**PRE-APPLICATION ELIGIBILITY SURVEY FOR INTERNATIONAL PROVIDERS**

*Answer all questions. Label and attach documents when indicated by the file folder icon* ***🗁.*** *For detailed instructions, access the* [*Pre-Application Process for International Providers*](https://ccepr.ada.org/recognition-process/become-a-recognized-provider) *(PDF).*

|  |
| --- |
| 1. Provider Contact Information
 |

Full legal name of organization:

Address:

Phone (with country code):       Fax (with country code):

Website:

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.)

|  |
| --- |
| **Chief administrative officer/person with primary responsibility for administration of provider’s CE program** (will be listed as primary contact for provider)**:** |
| Name:       | Title:       |
| Phone (with country code):      | Email:       |
| **How long has this person served as the administrative authority?**     Years |

|  |
| --- |
| **Person with primary responsibility for completing this application**:  |
| Name:       | Title:       |
| **Chief executive officer of provider organization (executive director, dean):** |
| Name:       | Title:       |
| Phone (including country code):       | Email:       |

|  |
| --- |
| Provider Certification  |
| *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:       | Title:       |
| Authorized signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Executive Director, President, Dean) | Date:       |

 |

|  |
| --- |
| 1. Information About the Organization
 |

|  |
| --- |
| 1. **Organization Type**
 |
| *Select the category that best describes your organization (check one)* |
| Dental school | [ ]  |
| University-based continuing dental education program | [ ]  |
| National governmental health authority | [ ]  |
| Professional membership association (*select geographical scope and list number and type of members)* |
|  | **Regional membership association**Description of membership:      Number of members:       | [ ]  |
| **National membership association**Description of membership:      Number of members:       | [ ]  |
|  | **Global membership association**Description of membership:      Number of members:       | [ ]  |
| Dental/medical education or communications company  | [ ]  |
| When was your continuing dental education program established (month/year)?      |
| Provide a brief description of your organization. What do you do? What is the scope of your continuing education program (content areas, educational methods)? Who is your audience? (*500 words or less)*      |

**🗁** **1.1.** **Required documentation** (all providers)**:** Attach documents demonstrating legal status of the organization.

**🗁** **1.2.** **Required documentation** (membership associations only):

1. Organization’s Constitution and Bylaws
2. Documentation verifying current membership numbers (such as an Annual Report or audited membership report)

|  |
| --- |
| 1. **Organizational Structure**
 |
| *Provide a brief answer to each question below.* |
| * 1. Is your organization an independent entity, or a department or division of a larger organization? (hospital, university, corporation, government agency, etc.)
 |
| * 1. Describe who has legal oversight of your organization.
 |
| * 1. List the names, titles and length of term served for each of the officers of your organization.

      |
| * 1. Is your organization affiliated/associated with any other entities (such as a university system, industry groups, affiliate associations, component organizations, or other affiliated agencies)? State the names of any organizations with which your organization is affiliated and the nature of the relationship between any affiliated organizations.

      |
| * 1. List all sources of revenue for your CE program (check all that apply)

[ ]  Registration fees[ ]  Membership fees[ ]  Funding from parent company Name of parent company:      [ ]  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 continuing dental education activity)*[ ]  Non-commercial support (e.g. funding from foundations, governmental or non-governmental agencies)[ ]  Exhibit booth fees[ ]  Sales of advertising space[ ]  Other (describe):       |
| 🗁 **2.6.**  **Required Documentation:**  Attach organizational charts for the following:a. The continuing education unit (all providers), b. The CE unit’s position within the larger organization (if applicable);c. The reporting structure of the parent company (if applicable); and d. The reporting structure for any sister company that that has any role in the planning, approval or administration of the CE company (if applicable). Organizational charts should include the names and position titles of officers and senior staff, and illustrate the reporting structure within each company as well as the reporting structure between organizations (if applicable). |

|  |
| --- |
| 1. **Commercial Interest Questionnaire**
 |
| *Commercial interests are not eligible for 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 |
| 3.1.1. 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?[ ]  Yes [ ]  No [ ]  Not applicable; provider is not a dental laboratory. |
| * 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?
 |
| *If you answered Yes to any of Questions 3.1 - 3.6 above, your organization is considered a commercial interest and is not 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 |
| 3.7.1. Does your organization’s sister company control or direct, in whole or in part, your CE operations?[ ]  Yes [ ]  No [ ]  Not applicable; we do not have a sister company. |
| 3.7.2. 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.)*[ ]  Yes [ ]  No [ ]  Not applicable; we do not have a sister company. |
| *If you answered Yes to Question 3.7.1 or 3.7.2:* |
| 3.7.3. Does your organization’s sister company control, direct or influence, in whole or in part, the operations of your organization?[ ]  Yes [ ]  No [ ]  Not applicable; we do not have a sister company. |
| 3.7.4. 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?[ ]  Yes [ ]  No [ ]  Not applicable; we do not have a sister company. |
| *If you answered Yes to either Question 3.7.3 or 3.7.4 your organization is considered a commercial interest and is not 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 of Questions 3.8 or 3.9 above, describe the role(s) those individual(s) have within your organization. Also describe any organizational and procedural safeguards that are in place to separate the entity that is the CE provider from the commercial interests within the larger organizational structure. (*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.* |
| * 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)*

      |

|  |
| --- |
| 🗁 **3.15.**  **Required Documentation** (providers that accept commercial support): Attach an example of a letter of agreement between your organization and a company providing commercial support for a CE activity and documentation of how this support was disclosed to learners. |

|  |
| --- |
| C. Information About the Provider’s Continuing Education Program |

|  |
| --- |
| **4. Overview of CE Programming** |
| *Provide a brief answer to each question below.* |
| 4.1. Have you planned, implemented and evaluated at least one continuing dental activity within the last 12 months?[ ]  Yes [ ]  No |
| 4.2. Do you have a committee or overseeing body ensuring the quality of your programs? State the name of this oversight committee and describe that group’s role with respect to your organization’s CE programming. (For example, does the committee receive participant surveys or other information to help with quality programming?)      |
| 4.3. What methods to you use to ensure quality control in your educational programming?      |
| 4.4. Who are your CE courses intended for? (check all that apply)[ ]  General dentists[ ]  Dental specialists[ ]  Allied dental staff (hygienists, assistants)[ ]  Other (describe):       |
| 4.5. Do you offer CE courses to international dentists?       |
| 4.6. Are there any restrictions, limitations, or prerequisites required of those who register for your continuing dental education activities?      |
| 4.7. How many CE courses did your organization offer in the last 12 months?       |
| 4.8. How many CE courses are you planning to present in the next 12 months?      |
| 4.9. What was the total number of participants registered in all CE courses you offered in the last 12 months?       |
| 4.10. For each of the following formats of CE below, state the total number of participants in all courses you offered in the last 12 months. Indicate if you do not offer any of the types of activities listed below.  |
|  | **Activity type** | **Total number of participants** |
|  | Lectures/conferences/seminars/demonstrations: |       |
|  | Hands on participation with models or other simulations |       |
|  | Courses in which participants treat patients: |       |
|  | Online CE courses—live broadcasts/live webinars: |       |
|  | Online CE courses—self-study: |       |
|  | Other self-study courses (print, journal, DVDs, etc.): |       |
|  | TOTAL PARTICIPANTS IN ALL CE COURSES IN LAST 12 MONTHS |       |
| 4.11. Does your organization’s continuing dental education program lead to or confer a certificate, degree, or added qualification of any kind?      |
| 4.12. Do you understand that continuing education courses are not designed to confer a degree or specialty certification, and do not offer a pathway to licensure within the United States?      |

|  |
| --- |
| **5. CE Program Planning and Administration** |
| *Provide a brief answer to each question below.* |
| 5.1. If you offer courses in which patients receive treatment, describe the regulations and standards that you are required to follow to ensure that patients and professionals are protected, specifically with respect to informed patient consent, infection control, liability and malpractice protection.      |
| 5.2. Describe the processes your organization has in place to ensure that the continuing dental education courses that you offer have a sound scientific basis.      |
| 5.3. Do you offer courses designed to train participants in the use of a drug, device or product by a single manufacturer? Describe these courses if offered.      |
| 5.4. Where does your organization present continuing dental education activities? (check all that apply)[ ]  Single location within applicant’s country[ ]  Multiple locations within applicant’s country[ ]  International locations[ ]  Online |
| 5.5. What criteria do you use to determine whether course facilities are appropriate for the continuing dental education activities you offer?      |
| 5.6. How do you advertise your CE courses? Do you advertise to an international audience?      |
| 5.7. Does your organization have direct oversight of all CE activities offered?      |
| 5.8. Does your organization partner with other organizations to jointly plan and administer continuing dental education activities? If so, describe each party’s roles and specific responsibilities for developing and administering these courses.      |
| 5.9. Do you issue continuing education credits for your courses? If so, how are the number of credits calculated? Are continuing education credits offered for hours of instruction? Are continuing education credits offered for social or business functions, or visiting exhibits?      |
| 5.10. What are your course cancellation and refund policies?       |
| 5.11. Do you issue certificates or proof of attendance to participants who complete CE courses your organization offers?      |
| **🗁 5.12. Required documentation:**  Provide a copy of the document given to participants verifying that they have completed a CE activity. |

|  |
| --- |
| D. Professional and Ethical Standards |

|  |
| --- |
| **6. Codes of Professional Conduct and Malpractice** |
| *Provide a brief answer to each question below.* |
| 6.1. Does the country (or countries) in which you present continuing dental education activities require licensed dental practitioners to carry malpractice insurance when treating patients?      |
| 6.2. Does the country (or countries) and/or licensing body allow dental practitioners to treat patients without malpractice insurance? If so, what recourse do patients have in the event of negligent or unskilled treatment by a dental practitioner?      |
| 6.3. Does your organization operate under a professional code of conduct that supports the ethical practice of dentistry? If yes, attach published professional standards, code of ethics, or code of professional conduct. If no, explain.      |
| **🗁 6.4**. **Required documentation:**  Published standards or codes of conduct under which your organization operates outlining requirements for the ethical practice of dentistry. |

|  |
| --- |
| E. Continuing Dental Education Requirements and Accreditation Information |

|  |
| --- |
| **7. Continuing Education Requirements and Accrediting Agencies** |
| *Provide a brief answer to each question below.* |
| 7.1. Does the country in which your organization is registered require licensed practitioners to participate in continuing dental education as part of re-licensure? If so, name the agency that regulates the continuing dental education, describe how many continuing education credits, units, or hours are required, and how these credits are calculated.      |
| 7.2. Does the country in which your organization is registered have a formal system for accrediting providers of continuing dental education, or for approving individual continuing education activities? State the names of the agency(ies) that accredit continuing dental education providers or approve CE courses.       |
| 7.3. Is your organization accredited or officially recognized by any of the following? (check all that apply):[ ]  A recognized accrediting agency for higher education  Name of accrediting agency:      [ ]  A recognized accrediting agency for continuing dental education Name of accrediting agency:      [ ]  A local, national or global health authority Name of agency/health authority:      [ ]  Other (describe):      [ ]  Not applicable |
| 7.4. Are credits from your CE activities accepted by any regulatory agency towards mandatory CE requirements? If yes, state the name of the agency that accepts these credits.      |