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:______________

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2016-17 Continuing Education Course Validation Fees for Independent Studies

Practice Management Programs

.5 – 4 hours   $350.00 per course
5 – 8 hours   $550.00 per course

Clinical Programs

.5 – 4 hours   $500.00 per course
5 – 8 hours   $700.00 per course

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

MDA Office Use Only

MDA Course Registration Number: 201617MDA_____