



Continuing Education Course Validation Request Form for Webinars

(Please type or print)

1) Course Title

2) Learning Objectives for Course

3) Email copy of Power Point presentation to office@msdental.org

4) Date course will be presented

5) Number of hours for course presentation (CEUs) _____

6) Course Type _____ Practice Management _____ Clinical

7) Course Designed for (check all that apply)

☐ General dentist ☐ Specialist ☐ Hygienist ☐ Assistant ☐ Other

8) Facilitator/Speaker(s) (list all speakers who will participate)

9) Credentials of the Facilitator/Speaker(s) - (education degrees, certification, etc.)

10) Phone number or e-mail address of Facilitator/Speaker(s)

11) Reference for Facilitator/Speaker(s) with email or phone contact information

12) Limitation on Number of participants: _____ Yes (how many _____) or _____ No

13) List course on MDA website: (no additional cost apply) _____ Yes _____ No

Program Sponsor Contact Information

Name: _____

Address: _____

Phone: _____ E-mail: _____

I certify that the information listed on this application is accurate.

Authorizing Signature: _____ Date: _____

Continuing Education Course Validation Fees for Webinars

Practice Management Programs

.5 – 2 hours \$250.00 per webinar

Clinical Programs

.5 – 2 hours \$450.00 per webinar

Please remit completed application and payment by check to the MDA Office.

MDA Office Use Only

MDA Course Registration Number: _____