STANDARD APPLICATION INSTRUCTIONS
Fall 2023

Submission Deadline: June 30, 2023

Applications will not be accepted after this date.

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ADA CERP Recognition Overview

The ADA Continuing Education Recognition Program (ADA CERP) provides ADA members and the dental community a mechanism to select quality continuing dental education (CE) with confidence and promotes the continuous improvement of continuing dental education both nationally and globally. ADA CERP also provides dental regulatory agencies with a sound basis for uniform acceptance of CE credits that are mandated by 50 licensing jurisdictions for maintenance of dental licensure.

The American Dental Association established the Continuing Education Recognition Program (ADA CERP) in 1993. ADA CERP is managed by the Commission for Continuing Education Provider Recognition (CCEPR), an agency of the ADA, with authority to formulate and adopt requirements, guidelines and procedures for the recognition of continuing dental education providers and to approve providers that meet rigorous standards for quality.

Through an application and review process, the Commission evaluates and recognizes institutions and organizations that provide continuing dental education. CE providers are evaluated in 14 aspects of CE program quality outlined in the [ADA CERP Recognition Standards and Procedures](#). Providers approved through the program are designated as ADA CERP Recognized Providers. Only providers that meet the Recognition Standards are granted approval and are authorized to use the ADA CERP logo and recognition statement. Once approved, providers are held accountable for maintaining those same high standards through periodic reevaluation.

ADA CERP does not recognize, approve, or certify individual courses.

### Eligibility

**PREAPPLICATION REQUIREMENT FOR NEW PROVIDERS:** All applicants for initial recognition must first submit an [ADA CERP Determination of Eligibility Form](#) (also known as the CERP Pre-Application). Information on the pre-application process and submission deadlines is available on the Commission’s web site.

Institutions, organizations, major units or departments within an institution/organization, as well as individuals who develop and administer continuing dental education programs may be eligible to apply for recognition. To be considered eligible to apply for recognition, CDE providers must:

- Offer a planned program of continuing dental education activities consistent with the definition of continuing dental education provided in the ADA CERP [Glossary](#).
- Operate under the oversight of an independent advisory committee.
- Have planned, implemented and evaluated at least one CE activity in the last 12 months.
- Ensure that all courses offered for continuing education credit have a sound scientific basis in order to adequately protect the public.

**NOTE:** Effective July 1, 2023, commercial interests will no longer be eligible for recognition. The CERP Glossary defines “commercial interest” as follows:

Commercial Interest: (1) An individual or entity that produces, markets, re-sells or distributes health care goods or services consumed by, or used on, patients, or (2) an individual or entity that is owned or controlled by an individual or entity that produces, markets, resells, or distributes health care goods or services consumed by, or used on, patients. Providing clinical services directly to or for patients (e.g., a dental practice, dental lab, or diagnostic lab) does not, by itself, make an individual or entity a commercial interest.
Commercial interests may submit applications for initial or continued recognition at this time. However, recognition terms of all commercial interests will expire no later than June 30, 2023. Any organization that is an ADA CERP recognized provider and is also a commercial interest, as defined by CERP, will be able maintain its recognition status through June 30, 2023, by fulfilling normal program requirements.

To be considered for recognition, the CE provider must complete the ADA CERP Application for Recognition and provide documentation demonstrating that the provider’s CE program meets the CERP Standards.

The ADA CERP Standards are subject to review and modification from time to time by the Commission for Continuing Education Provider Recognition at its discretion. To retain recognition, continuing dental education providers must comply with CERP Standards and criteria as modified.

The Commission will notify recognized providers of any program updates and changes to the CERP Standards and Criteria. Notifications will be sent via email and announcements posted online at CCEPR.ADA.org. If, as a result of any modification, a recognized provider is no longer in compliance with the CERP Standards and Criteria it must either bring its continued dental education program back into compliance with the new Standards or it must voluntarily request to withdraw from the program.

**Assessment Process**

The ADA CERP application for recognition includes documentation of a provider’s performance in practice and a self-assessment of the provider’s compliance with the CERP Standards. This self-assessment is intended to be a tool to stimulate each organization’s growth as a provider of continuing dental education. It is an opportunity to identify strengths and areas for improvement based upon defined descriptions of the CERP Standards. Specific documentation is required as evidence to support the provider’s compliance. Providers should read through the entire application in order to identify and gather appropriate documentation prior to completing the self-assessment form.

Providers are encouraged to dedicate adequate planning time and staff resources to the application process. Providers are also encouraged to draw upon the perspectives of all those involved in the continuing dental education program, by forming a committee to initiate, organize and manage the self-assessment process.

The application, including required documentation or pertinent data, is submitted to the Commission for Continuing Education Provider Recognition (CCEPR) for evaluation. The 17 member Commission is comprised of representatives from the nine recognized dental specialty organizations, the dental education and regulatory communities, and the ADA. Two Commission members will conduct an independent review of the submitted application and will evaluate the provider’s self-assessment and supporting documentation to make a recommendation regarding recognition terms. The Commission will consider reviewer recommendations and determine a recognition action.

**Recognition Terms**

Recognition is effective after action is taken by the Commission, in accordance with published schedules (deadlines are listed under the “Submit pre-application: Providers in U.S. and Canada” and “Submit pre-application: International providers” dropdowns). In no case will recognition be granted retroactively or prior to action taken by the Commission.

If recognition is granted, the provider will be supplied with the following information:

a. The effective dates and length of the recognition term;
b. The authorized statement that must be used to announce or publicize ADA CERP recognition;
c. Responsibilities and procedures for documenting participation in CE activities;
d. Procedures regarding expiration of recognition and reapplication;
e. A Decision Report outlining requirements and recommendations for improvements in the provider's CE program.

Recognition may be contingent on the submission of one or more progress reports at specified intervals. The Commission reserves the right to reevaluate a provider at any time by surveying participants in the provider's CE activities, by reviewing activities in person, or by requiring additional information concerning the provider and/or its activities.

Recognized providers have an obligation to ensure that major changes or additions to the program, such as implementing patient treatment courses or adding a new educational method, must conform with ADA CERP Standards and Criteria. Major changes must be reported in keeping with the ADA CERP Policy on Substantive Changes.

**Initial recognition:** All new applicants must complete the Standard Application for recognition. New applicants (providers that are not currently recognized by ADA CERP) will be eligible for an Initial Recognition period of two years.

**Continued recognition:** Providers wishing to maintain ADA CERP approval must apply for continued recognition. If approved, recognition terms of two, three or four years will be awarded based on the provider’s level of compliance with the Recognition Standards and the complaint history of the provider. The length of recognition, i.e., two, three or four years, will be clearly stated in the Decision Report and letter transmitting the Commission’s action to the provider.

Continued recognition will be contingent on a provider meeting the CERP Eligibility Criteria, as described in the Eligibility section above.

**Abbreviated application:** ADA CERP recognized providers that receive a term of recognition of three or four years after submitting a Standard Application at the time of their last comprehensive review, will be eligible to complete an Abbreviated Application for Continued Recognition, as long as the Commission has not received any substantiated complaints about the provider, or the Commission has not identified a need for additional information as a result of a substantive change to the provider's CE program. The Abbreviated Application contains fewer questions and documentation requirements than the Standard Application. Providers eligible to complete the Abbreviated Application will be notified by the Commission. Providers completing the Abbreviated Application in one review cycle must complete the Standard Application at the time of their next review.
Instructions for Completing the Application

Organization of the Standard Application

The Standard Application form is organized into four sections that all providers must complete (Sections A, B, C and D), as illustrated in Figure 1, below. Additional Supplements are also required if a provider offers specific types of continuing education activities.

Figure 1. Standard Application sections.

- **Section A. Provider Information**
  - Provider Information Form
  - Provider Attestation
  - List of Education Activities
  - Provider Documentation — Organization Policies and Procedures
  - ADA CERP Decision Report (recognized providers)

- **Section B. Activity File 1**
- **Section C. Activity File 2**
  - Activity Documentation and Checklists

- **Supplements (if applicable)**
  1. Self-instructional Activities
  2. Electronically Mediated (online) CE
  3. Onsite/in-office (long-term) Activities
  4. Patient Protection

- **Section D. Self-Assessment Rubric: Standards I–XIV**
  - Attestation Items
  - Self-assessment Questions
  - Description of Improvements (if applicable)

Preparing the Application

It is strongly recommended that you first read through the entire application and note the documents that you will be required to supply in Sections A, B and C, and any Supplements applicable to your program. Gather all required documentation before completing the self-assessment questions in Section D. Your answers to the questions in Section D will be based to a great extent on the documents you have assembled in the previous sections. Therefore, it is a good idea to read through the questions in Section D before selecting the two activities that you will document; this will help you select activities that demonstrate compliance with the CERP Standards.
Section A. Provider Information

This section includes a fillable form in which you will enter general information about your CE program, attest to your compliance with selected CERP criteria, and list all continuing dental education activities offered in 2022. (If you did not offer any CE activities in 2022 list all courses offered in 2021.)

The last page of Section A (Provider Documentation) asks you to append documentation regarding the organizational structure, operations and general policies and procedures of your CE program. Providers applying for continued recognition must also attach a copy of the most recent ADA CERP Decision Report. You are asked to label these documents A1, A2, A3, etc., as indicated on the Provider Documentation Page, and place the documents in order after that page.

Completing the Provider’s List of Education Activities

In this section, providers are asked to list all CE activities offered in the previous year and to identify two activities selected to document in Sections B and C.

You may complete the List of Education Activities using the table in the application form, described in Option A below, or by inserting an export from your database containing all information requested, as described in Option B below.

Option A: Fillable form provided in the application

- List ALL activities offered in calendar year 2022 in the List of Education Activities table in the application form. If more rows are needed, insert separate sheets using the same table format and including all required information for each activity. If you did not offer any CE activities in 2022 pandemic, list all CE activities you offered in 2021.

- If providing documentation for a single session as part of a larger conference in Section B, in the List of Education Activities enter the name of the conference followed by the title of the session you will be documenting, for example: “2022 Dental Conference; Early Childhood Caries.”

- Include any canceled activities. Enter CANCELED after the title of the canceled activity.

- Place an asterisk (*) at the beginning of the title of any activities where prerequisites were required for admission.

- Provide ALL the information requested in each column, including the number of participants for each activity listed. For self-study activities, include the number of participants who completed the course in 2022.

Option B: Provider activity database export

If you maintain an activity database that includes ALL of the required items in the List of Education Activities table below, you may append an export of that database for the activities offered in the calendar year prior to the date of this application. Please note that if you choose to attach a separate report, it must include ALL information required in the header rows in the List of Education Activities within the application. You must also list the three courses documented in Section B in the space provided in the application form.

An example of how to correctly enter the required information is provided in Figure 2. A key to definitions and abbreviations that should be used is also included.
### Figure 2. Provider's List of Education Activities in 2022—Example

<table>
<thead>
<tr>
<th><em>Title of Activity</em></th>
<th>Date(s) Offered (Not required for SI)</th>
<th>Location/Setting</th>
<th>Intended Audience(^1)</th>
<th>Number of Participants Dentists / Non-Dentists</th>
<th>Name(s) of all Activity Instructor(s) /Author(s) for each activity listed</th>
<th>Method of Delivery(^2)</th>
<th>Joint Provider(s), if any(^3) (Do not list Commercial Supporters)</th>
<th>Type of Activity(^4)</th>
<th>Commercial Support Received?(^5) (Yes/No)</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>B) Opioid Analgesics: Appropriate prescribing practices</strong></td>
<td>Ongoing</td>
<td>Online</td>
<td>G, S, DH, DA</td>
<td>151 / 48</td>
<td>Dr. Mary Addams</td>
<td>SI</td>
<td></td>
<td>CE</td>
<td>No</td>
<td>1</td>
</tr>
<tr>
<td>*<em>C) XYZ Dental Association 2022 Annual Conference; Session: Crown Lengthening</em></td>
<td>9/15/2022</td>
<td>San Francisco, CA</td>
<td>G, S</td>
<td>29 / 0</td>
<td>Dr. Henry Ford</td>
<td>P</td>
<td></td>
<td>CE</td>
<td>Yes</td>
<td>3</td>
</tr>
</tbody>
</table>

**List all other CE activities offered in calendar year 2021**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Date(s) Offered</th>
<th>Location/Setting</th>
<th>Intended Audience (^1)</th>
<th>Number of Participants Dentists / Non-Dentists</th>
<th>Name(s) of all Activity Instructor(s) /Author(s) for each activity listed</th>
<th>Method of Delivery(^2)</th>
<th>Joint Provider(s), if any(^3) (Do not list Commercial Supporters)</th>
<th>Type of Activity(^4)</th>
<th>Commercial Support Received?(^5) (Yes/No)</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advances in the Treatment of Periodontal Disease</td>
<td>5/5/2022</td>
<td>Live webinar</td>
<td>G, S</td>
<td>47 / 0</td>
<td>Dr. Arthur Kirkland</td>
<td>L</td>
<td></td>
<td>CE</td>
<td>No</td>
<td>1</td>
</tr>
<tr>
<td>Summer Implant Seminar</td>
<td>6/21-23/2022</td>
<td>Chicago, IL</td>
<td>G, DH, DA, DL</td>
<td>495 / 234</td>
<td>Multiple</td>
<td>L</td>
<td>Coastal Dental Society</td>
<td>CE</td>
<td>Yes</td>
<td>18</td>
</tr>
</tbody>
</table>

*Indicate activities with prerequisites for admission with an asterisk before the title of the activity.

**Intended Audience - abbreviations:**
- G - General Dentists
- S - Dental Specialists
- DH - Dental Hygienists
- DA - Dental Assistants
- DL - Dental Laboratory Technicians
- OP - Other Professionals

**Method of Delivery - abbreviations:**
- L - Lecture, formal, didactic CE of at least one hour in duration.
- P - Participation, at least 30% of activity time involves practice of skills.
- OS/IO – Long-term CDE participation activities involving both formal activity sessions and in-office practice of techniques without direct supervision.
- SI – Self-Instructional activities: any self-study or asynchronous courses, including audio or video recordings, text based activities, etc. which learners complete on their own

**Joint Provider:** An ADA CERP recognized or non-ADA CERP recognized provider that shares responsibility with another provider of continuing education for planning, organizing, administrating, publicizing, presenting, and keeping records for a program of continuing dental education. See also the definitions of "provider" and "joint provider" in Lexicon of Terms, and Joint Providership Policy in the ADA CERP Recognition Standards and Procedures. Do not list commercial supporters in this column.

**Type of Activity - abbreviations:**
- CE – Activity is free any direct or indirect commercial influence; no products or commercial services are marketed or promoted; a balanced and unbiased view of all options is presented.
- PR – Activity is promotional in nature; products or commercial services are marketed or promoted.

**Commercial Support:** Financial support, products and other resources contributed by a commercial entity to support or offset expenses or needs associated with a provider's CE activity.
Selecting Activities to Document

The first two entries in the Provider’s List of Education Activities should be the two activities you have selected to document in Section B and Section C. Select activities to document based on the following criteria:

1. If your organization accepted commercial support for any CE activities, at least one of the selected activities must be a commercially supported activity.

2. If you offered any activities on appropriate prescribing of opioids, at least one of the selected activities must be on this topic. If you offered an activity on opioids and that activity was commercially supported, document that activity in Section B, and select a different activity to document in Section C.

3. Providers that offer a variety of CE formats should select two different types of activities to document in the Activity Files.

4. Providers that only offer one annual conference or meeting with multiple sessions should select two separate activities/sessions held during the conference as documentation of the two activities. Special reporting requirements are identified in the activity files (e.g. submission of one publicity form via the conference brochure, etc.)

5. Providers that offer self-study, online (electronically mediated) activities, or onsite/in-office participation courses, or activities in which patients are treated, will need to supply additional documentation as required in the Supplements.

If you have questions about selecting activities, contact CCEPR staff for assistance.

Sections B and C. Activity Files

In these two sections, you will provide complete documentation from two separate CE activities. Required documents for each of these “Activity Files” are listed on the “Activity Documentation” page in Sections B and Section C in the application form. Label each document B1, B2, etc., and C1, C2, etc. as directed on the Activity Documentation page. You must supply all documents listed, unless you have checked “Not applicable” in the space provided on the Activity Documentation page.

Checklists are also supplied to assist you evaluate some documents in the Activity Files. The checklists itemize the elements that are required on these documents. Mark the letter of each required item from the checklist next to the element on the actual document. When assembling the application, place each completed checklist directly in front of the related document(s).

Please note that checklists are only provided for publicity materials, course evaluation instruments, and verification of participation documents. However, you must supply all other documents required in Sections B and C.

Supplements

If you offer self-study/self-instructional activities, electronically mediated (online) activities, long-term onsite/in-office participation activities, or courses in which patients are treated, you must also complete the appropriate Supplements and supply additional documentation related to those activities as directed. If
you do not offer any of these types of activities check “Not applicable” on the first page of that Supplement.

**A note on Supplement 4. Patient Protection:** Providers that offer courses in which patients are treated, whether by the instructor or course participants, must complete Supplement 4 and provide evidence of procedures in place to ensure patient protections. Providers should review documentation requirements in Supplement 4 carefully and ensure that all requested information is supplied. If documentation is not complete, providers may be failed in this Standard and further action on the application postponed pending submission of a progress report. Please block out any patient information or other personally identifiable information that would require breach notification under applicable federal, state or local law.

**Documents and Labeling**

Documentation must be supplied in Sections A, B, C and the Supplements (if applicable). All documents must be labeled in the upper right corner of the first page with the document number indicated in each section. (A consolidated list of all documents required in the application is also provided at the end of these instructions.) Documents in Section A will be labeled A1, A2, A3, etc. Documents in Sections B and C will be labeled B1, B2, and C1, C2, etc. Documentation related to Supplements, if not already provided in Sections A, B or C will be labeled with the corresponding Supplement number, for example, S1b.

For some documents in the Activity Files and the Supplements, checklists are provided. You are asked to physically label each required item in these documents with the corresponding letter from the checklists following checklist instructions. For all other documents you should also highlight or otherwise label the specific areas of the document that demonstrate compliance with the Standards and Criteria.

Any additional documentation that is submitted should be labeled with the related question number or applicable Standard.

Documentation should be concise and contain only the information necessary to demonstrate compliance with CERP Recognition Standards.

English translations must be provided for any documents not originally in English.

**Web-based information:** The Commission must retain records of all information considered as part of an application. If the requested information is on your web site, you must include screen captures of those web pages. It is not sufficient to include a hyperlink alone; copies of the relevant pages must be supplied.

**Compliance with applicable privacy laws:** Providers are expected to be in compliance with applicable federal, state or local laws regarding the confidentiality of patient information, including photos and videos, and personally identifiable information, and to obtain any legally required authorizations, consents and releases before disclosing individually identifiable patient information. Please do not include as part of your application materials any patient information or other personally identifiable information that would require breach notification under applicable federal, state or local law.

Check copies of documents submitted by instructors and exhibitors to ensure that no credit card numbers or social security numbers are included.

**Completing the Self-Assessment**

After assembling documents required in Sections A, B and C (and Supplements, if applicable), complete the self-assessment process in Section D using the self-assessment questionnaire, a scoring tool that explicitly represents the performance expectations. Assessment questions in Section D correspond to the ADA CERP Recognition Standards and Criteria, indicated in parentheses. For example, Question 8
references CERP Standard IV, criteria 1 and 2 (identified as IV.1, IV.2). For additional guidance please refer to the ADA CERP Recognition Standards and Procedures.

**Section D. Self-assessment of compliance with Standards I-XIV:** Section D is organized by CERP Recognition Standard and includes self-assessment questions related to each of the 14 Standards. Assessment questions include the following elements: a description of the requirements to meet the criteria, and descriptions of situations where a provider partially meets, or does not meet the Standards; the location in the assembled application of the supporting documents you have supplied; space for a narrative answer (optional or required); space for describing any improvements you have made with respect to each Standard since your last application; and an option to provide additional information. Figure 3 below shows a sample assessment question.

![Figure 3. Example of self-assessment question, Section D.](image)

**Figure 3. Example of self-assessment question, Section D.**

<table>
<thead>
<tr>
<th>Question 1</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Criteria:</strong> Clear written formulation of the provider’s overall mission (I.4) and long-range CE goals. (I.1)</td>
</tr>
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<td></td>
</tr>
</tbody>
</table>

**Narrative (Optional):**

3. Read descriptions and assess whether your program meets, partially meets, or does not meet the CERP criteria.

**Document Location**

Provider Information

Section A

A2) Mission statement, Long-range CE goals

**Self-assessment:** Complete the self-assessment questions in Section D by reviewing the criteria described in each numbered question and the supporting documentation related to that question. The location of the related documents is indicated in the column on the far right. You do not have to attach additional copies of these documents in Section D.

Based on your assessment of the documentation and information you have provided, check whether the information supplied demonstrates that your program meets, partially meets, or does not meet the criteria. Following each question is a space to supply additional narrative information describing your practices relative to the particular criteria. Most narrative responses are optional, but if the response box indicates “Narrative (Required)” a written response to that question must be supplied.
Attestation items: The assessment for selected Standards includes attestation items. Indicate if your program meets or does not meet these criteria. You will not be asked to document compliance with these items in the application. Your signature in Section A attests that your CE program is in compliance with these criteria. If your program does not comply with any criteria in the attestation sections, check “Does not meet” and provide an explanation. ADA CERP may request additional narrative or supporting documentation as part of the evaluation process or as a component of a subsequent written report.

Report on improvements (not applicable to new providers): Providers applying for continued recognition must append the most recent CERP Decision Report in Section A (Document A9). Contact ADA CERP staff if you do not have a copy of your organization’s most recent Decision Report.

If the Decision Report indicated that improvements were needed to bring your CE program into compliance with certain Standards, you must describe any changes or improvements made in response to that report. Descriptions of any improvements made should be included in Section D, in the “Recommendations for Improvement” space provided at the end of each Standard section.

Figure 4. Example of “Recommendations for Improvement” question, Section D.

STANDARD IV. Evaluation

Recommendations for Improvement

Describe any changes that you made to improve your program’s compliance with this Standard, in response to the most recent ADA CERP Decision Report.

☐ Not applicable; no findings on this Standard in the most recent report (Document A9).

Narrative (required if most recent Decision Report listed needed improvements):

If your last CERP Decision Report did NOT cite any deficiencies related to Standard IV, or you are a new applicant, check “Not Applicable.” No narrative is required.

If your last CERP Decision Report indicated deficiencies related to Standard IV, describe any changes that you have made to improve compliance with Standard IV. List the location of any documents in Sections A, B, C or the Supplements that demonstrate these improvements.

If the last Decision Report contained no recommendations for improvement related to a particular Standard, check “Not applicable.” Otherwise, briefly describe any changes made in the “Narrative” space and provide documentation. If documentation demonstrating improvements is included in other sections of the application, indicate the document location. If relevant documentation is not already supplied in other sections of the application you may insert it in Section D. However, if the documents were included in another section it is not necessary to supply a duplicate.

New applicants, providers that are not currently approved, should check “Not applicable.”

Optional additional supporting documentation: You have the option to provide additional information and documentation about your CE program in this section. List any additional documents that you are providing, label with the number of the relevant Standard, and insert after that Standard.
Assembling and Submitting the Application

Once you have gathered all documents, completed and saved the application form and self-assessment questionnaire, you may assemble and submit the materials in one of two ways:

(1) Combine the application form and all required documents into a single PDF and submit online via a dedicated file transfer protocol site (FTP)*; or
(2) Assemble printed application and all required documents and submit three copies in 3-ring binders.

* In light of requirements for social distancing in response to the COVID-19 pandemic, providers are strongly encouraged to consider submitting applications in PDF format.

It is not required to submit both formats. Specific formatting instructions for each option are described below.

**Option 1: PDF**

If you choose an electronic format, you may submit a bookmarked PDF of the application. The electronic file should contain the completed application form and all required documents combined into a single, bookmarked PDF. If you choose to submit a PDF it is not necessary to submit paper copies. PDFs must be submitted via a dedicated online File Transfer Protocol (FTP) site. Separate instructions on submitting via the FTP site are included below.

**File format:** Adobe Portable Document Format (.pdf)

**Maximum file size:** 50 megabytes (50,000 kilobytes)

**Organization of materials:** The application and supporting materials should be combined into a single PDF document with bookmarks for navigating. Applications submitted as multiple documents, or PDFs with attachments, will not be accepted. Applications that are not formatted as instructed will be returned to the provider for reformatting.

All documents to be included in the application file must be labeled in the top right corner with the corresponding document number (as listed on the “documentation” page for each section, for example: A1, A2, B1, B2, etc.). Highlight or otherwise label the specific areas of the document that demonstrate compliance with the Standards and Criteria.

Documents should be inserted in the appropriate section as directed in the application: Documents A1, A2, A3, etc., should be placed after the Section A. Provider Documentation page, B1, B2, B3, etc., should be placed in order after the Section B. Activity File page, and so on.

All documents must be positioned so that they do not have to be rotated to view.

**Protected information:** Application materials must not contain any protected personal information or identifiable patient information in compliance with applicable federal, state or local laws. Application materials must not contain any social security numbers or credit card information.

**Authorized signature:** The application must be signed on the first page of Section A by the person responsible for oversight of the provider’s continuing education program.

**Naming convention:** The single PDF file should be named as follows: “Provider Name_CERP_Application_2023.” It is recommended that you save the PDF to your desktop before uploading to the FTP site (see next section).
Navigation Bookmarks: To facilitate navigation throughout the document, you must create a bookmark for each of the application sections with sub-bookmarks to identify each of the labeled documents, as shown in the example in Figure 5 below. A list of standard bookmarks is included in Table 6 below.

PDFs submitted without bookmarks will not be accepted.

Figure 5. Example of Bookmarks in PDF of Application
### Table 6. List of Required Bookmarks for PDF of Standard Application

<table>
<thead>
<tr>
<th>Section A. Provider Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>List of Activities</td>
<td></td>
</tr>
<tr>
<td>A1. Org. chart</td>
<td></td>
</tr>
<tr>
<td>A2. Mission/CE goals</td>
<td></td>
</tr>
<tr>
<td>A3. Advisory committee minutes</td>
<td></td>
</tr>
<tr>
<td>A4. Policies on commercial support</td>
<td></td>
</tr>
<tr>
<td>A5. Policies for separation of marketing from CE</td>
<td></td>
</tr>
<tr>
<td>A6. CV for instructor <em>(if applicable)</em></td>
<td></td>
</tr>
<tr>
<td>A7. Administration policies and procedures</td>
<td></td>
</tr>
<tr>
<td>A8. Sound scientific content policy</td>
<td></td>
</tr>
<tr>
<td>A9. CERP Decision Report <em>(continued recognition only)</em></td>
<td></td>
</tr>
</tbody>
</table>

**Section B. Activity File 1**

- B1. Publicity *(and checklist)*
- B3. Course evaluation *(and checklist)*
- B4. Summary of course evaluations
- B5. Financial disclosure forms
- B6. Course materials
- B7. LOA for commercial support *(if applicable)*
- B8. Instructor guidance/agreements
- B9. Instructions to participants: required materials *(if applicable)*
- B10. LOA for joint providership *(if applicable)*
- B11. Verification of participation *(and checklist)*

**Section C. Activity File 2**

- C1. Publicity *(and checklist)*
- C2. Needs assessment
- C3. Course evaluation *(and checklist)*
- C4. Summary of course evaluations
- C5. Financial disclosure forms
- C6. Course materials
- C7. LOA for commercial support *(if applicable)*
- C8. Instructor guidance/agreements
- C9. Instructions to participants: required materials *(if applicable)*
- C10. LOA for joint providership *(if applicable)*
- C11. Verification of participation document *(and checklist)*

### Supplement 1 *(if applicable)*

### Supplement 2 *(if applicable)*

### Supplement 3 *(if applicable)*

### Supplement 4 *(if applicable)*

### Section D. Self-Assessment

- Standard I
- Standard II
- Standard III
- Standard IV
- Standard V
- Standard VI
- Standard VII
- Standard VIII
- Standard IX
- Standard X
- Standard XI
- Standard XII
- Standard XIII
- Standard XIV
FTP submission process:

- Download [FileZilla](https://filezilla-project.org) (a free application). This will allow you to transfer files securely to the ADA FTP site. Note that you will only be able to post a file to the site. Once posted, you will not be able to delete or change the file.
- Open FileZilla and enter the following information in the fields at the top of the window:
  - Host: ftp.ada.org
  - Username: APP_CERP
  - Password: @rt1cl3$4ADA
  - Select the “Quickconnect” button

![Figure 7. Login to FTP site via FileZilla](image)

- This should give you the following view, where the folders from your computer appear in the left side of the window (listed as "Local site:"), and the folder called “app_cerp” appears in the right side of the window (listed as "Remote site:"):

![Figure 8. FileZilla view](image)

- Find the folder that contains your CERP application PDF in the Local Site window. (To simplify the transfer process, it is recommended that you first save the CERP application to your desktop.)
- Once you have found your CERP application file and determined that it meets the criteria listed in the section above, drag and drop it into the bottom righthand quadrant under the “app_cerp” folder. You can also move your document into the “app_cerp” folder by double clicking it. Please note that if you move a document by mistake into the “app_cerp” folder you will not be able to delete or remove it; feel free to contact CERP staff to make any necessary corrections.
- If you have moved your document successfully, it will say “File transfer successful” at the top of the window and you should see your file in the bottom right quadrant as below:
Figure 9. FileZilla file transfer confirmation

<table>
<thead>
<tr>
<th>Host: ftp.ada.org</th>
<th>Username: APP_CERP</th>
<th>Password: *********</th>
<th>Port:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Error: Critical file transfer error</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Status: Starting upload of C:\Users\cousins\Desktop\ADA CERP Submission\ProviderName_CERP_Application_2021.docx</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Status: File transfer successful, transferred 336,602 bytes in 3 seconds</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- You will receive an email from CCEPR staff within a few days confirming that your application was received.

**Option 2: Paper copies in 3-ring binders—submit three copies**

If you choose to submit hard copies, complete and print the application form and assemble with required documents as directed below.

All appended documents must be labeled in the top right corner with the corresponding document number (as listed on the “documentation” page for each section, for example: A1, A2, B1, B2, etc.). Highlight or otherwise label the specific areas of the document that demonstrate compliance with the Standards and Criteria.

Documents must be inserted in the appropriate section as directed in the application: Documents A1, A2, A3, etc., should be placed after the Section A. Provider Documentation page, B1, B2, B3, etc., should be placed in order after the Section B. Activity File page, and so on.

**Tabs:** The application and all materials must be placed in ring binders, with divider tabs to separate the different application sections. Tabs should be inserted at the beginning of each section (Sections A, B, C and D, and the Supplements, when applicable)

In addition, place a labeled tab in front of each document, or a labeled adhesive flag on the first page of each document so that they may be easily located.

**Binding:** Applications must be tabbed and bound in ring binders. Each assembled application must fit in a single, 3-inch binder or smaller. *Applications that are submitted in binders wider than 3 inches will not be accepted.*

Do not staple application materials or put in plastic sleeves or any type of permanent bindings.

**Number of copies:** Prepare a total of four copies of the complete, tabbed application and materials. Three copies must be submitted to ADA CERP; retain the fourth copy for your files.

**Protected information:** Application materials must not contain any protected personal information or identifiable patient information in compliance with applicable federal, state or local laws.
Authorized signature: Applications must be signed by the person responsible for oversight of the provider’s continuing education program.

**Deadlines**

Applications for continued recognition must be received by June 30, 2023. **Applications submitted after this date will not be accepted.** Applications will be reviewed at the Commission’s Fall 2023 meeting. Recognition decisions will be transmitted to applicants in October 2023.

Upload PDF of completed, bookmarked application to dedicated FTP site following the instructions listed above, OR ship 3 copies of the printed, bound application including all required documents to:

American Dental Association  
ADA CERP  
211 East Chicago Avenue  
Chicago, IL 60611

**Fees**

New applicants only: Providers submitting applications for initial recognition are required to pay a new application fee. Please refer to the current fee schedule (listed under the “Fees” dropdown). Contact CCEPR staff at cerp@ada.org or +1 312-440-2869 for instructions and to request a fee transmittal form. Do not ship fee with application materials. Application fees are non-refundable. **Note: All new applicants must first submit a Pre-application Eligibility Form and pay the appropriate fee. Review eligibility information on CCEPR.ADA.org.**

Applications for continued recognition: Providers are no longer be required to pay a fee when submitting applications for continued CERP recognition. Approved providers will be required to pay an annual fee. Invoices for annual fees will be sent to approved providers in February each year.

Applications from providers with outstanding annual fee balances will not be considered.

**Return of materials**

Application materials will not be returned unless specifically requested. If videotapes, CDs, DVDs, printed self-study materials or other course materials are submitted as supporting documentation, and you wish to have the materials returned when all aspects of the review have been completed, clearly mark the materials be returned.

**Confidentiality**

The Commission for Continuing Education Provider Recognition will not release in any form the name of any continuing dental education provider that has:

1. Initiated contact with the Commission concerning application for recognition;
2. Applied for recognition but has not yet been apprised of a decision;
3. Applied for and been denied recognition.

Further, the Commission will not confirm that a CE provider has not applied for recognition, or provide details regarding any weaknesses of an ADA CERP-recognized provider. All inquiries as to the
recognize status of a specific provider will be answered by referral to the published, official list of ADA CERP-recognized providers.

The Commission reserves the right to notify members of its participating organizations in the event that a provider's recognition is withdrawn, if a provider's recognition status changes, or if a provider uses false or misleading statements regarding its ADA CERP recognition.

Questions and Information

Contact Commission staff at +1 312-440-2869 or cerp@ada.org with any questions about the application process or forms.
Compiled List of Supporting Documents for Standard Application

Below is a compiled list of supporting documents required for each section of the Standard Application form. All documents should be labeled with the corresponding Document Number in the upper right corner of the first page. If submitting a PDF of the application and documents, create a bookmark on the first page of each Section and for each document in that section. If submitting paper copies in binders, insert a tab at the beginning of each Section, and place a labeled tab or adhesive flag in front of each document so that it may be easily located in the application.

*The question numbers in brackets following the document descriptions (e.g., Q.1) indicate the related assessment questions in Section D.*

Providers must submit all documents listed, unless not applicable to the provider’s program, and a “Not applicable” checkbox is available for that item in the following list.

### Section A. Provider Information

<table>
<thead>
<tr>
<th>Document Number</th>
<th>Document Description [with related self-assessment questions, Section D]</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1</td>
<td>Organizational charts – ‘a’ required of all providers; ‘b’ required if CE provider is part of a larger organization.</td>
</tr>
<tr>
<td></td>
<td>a. CDE provider unit –include staff and reporting structure (all providers)</td>
</tr>
<tr>
<td></td>
<td>b. Structure and relationship of the CDE provider unit to other business units/departments within the organization □ Not applicable, not part of a larger organization</td>
</tr>
<tr>
<td>A2</td>
<td>Mission statement and long-range CE Goals [Q.1]</td>
</tr>
<tr>
<td>A3</td>
<td>Advisory committee meeting minutes documenting input to the provider’s CE goal [Q.3, 19]</td>
</tr>
<tr>
<td>A4</td>
<td>Policies and procedures related to ensuring independence from commercial interests and managing funding from external supporters [Q.11]</td>
</tr>
<tr>
<td>A5</td>
<td>Policies and procedures related to promotional activities such as exhibits, ads, or live activities designed to promote products [Q.15, 18]</td>
</tr>
<tr>
<td>A6</td>
<td>Curriculum vitae for any individual instructors presenting in at least 50% of provider’s activities [Q.25] □ Not applicable</td>
</tr>
<tr>
<td>A7</td>
<td>Policies and procedures for administering CE program: For example, defined responsibilities/staffing, personnel job descriptions, document retention [Q.28]</td>
</tr>
<tr>
<td>A8</td>
<td>Policies and procedures for sound scientific content [Q.30]</td>
</tr>
<tr>
<td>A9</td>
<td>Provider’s most recent ADA CERP Decision Report □ Not applicable, new applicant</td>
</tr>
</tbody>
</table>
## Section B. Activity File 1

<table>
<thead>
<tr>
<th>Document Number</th>
<th>Document Description [with related self-assessment questions, Section D]</th>
</tr>
</thead>
<tbody>
<tr>
<td>B1</td>
<td>Publicity checklist and publicity materials for selected activity * [Q.6, 7, 13, 14, 15, 17, 19, 32, 33, 34, 41]</td>
</tr>
<tr>
<td>B2</td>
<td>Needs assessment data for this activity [Q.5]</td>
</tr>
<tr>
<td>B3</td>
<td>Activity evaluation/participant assessment instruments and evaluation checklist for this activity [Q.8, 9]</td>
</tr>
<tr>
<td>B4</td>
<td>Summary of evaluation data for this activity [Q.10]</td>
</tr>
<tr>
<td>B5</td>
<td>Signed instructor/author conflict of interest disclosure statements for this activity [Q.12]</td>
</tr>
<tr>
<td>B6</td>
<td>Activity materials * [Q.13, 14, 15, 17, 19, 41]</td>
</tr>
<tr>
<td></td>
<td>- Lecture/participation courses: include presentation materials (e.g. presentation slides, handouts, etc.)</td>
</tr>
<tr>
<td></td>
<td>- Self-instructional activities: include one complete activity or set of activity materials; or password and login to access online activity</td>
</tr>
<tr>
<td>B7</td>
<td>Signed letters of agreement for commercial support received for this activity—verify that no credit card information is included [Q.16]</td>
</tr>
<tr>
<td></td>
<td>- Not applicable (no commercial support for this activity)</td>
</tr>
<tr>
<td>B8</td>
<td>Instructions/guidance for instructors regarding activity objectives, educational design, honoraria and expense reimbursement policy, inclusion of references, and image authenticity—verify that instructor’s social security number is not included on any documents supplied [Q.26]</td>
</tr>
<tr>
<td>B9</td>
<td>Materials and equipment: instructions to participants [Q.27]</td>
</tr>
<tr>
<td></td>
<td>- Not applicable (participants not required to bring materials)</td>
</tr>
<tr>
<td>B10</td>
<td>Letter of agreement for a jointly provided activity [Q.31]</td>
</tr>
<tr>
<td></td>
<td>- Not applicable (this activity was not jointly provided)</td>
</tr>
<tr>
<td>B11</td>
<td>Verification of participation checklist and verification of participation document issued for this activity [Q.39, 40]</td>
</tr>
</tbody>
</table>
### Section C. Activity File 2

<table>
<thead>
<tr>
<th>Document Number</th>
<th>Document Description [with related self-assessment questions, Section D]</th>
</tr>
</thead>
<tbody>
<tr>
<td>C1-C11</td>
<td>Documents described in Section B above for a second CE activity.</td>
</tr>
</tbody>
</table>

#### Supplement 1. Self-instructional activities* (if applicable)
*Any type of self-study, or asynchronous, course which learners complete on their own, such as recordings, articles, etc.

<table>
<thead>
<tr>
<th>Document Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>S1b</td>
<td>References provided to participants for further study</td>
</tr>
<tr>
<td>S1c</td>
<td>Instructional and/or publicity materials</td>
</tr>
</tbody>
</table>

#### Supplement 2. Electronically mediated CE activities* (if applicable)
*Any type of course offered online.

<table>
<thead>
<tr>
<th>Document Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>S2a</td>
<td>Technical assistance availability</td>
</tr>
</tbody>
</table>

#### Supplement 3. On-site/in-office activities* (if applicable)
*Long term participation courses involving practice of techniques without supervision

<table>
<thead>
<tr>
<th>Document Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>S3a</td>
<td>Bibliography</td>
</tr>
<tr>
<td>S3c</td>
<td>Written instructions for course</td>
</tr>
</tbody>
</table>

#### Supplement 4. Patient protection* (if applicable)
*Courses in which patients are treated by the instructors or participants

<table>
<thead>
<tr>
<th>Document Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>S4a</td>
<td>Policies and procedures or protocols for courses in which patients are treated</td>
</tr>
<tr>
<td>S4b</td>
<td>Informed consent form</td>
</tr>
<tr>
<td>S4c</td>
<td>Liability/malpractice insurance coverage documentation</td>
</tr>
</tbody>
</table>
This section of the application contains self-assessment questions. The provider reads each question, reviews the applicable documents assembled in Sections A, B and C (and Supplements, if applicable), and assesses whether, based on the information presented, the provider’s CE program meets the CERP criteria. To reduce redundancies in the application, no documents are required in Section D, except as described below.

If the provider was required to demonstrate improved compliance with specific Standards, and evidence of those improvements is not demonstrated in the materials already provided in other sections of the application, then documentation of improvements should be inserted directly after the question regarding recommended improvements in that Standard. It is not necessary to insert copies of documents supplied elsewhere in the application.

Providers also have the option to attach additional materials in this section if these will provide a better understanding of the provider’s CE program.
Checklist for Completing the Application

Application deadline: June 30, 2023

Advance preparation

☐ Review ADA CERP Recognition Standards and Procedures at CCEPR.ADA.org
☐ Obtain current version of the electronic application form and instructions at CCEPR.ADA.org
(Providers seeking continued recognition will receive the appropriate forms via email.)
☐ Review instructions and documentation requirements for each section of the application.
☐ Review self-assessment questions in Section D.
☐ Identify the activities that you will document in the Activity Files section.

Completing the application

☐ Complete Provider Information form in Section A.
☐ List all activities offered in calendar year 2022 (or in 2021, if you did not offer any CE in 2022).
☐ Assemble all required documentation for Sections A, B, and C, and applicable Supplements, using the checklists provided within the application. Label each document as directed. In some instances you will also be asked to label individual elements within the documents using checklists supplied in the application. For all documents, highlight or otherwise indicate any sections relevant to the particular Standard.
☐ Providers that offer self-study courses, online courses, long-term participation courses that involve unsupervised practice of techniques (“on-site/in-office”), or courses in which patients are treated, must also complete the applicable Supplement(s).
☐ Check to be sure that none of the documents supplied contain any patient information or other protected personal information that would require breach notification under applicable federal, state or local law. This includes, but is not limited to credit card numbers, social security numbers, patient names, birthdates or other identifying patient information.
☐ Complete the attestation and self-assessment questions in Section D. For each question, read the CERP criteria and the descriptions of what it takes to meet the criteria. Review the documents and narratives you have supplied and indicate whether the information you supplied meets, partially meets, or does not meet the CERP criteria. Answer all questions in the application form, or check if not applicable. If a question indicates "Narrative (Required)" you must provide a brief response to that question.
☐ Recognized providers only: If the last ADA CERP Decision Report contained recommendations for improvement related to any Standard, describe any changes made to improve compliance in the “Recommendations for Improvements” space provided at the end of each Standard in Section D. List the location of any documents supplied in the application demonstrating these changes; if documentation is not provided elsewhere in the application, list the new document(s) and insert after the page for that Standard.
☐ Additional information may be supplied in the “Narrative (Optional)” spaces; additional documentation may be listed in “Optional Additional Documentation” sections and appended immediately after those pages.
☐ Applications must be typed. Handwritten applications will not be accepted.
☐ English translations must be provided for any documents not originally in English.
Assembling and submitting the application

Select one of the submission formats listed below.

**PDF submissions**
- Combine application and all required documents into single PDF. Documents must be labeled and placed in numeric order as directed in the application. Do not use the “Attachments” function when creating the PDF.
- Insert bookmarks for each section and each document in the PDF (refer to Table 6 for list of bookmarks).
- Name file using the following format: “Provider_Name_StandardApplication_2023.”
- Maximum file size: 50 MB (50,000 KB)
- Upload PDF to FileZilla following the instructions on “Assembling and submitting the application” above.

PDF applications will not be accepted if they are not formatted in a single PDF with bookmarks.

**Paper submissions**
- Print completed application. Insert labeled documents in each section in numeric order as directed.
- Insert tab dividers between each section of the application (e.g., Section A, Section B, Section C, Supplement 1, etc.). In addition, insert tab dividers in front of each labeled document so that it may be located easily (for example, B1, B2, etc.), or attach labeled adhesive flags to each document.
- Prepare a total of four copies of the complete application and all supporting documentation. Applications must be bound in 2- or 3-ring binders or other removable bindings. Binders must be no larger than three inches wide. Do not staple documents or place in plastic sleeves.
- Applications must be signed by the person with overall responsibility for the CE program.
- Ship three copies of the completed, bound, tabbed application to:
  American Dental Association
  ADA CERP
  211 East Chicago Avenue
  Chicago, IL 60611

**Application fee**

**New applicants ONLY:** Complete Application Fee Transmittal Form (available from Commission staff). Send transmittal form and payment to:

American Dental Association
Accounts Receivable
211 East Chicago Avenue
Chicago, IL 60611-2678
Fax: +1 312.587.5116

Do not ship fee with application materials. Applications and fees must be received by June 30, 2023.

**Applications for continued recognition:** No fee required. However, applications from providers with outstanding annual fee balances will not be considered.

**Questions and information**

Contact CCEPR staff at +1 312-440-2869.