



Continuing Education Course Validation Request Form for Live Presentations

(Please type or print)

1) Course Title

2) Learning Objectives for Course

3) Course Location (address of where program will be presented- city, state, zip)

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 (who will present the course)

9) Credentials of the Speaker (education degrees, certification, etc.)

10) Phone number or e-mail address of speaker

11) Reference for speaker 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 Live Presentations

Practice Management Programs

.5 – 4 hours \$100.00 per course

5 – 8 hours \$200.00 per course

Clinical Programs

.5 – 4 hours \$150.00 per course

5 – 8 hours \$250.00 per course

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

MDA Office Use Only

MDA Course Registration Number: _____