.

DESCRIPTION OF COURSE EVALUATION TECHNIQUE

Submit a description of the course evaluation technique utilized.

SAMPLE OF CERTIFICATE

Submit a sample of the certificate awarded for the completion of programs.

LIST OF ANTICIPATED PROGRAMS

Submit a list of all anticipated programs or activities the organization intends to present, if available.

DESCRIPTION OF MONITORING ATTENDANCE

Submit a description of the method to be used for monitoring attendance.

APPROVAL OF AN INDVIDUAL TO BE A CONTINUING EDUCATION SPONSOR INSTRUCTIONS

Individuals seeking approval as a continuing education sponsor must submit an application for approval of continuing education credit for dentists and/or dental hygienists. Programs presented prior to the receipt of approval or after the withdrawal or termination of approval by the board shall not count toward continuing education requirements. *(No fee is required for CE applications)*

All applicants must submit an application and supporting documentation to:

Indiana Professional Licensing Agency
Attn: State Board of Dentistry
402 W. Washington Street, Room W072
Indianapolis, IN 46204

APPLICATION

Complete, typewritten (or legibly printed) application.

The application shall include the following:

- The name of the individual sponsoring the program.
- The address and telephone number of the individual.

RESUME OR CURRICULUM VITAE

Submit a resume or curriculum vitae listing all education and relevant work experience.

LIST OF EDUCATIONAL PROGRAMS

Submit a list of each educational program presented or sponsored by the individual for five (5) years prior to the date of request for approval.

For all programs given the last two (2) years list the following information:

- Date and location of the program.
- Brief content summary.
- Name and academic and professional background of the lecturer.
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