



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

.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: _____