



**IOWA DENTAL BOARD
APPLICATION FOR POST APPROVAL OF A
CONTINUING EDUCATION COURSE**

A fee of \$10 per course is required to process your request. Please submit payment, along with this form and all required documentation, to the Iowa Dental Board at 400 SW 8th Street, Suite D, Des Moines, IA 50309 or idb@iowa.gov. Fax: 515-281-7969. A person or organization which has been designated by the Board as an "Approved Sponsor" is not required to submit a fee.

PLEASE TYPE OR PRINT

Name of organization or person requesting approval: _____

If different from above, name of person submitting request: _____

Address: _____

Phone: _____ E-mail: _____

Signature: _____ Date: _____

COURSE TITLE: _____

NAME OF COURSE SPONSOR: _____

Total Hours of Instruction: _____ **Total CEU's Being Requested:** _____

COURSE DATE(S): _____

COURSE SUBJECT: Select the subject matter areas that applied to the course.

- Clinical practice
- Patient record keeping
- Risk management
- Communication
- OSHA regulations/Infection Control
- Other: _____

COURSE FORMAT: Select the education methods that were used during the training.

- Lecture
- Home study (e.g. self-assessment, reading, educational tv)
- Class discussion
- Demonstration
- Lab work
- Other: _____

ADDITIONAL DOCUMENTATION

Additionally, please attach the following information to this form, for review by the continuing education committee. Please note that we are unable to return materials. If any of the following items are not included, the decision regarding your course may be delayed.

- 1.) Detailed course description
- 2.) Course outline, including breakout of hours spent on each topic area
- 3.) Brief speaker biography and credentials for teaching course

****All materials submitted to the Dental Board are considered public records. While the Board will not publically post your materials, they may be subject to inspection and copying under Iowa's open records law, if requested.***

NEXT STEPS

Review of your course is a two-step process. It is first reviewed by the continuing education committee, and is then forwarded to the next quarterly Dental Board meeting, where it is subject to either approval, denial or a request for additional information. If either the Continuing Education Advisory Committee or the Board requires more information regarding your course, Board staff will contact you.

Continuing education committee meetings and full Board meeting dates can be found on our website at www.dentalboard.iowa.gov. You will be contacted by Board staff three days after your course is reviewed at a Board meeting, and notified of the Board's decision regarding approval of your course. Pursuant to Iowa Administrative Code 650-25.3(5) courses must be submitted within 60 days after completion of the course.

If you are a licensee or registrant, submitting a course you have attended, the Dental Board recommends reviewing the list of approved sponsors, located on the Board website. If the course for which you are seeking approval was taught by a Board approved sponsor, the course is approved, provided it meets the requirements in Iowa Administrative Code 650-Chapter 25.3(7), and this form does not need to be submitted. A list of approved sponsors can be found on our website at <http://www.dentalboard.iowa.gov/practitioners/continuing-education/approved-sponsors.html>

For more information on a particular course, contact the sponsor directly. Sponsors are responsible for informing attendees if a course is ineligible for credit.

Please note that the following subjects are not acceptable for continuing education credit: personal development, business aspects of practice, personnel management, government regulations, insurance, collective bargaining, and community service presentations.