



312.440.4335
888.243.3368, ext. 4335
www.agd.org
pace@agd.org

APPLICATION FOR NATIONAL APPROVAL

Official organization name of continuing education (CE) program provider

Name and title of contact person to whom correspondence regarding this application should be addressed

CE program provider street address

City State/province ZIP/postal code Country

Telephone Fax

Email Website

Eligibility Questions

Please answer the following questions to determine whether your organization is eligible to apply for program provider approval. (In this document, "you" refers to the organization applying for program provider approval.)

QUESTIONS

Does your organization present, or intend to present, educational programs in more than one state/province, or draw, or intend to draw, a significant number of attendees from more than one state/province?

RESPONSE

Yes No

Number of years your organization has offered continuing dental education activities.

Number of Years:

If your organization has not offered any continuing education activities for at least 12 months, the PACE Council may limit you to a one-year approval term.

Does your organization ensure that all courses offered have a sound scientific basis in order to adequately protect the public? PACE reserves the right to require acceptable substantiation from providers that their courses have a sound scientific basis and proven efficacy, and to ensure public safety.

Yes No

Does your organization ensure that the educational methods and the facilities selected are appropriate to the stated objectives of the activity?

Yes No

Does your organization ensure that, upon completion of your courses, participants are not obligated to utilize any volume of products and/or services?

Yes No

If you answered NO to any of the above questions, contact the Academy of General Dentistry-PACE.

Instructions

- Please save this document to your computer and complete electronically, or print a copy and complete in ink.
- For questions that require more than a yes-or-no answer, please print or type your responses on a separate document, label it with the form letter and question number in the upper right-hand corner, and attach it to the application behind the page where the question is found.
- To submit your application electronically, email it to PACE@agd.org in PDF format. In order to be accepted for review, your completed application **must** be submitted as a single PDF file. All requested attachments **must** be clearly labeled and incorporated into the single file submitted. Contact 888.AGD.DENT (888.243.3368), ext. 4114 or 4335, if you do not receive a confirmation within two business days.
- If submitting paper copies, do **not** bind into book form.
- If mailing paper copies, submit a total of **four copies** of the application and all attachments.
- Mail this application, all required documentation, and payment to:
Academy of General Dentistry–PACE
560 W. Lake St., Sixth Floor
Chicago, IL 60661-6600

Provider's recognition status: *Check one.*

New applicant, not currently AGD PACE-recognized

AGD PACE-recognized provider; Provider ID No. _____

Method of Payment:

Check (Enclosed) Visa MasterCard American Express

NOTE: Payments must be in U.S. funds. Payments from Canadian applicants can only be accepted via Visa, MasterCard, or check.

Credit card number

Expiration date

I hereby certify that all the information I have provided on this application is correct, and by remitting the application fee to the AGD, agree to all terms of the PACE program.

Signature

Date

Application Fees

New and returning applicants are required to pay an application fee each time an application is submitted. **The current application fee is \$685.** Withdrawn applications are subject to a \$200 processing fee.

Effective Jan. 1, 2018, the application fee will increase to \$705. All applications received on or after this date will be subject to the new application fee.

Maintenance Fees

Approved providers are required to pay an annual nonrefundable fee in order to maintain their nationally approved status. The application fee includes the first year's maintenance fee. Nonpayment of all required fees within the established deadline(s) will be viewed as a decision by the approved provider to voluntarily withdraw from the PACE program. Any provider wishing to reinstate its recognition following discontinuation for nonpayment of fees will be required to submit a new AGD PACE application and follow the established procedures for recognition. The current annual maintenance fee is \$275.

Are you a not-for-profit organization?

Yes No

Which organization type best describes your organization? *Check one.*

AGD constituent/component

University or educational organization

ADA constituent/component

Dental materials company

Consulting company

Dental materials/equipment/device company

Dental education company

Specialty society/dental association

Federal or state agency

Study club

Other _____

Continuing education course type offered and application forms needed: *Check all that apply to your organization.*

Lecture: *Complete Form A*

Participation: *Complete Form A and Form B **only** if live patients are treated during the course*

Self-Study: *Complete Form A and Form C*

Electronically Mediated: *Complete Form A and Form D*

Protocol: *Complete Form A and Form E*

FORMS:

- Form A (Pages 3 to 9) is to be completed by all applicants.
- Form B (Page 10) is to be completed only by applicants who offer courses in which live patients are treated either by instructors and/or participants.
- Form C (Page 11) is to be completed only by applicants who offer self-instruction courses.
- Form D (Page 12) is to be completed only by applicants who offer electronically mediated courses, such as webinars or online programs.
- Form E (Page 13) is to be completed only by applicants who use the protocol teaching method in their courses.

The PACE Guidebook is your resource for planning and administering what the AGD looks for in a quality CE program. The questions on this application are based on the "Standards and Criteria of PACE," which are divided into 13 distinct sections. The notations listed in parentheses after each question refer to a specific standard or criteria within that section, found in the *PACE Guidebook*. For example, (XIII S:2) means Section XIII, Standard 2; (II C:D) means Section II, Criterion D; and (IV, R:G)

means Section 4, Recommendation G. Many discussions of CE result in misinterpretation or confusion because frequently used terms may be defined differently in the context of CE. To clarify the intent, the *PACE Guidebook* contains a lexicon of terms that define how they will be used in relation to CE. CE providers should familiarize themselves with these definitions prior to completing the application to ensure a complete understanding of the information provided in this document.

Standard I. ADMINISTRATION

1 List the names and titles of staff members who are responsible for the quality and content of your CE program. List any additional members of your planning committee who do not have any other responsibilities in your organization. Identify all those who are dental professionals. (I, C:A, F-H)

Staff name and title	Dental professional? (Check yes or no.)		Planning committee member name/title	Dental professional? (Check yes or no.)	
	Yes	No		Yes	No
_____			_____		
_____			_____		
_____			_____		
_____			_____		
_____			_____		

2 **Attach** the specific job responsibilities **as they relate to the quality and content of your CE program** for each person listed above. (I, C:B-D, I-K)

3 **Attach** a copy of detailed planning committee minutes. Minutes should be from recent meetings occurring within the last approval period and reflect the development, implementation, or improvement of the CE program. If minutes are not available, attach an explanation why that is the case. (I, C:G)

Minutes attached Minutes not available, explanation attached

4 In the event of personnel changes, are there specific procedures in place to ensure continuity for the administration of the CE program? (I, C:E)

Yes No

5 **Attach** a copy of your written policy, procedure, or guideline designed to ensure that all clinical and/or technical CE activities offered include the scientific basis for the program content and assessment of the associated benefits/risks in order to promote public safety. Make sure to explain the process you use to ensure ongoing compliance with PACE Standards and that the scientific basis for the content remains current. (I, C:P, Q)

Guidelines attached Guidelines not available, explanation attached

6 **Attach** a list of all of the organizations with which you have worked to jointly offer CE programs during the past three years. If you have not worked with any other organizations to offer CE in the past three years, check "Not Applicable" below.

List attached Not applicable

7 **Attach** an example of the letter of agreement you use when working with other organizations to offer a CE program. If you have not worked with any other organizations to offer CE in the past three years, check "Not Applicable" below. (I, C:L,M)

Letter attached Not applicable

Standard II. FISCAL RESPONSIBILITY

8 Do you maintain a budget for the overall CE program to include all costs and income, both direct and indirect? (II, C:C)

Yes No

9 Check all sources of funding for your **CE program**. If you receive funds from a parent organization or educational grants, please list the name of the organization providing funds. (II, C:C)

Tuition/registration fees

Budget from parent organization. List parent organization name: _____

Grants. List name or organization providing grant: _____

Sales of products, services, or equipment. Attach an explanation: _____

Other sources: _____

Standard III. GOALS

10 Attach a copy of your organization's overall mission, organizational goals, and long-range goals related to the CE program. (III, S:1,2; C:B)

Mission and goals attached

Mission and goals not available, explanation attached

11 How often do you conduct reviews of your educational program and goals with your planning committee to ensure the goals of the program are being achieved? (III, C:C)

Quarterly

Every six months

Annually

Every two to three years

Other _____

Standard IV. NEEDS ASSESSMENT

12 Attach an explanation of the methods used to determine objectively the professional needs and interests of future audiences. Make sure to indicate how often you use each method. If audience members are surveyed, include a copy of the survey. (IV, S:I, C:A-F)

Standard V. OBJECTIVES

13 Who is responsible for ensuring that the appropriate educational objectives are developed early on, prior to selecting specific course content or choosing educational methodologies? Check all that apply. (V, C:A, B)

Instructor

Staff

Planning committee

Other _____

If necessary, attach an explanation of how your organization develops educational objectives.

14 Attach a copy of the written course objectives from your three most recent programs. These samples can be taken from the course publicity, student handouts, or instructor slides. (V, S:1, C:E)

- If multiple courses were offered at your most recent program, include the written course objectives from three of the sessions offered.
- If written courses objectives are not available, attach an explanation.

Examples of course objectives attached

Course objectives not available, explanation attached

15 Are educational objectives distributed in advance so that the intended audience is made aware of them and can select courses on a sound basis? (V, C:C)

Yes

No

16 Do you ensure that the educational objectives do not conflict with or appear to violate the ADA Principles of Ethics and Code of Professional Conduct? (V, C:D)

Yes

No

Standard VI. ADMISSIONS

17 In general, are your courses made available to all dentists? If no, attach an explanation as to whom courses are available. (VI, S:1)

Yes

No

18 Attach an explanation of how you communicate any course prerequisites or level of skill/experience needed to attend the course, and how you communicate any materials and/or equipment participants are required to bring. (VI, C:A)

Standard VII. PATIENT PROTECTION

19 Are participants cautioned about the dangers of incorporating techniques and procedures into their practices if the course has not provided them with adequate clinical experience to allow them to perform them completely? (VII, S:1)

Yes

No

Standard VIII. INSTRUCTORS

20 If one instructor in your organization presents 50 percent or more of all of the courses you offer, attach a copy of this instructor's curriculum vitae (CV). (VIII, C:D)

CV attached (skip Question 21)

Multiple instructors are used to offer CE (see Question 21)

21 How does your planning committee determine if instructors are qualified to provide instruction in the relevant subject matter? Check all that apply. (VIII, S:1)

Review of instructor's CV

Scouting reports

Word of mouth

Professional society referral

University/dental school faculty

Speakers' bureaus

Participant course evaluations

Personal interviews

Other _____

N/A (self-instruction only)

22 Do you ensure that:

- Adequate direct interchange between participants and instructors will take place? (VIII, C:C)

Yes No

- The number of course instructors assigned are appropriate to your chosen educational objectives and teaching methods? (VIII, C:B)

Yes No

- All instructors/writers/planners can provide sources from peer-reviewed journals that support the content being taught? (VIII, S:3)

Yes No

23 What is your instructor/attendee ratio **during the hands-on activities** of your courses? (VIII, C:C)

Ratio _____

No hands-on activities offered

24 **Attach** a signed sample of the affidavit of image authenticity obtained from all faculty members/instructors and/or course designers to ensure that images presented have not been falsified and will not misrepresent the outcome of treatment. If an example is not available, attach an explanation. (VIII, C:E)

Examples affidavit attached

Examples of affidavit not available, explanation attached

Standard IX. PUBLICITY

25 **Attach** a copy of your three most recent samples of publicity, including fliers, brochures, and advertisements. If courses are advertised on a website, provide website address below. If three copies are not available, include as many samples as available. (IX)

Number of publicity samples attached: _____

Website address: _____

26 Is the AGD PACE logo with the specific approval terms included? (IX, C:E)

Yes No N/A (first-time applicant)

27 Do you ensure that:

- Publicity does not contain misleading statements regarding the nature of the activity or the benefits to be derived from participation? (IX, C:A)

Yes No

- All statements of credit or approval are worded as prescribed by the agency granting the credits or approvals so that participants cannot misinterpret them? (IX, C:C)

Yes No (explanation attached)

Standard X. EVALUATION

28 Attach one course evaluation form completed by a participant from your three most recent courses (total number of examples: three). If no completed samples are available, attach a blank form and/or an explanation. (X, C:A)

Examples of completed course evaluation forms attached

Completed course evaluation examples not available, see attached blank form

N/A (see attached explanation)

29 How often does your planning committee review completed course evaluations? (X, C:C)

After every course

Monthly

Quarterly

Every six months

Annually

Other _____

Standard XI. COURSE RECORDS

30 **Attach** a copy of the attendance verification form provided to course attendees from your three most recent courses (total number of examples: three). Do not attach course rosters. If no completed samples are available, attach a blank attendance verification form and an explanation of why completed samples are not available. (X, C:A)

31 How long are attendance records maintained so that they are accessible to participants? (XI, S:1)

Length of time: _____

32 How do you calculate the number of CE hours for each of your teaching/delivery methods. Complete for only the teaching/delivery methods you use; leave blank if you do not use a delivery method listed.

Example: Live webinars or teleconferences: One CE hour for each clock hour of the course

Lecture: _____

Hands-on/participation: _____

Written self-instruction: _____

DVD-/video-based self-instruction: _____

Online self-instruction: _____

Live webinars or teleconferences: _____

Recorded webinars or teleconferences: _____

Other (please explain): _____

33 Are you submitting CE credits earned by **AGD member** attendees directly to the AGD within 30 days of course completion? (XI, S:4)

Yes

No

N/A (see attached explanation)

Standard XII. COMMERCIAL OR PROMOTIONAL CONFLICT OF INTEREST

34 Attach a copy of your written guidelines and policies that clearly identify you as responsible for program content, ensure scientific integrity of all CE activities and faculty selection, and help you avoid commercial influence in relation to this standard. (XII, C:B)

Written commercial guidelines attached

Other, explanation attached

35 Do you ensure that:

- All commercial relationships between you and/or your presenters are fully disclosed in your promotional materials and verbally at the start of the presentation itself? (XII, C:E)

Yes No

- Promotional materials and/or product-specific advertisements of any kind are kept separate from all CE activities? (XII, C:F)

Yes No

- Arrangements for commercial exhibits or advertisements with commercial sponsors do not influence the planning of the CE courses and are not a provision of commercial support for CE activities? (XII, C:G)

Yes No

- A balanced view of all therapeutic options is presented and, whenever possible, generic names/terms are used? (XII, C:A)

Yes No

- Any outside sources of financial aid are acknowledged in all printed announcements and brochures and at the beginning of the presentation itself? (XII, C:D)

Yes No

- Only unrestricted funding is accepted for any and all educational activities, and assures the responsibility for the course content and instructional materials, including those that may be prepared with outside financial support? (XII, C:H)

Yes No

If you answered NO to any of the questions above, you MUST attach an explanation; otherwise your application will be returned to you for additional information. If additional information is not received within 30 days, your application fee, less a \$100 processing fee, will be returned to you.

36 Attach **up to** three forms, signed by recent instructors, that you use to identify any conflicts of interest your instructors and/or planning committee members may have. (It is OK to black out names/signatures to maintain confidentiality.) If a form is not used, attach explanation. (XII, C:I)

Examples of completed conflict of interest forms attached

Completed conflict of interest form examples not available, blank form attached

N/A, explanation attached

37 If you offer product-specific training courses or use specific products/brands in your courses for demonstration, attach an explanation of how you ensure that CE credit is not issued for time spent promoting or marketing a specific product/service/brand and how you disclose the promotional nature of these activities to participants. (XII, C:L)

Product-specific training not offered

Products/brands not used for demonstration

Explanation attached

38 Attach **up to** three examples of your printed announcements, brochures, or other education materials disclosing the source of external funding. If you accept outside funding and no examples are available, attach an explanation. (XII, C:C)

Commercial support/external funding not accepted

Examples attached

Explanation attached

39 Attach **up to** three completed examples of the written agreements you use to outline the terms and conditions of any arrangement/relationship between you and a commercial supporter. (It is OK to black out signatures to maintain confidentiality.) Attach an explanation if commercial support is accepted but no examples of agreements are available. (XII, C:D)

Commercial support/external funding not accepted

Examples attached

Explanation attached

FORM B

Complete only if live patients are present and/or being treated during the course by the instructor(s), students, or both.

Standard I. ADMINISTRATION

- 1** Is sufficient space and equipment available to allow active participation by each learner without any learner experiencing undue idle time? (I, C:G)

Yes No

Standard VII. PATIENT PROTECTION

- 2** How do you ensure that adequate facilities are available to ensure aseptic conditions and that universal precautions are followed when treating patients? (VII, C:F)

Explanation attached

- 3** How do you assume the responsibility that participants do not treat patients in violation of state dental licensure laws while in your course? (VII, C:B)

Explanation attached

- 4** Please provide an example of the written informed consent form used in the course. (VII, S:2.b, C:D)

Example attached

- 5** How do you provide sufficient clinical supervision during patient treatment to ensure that procedures are performed competently? Who completes a patient's treatment if a question about the participant's competence arises? (VII, C:E, G)

Explanation attached N/A (Only the instructor works on patients.)

- 6** Attach an example of information provided to patients explaining postoperative care, whom to contact for post-course treatment, and what to do if an emergency arises as a result of treatment. (VII, S:2.d, C:H)

Postoperative care information attached

- 7** Provide a list of the equipment, facilities, and/or arrangements you provide to ensure that adequate and appropriate arrangements and/or facilities exist for medical, dental, or other emergencies. (VII, S:2.d)

Emergency plan(s) attached

- 8** Explain your procedures to ensure there is malpractice coverage and liability insurance for instructors and attendees. (VII, C:I)

Explanation attached

FORM C

Complete only if self-instruction courses are offered.

Standard XIII. SELF-INSTRUCTION AND ELECTRONICALLY MEDIATED PROGRAMS

1 Indicate which type(s) of self-instruction programs you offer. Check all that apply:

Print-based self-instruction courses (journal articles, correspondence course, etc.)

Online self-instruction course
(Complete Form D of the application)

Video/audio /DVD/CD self-instruction courses

Pre-recorded webinars or podcasts
(Complete Form D of the application)

Other _____

2 Identify all of the ways that you offer participants opportunities for feedback from individuals with expertise in the subject area. Check all that apply. (XIII, C:C)

Email

Live email chat

Live chat

Telephone help line

Teleconference

Online bulletin board/moderated chat room

Listserv

Fax number

Published contact information for content experts

Other _____

3 **Attach** up to three examples of publicity or announcements explaining your self-instruction program. If information is only available on a website, include all pertinent screen shots. (IX, S:1; XIII, C:F)

Number of publicity samples attached: _____

4 Include one complete example of a self-instruction activity and note how many hours are awarded for successful completion of the activity. Make sure to include the mechanism (test/quiz) by which the learner can assess his or her mastery of this material and a sample of written materials that further explain the material or a list of written references for further study. (XIII, C: E; C:D)

- If the activity is only available online, provide the website address for the activity and a valid user ID and password for review purposes, or provide a hard copy of the screen captures for the complete activity.

Hours awarded for attached example: _____

FORM D

Complete only if electronically mediated programs are offered

Standard XIII. SELF-INSTRUCTION AND ELECTRONICALLY MEDIATED PROGRAMS

- 1** Indicate which type(s) of electronically mediated programs you offer. Check all that apply:
- Online self-instruction course (Complete Form C of the application)
 - Pre-recorded webinars or podcasts (Complete Form C of the application)
 - Live webinars or podcasts
 - Other _____
- 2** **Attach** an explanation of your technology plan, including security measures, to ensure both quality standards and integrity and validity of information. (e.g., password protection, encryption, backup systems, and firewalls) (XIII, C:B)
- Explanation attached _____
- 3** Identify all the ways that you offer participants opportunities for feedback from individuals with expertise in the subject area. Check all that apply. (XIII, C:C)
- | | |
|---------------------|---|
| Email | Online bulletin board/moderated chat room |
| Live email chat | Listserv |
| Live chat | Fax number |
| Telephone help line | Published contact information for content experts |
| Teleconference | Other _____ |
- 4** Do participants have access to technical assistance throughout the duration of the course? (XIII, C:F)
- Yes _____ No. Explanation: _____
- 5** **Attach** up to three examples of publicity or announcements explaining your electronically mediated program. (IX, S:1; XIII, C:F)
- Number of publicity samples attached: _____
- 6** For live electronically mediated events, explain which provisions have been made to ensure periodic interchange with the instructor. Check all that apply. (XIII, C:J)
- | | | | |
|------------------------|---------|-----------------|-------------|
| Polling questions | Surveys | Direct question | Other _____ |
| No live events offered | | | |

FORM E

Complete only if you use the protocol teaching/delivery method in your courses. The protocol teaching/delivery method allows attendees to earn CE for clinical "homework" activities completed outside the classroom and without instructor supervision, as long as the activities address specific learning objectives discussed in class. Completed activities are presented to the course instructor or designated evaluator and other attendees of the original classroom session.

Standard I. ADMINISTRATION

- 1** Is the protocol teaching/delivery method used as part of a long-term program?
Yes, MasterTrack® program
Scheduled length of program cycle: _____
Date of last MasterTrack® program application: _____
Yes, certificate program
Scheduled length of complete program: _____
No, stand-alone course
Length of time between classroom sessions: _____
Other, please explain: _____
- 2** **Attach** a copy of the course director's or course instructor's curriculum vitae (CV). (I, C:O.1)
Course director CV attached Course Instructor CV attached N/A, explanation attached
- 3** **Attach** a copy of the written course objectives from your most recent program (or upcoming program). Example can be taken from the course publicity, student handouts, or instructor slides. (I, C:O.2)
Course objectives attached N/A, explanation attached
- 4** **Attach** a copy of the written bibliography of current literature in the subject being taught at your most recent course that was distributed to participants. (If no recent courses, include bibliography for your upcoming program.) (I, C:O.3)
Bibliography attached N/A, explanation attached
- 5** Does the initial formal course session include both lecture and demonstration of the procedure(s) to be studied? (I, C:O.4)
Yes No
- 6** **Attach** a copy of the written instructions distributed to participants at your most recent course, detailing specific homework and record-keeping expectations. (I, C:O.5)
• If no recent courses, attach instructions for your upcoming program.
• If written instructions are not available, attach an explanation
Written assignment instructions attached N/A, explanation attached
- 7** After an agreed-upon amount of time, is the group reconvened and each participant required to make a complete presentation using records developed during treatment, and is the presentation critiqued by the group and evaluated by the course instructor or designated evaluator? (I, C:O.9)
Yes No