

**ADA CERP POLICY ON AWARDING CREDIT**  
**EXAMPLES OF FORMS FOR ISSUING CE CREDITS**

*ADA CERP recognized providers of continuing dental education are required to issue documents verifying individual learners' participation in continuing education activities and the credits they earned.*

*The following documents are provided as examples of forms that comply with the ADA CERP requirements outlined in the ADA CERP Policy on Awarding Credit. Providers are not required to use these forms. Use of these documents will not guarantee that a program will be found in compliance with ADA CERP Policies for Providers.*

**Policy on Awarding Credit**

The provider issues verification of CE credits earned to learners who complete a CE activity; the verification issued contains the following information:

- a. Name of the CE provider
- b. Name of the participant
- c. Title of the CE activity, including specific subjects if these are not included in the activity title
- d. Dates, hours and location of the activity (live activities), or the learner's completion date (self-study activities)
- e. Educational format of the activity (e.g., in-person lecture, hands-on participation, live webinar, on-demand webinar, online self-study, etc.)
- f. The number of credits awarded (for large conferences or extended programs, the title of each session and the number of credits awarded for each are listed)
- g. The complete, authorized ADA CERP recognition statement, including information on filing complaints.

Documentation must not resemble a diploma. 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.

*ADA CERP Policy on Awarding Credits*  
Approved: September 2024

*Note that only ADA CERP Recognized Providers are authorized to use the ADA CERP logo and recognition statement.*

**EXAMPLE 1—Single activity**

<<CE Provider's name and logo>>  
<<Provider's address, phone, email>>

<<Date credits issued>>

<<Participant name>>  
<<Participant address>>

<<Provider name>> verifies that <<participant name>> participated in the continuing education activity “<<CE course title>>,” <<course type>>, <<course date, times and location>> for << # credits>> CE credits.

Participants should retain this document for their records.

Verified by:

<<Signature>>  
<<Name>>  
<<Job title>>

**ADA CERP**<sup>®</sup> | Continuing Education  
Recognition Program

<<Provider name>> 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).*

**EXAMPLE 2—Activity with multiple sessions / CE transcript**

<<CE Provider's name and logo>>  
<<Provider's address, phone, email>>

<<Date verification issued>>

<<Participant name>>  
<<Participant address>>

**CREDIT AWARDED**

**Conference/Program Title:**  
**Date(s):**  
**Location:**

<b>Session/Course</b>	<b>Date</b>	<b>Hours</b>	<b>Instructors</b>	<b>Activity Type</b>	<b>CE Credits</b>
Session ABC	7/15/2026	1-4pm	Smith	Lecture	2
XYZ Workshop	7/16/2026	9am-3pm	Jones	Participation	3

This confirms that the individual designated above has met all the requirements of the above course(s) for awarding applicable continuing education credit. Participants should retain this document for their records.

<<Signature>>  
<<Name>>  
<<Job title>>



<<Provider name>> is an ADA CER.P Recognized Provider.

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