**Pre-Application for ADA CERP Recognition: Determination of Eligibility**

***For CE Providers Based in the United States or Canada\****

ADA CERP recognition is conferred on providers of continuing dental education that demonstrate that they meet the CERP Eligibility Criteria and Recognition Standards. ADA CERP does not approve speakers, courses or credit hours.

In order to apply for ADA CERP recognition, a provider must first demonstrate that it meets ADA CERP eligibility requirements. The Pre-Application form assesses a provider’s *eligibility to apply* for ADA CERPrecognition. A determination of eligibility after submission of a Pre-Application is not a guarantee of obtaining ADA CERP recognition. The Commission for Continuing Education Provider Recognition reserves the right to determine a provider’s eligibility.

If a provider is determined to be eligible, the provider will be invited to submit an application for ADA CERP recognition. The application will request comprehensive information and documentation of the provider’s policies and practices for planning, implementing and evaluating continuing dental education in compliance with the [ADA CERP Recognition Standards and Procedures](https://ccepr.ada.org/-/media/project/ada-organization/ada/ccepr/files/cerp_standards.pdf?rev=d4558cd6431945b3892b80e20cc673fe&hash=FCAABAAECABF986B795A7902E5790F55) .

**General instructions:**

* *Complete all fields in the CERP Pre-Application Form and sign attestation.*
* *Attach requested documentation (where indicated by* **🗁)***. Combine all files in a single PDF; bookmark attachments.*
* *Name PDF following this naming protocol: ProviderName\_Pre-Application\_YYYYMonDD*
* *Email PDF to* *cerp@ada.org* *with “CERP pre-application” and your organization name in subject line.*
* *Fax or mail $100 pre-application fee as instructed on the separate Fee Transmittal Form (available* [*here*](https://ccepr.ada.org/recognition-process/become-a-recognized-provider) *under the “Submit pre-application: Providers in the U.S. and Canada” dropdown).*

**This form must be typed and completed in its entirety. Handwritten forms will not be accepted. The Pre-Application Form will not be processed until the Pre-Application fee is received.**

Notification from the Commission regarding the CE provider’s eligibility to apply for CERP recognition will be in writing and will usually be sent within 8 weeks of receipt of the pre-application and fee. Organizations that are deemed eligible will be invited to proceed with the application process and receive application materials and instructions. **Refer to** [**published time lines**](https://ccepr.ada.org/recognition-process)(under “Application milestones and timelines”).

Contact CCEPR staff at 312-440-2869 or cerp@ada.org with questions about ADA CERP recognition.

**CERP Glossary definitions**

**PROVIDER:** An agency (institution or organization) or individual that is responsible for organizing, administering, publicizing, presenting, and keeping records for the continuing dental education program. The CE provider assumes both the professional and fiscal liability for the conduct and quality of the program. If the CE provider contracts or agrees with another organization or institution to provide facilities, instructor/author or other support for the continuing education activity, the recognized provider must ensure that the facilities, instructor/author or support provided meet the standards and criteria for recognition. The CE provider remains responsible for the overall educational quality of the continuing education activity.

**PLANNED PROGRAM:** The total efforts of a CE provider as they relate to continuing dental educational activities offered to professional audiences. A sequence or series of continuing education activities, courses or events that in total constitutes the provider’s activities as they relate to continuing dental educational activities offered to professional audiences.

**ADVISORY COMMITTEE:** An objective entity that provides peer review and direction for the program and the provider. A majority of the advisory committee must be dentists who are independent from other responsibilities for the provider. The advisory committee should include objective representatives of the intended audience, including the members of the dental team for which the courses are offered.

**Pre-Application Form for ADA CERP Recognition: Determination of Eligibility**

|  |
| --- |
| APPLICANT INFORMATION |

*For CE providers based in the United States or Canada only*

Full legal name of CE provider organization:

Type of legal entity:       State/Province of incorporation (if applicable):
 (e.g., corporation, sole proprietorship, partnership, study club, etc.):

CE provider business name (if different than above):
 (This is the organization name under which you advertise courses, and that you would like included on the ADA CERP provider list.)

|  |
| --- |
| Street address:       |
| City:       | State/Province:    | Postal Code:       |
| Country:       | Phone:       | Website:       |

**Primary contact for provider:**

|  |  |
| --- | --- |
| Name:       | Job Title:       |
| Phone:       | Email:       |

|  |
| --- |
| **Chief executive officer of provider organization** (executive director, dean)**:** |
| Name:       | Job Title:       |
| Phone:       | Email:       |

**Provider Type***Indicate your organization type from the categories listed below (check only one):*

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | ADA State/Constituent Society | [ ]  | Dental Service Organization (DSO) |
| [ ]  | ADA Local/Component Society | [ ]  | Education Company |
| [ ]  | Association | [ ]  | Federal Agency |
| [ ]  | College/University/Dental School | [ ]  | Foundation |
| [ ]  | Communications/Publishing Company | [ ]  | Hospital/Healthcare Network |
| [ ]  | Consulting Company | [ ]  | Insurance Company |
| [ ]  | Dental Practice | [ ]  | Individual Who is a CE Provider |
| [ ]  | Dental Lab | [ ]  | Study Club |
| [ ]  | Dental Materials/Device/Equipment or Pharmaceutical Company | [ ]  | Other (Please specify):      |

**Instructions for completing the questionnaire:** *The words “you” and “your organization” below refer to the CE provider. In cases where the CE provider is an individual, “you” means the individual, the provider’s advisory committee, and any personnel who provide direction and input to the individual’s CE programming.

Please check the appropriate response to each of the questions below and provide a short narrative answer in the spaces provided. If documentation is supplied, label with the related question number and attach at the end of the questionnaire.*

|  |
| --- |
| 1. Provide a brief description of your organization. What do you do? What is the scope of your CE programming (content areas, educational methods)? Who are your learners?(*500 words or less)*

      |
| 1. When was your continuing education program established? *(Include month/year)*

      |
| **🗁 Attachment 2.** *Using the form below, list all continuing dental education activities that you offered in the last 12 months, including dates, locations and formats (e.g., live lecture, hands-on, self-study online, etc.)* |
| 1. Does your organization have IRS 501c status?
 | [ ]  Yes | [ ]  No |
| **🗁 Attachment 3**. *If yes, attach copy of IRS notification letter to this pre-application.* |

|  |
| --- |
| ELIGIBILITY  |

|  |  |  |
| --- | --- | --- |
| 1. Do you offer a planned program of continuing dental education activities consistent with the definitions in the ADA CERP Glossary? *(See definition on page 1.)*
 | [ ]  Yes | [ ]  No |
| 1. Have you planned, implemented and evaluated at least one continuing dental education activity within the last 12 months?
 | [ ]  Yes | [ ]  No |
| 1. Do you operate under the oversight of an independent advisory committee? *(See definition on page 1.)*
 | [ ]  Yes | [ ]  No |
| 1. Do you have processes in place to ensure that the continuing dental education courses that you offer have a sound scientific basis?
 | [ ]  Yes | [ ]  No |
| 1. Does your organization assume the financial and administrative responsibility for planning, publicizing and offering a continuing dental education program?
 | [ ]  Yes | [ ]  No |

|  |
| --- |
| COMMERCIAL INTEREST QUESTIONNAIRE |

 *Commercial interests are not eligible for ADA CERP recognition.*

**ADA CERP Glossary definition**

**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.

|  |  |  |
| --- | --- | --- |
| 1. Do you, your organization, or a part of your organization, produce, market, re-sell, or distribute health care goods or services consumed by or used on patients? *(Providing clinical service directly to patients is not considered producing, marketing re-selling or distributing health care goods or services. If you are a clinician or your organization is a dental practice check ‘No’ unless you also produce, market, re-sell, or distribute health care goods or services consumed by or used on patients.)*
 | [ ]  Yes | [ ]  No |
| 1. If your organization is a dental laboratory, do you produce, market, re-sell or distribute health care goods or services consumed by or used on patients in addition to the custom fabrications you produce based on clinicians’ work authorizations?
 | [ ]  N/A; provider not a dental lab | [ ]  Yes | [ ]  No |
| 1. Do you, your organization, or a part of your organization advocate for, or on behalf of, a commercial interest?

*(Advocating may include promoting, supporting, recommending or marketing activities for a commercial interest. Note, however, that accepting paid advertisements, selling commercial exhibit space, and accepting commercial support, if these are managed in accordance with* [*ADA CERP Standard V*](https://ccepr.ada.org/-/media/project/ada-organization/ada/ccepr/files/cerp_standards.pdf?rev=f266714570014d55a5439451d6add927&hash=DFDC36D5213A17181FF4F1D54ED3D7D3) *are not considered advocating for a commercial interest.)* | [ ]  Yes | [ ]  No |
| 1. Does your organization have an owner or a parent company that produces, markets, re-sells, or distributes health care goods or services consumed by, or used on, patients? *(A "parent company" is a separate legal entity that owns or fiscally controls the CE provider.)*
 | [ ]  Yes | [ ]  No |
| 1. Does your organization have an owner or a parent company that advocates for, or on behalf of, a commercial interest?
 | [ ]  Yes | [ ]  No |
| 1. Are you, any of the owners, officers, directors, or members of your organization’s management team a compensated employee of any business that produces, markets, re-sells, or distributes dental or health care goods, products, or services that are consumed by, or used on, patients?
 | [ ]  Yes | [ ]  No |
| 1. Are any owners, officers, directors, management, employees or agents of a business that produces, markets, re-sells, or distributes health care goods or services consumed by or used on patients involved in the oversight, planning, development or implementation of your organization’s CE programs or content?
 | [ ]  Yes | [ ]  No |

*If you answered Yes to any of Questions 9–14 above, you are considered a commercial interest and will not be eligible for CERP recognition.*

|  |  |  |
| --- | --- | --- |
| 1. Does your organization have a sister company?

*(A "sister company" is a separate legal entity which has the same parent company as the provider, and which maintains a governance structure and activities separate from both the parent company and the provider.)* | [ ]  Yes | [ ]  No |
| 1. Does your organization’s sister company produce, market, re-sell, or distribute health care goods or services consumed by or used on patients?
 | [ ]  N/A; we do not have a sister company | [ ]  Yes | [ ]  No |
| 1. Does your organization’s sister company advocate for a commercial interest?*(Advocating may include promoting, supporting, recommending or marketing activities for a commercial interest. Note, however, that accepting paid advertisements, selling commercial exhibit space, and accepting commercial support, if these are managed in accordance with* [*ADA CERP Standard V*](https://ccepr.ada.org/-/media/project/ada-organization/ada/ccepr/files/cerp_standards.pdf?rev=f266714570014d55a5439451d6add927&hash=DFDC36D5213A17181FF4F1D54ED3D7D3) *are not considered advocating for a commercial interest.)*
 | [ ]  N/A; we do not have a sister company | [ ]  Yes | [ ]  No |
| *If you answered Yes to Question 15a or 15b:* |  |  |  |
| 1. Does your organization’s sister company control, direct or influence, in whole or in part, the operations of your organization?
 | [ ]  N/A; we do not have a sister company | [ ]  Yes | [ ]  No |
| 1. Are any owners, officers, directors, management, employees or agents of the sister company involved in the planning, development, or implementation of your organization’s educational content?
 | [ ]  N/A; we do not have a sister company | [ ]  Yes | [ ]  No |

 *If you answered Yes to Question 15c or 15d you are considered a commercial interest and will not be eligible for CERP recognition.*

|  |  |  |
| --- | --- | --- |
| 1. Does an individual who serves as an officer, director, management, employee or agent of an entity that produces, markets, re-sells, or distributes dental or health care goods, products, or services that are consumed by, or used on, patients have a role in your organization?
 | [ ]  Yes | [ ]  No |
| 1. Does an individual who advocates for any business that produces, markets, re-sells, or distributes health care goods or services consumed by, or used on, patients have a role in your organization?
 | [ ]  Yes | [ ]  No |
| 1. If you answered Yes to either Question 16 or 17 above, describe the role(s) those individual(s) have within your organization. Also describe any organizational and procedural safeguards that are in place to ensure that officers, directors, management, employees or agents of a commercial interest do not have a role in the planning, development or implementation of your CE programming. (*500 words or less)*
 |
| *The Commission may request more information about the business lines, organizational structure and staffing of your organization and any organizations with which you share management, employees or governance in order to help determine whether your organization is a commercial interest.* |
| **🗁 Attachment 18**. Attach an organizational chart for your organization and your sister organization and parent organization (if applicable), including the names and job titles of officers and senior staff, illustrating the separation between staff engaged in the production, distribution, marketing or selling of commercial products from those with responsibilities for the continuing education program. |
| 1. Describe the practices you have in place that demonstrate that the planning for your CE activities is independent of the control of a commercial interest, as defined above, and the measures you have in place to retain control of the content of CE activities. (*500 words or less)*
 |
| 1. Describe the process that you use to identify relevant financial relationships that all persons in control of CE content may have. (*500 words or less)*
 |
| 1. Describe how you resolve conflicts of interest for all person in a position to control educational content prior to the delivery of the educational activity. (*500 words or less)*
 |
| 1. Describe how you disclose to learners the presence or absence of relevant financial relationships for all persons in control of content and the source of any commercial support. (*500 words or less)*
 |
| 1. Describe your processes for receiving and disbursing commercial support, including any funding or in-kind support. (*500 words or less)*
 |
| **🗁 Attachment 23**. Sample of written agreement for commercial support and documentation of how the support was disclosed to learners. |

|  |
| --- |
| ATTESTATION |

*Check agreement with the statements below, sign and date.*

[ ]  We attest that all statements and information given in this pre-application are true and do not omit any necessary material facts, are not misleading, and fairly present the CE provider.

[ ]  We understand that the Commission for Continuing Education Provider Recognition reserves the right to determine a provider’s eligibility based on the CERP Eligibility Criteria.

[ ]  We agree to notify the Commission for Continuing Education Provider Recognition of any changes of ownership or other substantive changes to our organization or CE program within 30 days of any such change.

|  |  |
| --- | --- |
| Name of CEO:       |  |
| Signature of CEO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date:       |
| Name of primary CE contact:       |  |
| Signature of primary CE contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date:       |

| **Title of Activity** | **Date(s)** | **Location** | **Audience1** | **Number of Participants**(Dentists/non-dentists) | **Instructor(s) Name(s)** | **Format/ Method of Delivery2** | **Joint Provider(s), if any3**(Do not list Commercial Supporters) | **Type of Activity4**(CE/PR) | **Commer-cial Support Received?5**(Yes/No) | **CreditHours** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|       |       |       |       |       |       |       |       |     |     |       |
|       |       |       |       |       |       |       |       |     |     |       |
|       |       |       |       |       |       |       |       |     |     |       |
|       |       |       |       |       |       |       |       |     |     |       |
|       |       |       |       |       |       |       |       |     |     |       |
|       |       |       |       |       |       |       |       |     |     |       |
|       |       |       |       |       |       |       |       |     |     |       |
|       |       |       |       |       |       |       |       |     |     |       |
|       |       |       |       |       |       |       |       |     |     |       |
|       |       |       |       |       |       |       |       |     |     |       |
|       |       |       |       |       |       |       |       |     |     |       |
|       |       |       |       |       |       |       |       |     |     |       |
|       |       |       |       |       |       |       |       |     |     |       |
|       |       |       |       |       |       |       |       |     |     |       |
|       |       |       |       |       |       |       |       |     |     |       |

 **1Intended Audience - abbreviations**:

 G - General Dentists; S - Dental Specialists; DH - Dental Hygienists; DA - Dental Assistants; DL - Dental Laboratory Technicians; OP - Other Professionals
 **2 Format/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, including taped audio or video delivered online or on CD, DVD, etc., and print-based activities delivered online or in hard copy.

**3Joint 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.

**4 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.

5 **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