



# **RECOGNITION STANDARDS AND PROCEDURES**

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AMERICAN DENTAL ASSOCIATION  
CONTINUING EDUCATION RECOGNITION PROGRAM  
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Chicago, Illinois 60611

The ADA CERP Recognition Standards and Procedures are subject to modification from time to time by the ADA at its discretion. The most current edition of this document can be accessed at

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

# ADA CERP RECOGNITION STANDARDS AND PROCEDURES

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ADA CERP Recognition Standards and Procedures

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# How to Apply for ADA CERP Recognition

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## Initial recognition

For new, or initial, applicants, the recognition process may take seven to twelve months. There are two steps to the initial application process: (1) a pre-application to determine eligibility to apply, and (2) an application for initial recognition.

Providers of continuing dental education wishing to apply for the American Dental Association's Continuing Education Recognition Program (ADA CERP) recognition should:

1. Obtain complete information about ADA CERP and the application process at [CCEPR.ADA.org](http://CCEPR.ADA.org) or contact the Commission for Continuing Education Provider Recognition at 312-440-2869.
2. Review the ADA CERP Eligibility Criteria, Standards and Procedures in this document to determine whether recognition should be pursued, or whether program adjustments should be made prior to applying for recognition.
3. Review information for new applicants at [CCEPR.ADA.org](http://CCEPR.ADA.org), including application materials and instructions, time lines, and fee schedules. It is important that a provider is familiar with these to know whether it is able to supply all information and supporting documents required in the application process.
4. Complete pre-application requirements.  
CE providers based in the United States or Canada are required to submit a Pre-Application Determination of Eligibility.  
CE providers that are based outside the United States or Canada must meet specific eligibility criteria and complete the Pre-Application Process for International Providers (PPIP, outlined in this document) before submitting an application for initial recognition.  
Providers that have submitted a Pre-Application or a PPIP and that the Commission determines to be eligible will be invited to apply for CERP recognition. The Commission for Continuing Education Provider Recognition reserves the right to determine a provider's eligibility based on the CERP Eligibility Criteria.
5. Contact the Commission for Continuing Education Provider Recognition at [cerp@ada.org](mailto:cerp@ada.org) or 312-440-2869 when ready to initiate the pre-application process.

New applicants will be eligible for an initial recognition period of two years. If approved, providers will be eligible to apply for continued recognition at the end of the Initial Recognition term.

## Continued recognition

To be considered for another recognition term, a provider must submit an application for continued recognition. Twelve months before an ADA CERP provider's recognition term ends, the provider will receive instructions and application materials from the Commission. Providers will be given approximately six months to prepare the application for continued recognition.

After the Initial Recognition period, providers will be eligible for continued recognition. 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. For more information, review the Regulations Governing the Recognition Process in this document.

## ADA CERP DEFINITION OF CONTINUING DENTAL EDUCATION

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Continuing education consists of educational activities which serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a dentist uses to provide services for patients, the public, or the profession. The objective is to enhance and update the knowledge base of dentists, strengthen critical thinking skills and support an evidence-based, ethical practice of dentistry. The content of continuing dental education is that body of knowledge and skills generally recognized and accepted by the profession as within the basic medical and dental sciences, the discipline of clinical dentistry, and the provision of oral healthcare to the public.

Examples of non-clinical topics that are included in the ADA CERP definition of continuing dental education content include but are not limited to:

- Practice management, for managing offices related to the dental profession
- Educational methodology, for dentists teaching in academic dental programs
- Coding and reimbursement in a dental office
- Research advances in basic and clinical sciences.

Continuing education activities that are not directly related to a dentist's professional work do not fall within the ADA CERP definition of continuing dental education. Although these activities may be worthwhile, continuing dental education activities related to a dentist's nonprofessional educational needs or interests—such as personal financial planning or physical fitness—are not considered continuing dental education by ADA CERP.

## ELIGIBILITY

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The Commission for Continuing Education Provider Recognition (CCEPR) approves providers as defined in the ADA CERP Glossary and *Recognition Standards and Procedures*. CCEPR recognizes providers of continuing dental education (CE), not individual courses. Institutions, organizations or major units or departments within an institution/organization (e.g., an oral and maxillofacial surgery department of a medical center) in the United States and Canada are eligible to apply for recognition. Any provider of CE meeting the ADA CERP standards and criteria and the following requirements will be eligible for recognition. CE providers submitting an application must meet the following eligibility criteria:

1. The CE provider offers a planned program of continuing dental education activities consistent with the definition of continuing dental education provided in the ADA CERP Glossary. The CE provider must demonstrate oversight by an independent advisory committee. The provider must have planned, implemented and evaluated at least one CE activity within the last 12 months prior to initiating the CERP pre-application process.
2. A CE provider must ensure that all courses offered for continuing education credit have a sound scientific basis in order to adequately protect the public. CCEPR reserves the right to require that the applicant provide documentation that courses offered by the provider have a sound scientific basis and proven efficacy in order to ensure public safety.
3. The CE provider must demonstrate that it assumes the financial and administrative responsibility of planning, publicizing and offering the continuing education program consistent with the definition of provider in the CERP Glossary.
4. Commercial interests are not eligible for recognition. The CERP Glossary defines "commercial interest" as follows:

Commercial Interest: (1) An individual or entity that produces, markets, resells 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.

5. CE providers that are not based in the United States or Canada must meet the additional eligibility criteria

and requirements outlined in the Pre-application Process for International Providers *before* they will be considered eligible to apply for recognition.

The Commission for Continuing Education Provider Recognition reserves the right to determine a provider's eligibility.

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# ADA CERP STANDARDS AND CRITERIA FOR RECOGNITION

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To obtain recognition, applicant continuing dental education providers must demonstrate compliance with the following standards and criteria for recognition. These published standards and criteria address 14 different areas and are accompanied in most areas by recommendations. Recommendations offer suggestions to improve the provider's continuing dental education program; they are not requirements for recognition. The ADA CERP standards and criteria 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 ADA CERP standards and criteria as modified.

## STANDARDS AND CRITERIA

### STANDARD I. MISSION/GOALS

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#### CRITERIA

1. The provider must develop and operate in accordance with a written statement of its broad, long-range goals related to the continuing dental education program.
2. The continuing education goals must relate to the health care needs of the public and/or interests and needs of the profession.
3. The individual or authority responsible for administration of the continuing education program must have input into development of the overall program goals.
4. There must be a clear formulation of the overall mission and goals of the providing institution or organization.
5. A mechanism must be provided for periodic reappraisal and revision of the provider's continuing education goals. The periodic review must be conducted by the advisory committee.

#### RECOMMENDATIONS

- A. The goals of the continuing education program should be consistent with the goals and mission of the organization or institution.
- B. The goals of the continuing education program should be relevant to the educational needs and interests of the intended audience.

### STANDARD II. NEEDS ASSESSMENT

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#### CRITERIA

1. Providers must use identifiable mechanisms to determine objectively the current professional needs and interests of the intended audience, and the content of the program must be based upon these needs.
2. The administrative authority must be responsible for carrying out or coordinating needs assessment procedures.
3. Identified needs/interests must be developed from data sources that go beyond the provider's own perceptions of needs/interests and must include input from the provider's advisory committee.
4. The provider must document the process used to identify needs/interests.

5. The provider must state the needs/interests identified and indicate how the assessment is used in planning educational activities.
6. The provider must involve members of the intended audience in the assessment of their own educational needs/interests.

## **RECOMMENDATIONS**

- A. The needs assessment method used is not critical, provided it serves the purpose of consulting (or otherwise gaining insight into) the needs and interests of the potential audience. Advisory committees representing a cross section of the intended audience or constituency can be effective. Surveys may be conducted by mail, phone, or electronic media, or during specific CDE activities.
- B. Cooperative efforts to gather and/or use needs assessment data are recommended, if appropriate. Where intended audiences are the same, use of another organization's needs assessment data may provide better information than the provider's resources would otherwise allow.
- C. Consistent use of needs assessment data from multiple sources is recommended for use in planning continuing education activities.

## **STANDARD III. OBJECTIVES**

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### **CRITERIA**

1. Explicit written educational objectives identifying the expected learner outcomes must be developed for each activity.
2. The administrative authority must be ultimately responsible for ensuring that appropriate objectives are developed for each activity. The educational objectives may, however, be prepared by the instructor, course director or administrative authority.
3. Educational objectives that provide direction in selecting specific course content and choosing appropriate educational methodologies to achieve the expected learner outcomes must be developed for each activity.
4. The written educational objectives must be published and distributed to the intended audience as a mechanism for potential attendees to select courses on a sound basis. For conventions and major dental meetings that involve multiple course topics and speakers presented during a multi-day period, it is sufficient to publish detailed course descriptions that enable participants to select appropriate course offerings.
5. Educational objectives must not conflict with or appear to violate the ADA Principles of Ethics and Code of Professional Conduct.

### **RECOMMENDATIONS**

- A. Educational objectives should form the basis for evaluating the effectiveness of the learning activity.
- B. Specific educational objectives may include, but are not limited to, the following categories:
  1. Changes in the attitude and approach of the learner to the solution of dental problems; corrections of outdated knowledge;
  2. Provision of new knowledge in specific areas;
  3. Introduction to and/or mastery of specific skills and techniques;
  4. Alteration in the habits of the learner; accurate educational objectives succinctly describe the education that will result from attending the course.

## STANDARD IV. EVALUATION

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### CRITERIA

1. The provider must develop and use activity evaluation mechanisms that:
  - a. Are appropriate to the objectives and educational methods;
  - b. Measure the extent to which course objectives have been accomplished;
  - c. Assess course content, instructor effectiveness, and overall administration.
2. The provider must use an evaluation mechanism that will allow participants to assess their achievement of personal objectives. Such mechanisms must be content-oriented and must provide feedback to participants so that they can assess their mastery of the material. This is especially important if the activity is self-instructional, including electronically mediated activities.
3. The provider must use an evaluation mechanism that will help the provider assess the effectiveness of the continuing education activity and the level at which stated objectives were fulfilled, with the goal being continual improvement of the provider's activities.
4. The provider must periodically conduct an internal review to determine the effectiveness of its continuing education program. The review must evaluate:
  - a. The extent to which the overall goals of the continuing dental education program are being achieved
  - b. The extent to which activity evaluation effectively and appropriately assesses:
    - i. Educational objectives
    - ii. Quality of the instructional process
    - iii. Participants' perception of enhanced professional effectiveness
  - c. Whether evaluation methods are appropriate to and consistent with the scope of the activity
  - d. How effectively activity evaluation data are used in planning future continuing education activities
5. The advisory committee must be involved in the provider's periodic assessment of the effectiveness of its continuing dental education program.

### RECOMMENDATIONS

- A. The evaluation mechanisms should allow participants to assess course content with regard to whether it was practically useful, comprehensive, appropriate, and adequately in-depth.
- B. The provider should give feedback to the instructor concerning the information produced by evaluation of the continuing education activity.



## STANDARD V. COMMERCIAL OR PROMOTIONAL CONFLICT OF INTEREST \_\_\_\_\_

In 1997 the U.S. Food and Drug Administration (FDA) issued a policy statement entitled “Guidance for Industry: Industry Supported Scientific and Educational Activities.” This policy states that activities designed to market or promote the products of a commercial company (staffed exhibits, live presentations, advertisements, sales activities) are subject to FDA regulation under the labeling and advertising provisions of the Federal Food, Drug and Cosmetic Act.

Activities that are independent of commercial influence and non-promotional are not subject to FDA regulation. In this context, the ADA CERP standards and criteria are designed to ensure separation of promotional activities from continuing dental education (CDE) activities in the following ways: 1) CDE providers must demonstrate that all educational activities offered are independent of commercial influence, either direct or indirect, and 2) CDE providers must ensure that all financial relationships between the provider and commercial entities, as well as all financial relationships between course planners and faculty and commercial entities are fully disclosed to participants.

### CRITERIA

1. CDE providers must assume responsibility for ensuring the content quality and scientific integrity of all continuing dental education activities. Educational objectives, content development, and selection of educational methods and instructors must be conducted independent of commercial interest.
2. CDE providers must ensure that continuing dental education activities promote improvements in oral healthcare and not a specific drug, device, service or technique of a commercial interest.\*
3. Product-promotion material or product-specific advertisement of any type is prohibited in or during continuing dental education activities. Live promotional activities (staffed exhibits, presentations) or enduring promotional activities (print or electronic advertisements) must be kept separate from CDE. The juxtaposition of editorial and advertising material on the same products or subjects must be avoided during CDE activities.\*
  - a. For live, face-to-face CDE, advertisements and promotional materials cannot be displayed or distributed in the educational space immediately before, during, or after a CDE activity. Providers cannot allow representatives of commercial interests to engage in sales or promotional activities while in the space or place of the CDE activity.
  - b. For print CDE activities, advertisements and promotional materials will not be interleaved within the pages of the CDE content. Advertisements and promotional materials may face the first or last pages of printed CDE content as long as these materials are not related to the CDE content they face and are not paid for by the commercial supporters of the CDE activity.
  - c. For electronically mediated/computer based CDE activities, advertisements and promotional materials will not be visible on the screen at the same time as the CDE content and not interleaved between computer ‘windows’ or screens of the CDE content
  - d. For audio and video-based CDE activities, advertisements and promotional materials will not be included within the CDE. There will be no ‘commercial breaks.’
  - e. Educational materials that are part of a CDE activity, such as slides, abstracts and handouts, cannot contain any advertising, trade name or a product-group message.
  - f. Print or electronic information distributed about the non- CDE elements of a CDE activity that are not directly related to the transfer of education to the learner, such as schedules and content descriptions, may include product promotion material or product-specific advertisement.
4. CDE providers that also offer activities designed to promote drugs, devices, services or techniques must clearly disclose the promotional nature of the activity in publicity materials and in the activity itself. Promotional activities must not be designated for CDE credit. The CDE hours awarded must not include the promotional hours.

\* Adapted from the Accreditation Council for Continuing Medical Education Standards for Commercial Support.

5. CDE providers must operate in accordance with written guidelines and policies that clearly place the responsibility for program content and instructor/author selection on the provider. These guidelines must not conflict with ADA CERP standards and criteria for recognition. Each CDE learning experience offered must conform to this policy.
6. The ultimate decision regarding funding arrangements for continuing dental education activities must be the responsibility of the CDE provider. Continuing dental education activities may be supported by funds received from external sources if such funds are unrestricted. External funding must be disclosed to participants in announcements, brochures or other educational materials, and in the presentation itself.
7. CDE providers receiving commercial support must develop and apply a written statement or letter of agreement outlining the terms and conditions of the arrangement and/or relationship between the provider and the commercial supporter.
8. Arrangements for commercial exhibits or advertisements must not influence planning or interfere with the presentation, nor can they be a condition of the provision of commercial support for CDE activities.\*
9. CDE providers must disclose to participants any monetary or other special interest the provider may have with any company whose products are discussed in its CDE activities. Disclosure must be made in publicity materials and at the beginning of the educational activity.
10. CDE providers must ensure that a balanced view of all therapeutic options is presented in CDE activities. Whenever possible, generic names must be used to contribute to the impartiality of the program presented.
11. CDE providers must assume responsibility for the specific content and use of instructional materials that are prepared with outside financial support.
12. CDE providers must assume responsibility for taking steps to protect against and/or disclose any conflict of interest of the advisory committee, CDE activity planners, course directors and instructors/authors involved in planning or presenting courses. Signed conflict of interest statements must be obtained from all advisory committee members, CDE activity planners, course directors and instructors/authors.
13. The advisory committee must be involved in evaluating and taking steps to protect against conflicts of interest that CDE activity planners, course directors and instructors/authors may have.
14. Providers must disclose to participants in CDE activities any relevant financial relationships that the planners and instructors/authors of a continuing education activity may have that may create conflicts of interest. Disclosure must include the name of the individual, the name of the commercial interest, and the nature of the relationship the individual has with each commercial interest. Disclosure must not include the use of a trade name or product message. For individuals that have no relevant financial relationships, the provider must disclose to participants that no relevant relationships exist. Disclosure must be made before the start of the continuing education activity and must be made in writing, either in publicity materials, course materials, or audiovisual materials.

## **RECOMMENDATIONS**

- A. The following are examples of outside or commercial support that is customary and proper:
  - Payment of reasonable honoraria
  - Reimbursement of out-of-pocket expenses for instructors/authors
  - Modest meals or social events held as part of the educational activity
- B. The CDE provider and the commercial supporter or other relevant parties should each report to the other on the expenditure of funds each has provided, following each subsidized continuing dental education activity.

*\* Adapted from the Accreditation Council for Continuing Medical Education Standards for Commercial Support.*

## STANDARD VI. EDUCATIONAL METHODS

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### CRITERIA

1. Educational methods must be appropriate to the stated objectives for the activity.
2. The continuing education administrative authority must be responsible for choosing the educational methods to be used in consultation with advisory committees, instructors, educational advisors, or potential attendees.
3. Educational methods must be appropriate to the characteristics or composition (especially skill level) of the intended audience.
4. Educational methods must be appropriate to the facilities and instructional medium used for the activity.
5. The continuing education administrative authority must have a written description of the methods to be used, which will assist in effective planning as well as evaluation of the activity.
6. Participants must be cautioned about the potential risks of using limited knowledge when incorporating techniques and procedures into their practices, especially when the course has not provided them with supervised clinical experience in the technique or procedure to ensure that participants have attained competence.
7. For participation activities (activities in which at least 30% of course time involves practice of skills) group size must be limited in coordination with the nature of available facilities and the number of instructors/evaluators. Very careful attention to group size is mandatory when planning an activity that requires participants to perform complex tasks requiring supervision and evaluation.
8. For self-instructional activities:
  - a. Provision must be made for participant feedback and interchange with individuals having expertise in the subject area. Interaction with instructors and subject matter experts may be facilitated through a variety of methods such as voicemail, e-mail, chat rooms, etc. A mechanism by which the learner can assess his/her mastery of the material must be supplied.
  - b. Self-instructional activities that are primarily audio or audiovisual in nature must be augmented by additional written materials that serve the purpose of summarizing, further explaining, or clarifying the audio or audiovisual material. All self-instructional activities, including electronically mediated, must include references that can be pursued for further study in the subject.
  - c. Providers who plan self-instructional activities, including electronically-mediated, must ensure the input of individuals having technical expertise in both media and self-directed learning techniques, and the application of these techniques to adult learning.
  - d. Providers that offer self-instructional activities must review the activities at least once every three years, or more frequently if indicated by new scientific developments, to ensure that content is current and accurate.
  - e. Providers that offer self-instructional activities must publish the following information on publicity materials for the activity and in the activity itself:
    - i. Original release date;
    - ii. Review date (if activity is reviewed and rereleased);
    - iii. Expiration date (a maximum of 3 years from the original release date or the last review date, whichever is most recent).
9. For electronically mediated learning, whether live or self-instructional:
  - a. A documented technology plan that includes electronic security measures must be in place and operational to ensure both quality standards and the integrity and validity of information (e.g., password protection, encryption, back-up systems, firewalls).
  - b. Participants must have access to technical assistance throughout the duration of the course. The

- technical design of the course should support easy navigation, and all program features should be functional.
- c. Participant interaction with lecturer/author and other participants is an essential characteristic and must be facilitated through a variety of methods such as voice mail, e-mail or chat rooms.
  - d. Embedded advertising and direct commercial links are inappropriate within the educational content and must be avoided.
10. For on-site/in-office participation courses (long-term CDE participation courses involving in-office practice of techniques without direct supervision):
- a. Formal course sessions must include both lecture and demonstration of procedures to be learned.
  - b. A bibliography of current literature on the subject being taught must be provided to course participants.
  - c. Written instructions must be given to participants for individual in-office requirements.
  - d. Instructor/author consultation and feedback must be available to participants when they perform required techniques in their offices.
  - e. For patient procedures performed as part of the in-office portions of on-site/in-office participation courses, providers must require participants to maintain the following records:
    - i. Patient informed consent and release form;
    - ii. Preoperative medical/dental history;
    - iii. Preoperative radiographs, if indicated;
    - iv. Preoperative mounted diagnostic casts, if applicable;
    - v. Preoperative photographs;
    - vi. Preoperative dental charting;
    - vii. Records of treatment rendered, materials, methods, etc;
    - viii. Mounted treatment casts, if applicable;
    - ix. Photographs of treatment progress;
    - x. Radiographs taken during treatment, if indicated;
    - xi. Photographs of completed treatment;
    - xii. Postoperative radiographs, if indicated.
  - f. The provider must be responsible for ensuring that the on-site teaching facilities are appropriate for the activities and comply with state and local regulations.
  - g. Following completion of the in-office portion of on-site/in-office participation courses, providers must convene participants for complete case presentation and critique.

## RECOMMENDATIONS

- A. For self-instructional activities, audiovisual materials may offer valuable learning experiences when their usefulness as a means, rather than an end, is appreciated.
- B. The size of the potential audience for any continuing education activity is important in determining appropriate methods. A potentially active method can become purely passive if the group is too large. Methods requiring learner involvement (seminars, discussion groups, case reviews/preparations, laboratory work and patient treatment) have been shown to provide more effective learning experiences. The appropriate use of films, slides, television, and other teaching aids can support and enhance other teaching methods if they are integrated into a planned educational program, rather than used as the sole method of instruction.
- C. Providers are encouraged to give attendees resource materials and references to facilitate post-course practical application of course content, as well as continued learning.
- D. For electronically mediated courses:
  1. Courses should include resources, references and information to aid participants in securing relevant material through online sources (e.g. electronic databases, interlibrary loans, government archives, news services).
  2. Questions directed to course personnel should be answered quickly and accurately. A structured system to address participant complaints should be in place.

3. Feedback to participants about assignments and questions should be constructive and provided in a timely manner.
4. Courses should provide participants with flexibility to access and review course materials on demand during the period of announced availability.
5. Providers should use current best practices to aid participants in locating courses via multiple search engines.
6. When appropriate, providers should use the unique characteristics of the electronic media to engage the participants in analysis, synthesis, and evaluation as part of their course and program requirements.
7. Whenever possible, educational software should be designed in accordance with ADA Technical Report No. 1090 Adoption and Augmentation of the Quality Matters Design Standards, DL - ADA1090-2016D.

## **STANDARD VII. INSTRUCTORS**

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### **CRITERIA**

1. CDE providers must ensure that instructors chosen to teach courses are qualified by education and experience to provide instruction in the relevant subject matter.
2. The number of instructors employed for a continuing education activity must be adequate to ensure effective educational results.
3. Providers must ensure that instructors support clinical recommendations with references from the scientific literature whenever possible. References must have a sound scientific basis, as defined in the CERP Glossary. References should be provided to participants in the language in which the CDE activity is presented.
4. The number of instructors assigned to any activity must be predicated upon the course objectives and the educational methods used.
5. The instructor-participant ratio is most critical in participation courses. CDE providers must ensure that close supervision and adequate direct interchange between participants and instructors will take place. The instructor-to-attendee ratio should not exceed 1:15 during any hands-on activities.
6. Providers must assume responsibility for communicating specific course objectives and design to instructors.
7. CDE providers that utilize one instructor to present 50% or more of the provider's CDE activities must submit a Curriculum Vitae containing complete information on the instructor's education, professional training, positions held, and publication and presentation history when applying for ADA CERP recognition.
8. CDE program providers must assume responsibility for taking steps to ensure that images presented in courses have not been falsified or misrepresent the outcome of treatment. Signed affidavits of image authenticity must be obtained from all faculty members.
9. Providers must develop clearly-defined policies on honoraria and expense reimbursement for instructors/authors.

### **RECOMMENDATIONS**

- A. Providers should be responsible for working closely with instructors during course planning to ensure that the stated objectives will be addressed by the presentation.
- B. A wide variety of sources should be explored and used to select qualified instructors.
- C. The teaching staff for any continuing education program should consist of dentists and other

professionals in related disciplines who have demonstrated ability, training and experience in the relevant fields.

- D. Instructors should possess the demonstrated ability to communicate effectively with professional colleagues, as well as an understanding of the principles and methods of adult education.
- E. Expertise and assistance in development and use of instructional materials and aids, when needed, should be available to support the teaching staff.

## **STANDARD VIII. FACILITIES/INSTRUCTIONAL MEDIA**

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### **CRITERIA**

1. Facilities and instructional media selected for each activity must be appropriate to accomplish:
  - a. The intended educational method(s)
  - b. The stated educational objectives
2. The CDE provider must be responsible for ensuring that facilities/instructional media and equipment (including those borrowed or rented) are adequate and in good working condition, so that instruction can proceed smoothly and effectively.
3. Adequate space and equipment must be provided to accommodate the size of the intended audience.
4. For participation courses, sufficient space and equipment (and patients, if used) must be available to allow active participation by each learner without any learner experiencing undue idle time.
5. If participants are required to provide materials and equipment, the provider must make this requirement clear to potential enrollees, and the provider must provide enrollees with specific descriptions of all equipment and materials required.

## **STANDARD IX. ADMINISTRATION**

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### **CRITERIA**

1. Administration of the program must be consistent with:
  - a. The goals of the program;
  - b. The objectives of the planned activities.
2. The CDE program must be under the continuous guidance of an administrative authority and/or individual responsible for its current and future content and its quality.
3. The CDE provider must obtain input from an advisory committee regarding the goals, objectives and content of the CDE program. A majority of the advisory committee must be dentists who are independent from other responsibilities for the provider. The advisory committee must be broadly representative of the intended audience or constituency, including the members of the dental team for which the courses are offered. The committee is required to maintain minutes from its meetings.
4. To maintain continuity, the provider must develop specific procedures for personnel changes, particularly with regard to the administrative authority.
5. The administrative authority must commit sufficient time to planning and conducting the continuing education program relative to its planned size and scope of activity.
6. Where the size or extent of the continuing education program warrants, there must be provision for

adequate support personnel to assist with program planning and implementation.

7. The responsibilities and scope of authority of the individual or administrative authority must be clearly defined.
8. The CDE provider must develop and operate in accordance with written policies, procedures or guidelines designed to ensure that all clinical and/or technical CDE activities offered include the scientific basis for the program content and an assessment of the benefits and risks associated with that content in order to promote public safety.

Where the scientific basis for a clinical and/or technical CDE activity is evolving or uncertain, the presentation will describe the level of scientific evidence that is currently available and what is known of the risks and benefits associated with the clinical and/or technical CDE activity.

9. For CDE activities that are repeated, the provider must be able to demonstrate that it has a process in place to ensure that the activities continue to meet all ADA CERP standards and criteria, including requirements to include the scientific basis for the program content and an assessment of the benefits and risks associated with that content in order to promote public safety.
10. The administrative authority must be responsible for maintaining accurate records of participants' participation and for retaining information on the formal planned activities offered, including needs assessment, methods, objectives, course outlines, and evaluation procedures.
11. CDE providers must assume responsibility for the compliance by participants with applicable laws and regulations. The provider must ensure that participation in its program by dentists not licensed in the jurisdiction where the program is presented does not violate the state practice act. Unless malpractice coverage for attendees participating in clinics is arranged by the CDE provider, notice must be given to participants to obtain written commitments of coverage from their carriers.
12. The CDE provider must be responsible for:
  - a. Establishing clear lines of authority and responsibility
  - b. Conducting a planning process
  - c. Ensuring that an adequate number of qualified personnel are assigned to manage the program
  - d. Ensuring continuity of administration
13. The ADA CERP recognized provider assumes responsibility for the planning, organizing, administering, publicizing, presenting, and keeping records for the planned continuing dental education activity. Administrative responsibility for development, distribution, and/or presentation of continuing education activities must rest solely with the ADA CERP recognized provider. Whenever the provider acts in cooperation with providers that are not ADA CERP recognized, letters of agreement between the parties must be developed to outline the responsibilities of each party for joint providership of the program and must be signed by all parties.
14. When two or more ADA CERP recognized providers act in cooperation to develop, distribute and/or present an activity, each must be equally and fully responsible for ensuring compliance with these standards. Letters of agreement between the parties must be developed to outline the responsibilities of each party for the program and must be signed by all parties.
15. The CDE provider is responsible for ensuring that the curriculum developed, including goals, objectives, and content, is based on best practices as defined in the ADA CERP Glossary and does not conflict with or appear to violate the ADA Principles of Ethics and Code of Professional Conduct.
16. Continuity of administration and planning is necessary for the stability and growth of the program. It is required that members of the advisory committee be selected for a term of longer than one year and serve staggered terms of office.

## RECOMMENDATIONS

- A. The administrative authority should have background and experience appropriate to the task.

## STANDARD X. FISCAL RESPONSIBILITY ---

### CRITERIA

1. Fiscal resources must be sufficient to meet the goals of the program and the objectives of the planned activities.
2. Adequate resources must be available to fund the administrative and support services necessary to manage the continuing education program.
3. In instances where continuing education is only one element of a provider's activities, resources for continuing education must be a clearly identifiable component of the provider's total budget and resources.
4. The provider must maintain a budget for the overall continuing education program, to include all costs and income, both direct (e.g., honoraria, publicity costs, tuition fees, refunds, or foundation grants) and indirect (e.g., use of classroom facilities or equipment, unpaid instructor time, etc.).
5. Resources must be adequate for the continual improvement of the program.

### RECOMMENDATIONS

- A. Separate budgets for each activity should be prepared, but institutional or organizational policies requiring that each individual activity to be presented be self-supporting tend to restrict the quality of the continuing education program unduly, and are discouraged.

## STANDARD XI. PUBLICITY ---

### CRITERIA

1. Publicity must be informative and not misleading. It must include:
  - a. The name of the provider prominently identified
  - b. The names of any joint providers
  - c. The course title
  - d. A description of the course content
  - e. The educational objectives
  - f. A description of teaching methods to be used
  - g. The names of any entities providing commercial support
  - h. The costs and contact person
  - i. The course instructor(s) and their qualifications and any conflicts of interest
  - j. Refund and cancellation policies
  - k. Location, date, and time for live activities; original release date, review date (if applicable), and expiration date for self-instructional activities.
  - l. The recognition status of the provider, through the use of the authorized recognition statement, and, whenever feasible (given space considerations) the use of the ADA CERP logo in conjunction with the authorized statement
  - m. The number of credits available using the authorized credit designation statement
2. For effective presentation and assimilation of course content, the prior level of skill, knowledge, or experience required (or suggested) of participants must be clearly specified in publicity materials.



3. Publicity on continuing education activities must provide complete and accurate information to the potential audience.
4. Providers must avoid misleading statements regarding the nature of the activity or the benefits to be derived from participation.
5. Accurate statements concerning credits for the activity and the provider's recognition status must be included. CE providers must ensure that such statements follow the wording prescribed by the agency granting the credits or recognition so that participants do not misinterpret them.
6. The terms "accredited," "accreditation," "certification" or "endorsed by" must not be used in reference to ADA CERP recognition. Providers must not make statements implying ADA CERP approval or endorsement of individual courses.
7. Publicity for CDE activities must not conflict with or appear to violate the ADA Principles of Ethics and Code of Professional Conduct.

## **RECOMMENDATIONS**

- A. The attendees' expectations concerning course content and anticipated learning are based on course publicity. Complete and detailed publicity materials will help ensure that those who want and need the course will attend, and that they will be motivated to learn. Materials containing less than complete and accurate information will almost always result in disappointment and dissatisfaction on the part of all or some attendees.

## **STANDARD XII. ADMISSIONS**

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### **CRITERIA**

1. In general, continuing education activities must be available to all dentists.
2. If activities require previous training or preparation, the necessary level of knowledge, skill or experience must be specified in course announcements.
3. If previous training or preparation is necessary for learners to participate effectively in the activity, the provider must (1) provide a precise definition of knowledge, skill or experience required for admission; (2) demonstrate the necessity for any admission restriction, based on course content and educational objectives; and (3) specify in advance, and make available a method whereby applicants for admission may demonstrate that they have met the requirement. Such methods must be objective, specific and clearly related to the course content and stated requirements.

### **RECOMMENDATIONS**

- A. Where activities are offered at an advanced level, providers are encouraged to provide sequentially planned instruction at basic and intermediate levels, to allow participants to prepare for the advanced activity.
- B. Though providers are not obligated to provide continuing education activities for all dental occupational groups, admission policies that discriminate arbitrarily among individuals within an occupational group, without sound educational rationale, are not acceptable. Where restrictive registration requirements have been determined to be necessary on the basis of the foregoing standards and criteria, course applicants might demonstrate compliance with the requirements through documentation of attendance at CDE activities, submission of patient treatment records, or actual demonstration of required skills or knowledge.

## STANDARD XIII. PATIENT PROTECTION

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### CRITERIA

1. Where patient treatment is involved, either by course participants or instructors, patient protection must be ensured as follows:
  - a. The provider must seek assurance prior to the course that participants and/or instructors possess the basic skill, knowledge, and expertise necessary to assimilate instruction and perform the treatment techniques being taught in the course
  - b. Informed consent from the patient must be obtained in writing prior to treatment
  - c. Appropriate equipment and instruments must be available and in good working order
  - d. Adequate and appropriate arrangements and/or facilities for emergency and postoperative care must exist
2. Participants must be cautioned about the potential risks of using limited knowledge when integrating new techniques into their practices.
3. The provider must assume responsibility for ensuring that participants and/or instructors treating patients (especially those from outside the jurisdiction where the course is held) are in compliance with any applicable dental licensure laws and/or equivalent laws.
4. The provider must ultimately be responsible for ensuring that informed consent of all patients is obtained.
5. Patients must be informed in plain language of:
  - a. The training situation
  - b. The nature and extent of the treatment to be rendered
  - c. Any benefits or potential harm that may result from the procedure
  - d. Available alternative procedures
  - e. Their right to discontinue treatment
  - f. The name and contact information for the clinician(s) responsible for answering questions, addressing concerns, and providing any necessary completion of treatment and post-treatment care.
6. There can be no compromise in adequate and appropriate provisions for care of patients treated during continuing education activities. Aseptic conditions, sterile equipment and instruments, as well as emergency care facilities, must be provided.
7. Sufficient clinical supervision must be provided during patient treatment to ensure that the procedures are performed competently.
8. The provider must assume responsibility for competent completion of treatment, any necessary post-course treatment, and management of complications, by a qualified clinician.
9. Providers, instructors and participants must have liability protection where required.

### RECOMMENDATIONS

- A. In order to meet course objectives, patients should be screened prior to the course to ensure the presence of an adequate number of individuals with conditions requiring the type of treatment relevant to the course content.
- B. Providers should consult with legal counsel regarding informed consent requirements in their locale and appropriate procedures for obtaining patient consent.

## STANDARD XIV. RECORD KEEPING

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### CRITERIA

1. Providers must issue accurate records of individual participation to attendees.
2. Documentation must not resemble a diploma or certificate. Documentation must not attest, or appear to attest to specific skill, or specialty or advanced educational status. Providers must design such documentation to avoid misinterpretation by the public or professional colleagues.
3. Credit awarded to participants of a recognized provider's educational activity must be calculated as follows:
  - a. For all CE activities, 0.25 credit hours will be awarded for each 15 minutes of activity time, not including breaks, meals, registration periods or general business. No credit shall be awarded if the activity is less than 15 minutes in duration.
  - b. For CDE activities that involve both on-site lecture and demonstration portions and in-office, independent participation components, credit for the in-office, independent study portion may not exceed credit awarded for the lecture and demonstration portions.
  - c. For participation in audio or audiovisual self-instructional programs, credit must be awarded based on the actual length of the audiovisual instructional time plus a good faith estimate of the time it takes an average participant to complete all required elements of the activity, including the self-assessment mechanism. Audio visual self-instructional activities include, but are not limited to:
    - i. Audio- or audio-visual activities delivered via tape, CD, DVD, pod cast, on-line, etc.
    - ii. Multi-media activities comprised of audiovisual elements in combination with written materials.
  - d. For participation in self-paced self-instructional programs, the provider must award credit based on a good faith estimate of the time it takes an average participant to complete the program. Self-paced self-instructional activities include, but are not limited to, written self-study activities such as journals or monographs, either print-based or electronically mediated.
4. Verification of participation documentation must clearly indicate at least:
  - a. The name of the CDE provider
  - b. The name of the participant
  - c. The date(s), location and duration of the activity
  - d. The title of the activity and/or specific subjects
  - e. The title of each individual CDE course the participant has attended or successfully completed as part of a large dental meeting or other similar activity (and number of credits awarded for each)
  - f. The educational methods used (e.g., lecture, videotape, clinical participation, electronically mediated)
  - g. The number of credit hours awarded (excluding breaks and meals)
  - h. The recognition status of the provider, through the use of the authorized recognition statement, and, whenever feasible (given space considerations) the use of the ADA CERP logo in conjunction with the authorized statement.
  - i. Notice of opportunity to file complaints.
5. Providers must maintain records of the individual participants at each educational activity, including their names, addresses and telephone numbers, for a period of at least six years.

### RECOMMENDATIONS

- A. Providers should be aware of the professional and legal requirements for continuing dental education that may affect their participants.
- B. Providers should cooperate with course participants and with regulatory or other requiring agencies in providing documentation of course participation, as necessary.
- C. Each attendee is responsible for maintaining his/her own records and for reporting his/her CDE activities

to all appropriate bodies in accord with any jurisdictional and/or membership requirements.

- D. The provider should provide a course completion code at the end of each educational activity or educational session.

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# ADA CERP APPLICATION, EVALUATION AND RECOGNITION POLICIES AND PROCEDURES

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## **VOLUNTARY NATURE OF THE PROGRAM**

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Participation in the ADA Continuing Education Recognition Program (ADA CERP) is voluntary. Continuing education (CE) providers are not required to obtain ADA CERP recognition. Any decision not to participate in the program will be respected.

An official list of ADA CERP recognized providers is posted online at [CCEPR.ADA.org](http://CCEPR.ADA.org). State dental boards, dental societies, allied dental organizations and other dental professional organizations may use the results of the ADA CERP program and recognize the ADA CERP recognized providers in various manners to fulfill their CE interests or obligations.

## **CONFIDENTIALITY**

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The Commission for Continuing Education Provider Recognition (CCEPR) will keep confidential to the extent permitted by law the name of any 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, in response to general inquiries, the Commission will not confirm that a provider has not applied for recognition, nor provide details regarding any weaknesses of a recognized provider. All inquiries as to the recognition status of a specific provider will be answered by referral to the published, official list of ADA CERP recognized providers.

## **RECOGNITION**

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ADA CERP recognition is based on a provider's demonstration of compliance with ADA CERP standards and criteria. Providers wishing to apply for ADA CERP recognition must first complete a pre-application related to the ADA CERP eligibility criteria. If the Commission determines that a provider meets the eligibility criteria, the provider will be invited to apply for recognition. To apply for recognition, the provider must complete the ADA CERP Application for Recognition, a form that relates to each of the ADA CERP standards and criteria. The application, together with any required documentation or pertinent data, is submitted to the Commission for evaluation.

Providers approved by the Commission shall be designated "ADA CERP recognized providers" for the length of their period of recognition which shall be two, three or four years. New applicants (providers that are not currently ADA CERP recognized) may be eligible for an Initial Recognition period of two years. For all other providers, the Commission will determine the appropriate term of recognition based on the level of compliance and complaint history of the provider.

If the Commission determines that more information is required to make a decision regarding recognition status, or that the provider only minimally meets the standards and criteria, the Commission may (1) postpone for a specified period of time, action to determine recognition status pending submission of additional information or a new application, or (2) grant recognition contingent upon the provider's submission of a progress report within six months to one year. The Commission will identify and transmit to the provider recommendations for improvement or concerns noted during the review.

Recognition of a provider does not imply recognition or approval of that provider's satellite or parent organizations, parent company, subsidiaries, cooperating agencies or divisions.

The ADA CERP Standards and Criteria are subject to review and modification from time to time by the Commission at its discretion. To retain recognition, providers must comply with ADA CERP standards and criteria as modified.

**CCEPR does not approve lecturers, individual courses or credit hours.**

Providers must inform participants on how comments or complaints about an ADA CERP recognized provider may be filed with the Commission.

## **REGULATIONS GOVERNING THE RECOGNITION PROCESS**

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1. All providers interested in obtaining ADA CERP recognition must first complete a pre-application form. Providers in the United States and Canada must complete the ADA CERP Pre-application: Determination of Eligibility form. International providers, defined by ADA CERP as providers based outside the United States or Canada, must complete the Pre-application Process for International Providers (PPIP). The pre-application forms include questions related to the ADA CERP eligibility criteria. Pre-applications may be submitted at any time. The Commission will notify providers in writing, usually within eight weeks, of receipt of the pre-application and fee, regarding the provider's eligibility to continue with the application process. Providers that are deemed eligible to continue will be invited to apply and will be sent application materials and instructions.
2. Eligible providers will be requested to complete an ADA CERP Application for Recognition within a specified time frame, usually within 18 months of notification of eligibility, and in accordance with published application deadlines. The Commission will inform eligible providers of the date(s) by which an initial application may be submitted. Eligible providers that do not submit an application for the Commission's consideration by the final date specified by the Commission will be required to submit a new pre-application form and pay the applicable fee. Published application deadlines shall fall approximately two months prior to meetings of the Commission.
3. After receipt of the ADA CERP Application for Recognition, the application will be reviewed to determine completeness of information submitted. If problems are identified, Commission staff will notify the provider of any issues related to the application, including any required information or documents, which must be addressed before the application may be submitted to the Commission for consideration.
4. The application will be considered at the next regularly scheduled meeting of the Commission. If the Commission determines that the application does not provide adequate information on which to base a recommendation for recognition, the Commission may seek additional information from the provider or from alternative sources.

The CCEPR reserves the right to seek additional information from the provider, including but not limited to course evaluation forms completed by participants and the names, addresses and telephone numbers of all course participants. The Commission also has the right to seek information from alternative sources including, but not limited to, surveys of program participants, on-site visits, observation of the provider's CE activities, review of the providers' web site, or other means considered necessary to determine whether the provider is in compliance with the standards and criteria.

5. New applicants (providers that are not currently ADA CERP recognized) may be eligible for an Initial Recognition period of two years. After the Initial Recognition period, providers may be eligible for continued recognition. 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.

Recognition is effective the first day of the month of May or November after action is taken by the CCEPR. In no case will recognition be granted retroactively or prior to action taken by the Commission. The length of recognition, i.e., two (2), three (3) or four (4) years, will be clearly stated in the letter that transmits the Commission's action to the provider.

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

- a. The effective dates and length of the recognition term
- b. A 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. 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; for example, 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 a change of ownership, implementing courses in which treatment is provided to human subjects 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.

- 6. Recognized providers must use the following statements regarding recognition status, credit designation and notice of opportunity to file complaints on materials related to their continuing education activities.
  - a. Publicity materials  
The following authorized recognition and credit designation statements must be used on publicity materials related to the provider's continuing education courses:

*<<Name of provider>> is an ADA CERP Recognized Provider.*

*ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry.*

*<<Name of provider>> designates this activity for <<number of credit hours>> continuing education credits.*

- b. Course materials and verification of participation forms  
The following authorized recognition statement and notice of opportunity to file complaints must be published by recognized providers in course materials available to participants during the activity, such as program guides, evaluation forms, instructions for self-study activities, etc., and on all verification of participation documents issued by the provider for continuing dental education activities:

*<<Name of provider>> is an ADA CERP Recognized Provider.*

*ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry.*

*Concerns or complaints about a CE provider may be directed to the provider or to the Commission for Continuing Education Provider Recognition at [CCEPR.ADA.org](http://CCEPR.ADA.org).*

- 7. All recognized providers must submit an annual report to CCEPR containing current contact information and information about the providers' CE activities in the preceding year. Contact information must include the provider's name, address, phone, fax, Web address, and the names and contact information for the chief administrative authority and the person with primary day-to-day responsibility for administration of the provider's continuing dental education program.
- 8. Use of the ADA CERP logo (or name) in connection with advertisements and written course materials associated with continuing education activities by a recognized provider must conform to the following criteria:
  - a. It shall not be used to imply that any CE activities or CE credit hours have been approved or endorsed by ADA CERP, the Commission for Continuing Education Provider Recognition, or the American Dental Association

- b. It shall not be used on letterheads or in any fashion that would imply that the organization is affiliated with ADA CERP, the Commission for Continuing Education Provider Recognition, or the American Dental Association, other than as a recognized provider
  - c. It may not be displayed in a type size larger than the provider organization's name, or given greater prominence than the provider organization's name
  - d. It shall not be published in conjunction with any statement or material that, in the Commission's or the ADA's judgment, may be harmful to the ADA's or the Commission's good will or may tend to undermine the Commission's or the ADA's credibility
  - e. It shall only be used in conjunction with the authorized statement that the organization is a recognized provider
9. **Recognition will be denied or withdrawn** if there is non-compliance with the ADA CERP standards and criteria for recognition. If recognition is denied or withdrawn, the provider will be provided with the following:
- a. Identification of the specific standards and criteria with which the Commission found noncompliance
  - b. Requirements and recommendations for alterations and/or improvements in the provider's continuing dental education program
  - c. Rules and mechanisms governing resubmission of an application
  - d. Procedures for reconsideration
10. **Recognition may be withdrawn** by the Commission for any of the following reasons:
- 1. A voluntary request is received from the recognized provider.
  - 2. A finding of noncompliance with the ADA CERP standards and criteria for recognition. Specific reasons for the action will be identified.
  - 3. The provider submits false and/or misleading information.
  - 4. The provider fails to submit documentation requested in writing in a timely manner.
  - 5. CE activities have not been offered to dentists for a period of two years or more.
  - 6. Required fees have not been paid.
  - 7. The provider fails to sign and comply with terms of the ADA CERP License Agreement.
  - 8. The provider fails to submit an annual report.

The ADA CERP standards and criteria are subject to review and modification from time to time by the CCEPR at its discretion. To retain recognition, continuing dental education providers must comply with ADA CERP standards and criteria as modified. CCEPR will notify recognized providers of any program updates and changes to the ADA CERP standards and criteria. Notifications will be sent via email and announcements posted online at CCEPR.ADA.org. The most current version of the ADA CERP Recognition Standards and Procedures is available at CCEPR.ADA.org. If, as a result of any modification, a recognized provider is no longer in compliance with the ADA CERP standards and criteria, then by the date of the provider's next regularly scheduled review, or the date specified by the Commission, whichever is earlier, the provider must either bring its continuing dental education program into compliance with the new ADA CERP standards and criteria or it must voluntarily request to withdraw from the ADA CERP program.

## **CONTINUED RECOGNITION OF PREVIOUSLY RECOGNIZED PROVIDERS \_\_\_\_\_**

The re-recognition process begins about twelve months prior to the designated recognition expiration date. The Commission for Continuing Education Provider Recognition (CCEPR) notifies recognized providers and sends them information about the re-recognition procedures, including a specific schedule. Application deadlines shall be regularized and published, and shall fall approximately two months prior to meetings of the Commission.

Recognized providers must complete and submit an ADA CERP Application for Recognition by the specified deadline prior to the date when the provider's recognition will expire. In addition to the Application form, the provider must submit any other specifically identified materials documenting its continued compliance with the CERP standards and criteria for recognition, as well as improvements in any previously-identified areas of deficiency or weakness. Recommendations for improvements shall be evaluated under the ADA CERP standards and criteria in effect at the time of the evaluation.



## **POLICY ON EXTENSIONS**

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If a recognized provider is unable to meet its reapplication deadline, the provider may request a one-time extension of its recognition term. In order to do so, the provider must notify Commission staff of its intent to extend and submit payment of the appropriate extension fee (see Fee Schedule). If the Commission grants the extension, the provider's recognition term will be extended six months, pending submission and approval of a reapplication to be reviewed during the next application cycle. If an extension is granted and the provider submits an application for continued recognition during the next application cycle and the Commission approves the provider for another term of recognition, the new recognition term will begin at the end of the extended recognition term.

*Policy on Extensions*  
Adopted: May 2024

## **POLICY ON PRE-APPLICATION PROCESS FOR INTERNATIONAL PROVIDERS (PPIP)**

ADA Continuing Education Recognition Program (ADA CERP) recognition is based on a provider's demonstration of compliance with ADA CERP standards and criteria. Participation in ADA CERP is voluntary. ADA CERP was created to assist the dental profession in identifying and participating in quality continuing dental education and to assist dental regulatory agencies to establish a sound basis for increasing their uniform acceptance of continuing dental education (CE) credits earned by dentists to meet the CE requirements for re-licensure currently mandated by the majority of licensing jurisdictions in the United States.

International CE providers may seek ADA CERP recognition for the purpose of obtaining an independent, external review, for benchmarking, or to serve the needs of dental professionals for quality continuing dental education.

An international CE provider is defined as a provider whose primary location is outside the United States and Canada.

An international CE provider seeking ADA CERP recognition must meet the same CERP Recognition Standards as providers in the United States and Canada.

Accordingly, for those international providers interested in obtaining ADA CERP recognition, the Commission for Continuing Education Provider Recognition has a Pre-application Process for International Providers (PPIP) to enhance these providers' understanding of the purpose and function of the program, and to support the Commission's ability to assess providers in diverse cultural, professional and regulatory contexts.

### **ADA CERP Eligibility Criteria**

1. The CE provider offers a planned program of continuing dental education activities consistent with the definition of continuing dental education provided in the ADA CERP Glossary. The CE provider must demonstrate oversight by an independent advisory committee. The provider must have planned, implemented and evaluated at least one CE activity within the last 12 months prior to initiating the CERP pre-application process.
2. A CE provider must ensure that all courses offered for continuing education credit have a sound scientific basis in order to adequately protect the public. CCEPR reserves the right to require that the applicant provide documentation that courses offered by the provider have a sound scientific basis and proven efficacy in order to ensure public safety.
3. The CE provider must demonstrate that it assumes the financial and administrative responsibility of planning, publicizing and offering the continuing education program consistent with the definition of provider in the CERP Glossary.
4. Commercial interests are not eligible for recognition. The CERP Glossary defines "commercial interest" as follows:

Commercial Interest: (1) An individual or entity that produces, markets, resells 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.

5. CE providers that are not based in the United States or Canada must meet the additional eligibility criteria and requirements outlined in the Pre-application Process for International Providers before they will be considered eligible to apply for recognition.

#### **Additional Requirements for International Providers Only**

6. The survey responses and required documentation are in English and are appropriate and understandable.
7. The provider applying is a dental school or a continuing education program within a dental school, a national governmental health authority, a professional membership association, or a dental or medical education or communications company.
8. The provider operates under health care standards and standards of care for dentistry which support the ethical practice of dentistry and the profession.
9. The provider has direct oversight of all CE activities offered, and is directly responsible for planning, developing and administering the CE activities.

The Commission for Continuing Education Provider Recognition reserves the right to determine a provider's eligibility.

#### **Pre-application Process for International Providers (PIIP)**

An international CE provider wishing to apply for CERP recognition must submit a pre-application survey to the Commission for Continuing Education Provider Recognition ("the Commission") demonstrating that it meets the Eligibility Criteria. The Commission will invite international CE providers that meet these criteria to submit an ADA CERP application for initial recognition.

##### **Step 1. Submission of PIIP Eligibility Survey**

The applicant organization submits a PIIP survey, with supporting documentation, and a Pre-application fee to begin the application process. The survey is reviewed by the Commission using the eligibility criteria listed above. If the Commission consensus is that the continuing education provider meets the Eligibility Criteria, the Commission will invite the provider to submit an application for ADA CERP recognition. If the Commission consensus is that the provider has the potential to meet the Eligibility Criteria for International Providers but the Pre-application Survey does not demonstrate that the provider meets all requirements, the Commission may ask the provider to submit additional information. If the Commission consensus is that the international provider is not eligible to pursue CERP recognition, the Commission will inform the provider of the specific areas that, in the opinion of the Commission, limit the ability of the provider to meet CERP recognition requirements for international providers.

##### **Step 2. Submission of ADA CERP application for initial recognition**

International CE providers that are eligible and that wish to apply for ADA CERP recognition will be requested to complete an ADA CERP Application for Recognition within a specified time frame, usually within 18 months of notification of eligibility, and in accordance with published application deadlines. The Commission will inform eligible providers of the date(s) by which an initial application must be submitted. Eligible providers that do not submit an application for the Commission's consideration by the final date specified by the Commission will be required to submit a new pre-application form and pay the applicable fee. Published application deadlines shall fall approximately two months prior to meetings of the Commission.

The Commission will consider applications submitted by published deadlines at its next regularly scheduled meeting, and will communicate its findings to the provider in accordance with the ADA CERP Regulations

Governing the Recognition Process.

### **Step 3. Maintaining ADA CERP recognition once approved**

International providers that receive ADA CERP recognition must comply with all program requirements. It is the provider's responsibility to stay informed of changes in the ADA CERP Recognition Standards and Procedures and to abide by all current policies and procedures.

All ADA CERP recognized providers must periodically reapply for continued recognition, as described in the ADA CERP Recognition Policy and the Policy on Continued Recognition of Previously Recognized Providers.

*ADA CERP Policy on Pre-application Process for International Providers*

Adopted: December 2013; Revised: March 2015; September 2015; April 2019; October 2020; September 2022; April 2023

## **FEES**

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Continuing education providers that are not currently ADA CERP recognized must pay a non-refundable fee when submitting pre-applications to determine eligibility and an application fee when submitting an application for initial recognition. Once approved, CERP recognized providers must also pay an annual fee. No annual fee will be required in the year the provider receives initial CERP recognition.

ADA CERP fees are based on the operating expenses of the program. A schedule of current fees is published at [CCEPR.ADA.org](http://CCEPR.ADA.org).

The Commission will view non-payment of all required fees within the established deadline(s) as a decision by the provider to voluntarily withdraw from the ADA CERP. The name of the previously recognized provider will be removed from the current list of ADA CERP recognized providers when it is next published. Any provider wishing to reinstate its recognition following discontinuation for non-payment of fees will be required to submit an ADA CERP Application and follow the established procedures for recognition.

## **POLICY ON CONTENT VALIDITY**

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Recognized providers are responsible for ensuring that their education is fair and balanced and that any clinical content presented supports safe, effective patient care.

1. All recommendations for patient care in recognized continuing education must be based on current science, evidence, and clinical reasoning, while giving a fair and balanced view of diagnostic and therapeutic options.
2. All scientific research referred to, reported, or used in recognized education in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection, analysis, and interpretation.
3. Although recognized continuing education is an appropriate place to discuss, debate, and explore new and evolving topics, these areas need to be clearly identified as such within the program and individual presentations. It is the responsibility of recognized providers to facilitate engagement with these topics without advocating for, or promoting, practices that are not, or not yet, adequately based on current science, evidence, and clinical reasoning.
4. Organizations cannot be recognized if they advocate for unscientific approaches to diagnosis or therapy, or if their education promotes recommendations, treatment, or manners of practicing healthcare that are determined to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients.

*Content Validity Policy*  
Adopted: September 2023

## POLICY STATEMENT ON REPORTING SUBSTANTIVE CHANGES ---

**Substantive Changes:** A **substantive** change to a provider's continuing education (CE) program is one that may impact the degree to which the recognized provider complies with the ADA CERP Recognition Standards and Procedures. The Commission must be made aware of substantive changes as soon as possible. Substantive changes may include, but are not limited to:

- Changes in ownership, legal status or form of control.
- Introducing a new educational method beyond the scope described in the application, e.g., adding patient treatment courses or self-study activities.
- Changes in the CE program's source(s) of financial support, especially if funding is from an external commercial source.
- Changes in the CE provider's contact information.

When an ADA CERP recognized provider undergoes certain substantive changes, resulting, for instance, from a merger or acquisition, the Commission may need to work through the transition with the organization.

When a recognized provider undergoes certain substantive changes, for example, becoming owned by a commercial interest, ADA CERP may consider the provider to be significantly different than the organization that was recognized. ADA CERP may require the provider to cease providing CE as an ADA CERP recognized provider.

ADA CERP may withdraw a provider's recognition if the provider is dissolved or ceases to exist as a result of a merger, acquisition or dissolution.

When substantive changes occur, the primary concern of the Commission for Continuing Education Provider Recognition (the Commission) is that the provider continues to meet the ADA CERP standards and criteria. Recognized providers must be able to demonstrate that any substantive change(s) to their CE program will not adversely affect the ability of the organization to comply with established standards. If the Commission determines that the program changes represent a sufficient departure from practices in place at the time of application, the Commission may elect to re-evaluate the provider before the next formal reapplication is due.

**Contact Information Changes:** To protect the best interest of all parties, ADA CERP generally limits communications to authorized contact persons identified by the provider. It is very important to ensure that your organization's contact information is current and accurate. ADA CERP uses the following contact categories:

1. CERP contact: the person with whom CERP regularly communicates, frequently via email
2. Chief Executive Officer: the person in a leadership role who is ultimately responsible for the organization's ADA CERP recognized CE provider

A provider may review and make necessary changes to their organization's contact information by contacting ADA CERP staff at [cerp@ada.org](mailto:cerp@ada.org). ADA CERP considers the names and contact information for providers recognized by ADA CERP to be public information, and provides lists of these names to the public, accordingly.

**Reporting Substantive Changes:** All recognized providers are expected to report substantive changes **in writing** to the CCEPR within 30 days of the change. If a provider is uncertain whether a change is substantive, the provider should contact Commission staff at [cerp@ada.org](mailto:cerp@ada.org) for clarification and guidance. The following procedures shall apply to substantive changes:

1. ADA CERP recognized providers must report any substantive change(s) to their CE program within 30 days of the change.
2. The provider must submit to the Commission a description and/or documentation describing the change(s) and explaining how the CE program will continue to comply with ADA CERP standards and criteria.
3. Providers will receive written notification from the Commission that:

- a. The information is acceptable and will be kept on file for review at the time of the provider's next scheduled reapplication, or
  - b. Additional documentation is required for re-evaluation prior to the next scheduled reapplication, usually at the time of Commission's next scheduled meeting.
4. The Commission may exercise its right to re-evaluate a recognized provider at any time.
  5. When a provider has received written notification to provide additional documentation, **failure to submit the requested documentation shall be considered grounds for withdrawal of ADA CERP recognition status** at the next regularly scheduled meetings of the Commission.
  6. Submission of false or misleading information shall be grounds for withdrawal of ADA CERP recognition status.

ADA CERP Policy on Reporting Substantive Changes  
 Adopted: September 1994  
 Revised: May 2000, September 2000, January 2006, March 2015; April 2023

## JOINT PROVIDERSHIP POLICY ---

This policy delineates recommended procedures for initiating, developing and managing joint providerships in compliance with the current ADA CERP standards, procedures, definitions and policies.

1. A recognized provider may elect to share responsibility with one or more recognized or non-recognized providers for planning, implementing, evaluating, and keeping records for a continuing dental education activity. A non-recognized provider may initiate joint providership with a recognized provider.
2. Non-recognized joint providers must be compliant with eligibility requirements as they reflect specific ADA CERP standards, criteria, procedures and definitions. A commercial interest as defined by ADA CERP may not be a joint provider.\*
3. Responsibility for quality assurance rests with the recognized provider. Administrative responsibility for development and implementation of continuing education activities must rest with the recognized provider whenever the recognized provider acts in cooperation with providers that are not recognized. When two or more recognized providers act in cooperation to develop, distribute and/or present an activity, one must take responsibility for ensuring compliance with CERP Standards.

These responsibilities include but are not limited to:

- a. A letter of agreement must be drawn up between the providers forming the joint providership. The letter of agreement must be signed by all parties.
  - b. Responsibility for initiating and coordinating management of the letter of agreement must rest with the recognized provider(s).
  - c. The recognized provider(s) must ensure that specific planning and administrative procedures have been established to ensure compliance with ADA CERP standards, criteria, procedures and policies.
  - d. The recognized provider(s) and any joint providers that are not recognized must ensure that CE activities offered have a sound scientific basis in order to adequately protect the public.
  - e. The parties named in the letter of agreement must review the letter of agreement periodically in order to make any required updates or revisions.
4. The recognized provider must inform the participant of the joint providership relationship through the use of the appropriate recognition statements. All printed materials for jointly provided activities must carry the appropriate recognition statements.

*<<Name of provider>> is an ADA CERP Recognized Provider. ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry.*

Concerns or complaints about a CE provider may be directed to the provider or to the Commission for Continuing Education Provider Recognition at [CCEPR.ADA.org](http://CCEPR.ADA.org).

<<Name of provider>> designates this activity for <<number of credit hours>> continuing education credits.

This continuing education activity has been planned and implemented in accordance with the standards of the ADA Continuing Education Recognition Program (ADA CERP) through joint efforts between <<Name of CERP recognized provider>> and <<Name of joint provider.>>

\* Effective July 1, 2023, a commercial interest may not be a joint provider.

ADA CERP Joint Providership Policy

Approved: November 2001; Revised: November 2009, December 2013, March 2015, April 2019, September 2022

## **POLICY ON COMPLIANCE WITH PRIVACY LAWS**

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Every provider submitting materials to the Commission for Continuing Education Provider Recognition (CCEPR) as part of the recognition process must attest to the following:

*“The materials we submit to CCEPR as part of an application, activity file, progress report, report of substantive change, or other reports will not include protected health information, as defined in the Health Insurance Portability and Accountability Act of 1996 (HIPAA), as amended, unless we have obtained any necessary authorization, consent or release, or any other personally identifiable information that may be protected by federal, state or local laws.”*

ADA CERP Policy on Compliance with Privacy Laws

Adopted: May 2014; Revised: March 2015

## **COMPLAINTS POLICY**

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### **COMPLAINTS**

A complaint is defined by the Commission for Continuing Education Provider Recognition (“the Commission”) as written communication received by the Commission alleging that a CE provider recognized by the ADA Continuing Education Recognition Program (ADA CERP) may not be in compliance with ADA CERP Recognition Standards, Policies and Procedures (ADA CERP Standards).

ADA CERP recognition is based on a periodic review of a provider’s compliance with ADA CERP Standards and/or recognition policies. The Complaints Policy is implemented in response to concerns about providers’ compliance with ADA CERP Standards that arise outside of the recognition process. The Commission reserves the right to amend this policy at any time.

The Commission will consider written, signed complaints about recognized CE providers if the complaint documents substantial noncompliance with the ADA CERP Standards. Complaints may be forwarded to the Commission by course participants, course faculty, other ADA CERP recognized CE providers, state dental societies, state boards of dentistry and other interested parties. Upon receipt of such a complaint, the Commission will initiate a review of the provider’s recognition status, in accordance with the ADA CERP Complaints Policy in a manner that considers due process.

A recognized provider may also be reevaluated at any time if information is received from the provider or another source that indicates the provider has undergone changes in program administration or scope, or may no longer be in compliance with the ADA CERP Standards.

### **COMPLAINTS POLICY**

The Commission for Continuing Education Provider Recognition will only consider written, signed complaints that

present evidence and documentation in support of the complaint. The complaint must identify the specific ADA CERP Standards with which the recognized provider may not be in compliance. Unsigned comments/complaints or oral complaints will not be considered.

The Commission is interested in the continued improvement and sustained quality of continuing dental education programs. The Commission only investigates and takes action in matters related to ADA CERP Standards. If a complaint includes matters that are currently the subject of, or directly related to, litigation, the Commission will not proceed with consideration of the complaint until the litigation is concluded. In accordance with its responsibilities to determine compliance with the ADA CERP Standards, the Commission does not act as a mediator, does not intervene on the behalf of any organizations and/or individuals, nor act as an arbitrator between disputing parties.

The Commission will evaluate potential complaints to ascertain that they pertain to ADA CERP Standards. A potential complainant will be asked to provide complete information and documentation about the alleged lack of compliance with the ADA CERP Standards.

The Commission will consider appropriate complaints against ADA CERP recognized providers from third parties. The Commission may also initiate a complaint or inquiry about an ADA CERP recognized provider. In this regard, an appropriate complaint is defined as one alleging that there exists a practice, condition or situation within the program of an ADA CERP recognized provider which indicates potential non-compliance with ADA CERP Standards. The Commission will review documentation and determine the disposition of such complaints.

Any attempted resolution between the complainant and the provider prior to initiating a formal complaint should be documented. The Commission will consider the complaint at the earliest feasible opportunity, usually at the next scheduled semi-annual meeting of the Commission. When setting this date, the Commission will protect the due process interests of both the provider and the complainant to the degree possible.

The following procedures have been established to review appropriate complaints:

1. The complaint will become a formally lodged complaint only when the complainant has submitted a written, signed statement of the program's non-compliance with a specific standard and/or recognition policy; the statement must be accompanied by documentation of the non-compliance whenever possible. If the Commission determines that a complaint does not relate to a provider's compliance with ADA CERP Standards, then the matter will be closed and the Commission will notify the complainant that it will not consider the complaint. If the Commission determines that the complaint does not contain the proper evidence/documentation, the complaint will be returned with a request to submit the requested documentation. The complainant will have fourteen (14) days from such notification to resubmit the complaint. If the requested documentation is not submitted within fourteen (14) days, the complaint will be closed. The Commission will complete this initial screening within thirty (30) days of receipt of the complaint and all necessary evidence/documentation. The Commission will take steps to protect the identity of the complainant, except as may be required by legal process.
2. If the Commission determines that a complaint merits further review, the Commission will notify the continuing dental education provider in writing that the Commission has received a formal complaint indicating that compliance with a specific ADA CERP Standard has been questioned. The Commission will also notify the complainant in writing that the Commission has opened an inquiry into the complaint. The Commission will not communicate further with the complainant concerning the status or results of the inquiry other than to inform the complainant at such time as the matter has been resolved.
3. The provider will be required to provide documentation supporting its compliance with the ADA CERP Standards in question by a specific date (usually within 30 days). The Commission reserves the right to seek additional information from the provider, including but not limited to course evaluation forms completed by participants and the names, addresses and telephone numbers of all course participants. If the Commission requests further information, the provider shall provide such information within fourteen (14) days of delivery of such further request. The Commission may also seek information from alternate sources including, but not limited to: surveys of program participants, on-site visits, observation of the provider's CE activities, or other means considered necessary to determine whether the CE provider is in compliance with ADA CERP Standards.

As part of a complaint related to the ADA CERP requirements that CE activities be based on sound science, the provider will be required to submit to the Commission, or provide access to, an unaltered set of all CE materials (e.g., audio/video recordings, slides or other content outlines, program book or other handouts) related to the CE activity at issue. If, upon receipt of the materials, the Commission determines that an objective content review of the activity is necessary to determine compliance, the Commission may seek independent content reviews by at least two (2) independent reviewers. The provider will pay any costs related to the review of the activity in excess of an amount which the Commission will establish and post from time to time on its website. The provider has the option to submit its own independent content review to the Commission within thirty (30) days of being notified of the complaint.

Refusal or failure to provide all requested information or to cooperate with the Commission's information-gathering efforts may be considered cause for withdrawal of the provider's ADA CERP recognition status.

4. The Commission will consider the provider's report and documentation as well as any additional information obtained from other sources, generally, at or before the Commission's next regularly scheduled meeting.
5. Following consideration, the Commission will take action, as follows:
  - a. If the Commission finds the provider to be in compliance with ADA CERP Standards, the provider will be notified accordingly and the matter will be closed.
  - b. If the Commission determines there is sufficient evidence of noncompliance with the ADA CERP Standards, the Commission may either request additional information or initiate action to withdraw recognition. The Commission may:
    - postpone action until the next meeting pending the receipt of additional information such as:
      - a comprehensive re-evaluation of the provider;
      - a written report by the provider documenting progress in meeting the relevant ADA CERP Standards prior to the next regularly-scheduled meeting of the Commission;
      - personal appearances before the Commission by the complainant and/or the provider or their representatives to present oral testimony in support of the written documentation provided. The complainant and the provider may be represented by legal counsel. The costs to the complainant and the provider of such personal appearances and/or legal representation shall be borne by the complainant and the provider, respectively; or
    - notify the provider of the Commission's intent to withdraw the provider's recognition, in accordance with the ADA CERP Procedures for an Adverse Action Against a Provider.
6. The provider will receive written notice of the Commission's action on the complaint within thirty (30) days following the Commission meeting. The complainant will also be notified that the matter has been resolved, without indicating the nature of the resolution, in keeping with the CERP Confidentiality Policy.
7. The records/files related to such complaints shall remain the property of the Commission for five years and shall be kept confidential to the extent feasible. After five years, these records will be destroyed.

*ADA CERP Complaints Policy*

Adopted: October 1996; Revised: April 2006, November 2007, April 2010, March 2015, September 2023



## **PROCEDURES FOR AN ADVERSE ACTION AGAINST A CONTINUING EDUCATION PROVIDER**

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An adverse action is defined as withdrawal or denial of recognition.

### **Receiving Notice of an Adverse Action**

The following procedure is used when an adverse action (to deny or withdraw recognition) is initiated by the Commission for Continuing Education Provider Recognition (Commission):

1. The Commission sends notice that it is initiating an adverse action in a transmittal letter to the provider no later than fourteen (14) days after the Commission's meeting in which it determined to take this action. The transmittal letter is sent by tracked electronic communication and includes a copy of the Decision Report.
  - a. For a new applicant denied recognition, the Decision Report will outline the ADA CERP Recognition Standards, Policies and Procedures (ADA CERP Standards) which the Commission determined the provider did not meet.
  - b. For a recognized provider, the Decision Report will outline the ADA CERP Standards which the Commission determined the provider did not meet, and will communicate the Commission's intent to withdraw recognition and the date on which this action will be taken (generally at the next regularly scheduled meeting of the Commission).
2. The transmittal letter will advise the provider of its option to request reconsideration and to provide additional information and documentation for the Commission to consider prior to taking the proposed action.

### **Reconsideration of an Initiated Adverse Action**

1. If a provider wishes to request that the Commission reconsider an adverse action that has been initiated, the provider must notify the Commission in writing within thirty (30) days of notification of the Commission's intent to withdraw or deny recognition. The recognition status of the provider shall remain unchanged during the reconsideration process.
2. If a provider properly notifies the Commission that it wishes to request reconsideration, it will be asked to submit a report or revised application, describing and documenting its compliance with the ADA CERP Standards cited in the Commission's Decision Report, and include any reasons why the provider believes the withdrawal or denial is unjustified. The report and documentation are due by the date specified by the Commission (generally the next published ADA CERP application due date). The provider also has the option to address the Commission at the meeting during which the Commission will consider the provider's request for reconsideration.
3. After considering the information supplied by the provider in its request for reconsideration, the Commission will notify the provider of its decision in writing. If, following reconsideration, the Commission determines that approval should be withdrawn as scheduled, or the decision to deny recognition upheld, the provider will be notified of its right to appeal this decision.
4. If the provider does not communicate its intent to request reconsideration by the thirty (30) day deadline specified, the decision of the Commission will automatically be final.

### **Appeal of an Adverse Action**

If, after considering a provider's request for reconsideration and supporting documentation, the Commission takes action to withdraw or deny recognition, the provider may appeal to the Commission's Appeal Board. The purpose of an appeal is to determine if, based on the information and documentation previously submitted to the Commission, the decision to deny or withdraw recognition was in accordance with ADA CERP Standards. An appellant may not present to the Appeal Board any information that had not previously been presented to the Commission, such as information regarding corrections to deficiencies cited by the Commission. It is not proper for the Appeal Board to either receive or consider facts not previously presented to the Commission since it does not sit as an initial reviewing body. Similarly, it is not the function of the Hearing Panel to determine whether the facts, singularly or cumulatively, justify the decision of the Commission unless it can be shown that the Commission's decision was clearly against the manifest weight of the evidence. Further, the Hearing Panel will not hear testimony relative to the reasonableness of previously determined requirements for recognition since this is outside the scope of authority of this reviewing body. An appeal may not be based on the length of the

recognition period or disagreement with the ADA CERP Standards. Appeals are conducted in accord with the following procedures.

### **Appeal Board and Hearing Panel**

The appellate body of the ADA's Continuing Education Recognition Program (CERP) shall be the Commission for Continuing Education Provider Recognition Appeal Board which shall have the authority to hear and decide appeals filed by continuing dental education providers from decisions rendered by the Commission denying or withdrawing recognition.

The Appeal Board consists of one representative selected by each of the organizations represented on the Board of Commissioners, and shall include one member each from: the national organizations of the recognized dental specialties, the American Dental Education Association, the American Society of Constituent Dental Executives, and the American Dental Association. Members of the Appeal Board must have previously served on the Board of Commissioners or its predecessor, the ADA CERP Committee. The term of office of members on the Appeal Board shall be one four (4) year term. When an appeal of an adverse action is initiated by a provider, the director of the Commission shall select a Hearing Panel consisting of three (3) members of the Appeal Board to hear and decide the appeal. Members of the Hearing Panel may not have previously reviewed an application or progress report submitted by the provider as part of the recognition process.

The Hearing Panel shall meet at the call of the director of the Commission provided at least ten (10) days' notice is given to each member of the Hearing Panel in advance of the meeting. Such meetings shall be called by the director only when an appeal to the appellate body has been duly filed by a continuing education provider following the procedures for filing an appeal.

The Hearing Panel shall elect one member of the panel to chair the hearing. A majority of the voting members of the Hearing Panel shall constitute a quorum.

### **Procedures for an Appeal**

1. If the Commission denies or withdraws recognition, the Commission will send notice of its decision in a written transmittal to the provider no later than fourteen (14) days following the Commission meeting. The transmittal will be sent by tracked electronic communication. If the provider wishes to appeal the adverse action, the provider must file a written request for an appeal with the director of the Commission within twenty-one (21) days of notification of the Commission's decision. In the absence of receipt of a request for an appeal as prescribed above, the decision of the Commission will automatically be final.
2. If a request for an appeal is received, the Commission shall acknowledge notification of such intent and indicate the deadline for submission of documentation.
3. The provider must submit a non-refundable Appeal Administrative Fee with its request for the appeal, in accordance with the fee schedule published from time to time at [CCEPR.ADA.org](http://CCEPR.ADA.org).
4. The director of the Commission shall provide the names of the three members of the Hearing Panel to the appellant within thirty (30) days of receipt of the appeal. In the event that the appellant believes that a member of the Hearing Panel has a conflict of interest that may preclude a balanced hearing, the appellant may request that panelist be replaced. The appellant may request replacement of up to two members of the Hearing Panel. A request for appointment of a new panelist must be submitted to the Appeal Board within ten (10) days of receipt of the original slate of Hearing Panel members. New members of the Hearing Panel will be selected by the director of the Commission.
5. The provider must submit four copies of evidence or argument in writing to refute the decision of the Commission. The appellant's written evidence or argument must be submitted at least fourteen (14) days prior to the hearing date.
6. A hearing date will be scheduled by the director of the Commission within 60 days of receipt of the appeal. The Hearing Panel shall meet virtually unless the appellant requests to meet with the Hearing Panel in person. In the event that the appellant requests an in person meeting, such meeting shall take place in Chicago, at a location determined by the Commission. The appellant shall be responsible for its representatives' travel expenses and its legal expenses. In addition, the appellant will be responsible for the travel expenses of the three members of the Hearing Panel, in accordance with the published fee schedule. The appellant must submit payment of travel expenses at least thirty (30) days prior to the hearing date.

7. Representatives of the provider may make an appearance before the Hearing Panel via teleconference or in person. If desired, the provider's legal counsel may accompany the provider and observe the appearance. Legal counsel for the Appeal Board may be present for the appearance(s) and the Hearing Panel's closed session(s) thereafter. No recording of the appearance(s) is permitted. The provider will be given the opportunity to offer evidence and argument to refute the adverse action. The Hearing Panel will only review information and documentation that was previously available to the Commission at the time the Commission made its decision take the adverse action.
8. No change in the recognition status of the provider will occur pending disposition of the appeal.

### **Mechanism for the Conduct of an Appearance before the Hearing Panel**

1. A representative of the Commission may make a brief opening statement for the purpose of establishing the Commission's findings and reasons therefore. The Commission's representative's presentation shall not exceed thirty (30) minutes.
2. The provider will then present its argument to the Hearing Panel. The appellant's presentation shall not exceed thirty (30) minutes.
3. Hearing Panel members may ask questions of the Commissioner's and the provider's representatives to clarify information presented.
4. After hearing the evidence, the Hearing Panel shall meet in closed session to discuss the appeal and make its decision, which shall be final. The Hearing Panel's decision may be to uphold or overturn the adverse action. The decision shall be based on a majority vote of the Hearing Panel members present and voting.
5. The Appeal Board Hearing Panel's decision will be sent to the provider within ten (10) days following the hearing. If the decision is to uphold the Commission's action to withdraw or deny recognition, the decision will be effective upon notification of the decision. The Appeal Board's action shall be final.
6. The Commission reserves the right to modify or change these procedures.

#### *Procedures for an Adverse Action Against a CE Provider*

Revised: November 1999, January 2004, November 2005, April 2006, April 2007, March 2015, September 2023

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## INFORMATION ON ADA CERP OBJECTIVES AND CCEPR GOVERNANCE

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### REASONS FOR PROGRAM

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The ADA CERP was created to assist members of the American Dental Association, the recognized dental specialty organizations, the American Dental Education Association, the state dental board and licensing jurisdictions, and the broad-based dental profession in identifying and participating in quality continuing dental education. It is also a goal of the ADA CERP to promote continuous quality improvement of continuing dental education and to assist dental regulatory agencies to establish a sound basis for increasing their uniform acceptance of CE credits earned by dentists to meet the CE relicensure requirements currently mandated by the majority of licensing jurisdictions. ADA CERP is administered by the Commission for Continuing Education Provider Recognition (CCEPR).

ADA CERP represents a mechanism for reviewing CE providers and recognizing those that demonstrate that they routinely meet certain basic standards of educational quality. The clearly defined ADA CERP Recognition Standards and Procedures are the basis for evaluating the educational processes used by CE providers in designing, planning and implementing continuing education. This review and recognition helps individual dentists select courses presented by recognized CE providers.

**Recognition of a provider by the Commission for Continuing Education Provider Recognition does not imply endorsement of course content, products or therapies presented.**

Specific objectives of the recognition program are:

1. To improve the educational quality of continuing dental education programs through self-evaluation conducted by the CE program provider in relation to the ADA CERP standards and criteria for recognition, and/or through counsel and recommendations to CE providers from the Commission.
2. To assure participants that recognized continuing education program providers have the organizational structure and resources necessary to provide CE activities of acceptable educational quality, i.e., activities that should assist the participant in providing an enhanced level of care to patients.
3. To promote uniform standards for continuing dental education that can be accepted nationally by the dental profession.
4. To assist regulatory agencies and/or other organizations responsible for granting credit in identifying those continuing dental education providers whose activities are acceptable for credit toward licensure or membership requirements or voluntary recognition programs.

## CCEPR GOVERNANCE STRUCTURE

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The Continuing Education Recognition Program is governed 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 of continuing dental education programs and activities. The Commission is structured to include broad input from those dental groups with an interest in continuing dental education at the policy-setting level.

Members of the Board of Commissioners are appointed by the following organizations:

Sponsoring organizations of dental specialties recognized by the National Commission on Recognition of Dental Specialties and Certifying Boards (NCRDSCB) (one member each)  
American Dental Education Association (one member)  
American Society of Constituent Dental Executives (one member)  
American Dental Association (four members)

Because the focus of the ADA CERP is on continuing education for dentists, the CCEPR is primarily composed of dentists. Each represented organization selects individuals with knowledge, experience and interest in continuing education.

To help ensure representation of the public interest, the Commission also appoints one public member to the Board of Commissioners. The Commission also appoints a public member who is also a member of a state board of dentistry or jurisdictional licensing agency.

**Terms of Commission Members:** Members of the CCEPR are appointed to a four year term. A rotational schedule ensures that a core of experienced members serve on the Commission at all times.

The Commission schedules two regular meetings each year.

**Responsibilities:** ADA *Bylaws* define the duties of the Commission as follows.

The duties of the Commission for Continuing Education Provider Recognition shall be to:

- a. Formulate and adopt requirements, guidelines and procedures for the recognition of continuing dental education providers.
- b. Approve providers of continuing dental education programs and activities.
- c. Provide a means for continuing dental education providers to appeal adverse recognition decisions.
- d. Submit an annual report to the House of Delegates of this Association and interim reports, on request.
- e. Submit an annual budget to the Board of Trustees of the Association.

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## ADA CERP GLOSSARY

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*The following terms are defined as they are used by the Commission for Continuing Education Provider Recognition in relation to continuing dental education and ADA CERP. CE providers should familiarize themselves with these definitions to ensure complete understanding of information provided in this document.*

**ACTIVITY:** An individual educational experience such as a lecture, clinic or home-study package. (See COURSE, LIVE COURSES/ACTIVITIES, ELECTRONICALLY MEDIATED LEARNING, SELF-INSTRUCTIONAL COURSES/ACTIVITIES)

**ADMINISTRATIVE AUTHORITY (previously noted as administrator or program planner):** The person responsible for the coordination, organization and dissemination of planned CDE offerings. Typically, it is an employee of the provider; the provider is responsible for the overall quality.

**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.

**BEST PRACTICES:** Those strategies, methods, activities or approaches which have been shown through research and evaluation to effectively promote continuous quality improvement of continuing dental education in accordance with the ADA CERP *Recognition Standards and Procedures*.

**COMMERCIAL BIAS/COMMERCIAL INFLUENCE:** In the context of continuing dental education, any activity or material designed to promote a specific proprietary business interest.

**COMMERCIAL INTEREST:** (1) An individual or entity that produces, markets, resells 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 SUPPORT:** Financial support, products and other resources contributed to support or offset expenses or needs associated with a provider's continuing dental education activity.

**COMMERCIAL SUPPORTER:** Commercial interests which contribute unrestricted financial support, products, and other resources to support or offset expenses and/or needs associated with a provider's continuing dental education activity.

**CONFLICT OF INTEREST:** When an individual has an opportunity to affect the content of continuing dental education activities regarding products or services of a commercial interest with which he/she has a financial relationship.

**CONTINUING DENTAL EDUCATION:** Continuing education consists of educational activities which serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a dentist uses to provide services for patients, the public, or the profession. The objective is to enhance and update the knowledge base of dentists, strengthen critical thinking skills and support an evidence-based, ethical practice of dentistry. The content of continuing dental education is that body of knowledge and skills generally recognized and accepted by the profession as within the basic medical and dental sciences, the discipline of clinical dentistry, and the provision of oral healthcare to the public.

### Examples

Examples of non-clinical topics that are included in the ADA CERP definition of continuing dental education content include but are not limited to:

- Practice management, for managing offices related to the dental profession
- Educational methodology, for dentists teaching in academic dental programs

- Coding and reimbursement in a dental office
- Research advances in basic and clinical sciences.

Continuing education activities that are not directly related to a dentist's professional work do not fall within the ADA CERP definition of continuing dental education. Although these activities may be worthwhile, continuing dental education activities related to a dentist's nonprofessional educational needs or interests—such as personal financial planning or physical fitness—are not considered continuing dental education by ADA CERP.

**COURSE:** A type of continuing education activity; usually implies a planned and formally conducted learning experience. (See **ACTIVITY**, **LIVE COURSE/ACTIVITY**, **ELECTRONICALLY MEDIATED LEARNING**, **SELF-INSTRUCTIONAL COURSE/ACTIVITY**)

**COURSE COMPLETION CODE:** Also referred to as verification code. Random code, a portion of which is announced by program provider toward the end of each course to help verify that each participant has taken part in the entire course.

**DENTAL/MEDICAL EDUCATION OR COMMUNICATIONS COMPANY:** Company whose sole purpose is to produce educational programs or communications for healthcare professionals.

**EDUCATIONAL METHODS, METHODOLOGIES:** The systematic plan or procedure by which information or educational material is made available to the learner. Some examples include lecture, discussion, practice under supervision, audiovisual self-instructional units, case presentations and internet-based or other electronically mediated formats.

**ELECTRONICALLY MEDIATED LEARNING:** Continuing education activities that use one or more of the following technologies to deliver instruction to participants who are separated from the instructor and to support interaction between the participants and the instructor: (1) the internet; (2) one-way and two-way transmissions through open broadcast, closed circuit, cable, microwave, broadband lines, fiber optics, satellite, or wireless communications devices; (3) audio conferencing; or (4) DVDs, CD-ROMs, and videocassettes if these are used in a course in conjunction with any of the other technologies listed. Electronically mediated learning may be delivered through live courses or self-instructional activities.

**EVIDENCE-BASED DENTISTRY:** Evidence-based dentistry (EBD) is an approach to oral health care that requires the judicious integration of systematic assessments of clinically relevant scientific evidence, relating to the patient's oral and medical condition and history, with the dentist's clinical expertise and the patient's treatment needs and preferences. \* (See <https://www.ada.org/resources/research/science-and-research-institute/evidence-based-dental-research>)

**FINANCIAL RELATIONSHIPS:** Any relationship in which an individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest, contracted research or other financial benefit. CCEPR considers relationships of the person involved in the CDE activity to include financial relationships of a family member. Relevant financial relationships must be disclosed to participants in CDE activities. (See **RELEVANT FINANCIAL RELATIONSHIPS**.)

**GOAL:** A statement of long-range expectations of a continuing dental education program.

**GOVERNMENTAL HEALTH AUTHORITY:** A government or its designated entity responsible for health matters.

**INSTRUCTOR/AUTHOR (also lecturer, faculty, faculty member):** The person or persons responsible for the development and presentation of specific CDE course material for the intended audience.

**INTERNATIONAL PROVIDER:** A continuing dental education provider whose primary location is outside the United States and Canada. International providers interested in participating in ADA CERP must meet the Eligibility Criteria and complete the process outlined in the Pre-application Process for International Providers (PIIP) before submitting an application for CERP recognition. (See **POLICY ON PRE-APPLICATION PROCESS FOR INTERNATIONAL PROVIDERS**.)

\* *Definition of Evidence-Based Dentistry (Trans.2001:462), in ADA Policy Statement on Evidence-Based Dentistry*

**JOINT PROVIDER:** A continuing education provider that shares responsibility with an ADA CERP recognized provider for planning, implementing, evaluating, and keeping records for a continuing dental education activity. Responsibility for continuing education activities must rest with the ADA CERP recognized provider whenever the provider acts in cooperation with providers that are not recognized. A commercial interest may not be a joint provider.\* (See ADA CERP Recognition Standards and Procedures, Standard IX. Administration, Criteria 13-14, and Joint Providership Policy).

**JOINT PROVIDERSHIP:** Any continuing education activity in which an ADA CERP recognized provider agrees to provide a program jointly with another CE provider. When an ADA CERP recognized provider enters into joint providership with a non-CERP recognized provider, the CERP recognized provider must assume responsibility for the activity. When two or more ADA CERP recognized providers act in cooperation to plan and implement an activity, one must take responsibility for ensuring compliance with CERP Standards. Letters of agreement between the joint providers must be developed to outline each party's responsibilities for the CE activity. Letters of agreement must be signed by all parties. A commercial interest may not be a joint provider.\* (See ADA CERP Recognition Standards and Procedures, Standard IX. Administration, Criteria 13-14, and Joint Providership Policy).

**LIVE COURSE / ACTIVITY:** Continuing education courses that participants must attend (whether in person or virtually) in order to claim credit. Live courses can be offered in a variety of formats including national and local conferences, workshops, seminars, and live Internet-based conferences and teleconferences.

**NEEDS ASSESSMENT:** The process of identifying the specific information or skills needed by program participants and/or interests of the program participants, based on input from participants themselves or from other relevant data sources. The specific needs thus identified provide the rationale and focus for the educational program.

**OBJECTIVE:** Anticipated learner outcomes of a specific continuing dental education learning experience or instructional unit, stated in behavioral or action-oriented terms for the participant.

**ON-SITE/IN-OFFICE PARTICIPATION COURSES:** Long-term CDE participation courses involving both formal course sessions and in-office practice of techniques without direct supervision.

**PLANNED PROGRAM:** The total efforts of a CDE 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.

**PROFESSIONAL MEMBERSHIP ASSOCIATION:** An organization of dental professionals formed for the purpose of advancing the dental profession and the oral health of the public through education and training, development and support of standards, and advocacy for the profession and the public interest.

**PROGRAM PLANNING:** The total process of designing and developing continuing education activities. This process includes assessing learning needs, selecting topics, defining educational objectives, selecting instructors/authors, facilities and other educational resources, and developing evaluation mechanisms. All steps in the program planning process should be aimed at promotion of a favorable climate for adult learning.

**PROVIDER:** An agency (institution, organization, or individual) responsible for organizing, administering, publicizing, presenting, and keeping records for the continuing dental education program. The CDE provider assumes both the professional and fiscal liability for the conduct and quality of the program. If the CDE 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 CDE provider remains responsible for the overall educational quality of the continuing education activity.

*\* Effective July 1, 2023, a commercial interest may not be a joint provider.*



**RECOGNITION:** Recognition is conferred upon CDE providers which are judged to be conducting a continuing dental education program in compliance with the standards and criteria for recognition.

**RECOMMENDATIONS:** Detailed suggestions and/or assistance in interpreting and implementing the standards and criteria for recognition. (See STANDARDS AND CRITERIA FOR RECOGNITION)

**RELEVANT FINANCIAL RELATIONSHIPS:** For a person involved in the planning, administering or presentation of a continuing dental education activity, relevant financial relationships are financial relationships in any amount, occurring in the last 12 months, that are relevant to the content of the CDE activity and that may create a conflict of interest. ADA CERP considers relevant financial relationships of the person involved in the CDE activity to include financial relationships of a family member. Relevant financial relationships must be disclosed to participants in CDE activities. (See CONFLICT OF INTEREST and FINANCIAL RELATIONSHIPS.)

**SELF-INSTRUCTIONAL COURSE / ACTIVITY:** Continuing education courses in printed or recorded format, including audio, video, or online recordings that may be used over time at various locations.

**SOUND SCIENTIFIC BASIS:** CDE material should have peer-reviewed content supported by generally accepted scientific principles or methods that can be substantiated or supported with peer-reviewed scientific literature that is relevant and current; or the CDE subject material is currently part of the curriculum of an accredited U.S. or Canadian dental education program and, whenever possible, employ components of evidence-based dentistry.

**STANDARDS AND CRITERIA FOR RECOGNITION:** The criteria which applicant continuing dental education providers will be expected to meet in order to attain and then retain recognition status. (See RECOMMENDATIONS). The verbs used in the standards and criteria for recognition (i.e., must, should, could, may) were selected carefully and indicate the relative weight attached to each statement. Definitions of the words which were utilized in preparing the standards are:

1. **Must** expresses an imperative need, duty or requirement; an essential or indispensable item; mandatory.
2. **Should** expresses the recommended manner to meet the standard; highly recommended, but not mandatory.
3. **May** or **could** expresses freedom or liberty to follow an idea or suggestion.

**VERIFICATION CODE:** Also referred to as course completion code. Random code, a portion of which is announced by program provider toward the end of each course to help verify that each participant has taken part in the entire course.