CE Provider Name:

**ADA CERP STANDARD APPLICATION FORM**Spring 2023   
Deadline: January 13, 2023  
*Applications will not be accepted after this date.*

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| **Directions** |

**Review the complete “Standard Application Instructions” for detailed information on completing and submitting the application.**

The ADA CERP application is structured as a self-assessment process. Continuing education providers are asked to assemble specific documentation of their policies, procedures and CE activities and then review these documents to assess whether they demonstrate compliance with [***ADA CERP Recognition Standards and Procedures*** (PDF)*.*](https://ccepr.ada.org/-/media/project/ada-organization/ada/ccepr/files/cerp_standards.pdf?rev=0a05621d753a467eb76a0a6d665dda88&hash=8CD70BE7127DB631821735D8B1838032)This self-assessment is intended to be a tool to stimulate each organization’s growth as a provider of continuing dental education. It is an opportunity to identify strengths and areas for improvement based upon defined descriptions of the CERP Standards.

Applications must be received by the date listed above. Applications must be typed. Handwritten applications or applications submitted after the deadline will not be accepted.

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| **Application Sections** |

[**Section A. Provider Information**](#Section_A_provider_information)

* [Provider information form](#Provider_information_form)
* [Provider attestation](#Provider_attestation)
* [List of education activities](#List_of_Activities)
* [Provider documentation](#Provider_documentation) (provider to attach documents)

[**Section B. Activity File 1**](#Section_B)(provider to attach documents)

[**Section C. Activity File 2**](#Section_C)(provider to attach documents)

**Supplements** (complete only those that are applicable)

[Supplement 1. Self-instructional activities (if applicable)](#Supplement_1)

[Supplement 2. Electronically mediated (online) activities (if applicable)](#Supplement_2)

[Supplement 3. Onsite/In-office activities (if applicable)](#Supplement_3)

[Supplement 4. Patient protection (activities/courses in which patients are treated) (if applicable)](#Supplement_4)

[**Section D. Self-assessment: Standards I - XIV**](#Section_D)

**Commission for Continuing Education Provider Recognition**ADA CERP  
211 E. Chicago Avenue  
Chicago, IL 60611  
800.621.8099 x2869 / +1 312.440.2869  
[CCEPR.ada.org](https://ccepr.ada.org/en)

Section A. Provider Information

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| Provider Information Form |

CE Provider Full Legal Name:

Provider DBA Name (if applicable):

Type of legal entity:        
 (e.g., sole proprietorship, corporation, nonprofit corporation, partnership, etc.):

Address:

(street, city, state, postal code, country)

Phone:       Website:       Email address:

(for publication)

Top of Form

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| Provider’s Current Recognition Status |
| *Check one:*  New applicant, not currently ADA CERP recognized  ADA CERP recognized provider  *All providers:* Number of years your organization has provided continuing dental education:     years |

Bottom of Form

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| Contact Information | | | | | | |
| **Administrative authority/person with primary responsibility for administration of provider’s CE program** (Will be listed as primary contact for provider.) | | | | | | |
| Prefix:         (e.g., Dr./Mr./Ms.) | First name: | | Last/family name: | | | |
| Job title: | | Phone: | | Email: |
| **Chief executive officer of provider organization** (executive director, dean, president, etc.)**:** | | | | | | |
| Prefix:         (e.g., Dr./Mr./Ms.) | First name: | | Last/family name: | | | |
| Job title: | | Phone: | | Email: |
| **Person with primary responsibility for completing this application**: | | | | | | |
| Prefix:         (e.g., Dr./Mr./Ms.) | First name: | | Last/family name: | | | |
| Job title: | | Phone: | | Email: | | |
| Provider Certification | | | | | | |
| As the authorizing official, on behalf of our organization, I certify that the attestation statements and all information contained in this application are accurate.  I also certify that the materials submitted in this application do 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. | | | | | | |
| |  |  | | --- | --- | | Name: | Job title: | | Authorized signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: | | | | | | | |
| (Provider’s Executive Director, President, Dean or other Chief Administrative Authority) | | | | | | |
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| CE Program Personnel |
| In the table below, list the names and titles of all permanent staff of the organization responsible for administration of the CE program, including secretarial support. List the administrative authority as the first entry. For each staff person listed, estimate the percentage of that individual’s annual workload spent on CE activities. (The total time for all individuals combined does not need to equal 100%.) If additional space is needed, attach separate sheet. (Relates to CERP Standards IX.2, 5, 6 and 7) |

|  |  |  |
| --- | --- | --- |
| **Name** | **Job Title** | **% of Time Spent  on CE Annually** |
|  |  | % |
|  |  | % |
|  |  | % |
|  |  | % |
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| Provider’s CE Advisory Committee |
| In the table below, list the name of the objective entity (board, committee, etc.) that provides peer review and direction for the CE program. List the names, academic degrees, if any, of the individuals serving on the CE advisory committee or council (e.g., D.D.S., R.D.H., Ph.D., etc.), as well as their professional title and affiliation (e.g., private practice, academic institution, etc.), and the number of years they have served on the committee.If additional space is needed, attach separate sheet. (Relates to CERP Standard IX.3)  **Advisory committee name:** |

|  |  |  |
| --- | --- | --- |
| **Member Name, Degrees** | **Professional/Job Title and Affiliation** | **# Years on**  **Committee** |
| (e.g., John Smith, D.D.S., M.P.H.) | (e.g., Assistant Professor, ABC University; or General Dentist, private practice, city, state) | (e.g.) 3 |
| Chair: |  |  |
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| Provider Type |

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

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

\* *Effective 7/1/2023 commercial interests will no longer be eligible for CERP recognition; see Eligibility Criteria.*

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| **Formats of Continuing Dental Education Activities Offered** |

*Check all that apply.*

Lecture/Course/Seminar

Self-instructional (print or recorded courses, including audio, video, or online recordings available for self-study) (Relates to Standard VI.8): **Supplement 1 required if checked.**

Electronically mediated/Online (Standard VI.9) **Supplement 2 required if checked.**

On-site/in office activities (long-term CE activities involving both formal training sessions **and**   
practice of techniques without direct supervision) (Standard VI.10) **Supplement 3 required if checked.**

Activities/courses in which patients are treated (either by instructor or participants) (Standard XIII) **Supplement 4 required if checked.**

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| **Organization Financials** |

Is your organization a not-for-profit organization?  Yes  No

|  |  |  |
| --- | --- | --- |
| **Sources of Funding** | | |
| During the past 12 months, which of the following sources of revenue were available for your CDE program? *Check all that apply.* | | |
| Registration fees/tuition | |  |
| Parent organization--list organization name: | |  |
| 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. | | |
|  | Educational grants for activities |  |
| In-kind support (equipment, supplies, meeting space, etc.) |  |
| Non-commercial support (e.g. foundation or government grants) | |  |
| Exhibit booth fees | |  |
| Advertising revenues (sales of ad space) | |  |
| Other (describe): | |  |

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| **CE Program Overview** |
| **Please provide brief narrative answers to each of the questions below.**  **Organization** Provide a summary description of your continuing education program including an overview of the organization, the types of CE activities offered, and the general content area(s) the CE program addresses. |
| **Target audience**  Describe the target audience for your organization’s continuing dental education activities. |

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| Provider Attestation |

ADA CERP Eligibility Criteria

Indicate whether your organization meets or does not meet each of the CERP Eligibility Criteria below. If “Does Not Meet” is checked an explanation is required below. See: Eligibility requirements 1-5 in the ADA CERP *Recognition Standards and Procedures,* page 1.

|  |  |  |
| --- | --- | --- |
| **ELIGIBILITY – Attestation Items** | Meets | Does Not Meet |
| Provider is seeking recognition as a provider of continuing education, rather than approval of individual courses. |  |  |
| Provider targets CE activities to a great extent to dentists by providing dental-oriented topics and course content. |  |  |
| Provider offers a planned program of continuing dental education activities consistent with the definition of continuing dental education in the Lexicon of Terms of the current edition of the ADA CERP *Recognition Standards and Procedures*. (E.1) |  |  |
| Provider operates under the oversight of an independent advisory committee. (E.1) |  |  |
| Provider offers courses that have a sound scientific basis in order to adequately protect the public. (E.2) |  |  |
| Provider assumes the financial and administrative responsibility of planning, publicizing and offering a continuing dental education program consistent with the definition of a provider in the Lexicon of Terms of the current edition of the ADA CERP *Recognition Standards and Procedures*. (E.3) |  |  |
| If ‘Does Not Meet’ is checked, please describe the circumstances (Required): | | |

ADA CERP Recognition Standards and Procedures

Evaluation of certain criteria for select Standards\* within the application is made via an attestation statement.   
For those criteria, supporting narrative and documentation are not required in the application. By signing the “Provider certification” at the beginning of this application, the provider attests that it is in full compliance with these criteria. If a provider is not in compliance with any criteria in the attestation sections of the application, it must indicate that it “Does not meet” the criterion and provide an explanation. The provider acknowledges that ADA CERP may request additional narrative or supporting documentation as part of the evaluation process or as a component of a subsequent written report.

*\*Criteria attestation items are included the following: Standards II, III, V, VI, VII, VIII, IX, X, XI, XII, XIII, XIV.*

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| Provider’s List of Education Activities |

On the following pages list all CE activities your organization offered in 2022. You will select two to document in the Activity files. Document one activity in Section B and a separate activity in Section C. For information on selecting the activities to document and an example of how to complete the List of Education Activities, refer to the separate Standard Application Instructions. If you did not offer any CE activities in 2022, list the activities that you offered in 2021.

**Selecting Activity Files**

Do you accept commercial support?\*  Yes  No

*If “Yes”, then one of the activities selected for documentation in Sections B or C must have been commercially supported.*

In the last year, did you offer a CE activity focused on prescriber education

for opioids?  Yes  No

*If “Yes”, then one of the activities selected for documentation in Sections B or C, or in Supplement 1 (if applicable), must be an opioid prescriber education activity. Review the Application Instructions for more information on selecting activities for Sections B and C.*

\*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.

**Provider’s List of Education Activities in 2022** (or in 2021 if no courses were offered in 2022)

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**DIRECTIONS:**Refer to the “Application Instructions” for information on selecting activities to document in Section B and examples for completing this section. Use the abbreviations listed below when completing this table.

| **\*Title of Activity** | **Date(s) Offered**  **(Not required for SI)** | **Location/Setting** | **Intended**  **Audience1** | **Number of Participants**  **Dentists /  Non-Dentists** | **Name(s) of all Activity**  **Instructor(s) /Author(s) for each activity listed** | **Method**  **of Delivery2** | **Joint Provider(s),  if any3**  **(Do not list Commercial Supporters)** | **Type of Activity4** | **Commercial Support Received?5**  **(Yes/No)** | **Credit**  **Hours** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **List the activities documented** **in Sections B and C** | | | | | | | | | | |
| **B)** |  |  |  |  |  |  |  |  |  |  |
| **C)** |  |  |  |  |  |  |  |  |  |  |
| **List all other activities offered in 2022 on the following pages or attach a database export containing all requested information.** | | | | | | | | | | |

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

**1Intended Audience - abbreviations**:

G - General Dentists; S - Dental Specialists; DH - Dental Hygienists; DA - Dental Assistants; DL - Dental Laboratory Technicians; OP - Other Professionals

**2Method of Delivery - abbreviations**:

L - Lecture, formal, didactic CE of at least one hour in duration.

P - Participation, at least 30% of activity time involves practice of skills.

OS/IO – Long-term CDE participation activities involving both formal activity sessions and in-office practice of techniques without direct supervision.

SI - Self-Instructional activities: any self-study or asynchronous courses, including audio or video recordings, text based activities, etc. which learners complete on their own.

**3Joint Provider**: An ADA CERP recognized or non-ADA CERP recognized provider that shares responsibility with another provider of continuing education for planning, organizing, administrating, publicizing, presenting, and keeping records for a program of continuing dental education. See also the definitions of “provider” and “joint provider” in Lexicon of Terms, and Joint Providership Policy in the ADA CERP *Recognition Standards and Procedures*. Do not list commercial supporters in this column.

**4 Type of Activity – abbreviations:**

CE – Activity is free any direct or indirect commercial influence; no products or commercial services are marketed or promoted; a balanced and unbiased view of all options is presented.

PR – Activity is promotional in nature; products or commercial services are marketed or promoted.

5 **Commercial Support**: Financial support, products and other resources contributed by a commercial entity to support or offset expenses or needs associated with a provider’s CE activity

| **List all other CE activities offered in 2022** (or 2021 if no CE activities were offered in 2022) (Insert additional pages if needed; or provide database export of all activities in 2022 including all information requested in this table) | | | | | | | | | | | |
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| Provider Documentation |

**Directions:** Place behind this page each of the documents listed below. Label each document by placing the document number (A1, A2, A3, etc.) in the upper right hand of the first page of the document. Highlight, underline or otherwise flag the sections of the document that supports compliance with this Standard.

*The question numbers indicated in brackets after the item descriptions identify the specific self-assessment questions in Section D related to these items.*

|  |  |
| --- | --- |
| **Document Number** | **Description** |
| A1 | Organizational charts –‘a’ required of all providers; ‘b’ required if CE provider is part of a larger organization.   1. CDE provider unit --include staff and reporting structure (all providers) 2. Structure and relationship of the CDE provider unit to other business units/departments within the organization   Not applicable, not part of a larger organization |
| A2 | Mission statement and long-range CE goals [Q.1] |
| A3 | Advisory committee meeting minutes documenting input to the provider’s CE goals [Q.3,19] |
| A4 | Policies and procedures related to ensuring independence from commercial interests and managing funding from external supporters [Q.11] |
| A5 | Policies and procedures related to separation of marketing and promotional activities (i.e., advertisements, exhibits, or other live promotional activities) from CE activities [Q.15,18] |
| A6 | Curriculum vitae for any individual instructors presenting in at least 50% of provider’s activities  [Q.25]  Not applicable, no instructor presents 50% or more of the provider’s CE activities. |
| A7 | Policies and procedures for administering CE program: For example, defined responsibilities/staffing, personnel job descriptions, record retention policies [Q.28] |
| A8 | Policies and procedures for ensuring sound scientific content [Q.30] |
| A9 | Provider’s most recent ADA CERP Decision Report    Not applicable, new applicant |

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**Section B.** Activity File 1

**Activity Title:**

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| **ACTIVITY DOCUMENTATION** |

**Directions:** Attach **all** documents listed in the table below for this activity, unless you have checked “Not applicable” in relation to B7, B9 or B10. All providers must supply documents B1, B2, B3, B4, B5, B6, B8, and B11. Label each document by placing the document number in the upper right hand of the first page of the document. Place in numerical order after this page. Note that checklists are provided for items B1, B3, and B11. Complete each checklist as directed and place in front of the corresponding documents. *The question numbers in brackets in the list below identify the specific self-assessment questions in Section D related to these items.*

NOTE for providers that only offered a single conference or multi-day meeting: you must provide documentation from two presentations from that conference, one in Section B and one in Section C.

|  |  |  |
| --- | --- | --- |
| **Document Number** | **Description** | |
| B1 | Publicity checklist *and* publicity materials for this activity [Q.6, 7, 13, 14, 15, 17, 19, 32, 33, 34, 41] | |
| B2 | Needs assessment data for this activity [Q.5] | |
| B3 | Evaluation checklist *and a*ctivity evaluation/participant assessment instruments for this activity [Q.8, 9] | |
| B4 | Summary of evaluation data for this activity [Q.10] | |
| B5 | Signed instructor/author conflict of interest disclosure statements for this activity [Q.12] | |
| B6 | Activity materials [Q.13, 14, 15, 17, 19, 41]  Lecture/participation courses: include presentation materials (e.g. presentation slides, handouts, etc.)  Self-instructional activities: include one complete activity or set of activity materials; or password and login to access online activity  Activity materials must include documentation demonstrating published disclosure of the following:   * Instructor(s) relevant financial relationships (required) [Q.13] * Provider’s monetary relationship or special interest with a commercial company (if applicable) [Q.14] * Funding from commercial support or external sources (if applicable) [Q.17] | |
| B7 | Signed letters of agreement for commercial support received for this activity [Q.16] *(Block out any credit card information.)*   **Not applicable** (no commercial support for this activity) | |
| B8 | Instructions/guidance/agreements for instructors regarding activity objectives, educational design, honoraria and expense reimbursement policy, inclusion of references, and image authenticity [Q.26] *(Block out any protected personal information such as Social Security Numbers and birthdates.)* | |
| B9 | Materials and equipment: instructions to participants [Q.27]   **Not applicable** (participants not required to bring materials) | |
| B10 | Letter of agreement for a jointly provided activity [Q.31]   **Not applicable** (this activity was not jointly provided) | |
| B11 | Verification of participation checklist *and* verification of participation document you issued to participants who completed this activity [Q.39, 40] | |
| **Publicity Materials Checklist (B1)** | |

**Directions:** Use the checklist below to indicate the location of each of the required items on the publicity materials.

1. Physically label (e.g. A, B, C, etc.) next to the required item on the publicity materials for this course.
2. If an item is not included, check ‘No’, or ‘N/A’ if not applicable, in the checklist below. Every checklist item must be identified as either included in the publicity materials (and physically labeled) or identified as not included by checking ‘No’ or ‘N/A.’
3. Place the completed checklist in front of the publicity materials.
4. Assess completeness of required items in the questions in Section D related to Standard IX. Publicity.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item** | **Description** | **Included in Publicity** | | |
| **Yes** | **No** | **N/A** |
| A | The name of the provider prominently identified (Relates to CERP Standard XI.1.a) | Labeled in the appended publicity material |  | -- |
| B | The names of any joint or co-providers (XI.1.b) |  |  |
| C | The activity title (XI.1.c) |  | -- |
| D | A description of the activity content (XI.1.d) |  | -- |
| E | The educational objectives (XI.1.e)\* |  | -- |
| F | A description of teaching methods to be used (XI.1.f) |  | -- |
| G | The names of any entities providing commercial support (including in-kind support)(XI.1.g) |  |  |
| H | The provider contact information (XI.1.h) |  | -- |
| I | The activity costs (XI.1.h) |  | -- |
| J | The activity instructor(s) and their qualifications and any conflicts of interest (XI.1.i) |  | -- |
| K | Refund and cancellation policies (XI.1.j) |  | -- |
| L | Live activities: location, date, and time for live activities  Self-instructional: original release date, review date (when applicable), and expiration date for self-instructional activities (XI.1.k) |  | -- |
| M | The number of credits available (XI.1.m, XI.5) |  | -- |
| N | Description of any prior level of skill, knowledge, or experience required prior to registration of a activity, when applicable (XI.2, XII.2, XII.3, XIII.1.a) |  |  |
| O | Recognized providers: The authorized ADA CERP recognition statement\*\* and, whenever feasible (optional given space considerations) the use of the ADA CERP logo in conjunction with the authorized statement (providers that are not approved should check N/A) (XI.1, XI.5) |  |  |
| P | Recognized providers: the ADA CERP joint providership statement, when applicable (CERP Joint Providership Policy)\*\*\* |  |  |
| Q | Disclosure that the activity is promotional and not designated for CDE credit, when applicable (V.4) [Q19]\*\*\*\* |  |  |
| R | Recognized providers: Do you avoid the use of the terms “certified,” “approved by,” or “endorsed by” in reference to the ADA or to ADA CERP recognition, so as not to imply ADA approval of individual activities/courses? (XI.6) (check Yes, No, or N/A) |  |  |  |
| Narrative (Optional): | | | | |

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|  |
| \* For conventions and major dental meetings that involve multiple activity/course topics and speakers presented during a multi-day period, are detailed activity descriptions included that enable participants to select appropriate activity offerings? (III.4) |
| \*\* Authorized recognition statement for publicity materials: *<<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 activities 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.*  \*\*\*Joint providership statement (when partnering with a CE provider that is not ADA CERP approved):  *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.>>* |
| \*\*\*\* 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. |

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| **Activity Evaluation Checklist (B3)** |

**Directions:** Use the checklist below to indicate the location of each of the required items on the evaluation form(s)/participant assessment materials for this course.

1. Physically label (e.g. A, B, C, etc.) next to the required items on the evaluation materials for this course.
2. If an item is not included, check ‘No’, or ‘N/A’ if not applicable, in the checklist below. Every checklist item must be identified as either included in the evaluation instrument(s) provided (and physically labeled) or identified as not included by checking ‘No’ or ‘N/A.’
3. Place the completed checklist in front of the evaluation materials.
4. Assess completeness of required items in the questions in Section D related to Standard IV. Evaluation. [Q.8, 9]

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Description** | **Included in Activity Evaluation** | |
| **Yes** | **No** |
| A | Measure the extent to which activity/course objectives have been accomplished (Relates to CERP Standard IV.1) | Labeled in the appended evaluation form |  |
| B | Assess activity content (IV.1) |  |
| C | Assess instructor effectiveness (IV.1) |  |
| D | Assess overall activity administration (IV.1) |  |
| E | Participant’s assessment of meeting personal objectives (IV.2) to enhance professional capabilities (IV.4.b.iii) |  |
| F | Content-based participant learning assessment mechanism (e.g. self-assessment questions; audience polling; pre-test/post-test questions; self-instructional material quiz; content assessment questions on the evaluation form; application to practice question(s) on the evaluation form; etc.) (IV.2) |  |
| G | Optional: Assess any perceptions of commercial bias (V.2, V.10) | N/A |
| Narrative (Optional): | | | |

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| **Verification of Participation Checklist (B11)** |

**Directions:** Use the checklist below to indicate the location of the required items on the verification of participation form you issued to participants who completed this activity.

1. Physically label (e.g. A, B, C, etc.) next to the required items on the verification of participation document for this course.
2. If an item is not included, mark ‘No’ or ‘N/A’ if not applicable, on the checklist below. Every checklist item must be identified as either included in the verification forms provided (and physically labeled) or identified as not included by checking ‘No’ or ‘N/A.’
3. Place the completed checklist in front of the verification of participation document.
4. Assess completeness of required items in the question in Section D related to Standard XIV. Record Keeping. [Q.39]

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| --- | --- | --- | --- | --- |
| **Item** | **Description** | **Included in Verification Document** | | |
| **Yes** | **No** | **N/A** |
| A | The name of the CDE provider (Relates to CERP Standard XIV.4.a) | Labeled in the appended verification of participation document. |  | -- |
| B | The name of the participant (XIV.4.b) |  | -- |
| C | The date(s), location and duration of the activity (XIV.4.c) *(N/A for self-instructional activities)* |  |  |
| D | The title of the activity and/or specific subjects (XIV.4.d) |  | -- |
| E | The title of each individual CDE activity/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) (XIV.4.e) *(N/A if multi-session activities not offered)* |  |  |
| F | The educational methods used (e.g., lecture, videotape, clinical participation, electronically mediated) (XIV.4.f) |  | -- |
| G | The number of credit hours awarded (excluding breaks and meals) (XIV.4.g) |  | -- |
| H | Recognized providers: The authorized ADA CERP recognition statement\* and, whenever feasible (optional given space considerations) the use of the ADA CERP logo in conjunction with the authorized statement (XIV.4.h) *(N/A if not an approved provider)* |  |  |
| I | Notice of opportunity to file complaints. (XIV.4.i) *(N/A if not recognized)* |  |  |
| J | The authorized joint providership statement\*\*, if applicable (CERP Joint Providership Policy; CERP Regulations 5.c) |  |  |
| Narrative (Optional): | | | | | |

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| \* Authorized recognition statement for verification of participation documents: *<<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 activities 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 ADA CERP at ADA.org/CERP.* |
| \*\*Joint providership statement (when partnering with a CE provider that is not ADA CERP approved): *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.>>* |

**Section C.** Activity File 2

**Activity Title:**

Not applicable: provider only offered one course in the previous year.\*

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| **ACTIVITY DOCUMENTATION** |

**Directions:** Append the documents listed in the table below for this activity. Label each document by placing the document number in the upper right hand of the first page of the document and insert after this page.   
  
\*NOTE: providers that only offered a single conference or multi-day meeting must provide documentation from two presentations from that conference, one in Section B and one in Section C. If a document already supplied in Section B is the exact same document that applies to Section C (for example, the conference brochure), it is not necessary to attach a second copy. *This only applies to providers whose sole CE activity in the last 12 months was a single conference.* All other providers must supply all documents listed unless not applicable.

|  |  |
| --- | --- |
| **Document Number** | **Description** |
| C1 | Publicity checklist *and* publicity materials for this activity [Q.6, 7, 13, 14, 15, 17, 19, 32, 33, 34, 41] |
| C2 | Needs assessment data for this activity [Q.5] |
| C3 | Evaluation checklist *and a*ctivity evaluation/participant assessment instruments for this activity [Q.8, 9] |
| C4 | Summary of evaluation data for this activity [Q.10] |
| C5 | Signed instructor/author conflict of interest disclosure statements for this activity [Q.12] |
| C6 | Activity materials [Q.13, 14, 15, 17, 19, 41]  Lecture/participation courses: include presentation materials (e.g. presentation slides, handouts, etc.)  Self-instructional activities: include one complete activity or set of activity materials; or password and login to access online activity  Activity materials must include documentation demonstrating published disclosure of the following:   * Instructor(s) relevant financial relationships (required) [Q.13] * Provider’s monetary relationship or special interest with a commercial company (if applicable) [Q.14] * Funding from commercial support or external sources (if applicable) [Q.17] |
| C7 | Signed letters of agreement for commercial support received for this activity [Q.16] *(Block out credit card information.)*   **Not applicable** (no commercial support for this activity) |
| C8 | Instructions/guidance/agreements for instructors regarding activity objectives, educational design, honoraria and expense reimbursement policy, inclusion of references, and image authenticity [Q.26] *(Block out any protected personal information such as Social Security Numbers and birthdates.)* |
| C9 | Materials and equipment: instructions to participants [Q.27]   **Not applicable** (participants not required to bring materials) |
| C10 | Letter of agreement for a jointly provided activity [Q.31]   **Not applicable** (this activity was not jointly provided) |
| C11 | Verification of participation checklist *and* verification of participation document you issued to participants who completed this activity [Q.39, 40] |

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| **Publicity Materials Checklist (C1)** |

**Directions:** Use the checklist below to indicate the location of each of the required items on the publicity materials.

1. Physically label (e.g. A, B, C, etc.) next to the required item on the publicity materials for this course.
2. If an item is not included, check ‘No’, or ‘N/A’ if not applicable, in the checklist below. Every checklist item must be identified as either included in the publicity materials (and physically labeled) or identified as not included by checking ‘No’ or ‘N/A.’
3. Place the completed checklist in front of the publicity materials.
4. Assess completeness of required items in the questions in Section D related to Standard IX. Publicity.

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| --- | --- | --- | --- | --- |
| **Item** | **Description** | **Included in Publicity** | | |
| **Yes** | **No** | **N/A** |
| A | The name of the provider prominently identified (Relates to CERP Standard XI.1.a) | Labeled in the appended publicity material |  | -- |
| B | The names of any joint or co-providers (XI.1.b);  Recognized providers: the ADA CERP joint providership statement (CERP Joint Providership Policy)\* |  |  |
| C | The activity title (XI.1.c) |  | -- |
| D | A description of the activity content (XI.1.d) |  | -- |
| E | The educational objectives (XI.1.e)\* |  | -- |
| F | A description of teaching methods to be used (XI.1.f) |  | -- |
| G | The names of any entities providing commercial support (including in-kind support) (XI.1.g) |  |  |
| H | The provider contact information (XI.1.h) |  | -- |
| I | The activity costs (XI.1.h) |  | -- |
| J | The activity instructor(s) and their qualifications and any conflicts of interest (XI.1.i) |  | -- |
| K | Refund and cancellation policies (XI.1.j) |  | -- |
| L | Live activities: location, date, and time for live activities  Self-instructional: original release date, review date (when applicable), and expiration date for self-instructional activities (XI.1.k) |  | -- |
| M | The number of credits available (XI.1.m, XI.5) |  | -- |
| N | Description of any prior level of skill, knowledge, or experience required prior to registration of a activity, when applicable (XI.2, XII.2, XII.3, XIII.1.a) |  |  |
| O | Recognized providers: The authorized ADA CERP recognition statement\*\* and, whenever feasible (optional given space considerations) the use of the ADA CERP logo in conjunction with the authorized statement (providers that are not approved should check N/A) (XI.1, XI.5) |  |  |
| P | Recognized providers: the ADA CERP joint providership statement, when applicable (CERP Joint Providership Policy)\*\*\* |  |  |
| Q | Disclosure that the activity is promotional and not designated for CDE credit, when applicable (V.4) [Q19]\*\*\*\* |  |  |
| R | Recognized providers: Do you avoid the use of the terms “certified,” “approved by,” or “endorsed by” in reference to the ADA or to ADA CERP recognition, so as not to imply ADA approval of individual activities/courses? (XI.6) (Check Yes, No, or N/A) |  |  |  |
| Narrative (Optional): | | | | |

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| \* For conventions and major dental meetings that involve multiple activity/course topics and speakers presented during a multi-day period, are detailed activity descriptions included that enable participants to select appropriate activity offerings? (III.4) |
| \*\* Authorized recognition statement for publicity materials: *<<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 activities 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.*  \*\*\* Joint providership statement (when partnering with a CE provider that is not ADA CERP approved):  *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.>>* |
| \*\*\*\* 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. |

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| **Activity Evaluation Checklist (C3)** |

**Directions:** Use the checklist below to indicate the location of each of the required items on the evaluation form(s)/participant assessment materials for this course.

1. Physically label (e.g. A, B, C, etc.) next to the required items on the evaluation materials for this course.
2. If an item is not included, check ‘No’, or ‘N/A’ if not applicable, in the checklist below. Every checklist item must be identified as either included in the evaluation instrument(s) provided (and physically labeled) or identified as not included by checking ‘No’ or ‘N/A.’
3. Place the completed checklist in front of the evaluation materials.
4. Assess completeness of required items in the questions in Section D related to Standard IV. Evaluation. [Q.8, 9]

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Description** | **Included in Activity Evaluation** | |
| **Yes** | **No** |
| A | Measure the extent to which activity/course objectives have been accomplished (Relates to CERP Standard IV.1) | Labeled in the appended evaluation form |  |
| B | Assess activity content (IV.1) |  |
| C | Assess instructor effectiveness (IV.1) |  |
| D | Assess overall activity administration (IV.1) |  |
| E | Participant’s assessment of meeting personal objectives (IV.2) to enhance professional capabilities (IV.4.b.iii) |  |
| F | Content-based participant learning assessment mechanism (e.g. self-assessment questions; audience polling; pre-test/post-test questions; self-instructional material quiz; content assessment questions on the evaluation form; application to practice question(s) on the evaluation form; etc.) (IV.2) |  |
| G | Optional: Assess any perceptions of commercial bias (V.2, V.10) | N/A |
| Narrative (Optional): | | | |

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| **Verification of Participation Checklist (C11)** |

**Directions:** Use the checklist below to indicate the location of the required items on the verification of participation form you issued to participants who completed this activity.

1. Physically label (e.g. A, B, C, etc.) next to the required items on the verification of participation document for this course.
2. If an item is not included, mark ‘No’ or ‘N/A’ if not applicable, on the checklist below. Every checklist item must be identified as either included in the verification forms provided (and physically labeled) or identified as not included by checking ‘No’ or ‘N/A.’
3. Place the completed checklist in front of the verification of participation document.
4. Assess completeness of required items in the question in Section D related to Standard XIV. Record Keeping. [Q.39]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item** | **Description** | **Included in**  **Verification Document** | | |
| **Yes** | **No** | **N/A** |
| A | The name of the CDE provider (Relates to CERP Standard XIV.4.a) | Labeled in the appended verification of participation document. |  | -- |
| B | The name of the participant (XIV.4.b) |  | -- |
| C | The date(s), location and duration of the activity (XIV.4.c) *(N/A for self-instructional activities)* |  |  |
| D | The title of the activity and/or specific subjects (XIV.4.d) |  | -- |
| E | The title of each individual CDE activity/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) (XIV.4.e) *(N/A if multi-session activities not offered)* |  |  |
| F | The educational methods used (e.g., lecture, videotape, clinical participation, electronically mediated) (XIV.4.f) |  | -- |
| G | The number of credit hours awarded (excluding breaks and meals) (XIV.4.g) |  | -- |
| H | Recognized providers: The authorized ADA CERP recognition statement\* and, whenever feasible (optional given space considerations) the use of the ADA CERP logo in conjunction with the authorized statement (XIV.4.h) |  |  |
| I | Notice of opportunity to file complaints. (XIV.4.i) *(N/A if not recognized)* |  |  |
| J | The authorized joint providership statement\*\*, if applicable (CERP Joint Providership Policy; CERP Regulations 5.c) |  |  |
| Narrative (Optional): | | | | |

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| \* Authorized recognition statement for verification of participation documents: *<<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 activities 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 ADA CERP at* [*www.ada.org/cerp*](http://www.ada.org/cerp)*.* |
| \*\*Joint providership statement (when partnering with a CE provider that is not ADA CERP approved): *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.>>* |

**Supplement 1.** Self-instructional (Self-study) Activities\*   
(if applicable)

*\* Any self-study, or asynchronous, courses such as audio or video recordings, articles, etc. which learners complete on their own.*

Not applicable: provider does not offer self-instructional activities.

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| **Standard VI.8. Educational Methods** |

**Directions:** Complete the criteria attestation and provide the additional information and documentation requested below. If you provided any of the required documents in another section of this application, list the location of the document. New documents not provided elsewhere should be labeled with the applicable question number in the upper right corner of the first page of the document, and placed in numerical order after this page. After completing this supplement, refer back to the self-assessment questions related to Standard VI.8 in Section D.

**Activity Title:**

**Criteria Attestation:** Indicate whether your organization meets or does not meet each of the criteria below. If “Does Not Meet” is checked an explanation is required below.

|  |  |  |
| --- | --- | --- |
| **Criteria:** Attestation Items | Meets | Does Not Meet |
| Provider utilizes input of individuals having technical expertise in both media  and self-directed learning techniques, and the application of these techniques  to adult learning. (Relates to CERP Standard VI.8.c) |  |  |
| Provider reviews 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. (VI.8.d) |  |  |
| If ‘Does Not Meet’ is checked, please describe the circumstances (Required): | | |

**Self-assessment:** Review the Criteria descriptions and provide the information (narrative and/or attached documents) as requested below. After completing this section, refer to Question 21 in Section D to assess your organization’s level of compliance with the criteria.

|  |
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| **Supplement 1a.** Instructor Interaction |
| **Criteria:** 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 post-activity contact via voicemail or e-mail (instructor contact information provided to participants), chat rooms, listserv, etc. (Relates to CERP Standard VI.8.a) |
| **Narrative** **(Required):** Describe the process used to facilitate interaction between participants and content experts in the submitted activity. If referencing documentation attached elsewhere in this application, list the document location and/or number. |

|  |  |
| --- | --- |
| **Supplement 1b.** References | |
| **Criteria:** 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. All self-instructional activities, including electronically mediated, must include references that can be pursued for further study in the subject. (Relates to CERP Standard VI.8.b)  Attach copies of course materials documenting that references are included in self-instructional activities. Or, if documentation is attached elsewhere in this application, list the document location and/or number in the space below. | **Document Location**  References provided with self-study course  **Supplement 1b** (or list other document location below) |
| **Narrative** **(Optional) and Document Location** (if located elsewhere in application)**:** | |

|  |  |
| --- | --- |
| **Supplement 1c.** Content Currency | |
| **Criteria:** Publish the following information in self-instructional activities: (Relates to CERP Standard VI.8.e)  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). | **Document Location**  **Supplement 1c** (or list other document location below) |
| **Narrative** **(Optional) and Document Location** (if located elsewhere in application)**:** | |

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**Supplement 2.** Electronically Mediated Activities\* (if applicable)

*\* Any CE courses delivered online, such as live webinars, recordings, articles, etc.*

Not applicable: provider does not offer online CE activities.

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| **Standard VI.9. Educational Methods** |

**Directions:** Complete the criteria attestation and provide the additional information and documentation requested below. If you provided any of the required documents in another section of this application, list the location of the document. New documents not provided elsewhere should be labeled with the applicable question number in the upper right corner of the first page of the document, and placed in numerical order after this page. After completing this supplement, refer back to the self-assessment questions related to Standard VI.9 in Section D.

**Activity Title:**

Website address (full URL):

Access for reviewers (username and password):

Instructions for logging in:

**Criteria Attestation:** Indicate whether your organization meets or does not meet each of the criteria below. If “Does Not Meet” is checked an explanation is required below.

|  |  |  |
| --- | --- | --- |
| **Criteria:** Attestation Items | Meets | Does Not Meet |
| Provider has a 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). (Relates to CERP Standard VI.9.a) |  |  |
| Provider ensures that embedded advertising and direct commercial links are avoided within the educational content, as they are inappropriate and conflict with requirements of Standard V. (VI.9.d) |  |  |
| If ‘Does Not Meet’ is checked, please describe the circumstances (Required): | | |

**Self-assessment:** Review the Criteria descriptions and provide the information (narrative and/or attached documents) as requested below. After completing this section, refer back to Question 22 in Section D to assess your organization’s level of compliance.

|  |  |
| --- | --- |
| **Supplement 2a.** Technical Assistance and Design | |
| **Criteria:** Participants must have access to technical assistance throughout the duration of the activity/course. The technical design of the activity should support easy navigation, and all program features should be functional.(Relates to CERP Standard VI.9.b)  Attach copies of course materials or screen captures of web pages documenting that participants have access to technical assistance while taking an online course. Highlight operational navigational features. Or, if documentation is attached elsewhere in this application, list the document location and/or number in the space below. | **Document Location**  Technical assistance availability  **Supplement 2a** (or list other document location below) |
| **Narrative** **(Optional) and Document Location** (if located elsewhere in application)**:** | |

|  |
| --- |
| **Supplement 2b.** Participant Engagement with Lecturer/Author |
| Criteria: 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. (Relates to CERP Standard VI.9.c) |
| **Narrative (Required):** Describe the process used to facilitate interaction between participants and instructors in the submitted activity. If referencing documentation attached elsewhere in this application, list the document location and/or number. |

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**Supplement 3.** Onsite/In-office Activities\* (if applicable)

*\* Long-term CE participation courses (at least 35 hours) involving components of live, supervised instruction AND in-office practice of techniques without direct supervision.*

Not applicable: provider does not offer these types of activities.

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| **Standard VI.10. Educational Methods** |

**Directions:** Complete the criteria attestation and provide the additional information and documentation requested below. If you provided required documents in another section of this application, list the location of the document. New documents not provided elsewhere in the application should be labeled with the applicable question number in the upper right corner of the first page of the document, and placed in numerical order after this page. After completing this supplement, refer back to the self-assessment question related to Standard VI.10 in Section D.

**Activity Title:**

**Criteria Attestation:** Indicate whether your organization meets or does not meet each of the criteria below. If “Does Not Meet” is checked an explanation is required below.

|  |  |  |
| --- | --- | --- |
| **Criteria:** Attestation Items | Meets | Does Not Meet |
| Provider ensures the activity includes both lecture and demonstration of procedures. (Relates to CERP Standard VI.10.a) |  |  |
| 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. (VI.10.f) |  |  |
| Following completion of the in-office portion of on-site/in-office participation courses, providers must convene participants for complete case presentation and critique. (VI.10.g) |  |  |
| If ‘Does Not Meet’ is checked, please describe the circumstances (Required): | | |

**Self-assessment:** Review the Criteria descriptions and provide the information (narrative and/or attached documents) as requested below. After completing this section, refer back to Question 23 in Section D and assess your organization’s level of compliance.

|  |  |
| --- | --- |
| **Supplement 3a.** Current Literature Bibliography | |
| **Criteria:** A bibliography of current literature on the subject being taught must be provided to activity/course participants. (Relates to CERP Standard VI.10.b)  Attach bibliography provided to course participants. Or, if documentation is attached elsewhere in this application, list the document location and/or number in the space below. | **Document Location**  Bibliography  **Supplement 3a** (or list other document location below) |
| **Narrative** **(Optional) and Document Location** (if located elsewhere in application)**:** | |

|  |
| --- |
| **Supplement 3b.** Instructor/Author Interaction |
| **Criteria:** Instructor/author consultation and feedback must be available to participants when they perform required techniques in their offices.(Relates to CERP Standard VI.10.d) |
| **Narrative** **(Required):** describe the process used in the submitted activity. If referencing documentation attached elsewhere in this application, list the document location and/or number. |

|  |  |
| --- | --- |
| **Supplement 3c.** Written Participant Instructions for In-Office Portions | |
| **Criteria:** Written instructions must be given to participants for in-office requirements (V.10.c) that includes participant record-keeping requirements (relates to CERP Standard VI.10.e). Use the checklistbelow to identify and label all required elements in the document(s) provided.  Attach copies of written instructions provided to participants regarding requirements for work to be conducted in their offices. Or, if documentation is attached elsewhere in this application, list the document location and/or number in the space below. | **Document Location**  Written instructions  **Supplement 3c** (or list other document location below) |
| **Narrative** **(Optional) and Document Location** (if located elsewhere in application)**:** | |

**Supplement 3c Checklist: In-office participant record-keeping requirements**

**Directions:** Use the checklist below to indicate the location of each of the required items on the list of record-keeping requirements for this course.

1. Physically label (e.g. A, B, C) the location of the required item on the list of materials provided.
2. If an item is not included, check ‘No’, or ‘N/A’ if not applicable, on the checklist below.
3. Every checklist item must be identified as either included in the record-keeping requirements issued to course participants (and physically labeled) or as not included by checking ‘No’ or ‘N/A.’

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Item | Description (Relates to CERP Standard VI.10.e) | Included in Written Instructions | | |
| Yes | No | N/A or  not indicated |
| A | Patient informed consent and release form | Labeled in appended written course instructions |  | -- |
| B | Preoperative medical/dental history |  | -- |
| C | Preoperative radiographs, if indicated |  |  |
| D | Preoperative mounted diagnostic casts, if applicable |  |  |
| E | Preoperative photographs |  | -- |
| F | Preoperative dental charting |  | -- |
| G | Records of treatment rendered, materials, methods, etc. |  | -- |
| H | Mounted treatment casts, if applicable |  |  |
| I | Photographs of treatment progress |  | -- |
| J | Radiographs taken during treatment, if indicated |  |  |
| K | Photographs of completed treatment |  | -- |
| L | Postoperative radiographs, if indicated |  |  |

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**Supplement 4.** Patient Protection\* (if applicable)

*\* Measures required for providers that offer CE activities in which patients are treated by the instructor or the course participants.*

Not applicable: provider does not offer activities in which patients are treated, either by the instructor or the participants

|  |
| --- |
| **Standard XIII. Patient Protection** |

**Self-assessment:** Provide the information (narrative and/or documents) as requested below. Insert required documents immediately following this section, or cross-reference location of document if provided elsewhere in the application. After completing this section, refer back to the self-assessment questions in Section D related to Standard XIII and assess your organization’s level of compliance.

Use the checklists below to indicate the location of each of the required items on the attached documents.

1. Physically label (e.g. A, B, C) the location of the required item on the materials.
2. If the item is not included, check ‘Does Not Meet’ on the checklist below.
3. Every checklist item must be identified as either included in the submitted materials (physically labeled)   
   or identified as ‘Does not meet’ or ‘Not applicable’ (N/A).

|  |  |
| --- | --- |
| **Supplement 4a.** Ensuring Patient Protection in Courses in Which Patients are Treated | |
| **Criteria:** Where patient treatment is involved, either by course participants or instructors, patient protection must be ensured (relates to CERP Standard XIII.1), and participants must be cautioned about potential risks of using limited knowledge when integrating new techniques into their practices (XIII.2).  Attach policies and procedures or standard operating protocols for conducting courses in which patients are treated. Use the checklist below to identify and label all required elements in the document(s) provided. | **Document Location**  Policies and procedures or protocols for courses in which patients are treated  **Supplement 4a** (or list other document location) |
| **Narrative** **(Required):** Describe the courses that you offer in which patients are treated. List the types of procedures that are performed and state whether patients are treated by the instructor or the course participants. Attach policies and procedures for conducting these courses, as instructed above. | |

**Supplement 4a Checklist: Patient protection criteria**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Item | Description (Relates to CERP Standard XIII.1-2) | | Meets | Does Not  Meet |
|  | | Criteria:XIII.1. Where patient treatment is involved, either by activity participants or instructors, patient protection must be ensured as follows: |  |  |
| A | | The provider must seek assurance prior to the activity 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 activity |  |  |
| 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 |  |  |
| E | Criteria XIII.2. Participants must be cautioned about the potential risks of using limited knowledge when integrating new techniques into their practices. | |  |  |

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| **Supplement 4b.** Patient Informed Consent | |
| **Patient informed consent form:** Attach one informed consent form from a participating patient in an activity on Provider’s List of Education Activities. *Block out any patient identifying information*. Use the checklist below to identify and label all required elements in the form. (Relates to CERP Standard XIII.5) | **Document Location**  Consent form  **Supplement 4b** (or list other document location) |
| **Narrative** **(Optional) and Document Location** (if located elsewhere in application)**:** | |

**Supplement 4b Checklist: Informed consent criteria**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Item | | Description (Relates to CERP Standard XIII.5) | Meets | Does Not  Meet |
|  | Patients must be informed in non-technical 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 | Name and contact information for clinician(s) responsible for answering patient questions, completing treatment and providing post-treatment care | |  |  |

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| **Supplement 4c.** Liability insurance | |
| **Copy of liability/malpractice insurance or notification:** Attach documentation showing that instructors and participants treating patients in your CE activities have liability insurance where required. Use the checklist below to indicate the method used to ensure coverage. (Relates to CERP Standard XIII.9) | **Document Location**  Liability/malpractice insurance notification  **Supplement 4c** (or list other document location) |
| **Narrative** **(Optional) and Document Location** (if located elsewhere in application)**:** | |

**Supplement 4c Checklist: Liability protection**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Check method used | Description (Relates to CERP Standard XIII.9) | | Meets | Does Not Meet | | |
|  | Providers, instructors and participants must have liability protection where required. |  | | |  |
|  | Provided under the provider’s policy (policy attached) |
|  | Notification to instructors and/or participants that they must obtain written commitments of coverage from their own carriers (attached) |
|  | Liability insurance not required in any jurisdiction where provider’s CE activities (courses in which patients are treated) are held.  Describe course location and local liability requirements: |

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**Section D.** Self-assessment: Standards I - XIV

In this section, the CE provider is asked to assess its compliance with each of the [*ADA CERP Recognition Standards*](https://ccepr.ada.org/-/media/project/ada-organization/ada/ccepr/files/cerp_standards.pdf?rev=0a05621d753a467eb76a0a6d665dda88&hash=8CD70BE7127DB631821735D8B1838032) (PDF) based on the information and documentation the provider supplied in Sections A, B, and C and applicable Supplements. The location of related documentation is listed in the last column. Providers are also asked to explain or clarify current practices, and describe any planned changes as a result of this self-assessment. Narrative answers are optional unless “Narrative (Required)” is indicated.

Note: The applicable ADA CERP criteria are indicated in parentheses after each question. You may wish to refer to the [*ADA CERP Recognition Standards*](https://ccepr.ada.org/-/media/project/ada-organization/ada/ccepr/files/cerp_standards.pdf?rev=0a05621d753a467eb76a0a6d665dda88&hash=8CD70BE7127DB631821735D8B1838032) (PDF) for the full text of the criteria.

Providers applying for continued recognition will also be asked to describe any improvements made since the provider’s last application in the final question in each Standard section. If the provider’s last CERP Decision Report did not indicate that improvements were needed with respect to a specific Standard, check “Not applicable” in the Recommendations for Improvement question for that Standard. If the last CERP Decision Report cited the need for improvements, the provider must describe any steps taken to improve compliance with that Standard.

Additional documents demonstrating compliance may be attached after each Standard section, however, it is not necessary to insert copies of documents supplied in other sections of the application.

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| **STANDARD I. Mission/Goals** |

**Self-assessment:** Review the following descriptions and select the option that best describes your organization’s level of compliance with each criterion. Include narrative answers and attach documents where indicated.

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| --- | --- | --- | --- |
| **Question 1** | | | |
| **Criteria:** Clear written formulation of the provider’s overall mission and long-range CE goals. (Relates to CERP Standard I.4 and I.1) | | | |
| **Meets** | **Partially Meets** | **Does Not Meet** | **Document Location** |
| Written mission and goal statements articulate a clear strategy for the provider’s CE programming. | Written mission and goal statements are not clearly stated or relate to other organizational interests and are not specific to the CE program. | No written statements; no evidence of operating according to provider’s mission and goals. | Provider Information  Section A  A2) Mission statement, Long-range CE goals |
| **Narrative** (Optional)**:** | | | |
|  | | | |
| **Question 2** | | | |
| **Criteria:** CE goals relate to healthcare needs of the public and/or professional interests and needs. (I.2) | | | |
| **Meets** | **Partially Meets** | **Does Not Meet** | **Document Location** |
| Goals specifically relate to oral healthcare needs of the public and/or dental professionals’ educational needs and interests. | Goals relate to some extent to oral healthcare needs of the public and/or dental professionals' needs and interests. | No goals provided or goals do not relate to oral healthcare needs of the public and/or interests and needs of the profession. | Provider Information  Section A  A2) Long-range CE goals |
| **Narrative** (Optional)**:** | | | |

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| **Question 3** | | | |
| **Criteria:** The advisory committee conducts a periodic reappraisal and revision of the provider’s goals (I.5) with input from the administrator. (I.3, IV.4.a, IV.5) | | | |
| **Meets** | **Partially Meets** | **Does Not Meet** | **Document Location** |
| The advisory committee and administrator provide input into the provider’s CE goals at clearly defined intervals (e.g. annually, semi-annually, etc.) as reflected in the meeting minutes. | Provider doesn’t obtain input from the advisory committee *and* the administrator into the provider’s CE goals, *or* doesn’t identify and implement regular reappraisal periods (e.g. annually, semi-annually, etc.) to review the CE goals. | Goals are not reviewed periodically (e.g. annually, semi-annually, etc.) and/or neither advisory committee nor administrator participates in the review; no meeting minutes supplied. | Provider Information  Section A  A3) Advisory Committee meeting minutes |
| **Narrative** (Optional)**:** | | | |

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| **Recommendations for Improvement** | |
| **Describe any changes that you made to improve your program’s compliance with Standard I, in response to the most recent ADA CERP Decision Report** (Document A9). Not applicable; no findings on this Standard in the most recent report. | **Document Location**  List location or label and insert after this page. |
| **Narrative** (required if most recent Decision Report listed needed improvements): | |

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| **Optional — Additional Supporting Documentation** | |
| **List of Attached Documents and Narrative:** | **Document Location**  Label and insert after this page (optional). |
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| **STANDARD II. Needs Assessment** |

**Criteria Attestation:** Indicate whether your organization meets or does not meet each of the criteria below. If “Does Not Meet” is checked an explanation is required below.

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| --- | --- | --- |
| **Criteria:** Attestation Items | Meets | Does Not Meet |
| The administrative authority must be responsible for carrying out or coordinating needs assessment procedures. (Relates to CERP Standard II.2) |  |  |
| Identified needs/interests must include input from the provider’s advisory committee. (II.3) |  |  |
| If ‘Does Not Meet’ is checked, please describe the circumstances (Required): | | |

**Self-assessment:** Review the following descriptions and select the option that best describes your organization’s level of compliance with each criterion. Include narrative and attach documents if indicated.

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| **Question 4** | | | |
| **Criteria:** Needs assessment mechanisms and information used to plan activities (II.1) include data sources beyond the provider’s own perceptions of needs/interests (II.3) and input from the intended audience (II.6). | | | |
| **Meets** | **Partially Meets** | **Does Not Meet** | **Document Location** |
| Narrative describes a *multifaceted* approach to assessing the needs for educational activities, including external data sources and input from the intended audience. | Narrative describes a *limited* approach to assessing the needs for educational activities. | Narrative does not describe  a systematic approach to assessing the needs for education activities, or suggests that the provider’s own perceptions of needs and interests determine educational activities. | N/A |
| **Narrative** **(Required):** Summarize the different types of needs assessment mechanisms/methods used during a calendar year (e.g. member survey annually, participant evaluations each activity evaluation, national guideline review conducted annually, gap analysis, etc.). | | | |

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| **Question 5** | | | | | |
| **Criteria:** Provider documents (II.4) the mechanisms and data sources used to define individual activity content. (II.5). | | | | | |
| **Meets** | **Partially Meets** | **Does Not Meet** | **Document Location** | | |
| Selected activities have data sources documenting the identified need for the activity content. | Provider does not consistently document the needs assessment data for activities. | Selected activities do not have data sources documenting the identified need for the activity content. | Activity Files Sections B/C  B2/C2 Needs assessment data | | |
| **Narrative** (Optional)**:** | | | | | |
|  | | | | | |
| **Recommendations for Improvement** | | | | | |
| **Describe any changes that you made to improve your program’s compliance with Standard II, in response to the most recent ADA CERP Decision Report** (Document A9). Not applicable; no findings on this Standard in the most recent report. | | | | | **Document Location**  List location or label and insert after this page. |
| **Narrative** (required if most recent Decision Report listed needed improvements)**:** | | | | | |

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| **Optional — Additional Supporting Documentation** | |
| **List of Attached Documents and Narrative:** | **Document Location**  Label and insert after this page (optional). |
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| **STANDARD III. Objectives** |

**Criteria Attestation:** Indicate whether your organization meets or does not meet each of the criteria below. If “Does Not Meet” is checked an explanation is required below.

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| --- | --- | --- |
| **Criteria:** Attestation Items | Meets | Does Not Meet |
| Administrative authority is responsible for the objectives in each activity. (Relates to CERP Standard III.2) |  |  |
| Educational objectives align with ADA Principles of Ethics and Code of Professional Standards. (III.5) |  |  |
| If ‘Does Not Meet’ is checked, please describe the circumstances (Required): | | |

**Self-assessment:** Review the following descriptions and select the option that best describes your organization’s level of compliance with each criterion. Include narrative and attach documents if indicated.

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| **Question 6** | | | |
| **Criteria:** Educational objectives are published and distributed to intended audience in advance to assist participants in selecting CDE activities. (III.4) \* *See note below related to large conferences.* | | | |
| **Meets** | **Partially Meets** | **Does Not Meet** | **Document Location** |
| All submitted activities include educational objectives. | Some submitted activities include educational objectives. | None of the submitted activities include educational objectives. | Activity Files Sections B/C  B1/C1) Publicity materials and checklist (*Item E)* |
| **Narrative** (Optional)**:** | | | |

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| **Question 7** | | | |
| **Criteria:** Written educational objectives provide direction in developing activity/course content (III.3) and identify expected learner outcomes. (III.1) | | | |
| **Meets** | **Partially Meets** | **Does Not Meet** | **Document Location** |
| All submitted activity objectives are specific and measurable with respect to activity content and learner outcomes. | Some activity objectives are specific and measurable with respect to activity content and learner outcomes. | None of the submitted activity objectives are specific and measurable with respect to activity content and learner outcomes. | Activity Files Sections B/C  B1/C1) Publicity materials and checklists (*Item E)* |
| **Narrative** (Optional)**:** | | | |

*\*For conventions or multi-day meetings, the provider may publish detailed activity descriptions to permit participant activity selection.*

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| **Recommendations for Improvement** | |
| **Describe any changes that you made to improve your program’s compliance with Standard III, in response to the most recent ADA CERP Decision Report** (Document A9). Not applicable; no findings on this Standard in the most recent report. | **Document Location**  List location or  label and insert  after this page. |
| **Narrative** (required if most recent Decision Report listed needed improvements): | |

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| **Optional — Additional Supporting Documentation** | |
| **List of Attached Documents and Narrative:** | **Document Location**  Label and insert after this page (optional). |
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| **STANDARD IV. Evaluation** |

**Self-assessment:** Review the following descriptions and select the option that best describes your organization’s level of compliance with each criterion. Include narrative and attached documents where indicated.

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| **Question 8** | | | |
| **Criteria:** Provider uses content-oriented evaluation mechanisms appropriate to the objectives and educational methods that permit participants to assess mastery of the material. (Relates to CERP Standard IV.1, IV.2) | | | |
| **Meets** | **Partially Meets** | **Does Not Meet** | **Document Location** |
| All activities include a  content-based participant learning assessment that is appropriate to the objectives and educational methods. | Some of the activities include  a content-based participant learning assessment that is appropriate to the objectives and educational methods. | None of the activities include  a content-based participant learning assessment that is appropriate to the objectives and educational methods. | Activity Files Sections B/C  B3/C3) Assessment  /evaluation  Instruments and checklists |
| **Narrative** (Optional)**:** | | | |

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| **Question 9** | | | |
| **Criteria:** Activity evaluation mechanisms include required elements. (IV.1, IV.2) | | | |
| **Meets** | **Partially Meets** | **Does Not Meet** | **Document Location** |
| All activity evaluation mechanisms contain all items on the evaluation checklist. | Some activity evaluation mechanisms contain most of the items on the evaluation checklist. | None of the activity evaluation mechanisms contain all or most of the items on the evaluation checklist. | Activity Files Sections B/C  B3/C3) Assessment/ evaluation instruments and checklists |
| **Narrative** (Optional)**:** | | | |

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| **Question 10** | | | |
| **Criteria:** Evaluation summaries, data review and planning (IV.3, IV.4) | | | |
| **Meets** | **Partially Meets** | **Does Not Meet** | **Document Location** |
| All activities have evaluation data summaries and the provider describes periodic reviews of data with *evidence* of program improvement | Some activities have evaluation data summaries and the provider describes periodic reviews of data with a *plan* for program improvement. | No summary data is included and/or the provider does not conduct periodic reviews of evaluation data. | Activity Files Sections B/C  B4/C4) Evaluation data summaries |
| **Narrative** **(Required):** Describe how periodic internal reviews of evaluation data are used to assess and plan future CE activities, with the goal of continual improvement. | | | |

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| **Recommendations for Improvement** | |
| **Describe any changes that you made to improve your program’s compliance with Standard IV, in response to the most recent ADA CERP Decision Report** (Document A9). Not applicable; no findings on this Standard in the most recent report. | **Document Location**  List location or label and insert after this page. |
| **Narrative** (required if most recent Decision Report listed needed improvements)**:** | |

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| **Optional — Additional Supporting Documentation** | |
| **List of Attached Documents and Narrative:** | **Document Location**  Label and insert after this page (optional). |
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| **STANDARD V. Commercial or Promotional Conflict of Interest** |

This section is divided into three parts: (1) completed by all providers, (2) completed only by providers which accept commercial support, and (3) completed by providers which are commercial interests.

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| **Part 1 – Completed By ALL Providers** |
| **Criteria Attestation:** Indicate whether your organization meets or does not meet each of the criteria below. If “Does Not Meet” is checked an explanation is required below. |

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| --- | --- | --- |
| **Criteria:** Attestation Items | Meets | Does Not Meet |
| Disclosure statements are obtained from all advisory committee members (Relates to CERP Standard V.12) |  |  |
| If ‘Does Not Meet’ is checked, please describe the circumstances (Required): | | |

**Self-assessment:** Review the following descriptions and select the option that best describes your organization’s level of compliance with each criterion. Include narrative and attach documents where indicated.

|  |  |  |  |
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| **Question 11** | | | |
| **Criteria:** Policies and Procedures to ensure independence from commercial interests (V.1, V.5, V.11) | | | |
| **Meets** | **Partially Meets** | **Does Not Meet** | **Document Location** |
| Policies and procedures address provider’s responsibility for ensuring content quality and scientific integrity, and for developing content, instructional materials, and selecting instructors independent of commercial interests. | Policies and procedures address some of provider’s responsibilities for ensuring content quality and scientific integrity, and developing content, instructional materials, and selecting instructors independent of commercial interests. | None of the policies and procedures address the provider’s responsibility for ensuring content quality and scientific integrity, or developing content, instructional materials and selecting instructors independent of commercial interests. | Provider Information  Section A  A4) Policies/ procedures on  independence, content, instructional materials, instructors; Other |
| **Narrative** (Optional)**:** | | | |

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| **Question 12** | | | |
| **Criteria:** Conflict of interest signed statements (V.12, V.13) | | | |
| **Meets** | **Partially Meets** | **Does Not Meet** | **Document Location** |
| All activities have signed disclosure statements for instructors/authors; provider has a process for identifying and avoiding conflicts of interest including planners and activity/course directors as described in the narrative. | Most activities have signed disclosure statements for instructors/authors; provider has a process for identifying and avoiding conflicts of interest. | None of the activities have signed disclosure statements for instructors/authors; provider does not have a process for identifying and avoiding conflicts of interest. | Activity Files Sections B/C  B5/C5) Signed disclosure statements |
| **Narrative** **(Required):** Describe your process for identifying and/or avoiding commercial conflicts of interest including planners and activity/course directors who could influence content in your CE activities. | | | |

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| --- | --- | --- | --- |
| **Question 13** | | | |
| **Criteria:** Published disclosure: individual instructors' relevant financial relationships (V.14) | | | |
| **Meets** | **Partially Meets** | **Does Not Meet** | **Document Location** |
| Financial disclosure statements are published and documented for ALL instructors in the submitted activities; published disclosure includes the name of the individual, the name of the company(ies) and the nature of the relationship(s). | Financial disclosure statements are published and documented for MOST instructors in the submitted activities; disclosure contains the required elements. | Financial disclosure statements were published or documented for NONE of the instructors in the submitted activities; or disclosure did not contain the required elements or contained a trade name or product message. | Activity Files Sections B/C    B1/C1) Publicity, B6/C6) Activity materials;  Other |
| **Narrative** **(Required):** Describe how disclosures were made before the start of the activity. | | | |

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| **Question 14** | | | |
| **Criteria:** Published disclosure: provider’s monetary relationship or special interest with a commercial company (V.9)  Not applicable: no monetary relationship or special interests with a commercial company. | | | |
| **Meets** | **Partially Meets** | **Does Not Meet** | **Document Location** |
| Published disclosure documented for a monetary relationship or special interest with a commercial company for all relevant activities. | Published disclosure documented for a monetary relationship or special interest with a commercial company for some relevant activities. | No published disclosure of monetary relationships or special interests with a commercial company. | Activity Files Sections B/C  B1/C1) Publicity, B6/C6) Activity materials; Other |
| **Narrative** (Optional)**:** | | | |

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| **Question 15** | | | |
| **Criteria:** Separation of product promotion and advertisement from CE activities (V.2, V.3, V.8, V.10) | | | |
| **Meets** | **Partially Meets** | **Does Not Meet** | **Document Location** |
| All activities promote improvements in oral healthcare; no advertising or exhibits permitted in CE activities; provider *always* uses generic names (or if a trade name is used, trade names of similar products are also mentioned). | All activities promote improvements in oral healthcare; missing some documentation of specific policies regarding separation of promotion/advertising in CE; provider *mostly* uses generic names. | Some or all activities promote drugs, devices or proprietary services or techniques; evidence of marketing/promotional/advertising in CE activities; provider uses product brand names. | Provider Information  Section A  A5) Policies & procedures  Activity Files Sections B/C  B1/C1) Publicity; B6/C6) Activity materials;  Other |
| **Narrative** (Optional)**:** | | | |

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| **Part 2 – Completed only if the provider accepted commercial support\* for any activities on the List  of Education Activities.** |
| **Not applicable: no commercial support (financial or in-kind) received for any activities on the List of Education activities.** |

***\*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.*

**Self-assessment:** Review the following descriptions and select the option that best describes your organization’s level of compliance with each criterion. Include narrative and attach documents where indicated.

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| --- | --- | --- | --- |
| **Question 16** | | | |
| **Criteria:** Commercial Support: signed letters of agreement (V.1, V.7, V.8) | | | |
| **Meets** | **Partially Meets** | **Does Not Meet** | **Document Location** |
| Completed letter(s) of agreement for a commercially supported activity attached; specific terms and conditions of the support are stated; provider is responsible for selecting speakers and content independent of commercial interest; exhibits or advertisements must not be a condition for commercial support. | Blank or incomplete letter(s) of agreement for a commercially supported activity. | No letters of agreement supplied for a commercially supported activity, or letter of agreement indicates that selection of speakers, content, advertisements or exhibits are not independent of commercial interest. | Activity Files Sections B/C  B7/C7) Letters  of agreement for commercial support |
| **Narrative** (Optional)**:** | | | |

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| --- | --- | --- | --- |
| **Question 17** | | | |
| **Criteria:** Published disclosure: funding from commercial support (including in-kind support) or other external funding (V.6) | | | |
| **Meets** | **Partially Meets** | **Does Not Meet** | **Document Location** |
| Published disclosure of commercial or external support documented for all funding sources. | Published disclosure of commercial or external support documented for most funding sources. | No published disclosures of funding support documented. | Activity Files Sections B/C  B1/C1) Publicity, B6/C6) Activity materials; Other |
| **Narrative** (Optional)**:** | | | |

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| **Part 3 – Completed only if provider is a Commercial Interest/Entity (a company that manufactures, distributes, or markets healthcare products used on patients).** |
| **Not applicable: provider is not a commercial entity** |

**Self-assessment:** Review the following descriptions and select the option that best describes your organization’s level of compliance with each criterion. Include narrative and attach documents where indicated.

|  |  |  |  |
| --- | --- | --- | --- |
| **Question 18** | | | |
| **Criteria:** Policies and Procedures related to promotional activities (V.4) | | | |
| **Meets** | N/A | **Does Not Meet** | **Document Location** |
| Policies and procedures address provider’s disclosure of promotional activities and separation of promotional and non-promotional education. |  | Policies and procedures do not address provider’s disclosure of promotional activities or separation of promotional and non-promotional education. | Provider Information  Section A  A5) Policies & procedures |
| **Narrative** (Optional)**:** | | | |

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| --- | --- | --- | --- |
| **Question 19** | | | |
| **Criteria:** Separation of CE activities from educational activities that promote specific products (V.4) | | | |
| **Meets** | N/A | **Does Not Meet** | **Document Location** |
| Educational activities designed to promote products or services are not designated for CDE credit and are clearly disclosed. |  | There is evidence that the provider designates promotional activities for CDE credit. Disclosure that an activity is promotional is not documented. | Activity Files Sections B/C  B1/C1) Publicity;  B6/C6) Activity materials |
| **Narrative** **(Required):** Describe how you determine whether an activity qualifies as continuing education or as promotion, and whether the activity should be designated for CDE credit. | | | |

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| **Part 4 – Completed By ALL Providers** | |
|  | |
| **Recommendations for Improvement** | | |
| **Describe any changes that you made to improve your program’s compliance with Standard V, in response to the most recent ADA CERP Decision Report** (Document A9).  Not applicable; no findings on this Standard in the most recent report. | | **Document Location**  List location or label and insert after this page. |
| **Narrative** (required if most recent Decision Report listed needed improvements)**:** | | |

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| **Optional — Additional Supporting Documentation** | |
| **List of Attached Documents and Narrative:** | **Document Location**  Label and insert after this page (optional). |
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| **STANDARD VI. Educational Methods** |

**Criteria Attestation:** Indicate whether your organization meets or does not meet each of the criteria below. If “Does Not Meet” is checked an explanation is required below.

|  |  |  |
| --- | --- | --- |
| **Criteria:** Attestation Items | Meets | Does Not Meet |
| The administrative authority collaborates with advisory committees, instructors, educational advisors, or potential attendees in determining the educational methods. (Relates to CERP Standard VI.2) |  |  |
| Provider has a mechanism to caution participants about the potential risks of using limited knowledge when incorporating techniques and procedures into practice when they have not received supervised clinical experience or demonstrated competency. (VI.6) |  |  |
| If ‘Does Not Meet’ is checked, please describe the circumstances (Required): | | |

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**Self-assessment:** Review the following descriptions and select the option that best describes your organization’s level of compliance with each criterion. Include narrative and attach documents where indicated.

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| --- | --- | --- | --- |
| **Question 20** | | | |
| **Criteria:** Educational methods: planning (VI.1, VI.3, VI.4, VI.5) | | | |
| **Meets** | **Partially Meets** | **Does Not Meet** | **Document Location** |
| The provider uses a structured approach to planning CE activities that considers the objectives, intended audience, facilities and instructional media. | The provider’s approach to planning CE activities considers some of the following: the objectives, intended audience, facilities, and instructional media. | A structured approach to planning CE activities that considers the objectives, intended audience, facilities  and instructional media was  not evident. | N/A |
| **Narrative** **(Required):** Describe the planning process for one of the activities documented in the activity file, and how you determined the appropriate educational method(s) for the activity. | | | |

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| --- | --- | --- | --- |
| **Question 21** | | | |
| **Criteria:** Educational methods: self-instructional activities\*, Supplement 1 (VI.8) Not applicable, provider does not offer self-instructional activities | | | |
| **Meets** | **Partially Meets** | **Does Not Meet** | **Document Location** |
| Provider documents or describes (in Supplement 1) all requirements for interaction with instructors, references for further study, and content currency as requested in the supplement. | Provider documents or describes (in Supplement 1) most requirements for interaction with instructors, references for further study, and content currency as requested in the supplement. | Provider did not document, describe, or submit (in Supplement 1) requirements  for this type of activity. | [Supplement 1](#_Supplement_1_–_1)  Supp. 1a-c) Self-instructional activities supplement |
| **Narrative** (Optional)**:** | | | |

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| **Question 22** | | | |
| **Criteria:** Educational methods: electronically mediated activities\*, Supplement 2 (VI.9) Not applicable, provider does not offer electronically mediated activities | | | |
| **Meets** | **Partially Meets** | **Does Not Meet** | **Document Location** |
| Provider documents or describes (in Supplement 2) all requirements for technical assistance and participant engagement. | Provider documents or describes (in Supplement 2)  most requirements for technical assistance and participant engagement. | Provider did not document or describe (in Supplement 2) requirements for this type of activity. | [Supplement 2](#_Supplement_2_–_1)  Supp. 2a-b) Electronically mediated activities supplement |
| **Narrative** (Optional)**:** | | | |

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| **Question 23** | | | |
| **Criteria:** Educational methods: onsite/in-office courses\*, Supplement 3 (VI.10, VI.6) Not applicable, provider does not offer this type of activity | | | |
| **Meets** | **Partially Meets** | **Does Not Meet** | **Document Location** |
| Provider documents or describes (in Supplement 3) that all requirements for this type of activity are met: bibliographies, interaction between participant and instructor, instructions and record keeping requirements for self-study portion of course, and case presentations. | Provider documents or describes (in Supplement 3) that most requirements for this type of activity are met: bibliographies, interaction between participant and instructor, instructions and record keeping requirements  for self-study portion of course and case presentations. | Provider did not document, describe, or submit (in Supplement 3) requirements  for this type of activity. | [Supplement 3](#_Supplement_3_–_1)  Supp. 3a-c) On-site/in-office activities supplement |
| **Narrative** (Optional)**:** | | | |

***\*Lexicon of Terms***

***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.*

***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.*

***Onsite/In-office Participation Courses:*** *Long-term CDE participation courses involving both formal course sessions* ***and*** *in-office practice of techniques without direct supervision.*

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| **Recommendations for Improvement** | |
| **Describe any changes that you made to improve your program’s compliance with Standard VI, in response to the most recent ADA CERP Decision Report** (Document A9). Not applicable; no findings on this Standard in the most recent report. | **Document Location**  List location or label and insert after this page. |
| **Narrative** (required if most recent Decision Report listed needed improvements)**:** | |

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| **Optional — Additional Supporting Documentation** | |
| **List of Attached Documents and Narrative:** | **Document Location**  Label and insert after this page (optional). |
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| **STANDARD VII. Instructors** |

*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.*

**Criteria Attestation:** Indicate whether your organization meets or does not meet each of the criteria below. If “Does Not Meet” is checked an explanation is required below.

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| **Criteria:** Attestation Items | Meets | Does Not Meet |
| The number of instructors employed for a continuing education activity must be adequate to ensure effective educational results. (Relates to CERP Standard VII.2) |  |  |
| The number of instructors assigned to any activity must be predicated upon the course objectives and the educational methods used. (VII.4) |  |  |
| The instructor participant ratio is most critical in participation courses. CDE providers that offer hands-on participation courses 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. (VII.5) |  |  |
| If ‘Does Not Meet’ is checked, please describe the circumstances (Required): | | |

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**Self-assessment:** Review the following descriptions and select the option that best describes your organization’s level of compliance with each criterion. Include narrative and attach documents where indicated.

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| **Question 24** | | | |
| **Criteria:** Instructors are qualified on relevant subject matter by education and experience. (VII.1) | | | |
| **Meets** | N/A | **Does Not Meet** | **Document Location** |
| Provider describes a structured process to verify instructor education and experience. |  | Provider does not describe a structured process to verify instructor education and experience. | N/A |
| **Narrative** **(Required):** Describe the process used to select instructors for CDE activities. | | | |

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| **Question 25** | | | |
| **Criteria:** Instructors who present in or author at least 50% of the provider’s activities. (VII.7)Not applicable (all individual instructors present less than 50% of activities) | | | |
| **Meets** | N/A | **Does Not Meet** | **Document Location** |
| Curriculum vitae provided for each individual instructor who presents in 50% or more of provider’s activities. |  | Curriculum vitae not provided for each instructor who presents in 50% or more of provider’s activities. | Provider Information  Section A  A6) Curriculum vitae |
| **Narrative** (Optional)**:** | | | |

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| **Question 26** | | | |
| **Criteria:** Provider supplies faculty instructions/ guidance on required criteria for CE activities (VII.3, VII.6, VII.8, VII.9) | | | |
| **Meets** | **Partially Meets** | **Does Not Meet** | **Document Location** |
| Instructors receive written guidance on **all** of the following: activity objectives, educational design (VII.6), honoraria and expense reimbursement policy (VII.9), inclusion of references (VII.3), and image authenticity (VII.8) | Instructors receive written guidance on **most** of the following: activity objectives, educational design (VII.6), honoraria and expense reimbursement policy (VII.9), inclusion of references (VII.3), and image authenticity (VII.8) | No written guidance is given to instructors or guidance is missing for most of the requirements. | Activity Files Sections B/C  B8/C8) Faculty guidance |
| **Narrative** **(Required):** Describe the process used to communicate with faculty (verbal and/or written). | | | |

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| **Recommendations for Improvement** | |
| **Describe any changes that you made to improve your program’s compliance with Standard VII, in response to the most recent ADA CERP Decision Report** (Document A9). Not applicable; no findings on this Standard in the most recent report. | **Document Location**  List location or label and insert after this page. |
| **Narrative** (required if most recent Decision Report listed needed improvements)**:** | |

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| **Optional — Additional Supporting Documentation** | |
| **List of Attached Documents and Narrative:** | **Document Location**  Label and insert after this page (optional). |

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| **STANDARD VIII. Facilities/Instructional Media** |

**Criteria Attestation:** Indicate whether your organization meets or does not meet each of the criteria below. If “Does Not Meet” is checked an explanation is required below.

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| **Criteria:** Attestation Items | Meets | Does Not Meet |
| Facilities and instructional media selected for each activity must be appropriate to accomplish the stated educational objectives and intended educational method(s). (Relates to CERP Standard VIII.1) |  |  |
| 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. (VIII.2) |  |  |
| Adequate space and equipment must be provided to accommodate the size of the intended audience. (VIII.3) |  |  |
| 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. (VIII.4) |  |  |
| If ‘Does Not Meet’ is checked, please describe the circumstances (Required): | | |

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**Self-assessment:** Review the following descriptions and select the option that best describes your organization’s level of compliance with each criterion. Include narrative and attach documents where indicated.

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| **Question 27** | | | |
| **Criteria:** Notification to participants of required materials and equipment (VIII.5) Not applicable (do not offer activities requiring participants to bring materials) | | | |
| **Meets** | **Partially Meets** | **Does Not Meet** | **Document Location** |
| All activities requiring participants to bring materials and equipment had appropriate advance notification and description  of specific requirements. | Most activities requiring participants to bring materials and equipment had appropriate advance notification and description  of specific requirements. | None of the activities requiring participants to bring materials and equipment had appropriate advance notification and description of specific requirements. | Activity Files Sections B/C  B9/C9) Materials and equipment |
| **Narrative** (Optional)**:** | | | |

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| **Recommendations for Improvement** | |
| **Describe any changes that you made to improve your program’s compliance with Standard VIII, in response to the most recent ADA CERP Decision Report** (Document A9). Not applicable; no findings on this Standard in the most recent report. | **Document Location**  List location or label and insert after this page. |
| **Narrative** (required if most recent Decision Report listed needed improvements)**:** | |

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| **Optional — Additional Supporting Documentation** | |
| **List of Attached Documents and Narrative:** | **Document Location**  Label and insert after this page (optional). |
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| **STANDARD IX. Administration** |

**Criteria Attestation:** Indicate whether your organization meets or does not meet each of the criteria below. If “Does Not Meet” is checked an explanation is required below.

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| **Criteria:** Attestation Items | Meets | Does Not Meet |
| 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. (Relates to CERP Standard IX.2) |  |  |
| 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 Lexicon of Terms and does not conflict with or appear to violate the ADA Principles of Ethics and Code of Professional Conduct. (IX.15) |  |  |
| Administration of the program must be consistent with the goals of the program and the objectives of the planned activities. (IX.1) |  |  |
| 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. (IX.11) |  |  |
| 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. (IX.16) |  |  |
| If ‘Does Not Meet’ is checked, please describe the circumstances (Required): | | |

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**Self-assessment:** Review the following descriptions and select the option that best describes your organization’s level of compliance with each criterion. Include narrative and attach documents where indicated.

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| **Question 28** | | | |
| **Criteria:** Administrative Authority*:* defined responsibilities, adequate staffing, policies and procedures for continuity of administration and record keeping (IX.4, IX.5, IX.6, IX.7, IX.10, IX.12) | | | |
| **Meets** | **Partially Meets** | **Does Not Meet** | **Document Location** |
| All staffing, job descriptions, CE policies and procedures, are attached and provide evidence of defined responsibilities, adequate staffing, and continuity of administration; no evidence within the application that provider is non-compliant. | Most policies and procedures, job descriptions attached, and provide some evidence of defined responsibilities and continuity of administration, and no evidence within the application that provider is non-compliant. | No policies and procedures, job descriptions or evidence of continuity of administration are supplied, or there is evidence of non-compliance. | Provider Information  Section A  Staff list;  A7) Job descriptions/CE personnel responsibilities; Policies & procedures |
| **Narrative** (Optional)**:** | | | |

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| **Question 29** | | | |
| **Criteria:** Advisory committee (IX.3, IX.16) | | | |
| **Meets** | **Partially Meets** | **Does Not Meet** | **Document Location** |
| The advisory committee maintains minutes; the committee provides input on the goals, content and evaluation of the overall CE program; the committee includes a representative of the intended audience, and a majority of the advisory committee are dentists independent of other responsibilities for the provider. | The roster of advisory committee members and committee meeting minutes demonstrate that most of the criteria listed in ‘Meets’ are met. | The provider does not maintain minutes; obtain input from an advisory committee; a majority of the advisory committee is not independent of other responsibilities for the provider; and/or the information about the advisory committee is not provided. | Provider Information  Section A  Advisory committee roster;  A3) Advisory committee meeting minutes |
| **Narrative** (Optional)**:** | | | |

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| **Question 30** | | | |
| **Criteria:** Sound scientific content (IX.8) | | | |
| **Meets** | **Partially Meets** | **Does Not Meet** | **Document Location** |
| Provider has written policies to ensure that CE activities with clinical/technical content are based on sound science, including information on risks, benefits and level of scientific evidence, and CE activities demonstrate that these requirements are met. | Provider has written policies that address most of the requirements for ensuring that CE activities with clinical/technical content are based on sound science, including information on risks, benefits and level of scientific evidence, and CE activities demonstrate that these requirements are met. | Provider does not have written policies to ensure that CE activities with clinical/technical content are based on sound science, including information on risks, benefits and level of scientific evidence; or CE activities promote treatments known to be ineffective or to have risks that outweigh the benefits. | Provider Information  Section A  A8) Policies & procedures:  Sound scientific content  Activity Files Sections B/C  B6/C6) Activity materials; B8/C8) Instructor guidelines; Other |
| **Narrative** (Optional)**:** | | | |

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| **Question 31** | | | |
| **Criteria:** *Joint* provider\* agreements (IX.13, IX.14) Not applicable (provider does not jointly provide activities with other providers) | | | |
| **Meets** | **Partially Meets** | **Does Not Meet** | **Document Location** |
| A signed letter of agreement for a jointly provided activity is attached describing the provider’s responsibilities for planning, organizing, publicizing, administering and record keeping. | A letter of agreement for a jointly provided activity is attached; the letter includes most required elements. | A letter of agreement for a jointly provided activity is not supplied, or is missing most required elements, or indicates that the provider did not assume responsibility for required elements. | Activity Files Sections B/C  B10/C10) Letter of agreement for a jointly provided activity  OR  Attached after this page |
| **Narrative** (Optional)**:** | | | |

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*\*Joint providership: Any continuing education activity in which an ADA CERP-recognized provider agrees to jointly provide a program with another CDE provider. When an ADA CERP recognized provider jointly provides a CDE activity with a non-CERP recognized provider, the CERP recognized provider assumes responsibility for the planning, organizing, administrating, publicizing, presenting, and keeping records for the planned continuing dental education activity.*

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| **Recommendations for Improvement** | |
| **Describe any changes that you made to improve your program’s compliance with Standard IX, in response to the most recent ADA CERP Decision Report** (Document A9). Not applicable; no findings on this Standard in the most recent report. | **Document Location**  List location or label and insert after this page. |
| **Narrative** (required if most recent Decision Report listed needed improvements)**:** | |

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| **Optional — Additional Supporting Documentation** | |
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| **STANDARD X. Fiscal Responsibility** |

**Criteria Attestation:** Indicate whether your organization meets or does not meet each of the criteria below. If “Does Not Meet” is checked an explanation is required below.

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| **Criteria:** Attestation Items | Meets | Does Not Meet |
| Fiscal resources must be sufficient to meet the goals of the program and the objectives of the planned activities. (Relates to CERP Standard X.1) |  |  |
| Adequate resources must be available to fund the administrative and support services necessary to manage the continuing education program. (X.2) |  |  |
| 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. (X.3) |  |  |
| 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.). (X.4) |  |  |
| Resources must be adequate for the continual improvement of the program. (X.5) |  |  |
| If ‘Does Not Meet’ is checked, please describe the circumstances (Required): | | |

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| **Recommendations for Improvement** | |
| **Describe any changes that you made to improve your program’s compliance with Standard X, in response to the most recent ADA CERP Decision Report** (Document A9). Not applicable; no findings on this Standard in the most recent report. | **Document Location**  List location or label and insert after this page. |
| **Narrative** (required if most recent Decision Report listed needed improvements)**:** | |

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| **Optional — Additional Supporting Documentation** | |
| **List of Attached Documents and Narrative:** | **Document Location**  Label and insert after this page (optional). |
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| **STANDARD XI. Publicity** |

**Criteria Attestation:** Indicate whether your organization meets or does not meet each of the criteria below. If “Does Not Meet” is checked an explanation is required below.

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| **Criteria:** Attestation Items | Meets | Does Not Meet |
| Publicity for CDE activities must not conflict with or appear to violate the ADA Principles of Ethics and Code of Professional Conduct. (Relates to CERP Standard XI.7) |  |  |
| If ‘Does Not Meet’ is checked, please describe the circumstances (Required): | | |

**Self-assessment:** Review the following descriptions and select the option that best describes your organization’s level of compliance with each criterion. Include narrative and attach documents where indicated.

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| **Question 32** | | | |
| **Criteria:** Publicity for CE activities provides complete and accurate information to potential audience. (XI.1, XI.2, XI.3, XI.5, XI.6) | | | |
| **Meets** | **Partially Meets** | **Does Not Meet** | **Document Location** |
| Publicity materials for all activities were complete and accurate (XI.3) containing all the evaluation checklist items. | Publicity materials for most activities were complete and accurate, containing most of the evaluation checklist items. | Publicity materials for most or all of the activities were incomplete, missing many checklist items, and/or inaccurate, or publicity materials were not submitted. | Activity Files Sections B/C  B1/C1) Publicity and checklists |
| **Narrative** (Optional)**:** | | | |

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| **Question 33** | | | |
| **Criteria:** Misleading statements (XI.4) | | | |
| **Meets** | N/A | **Does Not Meet** | **Document Location** |
| No evidence of misleading statements regarding the nature of the activity or the benefits from participation in all publicity materials. |  | Evidence of misleading statements regarding the nature of the activity or the benefits from participation in some or all publicity materials. | Activity Files Sections B/C  B1/C1) Publicity |
| **Narrative** (Optional)**:** | | | |

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| **Recommendations for Improvement** | |
| **Describe any changes that you made to improve your program’s compliance with Standard XI, in response to the most recent ADA CERP Decision Report** (Document A9). Not applicable; no findings on this Standard in the most recent report. | **Document Location**  List location or label and insert after this page. |
| **Narrative** (required if most recent Decision Report listed needed improvements)**:** | |

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| **Optional — Additional Supporting Documentation** | |
| **List of Attached Documents and Narrative:** | **Document Location**  Label and insert after this page (optional). |
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| **STANDARD XII. Admissions** |

**Criteria Attestation:** Indicate whether your organization meets or does not meet each of the criteria below. If “Does Not Meet” is checked an explanation is required below.

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| **Criteria:** Attestation Items | Meets | Does Not Meet |
| In general, continuing education activities must be available to all dentists. (Relates to CERP Standard XII.1) |  |  |
| If ‘Does Not Meet’ is checked, please describe the circumstances (Required): | | |

**Self-assessment:** Review the following descriptions and select the option that best describes your organization’s level of compliance with each criterion. Include narrative and attach documents where indicated.

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| **Question 34** | | | |
| **Criteria:** Specification of any prior training or preparation, if required for registration (XII.2, XII.3) Not applicable (no activities/courses offered have prerequisites.) | | | |
| **Meets** | N/A | **Does Not Meet** | **Document Location** |
| Publicity materials for activities with prerequisites include description of prior training or preparation needed. |  | Publicity materials for activities with prerequisites do not include description of prior training or preparation needed. | Activity Files Sections B/C    B1/C1 Publicity and checklists (Item N) |
| **Narrative** (Optional)**:** | | | |

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| **Recommendations for Improvement** | |
| **Describe any changes that you made to improve your program’s compliance with Standard XII, in response to the most recent ADA CERP Decision Report** (Document A9). Not applicable; no findings on this Standard in the most recent report. | **Document Location**  List location or label and insert after this page. |
| **Narrative** (required if most recent Decision Report listed needed improvements)**:** | |

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| **Optional — Additional Supporting Documentation** | |
| **List of Attached Documents and Narrative:** | **Document Location**  Label and insert after this page (optional). |
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| **STANDARD XIII. Patient Protection** |

Not applicable: provider does not offer activities in which patients are treated, either by the instructor or the participants

**Criteria Attestation:** Indicate whether your organization meets or does not meet each of the criteria below. If “Does Not Meet” is checked an explanation is required below.

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| **Criteria:** Attestation Items | Meets | Does Not Meet | |
| The provider must assume responsibility for ensuring that participants and/or instructors treating patients (especially those from outside the state/province where the course is held) are in compliance with any applicable dental licensure laws and/or equivalent laws. (Relates to CERP Standard XIII.3) |  |  |
| The provider must ultimately be responsible for ensuring that informed consent of all patients is obtained. (XIII.4) |  |  |
| 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. (XIII.6) |  |  |
| Sufficient clinical supervision must be provided during patient treatment to ensure that the procedures are performed competently. (XIII.7) |  |  |
| The provider must assume responsibility for competent completion of treatment, any necessary post-course treatment, and management of complications, by a qualified clinician (XIII.8) |  |  |
| If ‘Does Not Meet’ is checked, please describe the circumstances (Required): | | | |

**Self-assessment:** Review the following descriptions and select the option that best describes your organization’s level of compliance with each criterion. Include narrative and attach documents where indicated.

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| **Question 35** | | | |
| **Criteria:** Policies and procedures/protocols for conducting activities/courses in which patients are treated: Supplement 4 (XIII.1, XIII.2, XIII.5) | | | |
| **Meets** | **Partially Meets** | **Does Not Meet** | **Document Location** |
| All policies and procedures identified in Supplement 4 (Q.50) are attached and no evidence within the application that provider is non-compliant. | Most policies and procedures identified in Supplement 4 (Q.50) are attached and no evidence within the application that provider is non-compliant. | None of the policies and procedures identified in Supplement 4 (Q.50) are supplied or there is evidence of non-compliance. | [Supplement 4](#_Supplement_4_–_1)  Supp. 4a) Policies & procedures:  patient protection, and checklist |
| **Narrative** (Optional)**:** | | | |

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| **Question 36** | | | |
| **Criteria:** Patient informed consent (XIII.5) | | | |
| **Meets** | N/A | **Does Not Meet** | **Document Location** |
| Patient informed consent forms include all required items in Supplement 4 (Q.51), and narrative describes appropriate process for obtaining informed consent. |  | Patient informed consent forms do not include all required items in Supplement 4 (Q.51), or narrative does not describe appropriate process for obtaining informed consent. | [Supplement 4](#_Supplement_4_–_2)  Supp. 4b) Informed consent and checklist |
| **Narrative** **(Required):** Describe how the provider ensures patient informed consent is obtained prior to the start of treatment. | | | |

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| **Question 37** | | | |
| **Criteria:** Liability insurance (XIII.9) | | | |
| **Meets** | N/A | **Does Not Meet** | **Document Location** |
| Documentation provided in Supplement 4 (Q.52) that participants and instructors treating patients have liability coverage where required. |  | Documentation not provided in Supplement 4 (Q.52) that participants and instructors treating patients have liability coverage where required. | Supplement 4  Supp. 4c) Liability insurance notification and checklist |
| **Narrative** (Optional)**:** | | | |

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| **Recommendations for Improvement** | |
| **Describe any changes that you made to improve your program’s compliance with Standard XIII, in response to the most recent ADA CERP Decision Report** (Document A9). Not applicable; no findings on this Standard in the most recent report. | **Document Location**  List location or label and insert after this page. |
| **Narrative** (required if most recent Decision Report listed needed improvements)**:** | |

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| **Optional — Additional Supporting Documentation** | |
| **List of Attached Documents and Narrative:** | **Document Location**  Label and insert after this page (optional). |
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| **STANDARD XIV. Record Keeping** |

**Criteria Attestation:** Indicate whether your organization meets or does not meet each of the criteria below. If “Does Not Meet” is checked an explanation is required below.

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| **Criteria:** Attestation Items | Meets | Does Not Meet |
| 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. (Relates to CERP Standard XIV.5) |  |  |
| If ‘Does Not Meet’ is checked, please describe the circumstances (Required): | | |

**Self-assessment:** Review the following descriptions and select the option that best describes your organization’s level of compliance with each criterion. Include narrative and attach documents where indicated.

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| **Question 38** | | | |
| **Criteria:** Verification of participation/ attendance: method (XIV.1) | | | |
| **Meets** | N/A | **Does Not Meet** | **Document Location** |
| Provider describes a structured process to monitor or verify individual participation/attendance in CE activities/courses. |  | Provider does not describe a structured process. | N/A |
| **Narrative** **(Required):** Describe the method(s) you use to monitor or verify individual participation/attendance in CE activities/courses. (XIV.1) | | | |

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| **Question 39** | | | |
| **Criteria:** Verification of participation document issued to participants: checklist of required elements (XIV.4) | | | |
| **Meets** | **Partially Meets** | **Does Not Meet** | **Document Location** |
| All of the verification of participation forms contain the required elements on the verification of participation checklist. | Verification of participation forms contain most of the required elements on the checklist. | Most or all of the required elements on the checklist are missing; or the verification of participation forms were not submitted; or are inaccurate. | Activity Files Sections B/C  B11/C11) Verification of participation form and checklist |
| **Narrative** (Optional)**:** | | | |

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| **Question 40** | | | |
| **Criteria:** Verification of participation document issued to participants: format requirements (XIV.2) | | | |
| **Meets** | N/A | **Does Not Meet** | **Document Location** |
| Verification forms do not resemble certificates or diplomas, and do not appear to attest to specific skills or advanced educational status. |  | Verification forms resemble certificates or diplomas, or appear to attest to specific skills or advanced educational status. | Activity Files Sections B/C  B11/C11) Verification of participation form and checklist |
| **Narrative** (Optional)**:** | | | |

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| **Question 41** | | | |
| **Criteria:** Credit determination (XIV.3) | | | |
| **Meets** | **Partially Meets** | **Does Not Meet** | **Document Location** |
| All activities have justifiable credit determination methods, and the number of credits offered for all activities is appropriate. | Most activities have justifiable credit determination methods, and the number of credits offered for most activities is appropriate. | None of the submitted activities have justifiable credit determination methods; or the number of credits offered for most activities is not appropriate. | Activity Files Sections B/C  B1/C1) Publicity, B6/C6) Activity materials |
| **Narrative** **(Required):** Describe how you calculated the number of credits offered for each of the activities submitted in the Activities Files. | | | |

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| **Recommendations for Improvement** | |
| **Describe any changes that you made to improve your program’s compliance with Standard XIV, in response to the most recent ADA CERP Decision Report** (Document A9). Not applicable; no findings on this Standard in the most recent report. | **Document Location**  List location or label and insert after this page. |
| **Narrative** (required if most recent Decision Report listed needed improvements)**:** | |

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| **Optional — Additional Supporting Documentation** | |
| **List of Attached Documents and Narrative:** | **Document Location**  Label and insert after this page (optional). |
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