

**APPLICATION FOR PRIOR APPROVAL OF
CONTINUING EDUCATION COURSE OR PROGRAM**

IOWA DENTAL BOARD
400 S.W. 8th Street, Suite D
Des Moines, IA 50309-4687
515-281-5157
www.dentalboard.iowa.gov

Note: A fee of \$10 per course is required to process your request. PLEASE TYPE OR PRINT.

1. Name of organization or person requesting approval: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

2. Type of organization (attach bylaws if applicable):

- Constituent or component society
- Dental School
- Dental Hygiene School
- Dental Assisting School
- Military
- Other (please specify): _____

3. Which of the following educational methods will be used in the program? Please check all applicable.

- Lectures
- Home study (e.g. self assessment, reading, educational TV)
- Participation
- Discussion
- Demonstration

4. Course Title: _____

5. Course Subject:

- Related to clinical practice
- Patient record keeping
- Risk Management
- Communication
- OSHA regulations/Infection Control
- Other: _____

6. Course date: _____ Hours of instruction: _____

7. Provide a detailed breakdown of contact hours for the course or program:

8. Provide the name(s) and briefly state the qualifications of the speaker(s): _____

9. Please attach a program brochure, course description, or other explanatory material.

10. Name of person completing application: _____

Title: _____ Phone Number: _____

Fax Number: _____ E-mail: _____

Address: _____

Signature: _____ Date: _____

Board rules specify that the following subjects are NOT acceptable for continuing education credit: personal development, business aspects of practice, personnel management, government regulations, insurance, collective bargaining, and community service presentations.

If the course was offered by a Board approved sponsor, you should contact the sponsor directly for approval information, rather than submitting this form. A list of approved sponsors and contact information is available on the Board website at www.dentalboard.iowa.gov.

You will be contacted after the Continuing Education Advisory Committee has reviewed your request. Please allow a minimum of two to three weeks for a response.

MAIL COMPLETED APPLICATION ALONG WITH THE REQUIRED **\$10 FEE PER COURSE** TO:

**Iowa Dental Board
Advisory Committee on Continuing Education
400 S.W. 8th Street, Suite D
Des Moines, Iowa 50309-4687**