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:________________________

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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.