



Florida AGD Program Provider Approval Application

Applications for approval by the AGD constituent academy can be accepted from program providers that provide continuing education in one state/province only. Written correspondence confirming the approval or explaining the denial will follow within 60 days. Submit one original application and six (6) copies to the FLAGD office at: **Florida AGD PACE Committee, 2380 NW 12th Street, Delray Beach, FL 33445**

General Information

Official Name of Program Provider: _____

Individual representing the program provider and submitting the application: _____

Address _____

Telephone () _____ Fax () _____ E-mail _____

Is this a renewal application? _____ Yes _____ No If yes, what is your sponsor #? _____

Questions related to the 14 Standards of Continuing Education

I Administration

Please list the names and titles of all staff, study club officers, advisory board members (volunteer leaders) with responsibility for continuing education. Mark with an asterisk the name of the individual with primary day-to-day responsibility for the CE program. Use an additional page if necessary.

	Name	Title
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

II Fiscal Responsibility

How do you fund your CE programs? Check all that apply.

- _____ Tuition and Fees
- _____ Budget allocated to CE
- _____ Grants (Source)
- _____ Sales of Product and/or Equipment
- _____ Member Dues
- _____ Other Sources (list) _____

III Goals

What are the goals of your CE program? _____

IV Needs Assessment

Which of the following do you use to accomplish participant needs assessment?

- survey/questionnaire*
- course evaluation form*
- verbal feedback during course
- advisory committee input
- advice from professional organizations
- public health statistics or other pertinent patient health care data

**Append sample copies of forms used for this purpose.*

How are the results of the needs assessment activities used? _____

V Objectives

Are specific objectives (learner outcomes) developed for each CE presentation? yes no

How are objectives communicated to potential participants? Check all that apply.

- course brochures or announcements
- course handout materials
- presented verbally by clinician at outset of course
- other (describe) _____

VI Admissions

Attach a copy of a brochure or announcement from a recent course to the application. From your list of CDE courses sponsored in the last 12 months, mark with an asterisk those courses open only to those with prerequisite skills ore requirements. Include a copy of the course announcement for each course with prerequisites.

VII Educational Methods

How are educational methods (lecture, discussion, participation, slides, etc.) chosen? _____

VIII Facilities

How do you determine the suitability of facilities for your presentation? _____

IX Patient Protection

Do any of your CE programs involve the treatment of patients by either the clinician or participants?

- yes*
- no

**Please fill our Attachment #1, Patient Protection*

X Instructors

How do you determine if the instructor is qualified to provide instruction in the relevant subject matter? _____

XI Publicity

Please enclose copies of brochures or flyers promoting your courses for the last 12 months.

XII Evaluation

Which of the following were course participants asked to evaluate in the last 12 months? Append a sample copy of the form used for this purpose.

- course content
- administrative arrangements
- instructors
- how well course met expectations
- facilities
- use of educational aids (AV, etc.)
- course handout materials

How are the results of the course evaluation used? _____

XIII Course Records

How do the participants obtain information about their record of attendance at a program?

XIV Commercial or Promotional Conflict of Interest Does your organization receive commercial support for any activities, offers CE courses with a commercial or promotional component or CE courses related to funded research?

yes no

If yes, highlight/mark the text that acknowledges such support on the brochures.

Disclaimer and Signatures:

The sponsor agrees that approval by the AGD in no way implies that the Academy of General Dentistry endorses or agrees with the philosophy, techniques or products advanced in the course and none shall be implied.

The sponsor agrees to issue to participants at each course verification of attendance which contains the following information:

- a. the name of the sponsoring institution or organization;
- b. the date of the course;
- c. the number of clock hours awarded;
- d. the type of course (lecture or participation);
- e. the dental topic covered in the course.

The sponsor agrees that approval in no way obligates the Academy of General Dentistry or any of its constituents or components to assume any portion of the financial responsibility for the courses being presented by the sponsor.

The sponsor agrees to allow one representative per year from the constituent Academy to attend a course as an observer. This observer shall not be required to pay a tuition fee, but will be liable expenses for lunches, workbooks, etc.

The sponsor is aware of the 14 Standards of Quality Continuing Dental Education, and will comply as evidenced by return of this signed application.

Signature

Title

Date