CONTINUING EDUCATION SPONSOR APPLICATION

IOWA DENTAL BOARD

400 S.W. 8th St, Suite D ♦ Des Moines, IA 50309-4687
Phone (515) 281-5157 ♦ www.dentalboard.iowa.gov

Groups or organizations wanting to obtain status as a board-approved sponsor of continuing education must complete this application and enclose the sponsor fee of $100.

1. Official Name of Sponsor Group:_____

   Contact Person: _____Phone:_____ Fax:_____

   Address: _____E-mail:_____

2. Type of organization (attach bylaws if applicable):
   - ☐ Constituent or component society
   - ☐ Dental School
   - ☐ Dental Hygiene School
   - ☐ Dental Assisting School
   - ☐ Other (please specify): _____

3. If applicable, approximate number of active members _____

4. Name of Current Officers TITLE ADDRESS PHONE

   _____

   _____

   _____

5. Please provide contact information below. The name you provide will be posted as the contact person for your organization on the Board's website.

   Name: _____Phone: _____ Fax: _____

   Full Address: _____

   Internet Address: _____E-mail:_____

6. Approximately how many courses, meetings or programs does your group or organization sponsor each year? _____

7. Average number of attendees at each course or meeting:_____

8. How many courses, meetings or programs do you anticipate sponsoring this year? _____

9. Which of the following educational methods does your organization use? Please check all applicable.
   - ☐ Home study (e.g. self assessment, reading, educational TV, internet courses)
   - ☐ Lectures
   - ☐ Participation
   - ☐ Discussion
   - ☐ Demonstration

10. Course Subjects Offered: (check all applicable)

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

11. List all educational programs or courses offered during the preceding two years. If additional space is needed, please attach a separate listing.

Date	Course Title	Instructor	Location	# Hours

12. Please attach a program brochure, course description, or other explanatory material to describe a "typical" yearly program sponsored by your organization.

Sponsors must be formally organized and adhere to board rules for planning and providing continuing education. When courses are promoted as approved continuing education courses that do not meet the requirements as defined by the Board, the sponsor will be required to refund the registration fee to participants. Sponsors may offer non-credit courses provided participants are informed that no credit will be given. Failure to meet this requirement may result in loss of approved sponsor status. Subjects are NOT acceptable for continuing education credit include, but are not limited to: personal development, business aspects of practice, personnel management, government regulations, insurance, collective bargaining, and community service presentations.

I understand and agree to follow the Board rules for planning and providing continuing education.

Name of person completing this application: _____

Address: _____ Phone: _____

_____

Signature Date

Please note: <u>The sponsor application fee of $100 must accompany this application.</u> You will be contacted after the Continuing Education Advisory Committee and Iowa Dental Board has reviewed your application.

RETURN TO:
IOWA DENTAL BOARD
Advisory Committee on Continuing Education
400 S.W. 8th Street, Suite D
Des Moines, IA 50309-4687