

IOWA DENTAL BOARD APPLICATION FOR PRIOR 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-ma	ail:		
Signature:	Date:		
COURSE TITLE:			
Total Hours of Instruction:	Total CEU's Being Requested:		
COURSE DATE(S):			
COURSE SUBJECT: Select the subject matter ar	reas that apply.		
 □ Clinical practice □ Patient record keeping □ Risk management □ Communication □ OSHA regulations/Infection Control 			

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

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

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

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 lowa Administrative Code 650-25.3(5) courses must be submitted 90 days prior to the date of the course in order to ensure review at the next Board meeting.

If you are a licensee or registrant, submitting a course for pre-approval, the Dental Board recommends reviewing the list of approved sponsors, located on the Board website. If the course for which you are seeking approval is being 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. be Α list of approved sponsors can 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.

^{*}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 lowa's open records law, if requested.