Continuing Education Course Validation Request Form for Independent Studies

(Please type or print)

1) Course Title

________________________________________________________________________

2) Learning Objectives for Course

________________________________________________________________________

3) Course delivery model (check all that apply)

____ Computer based   ____ Video   ____ Audio   ____ Written Materials for correspondence study

________________________________________________________________________

4) Requested Date for validation (course will be validated for one year from this date)

________________________________________________________________________

5) Number of hours to be earned upon course completion (CEUs)   _____________

6) Course Type   _______ Practice Management   _______ Clinical

7) Course Designed for (check all that apply)

__ General dentist   ___ Specialist   ___ Hygienist   ___ Assistant   ___Other

________________________________________________________________________

8) Facilitator (who created the course)

________________________________________________________________________

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

________________________________________________________________________

10) Phone number or e-mail address of facilitator

________________________________________________________________________

11) Reference for facilitator with email or phone contact information

________________________________________________________________________
12) 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 Independent Studies

Practice Management Programs

<table>
<thead>
<tr>
<th>Hours</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>.5 – 4</td>
<td>$350.00 per course</td>
</tr>
<tr>
<td>5 – 8</td>
<td>$550.00 per course</td>
</tr>
</tbody>
</table>

Clinical Programs

<table>
<thead>
<tr>
<th>Hours</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>.5 – 4</td>
<td>$500.00 per course</td>
</tr>
<tr>
<td>5 – 8</td>
<td>$700.00 per course</td>
</tr>
</tbody>
</table>

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

MDA Office Use Only

MDA Course Registration Number: 2021___MDA