**ADA CERP Logo_color--low res(2)**

**Complaint Against an ADA CERP RECOGNIZED Provider**

**of continuing dental education**

**NOTE: This form is NOT to be used to file a complaint against a dentist or dental practice related to treatments performed or business practices. Patients with complaints about individual dental practitioners should contact the state dental board issuing the practitioner’s dental license.**

**This form is to be used only to submit a complaint about a provider of continuing demtal education that is recognized by ADA CERP** (ADA CERP recognized provider)**.**

*Persons who wish to file a complaint regarding an ADA CERP recognized provider should read the* [*ADA CERP Complaints Policy*](https://ccepr.ada.org/ada-cerp-standards)*. Attempts at resolution between the complainant and the provider should be documented prior to initiating a formal complaint. Formal written complaints will be considered if the complaint documents substantial noncompliance with* [*ADA CERP Recognition Standards and Procedures*](https://ccepr.ada.org/-/media/project/ada-organization/ada/ccepr/files/cerp_standards.pdf?rev=0a05621d753a467eb76a0a6d665dda88&hash=8CD70BE7127DB631821735D8B1838032) *(PDF) and established policies.*

*Complaints may be submitted using this form, or in a letter containing the information listed below, along with documentation about the alleged lack of compliance with ADA CERP Recognition Standards and Procedures.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PERSON SUBMITTING COMPLAINT** | | | | | |
| Name: |  | | | | |
| Address: |  | | | | |
| City: |  | State / province : |  | ZIP/postal code |  |
| Country: |  | | | | |
| Email: |  | | **Phone:** |  | |

|  |  |
| --- | --- |
| **COMPLAINT** | |
| Name of ADA CERP recognized provider: |  |
| Description of complaint:  *(Complaints must relate to noncompliance with* [*ADA CERP Recognition Standards and Procedures*](https://ccepr.ada.org/-/media/project/ada-organization/ada/ccepr/files/cerp_standards.pdf?rev=0a05621d753a467eb76a0a6d665dda88&hash=8CD70BE7127DB631821735D8B1838032)(PDF) *and established policies.)* | |
|  | |
| Supporting documents attached(list)**:** | |
|  | |

[**ADA CERP Recognition Standards**](https://ccepr.ada.org/-/media/project/ada-organization/ada/ccepr/files/cerp_standards.pdf?rev=0a05621d753a467eb76a0a6d665dda88&hash=8CD70BE7127DB631821735D8B1838032) (PDF)**:**

1. **Mission/Goals**
2. **Needs Assessment**
3. **Objectives**
4. **Evaluation**
5. **Commercial or Promotional Conflicts of Interest**
6. **Educational Methods**
7. **Instructors**
8. **Facilities/Instructional Media**
9. **Administration**
10. **Fiscal Responsibility**
11. **Publicity**
12. **Admissions**
13. **Patient Protection**
14. **Record Keeping**

In accordance with the ADA CERP [Complaints Policy](https://ccepr.ada.org/ada-cerp-standards), the confidentiality of the complainant shall be protected, except as may be required by legal process.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Send completed, signed form, or a letter containing the specified information, along with relevant documentation to:*  
Commission for Continuing Education Provider Recognition  
ADA CERP  
211 E. Chicago Ave.  
Chicago, IL 60611

[CCEPR.ADA.org](https://ccepr.ada.org/)

[cerp@ada.org](mailto:cerp@ada.org)