CONTINUING EDUCATION SPONSOR APPLICATION (2022-2024)

IOWA DENTAL BOARD

400 S.W. 8th Street, Suite D, Des Moines, Iowa 50309-4687 Ph. (515) 281-5157 http://www.dentalboard.iowa.gov



Include the *non-refundable* fee of \$100. Payment may be made by check or money order made payable to the Iowa Dental Board. Complete each question on the application. <u>If not applicable, mark "N/A."</u> Sponsor status lapses on November 1 of even-numbered years.

The information provided in the section below will be posted to the website following board approval. Official Name of Sponsor: Type of Organization: Constituent or component society Corporate/DSO ☐ Dental assisting school **Contact Person:** Dental hygiene school Dental school Individual Military Mailing/Street Address: ☐ Study group Other: City: State: Zip: Phone: Fax: **Website Address: Email Address:** Number of courses offered in 2020: Number of courses offered 2021: **Education Methods:** Course Subject Matter: (check all that apply) ☐ Demonstration Clinical Practice Risk Management ☐ Discussion OSHA Regulations/Infection Control Lecture Patient Record Keeping Participation Communication Self-study (e.g. reading, online courses, etc.) Iowa Jurisprudence Other: Other: ____ Average number of attendees: Name of Current Officer(s), Title(s), Address, Phone:

Date:	Course Title:	Instructor:	Location:	CE
				Hours:
education. We equirements of articipants. So e given. Fail Subjects, which development,	t be formally organized and adher hen courses are promoted as apprais defined by the board, the spor- sponsors may offer non-credit cour- ure to meet this requirement may re- h are NOT acceptable for continuin business aspects of practice, business, personnel management, insurance	oved continuing education nsor will be required to sees provided participants esult in loss of approved spaces ag education credit include these strategy, financial re-	n courses that do not refund the registral are informed that not ponsor status. The possible of the possible	ot meet thation fee to credit wi
statilet growt	and agree to follow the board rul	,		ducation
understand				
	n completing this application:			
	n completing this application:			

Name of Sponsor:

400 S.W. 8th Street, Suite D Des Moines, IA 50309-4687