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**PROGRAM  
 APPROVAL FOR  
 CONTINUING  
 EDUCATION**

## APPLICATION FOR LOCAL APPROVAL

An electronic version of this application can be received by e-mailing your request to [PACE@agd.org](mailto:PACE@agd.org), calling the AGD at 1.888.AGD.DENT, ext. 4114, or downloading the application from the AGD Web site at [www.agd.org/education/pace/apply/#section\\_local](http://www.agd.org/education/pace/apply/#section_local).

**Name of Program Provider organization:** \_\_\_\_\_

**Please check one:** First-time applicant      Renewing applicant, provider number: \_\_\_\_\_

**Individual to whom correspondence regarding this application should be addressed:**

Contact name	Title
Address	
Telephone	Fax
E-mail	Web site

**Please answer the following questions to determine if you are eligible for PACE approval.**

In this document, "you" refers to the organization applying for program provider approval.

**QUESTION**

Have you been offering continuing dental education activities for at least 12 months? If yes, please list the number of years this organization has offered continuing dental education activities. If no, you can apply for a maximum one year term of approval.

**RESPONSE**

Yes      No

# of Years: \_\_\_\_\_

As a program provider, do you ensure that all courses offered have a sound scientific basis in order to adequately protect the public? PACE reserves the right to require acceptable substantiation from providers that their courses have a sound scientific basis and proven efficacy, and ensure public safety.

Yes      No

As a program provider, do you ensure that the educational methods and the facilities selected are appropriate to the stated objectives of the activity?

Yes      No

Does your organization ensure that, upon completion of your course, participants are not obligated to utilize any volume of products and/or services?

Yes      No

*If you answered **NO** to any of the above, you may not be eligible to become a PACE-approved program provider at this time. Please contact the AGD at 1.888.AGD.DENT, ext. 4114, before completing this application to discuss the eligibility requirements.*

**Please answer the following questions to determine whether you are eligible to apply for local constituent PACE approval.**

**QUESTION**

Is your program presented in more than one state/province?

**RESPONSE**

Yes      No

Do your programs draw a significant number of attendees from outside the state/province in which your organization is based?

Yes      No

Do your programs contain self-instruction or electronically mediated components?

Yes      No

Do your programs contain combination on-site/in-office protocol courses?

Yes      No

*If you answered **YES** to any of these questions, please contact the AGD at 1.888.AGD.DENT, ext. 4335, before completing this application, as you may need to apply for the national PACE program.*

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**I attest that the responses provided in this application reflect the actual administration of the continuing education program of the above organization.**

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Printed name

Title

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Signature

Date

**Which organization type best describes your organization?** *Check one*

AGD Component	Federal Agency	Pharmaceutical Company
ADA Component	State Agency	Dental Materials Company
Communications/Publishing Company	Health Care Delivery System	Dental Equipment/Device Company
Consulting Company	Insurance Company	Specialty Society/Dental Association
Dental Education Company	Managed Care Company	Study Club
Other _____		

**Are you a not-for-profit organization?**      Yes      No

**Continuing education course type offered:** *Check all that apply to your organization.*

Lecture      Participation      Other \_\_\_\_\_

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**Instructions**

- Please save this document to your computer and complete electronically or print and complete in ink.
- Most answers require you to check only yes or no. For those that require a written statement, please print or type on a separate document, label it, and attach it to the application.
- All attachments must be properly labeled, with the question number to which it relates in the upper right-hand corner.
- Contact your local PACE-approved representative to confirm how many copies of the application should be submitted.
- Applications should be sent to your local AGD PACE-approved representative. For a current list, please visit the AGD Web site at [www.agd.org/files/webuser/website/PACE/list\\_constituent\\_approval\\_reps.pdf](http://www.agd.org/files/webuser/website/PACE/list_constituent_approval_reps.pdf)

The *PACE Guidebook* is your resource for planning and administering what the Academy of General Dentistry looks for in a quality continuing dental education program. The questions on this application are based on the “Standards and Criteria of PACE,” which are divided into thirteen (13) distinctive sections. The notations listed in parentheses ( ) after each question refer to

a specific standard or criteria within that section, found in the *PACE Guidebook*. For example, (XIII S:2) means section XIII, standard 2; (II C:D) means section II, criteria D; and (IV, R:G) means section 4, recommendation G.

Many discussions of continuing dental education (CDE) result in misinterpretation or confusion because frequently used terms

may be defined differently in the context of CDE. To clarify the intent, the *PACE Guidebook* contains a lexicon of terms that define how they will be used in relation to CDE. CDE providers should familiarize themselves with these definitions prior to completing the application to ensure a complete understanding of the information provided in this document.

**FORMS:**

- FORM A is to be completed by all applicants (Pages 3–9).
- FORM B is to be completed only by applicants who offer participation (hands-on) courses (Page 10).

# FORM A

All applicants **MUST** complete pages 3–9.

**Program Provider Name:** \_\_\_\_\_

**List all courses your organization offered in the last 12 months. If no courses were held, please list your most recent courses and/or attach an explanation.**  
*(If you or a member of your organization spoke on behalf of another organization during the past 12 months, but your organization was not involved with administering the overall program, please do not include.)*

Title of Activity	Date(s) Offered	Location (City, State/Province)	Intended Audience*	# of Students	# of Inst.	Method of Delivery**	Credit Hours	Prerequisite (Yes/No)	Joint-Program Providers (Yes/No)	Commercial Support (Yes/No)	Credit Hours

**\*Intended audience:**  
**G**=general dentist, **S**=dentist specialist, **DH**=dental hygienist, **DA**=dental assistant, **DL**=dental laboratory technician, **F**=Front desk, **O**=Other (explain on separate sheet)

**\*\*Method of Delivery:**  
**L=Lecture:** Live courses intended to communicate information or teach people about a particular subject and do not significantly involve the audience with the exception of asking and answering questions.

**P=Participation:** Live courses at which participants actively manipulate dental materials or devices, treat patients, or practice clinical skills or techniques under the supervision of a qualified instructor for at least 30% of the total presentation time.

**Program Provider Name:** \_\_\_\_\_

**List all courses your organization expects to offer in the next 12 months. If no courses are scheduled, please attach an explanation. (If you or a member of your organization will speak on behalf of another organization in the next 12 months, but your organization will not administer the overall program, please do not include.)**

Title of Activity	Date(s) Offered	Location (City, State/Province)	Intended Audience*	# of Students	# of Inst.	Method of Delivery**	Credit Hours	Prerequisite (Yes/No)	Joint-Program Providers (Yes/No)	Commercial Support (Yes/No)	Credit Hours

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**Standard I. ADMINISTRATION**

- 1** Attach a list of individuals, with titles, who have responsibility for the quality and content of your CE program. Include each individual's basic responsibilities as they relate to your CE program and identify if they are a member of your staff and/or planning committee. (I, C: A-D, F-J)  
List attached
- 2** Attach an example of your planning committee meeting minutes. (I, C:J)  
Example minutes attached          Minutes not available
- 3** In the event of personnel changes, are there specific procedures in place to ensure continuity for the administration of the CE program? (I, C:E)  
Yes          No
- 4** Attach a list of all of the organizations you have worked with to jointly offer CE programs during the past three (3) years. If you have not worked with any other organizations to offer CE in the past three (3) years, check "Not Applicable" below. (I, C:J)  
List attached          Not applicable
- 5** Attach an example of the letter of agreement you use when working with other organizations to offer a CE program. If you have not worked with any other organizations to offer CE in the past three (3) years, check "Not Applicable" below. (I, C:M)  
Letter attached          Not applicable

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**Standard II. FISCAL RESPONSIBILITY**

- 6** Do you maintain a budget for the overall continuing education program to include all costs and income, both direct and indirect? (II, C:C)  
Yes          No
- 7** Check all sources of funding for your **CE program**. If you receive funds from a parent organization or educational grants, please list the name of the organization providing funds in the comment box below. (II, C:C)  
Tuition/registration fees  
Budget from parent organization. List parent organization name: \_\_\_\_\_  
Grants. List name or organization providing grant: \_\_\_\_\_  
Sales of products, services, or equipment  
Other sources: \_\_\_\_\_

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**Standard III. GOALS**

- 8** Attach a copy of your organization's overall mission, organizational goals, and long-range goals related to the continuing education program. (III, S:1,2; C:B)  
Educational goals attached          Organizational mission attached  
Organizational goals attached          Other \_\_\_\_\_
- 9** How often do you conduct reviews of your educational program and goals with your planning committee to ensure the goals of the program are being achieved? (III, C:C)  
Quarterly          Every six months          Annually          Every two to three years  
Other \_\_\_\_\_

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**Standard IV. NEEDS ASSESSMENT**

**10** Indicate how often you use the following data sources to objectively determine the professional needs and interests of future audiences. If method is not used, do not check box. Attach an explanation of any additional methods used. (IV, S:1)

Survey/questionnaire _____	Advice from professional organizations _____	National guidelines _____
Verbal feedback _____	Peer-reviewed literature _____	Regulatory/certification requirements _____
Course evaluation _____	Public health statistics _____	Consensus statements _____
Planning committee input _____	Patient care data _____	Other _____

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**Standard V. OBJECTIVES**

**11** Who is responsible for ensuring that the appropriate educational objectives are developed early on, prior to selecting specific course content or choosing educational methodologies? (V, C:A, B) Check all that apply.

Instructor      Staff      Planning committee      Other \_\_\_\_\_

If necessary, attach an explanation of how your organization develops educational objectives.

**12** Attach a copy of the written course objectives from your three most recent programs. These samples can be taken from the course publicity, student handouts, or instructor slides. (V, S:1, C:E)

- If multiple courses were offered at your most recent program, include the written course objectives from three of the sessions offered.
- If written courses objectives are not available, attach an explanation.

Examples of course objectives attached

Course objectives not available, see attached explanation

**13** How are educational objectives distributed in advance so that the intended audience is made aware of them and can select courses on a sound basis? (V, C:C) Check all that apply.

Listed on flyer/brochure/program guide      Listed on website      Included in confirmation letter/e-mail  
Other \_\_\_\_\_

**14** Do you ensure that the educational objectives do not conflict with or appear to violate the ADA Principles of Ethics and Code of professional Conduct? (V, C:D)

Yes      No

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**Standard VI. ADMISSIONS**

**15** In general, are your courses made available to all dentists? If no, attach an explanation as to whom courses are available. (VI, S:1)

Yes      No

**16** How do you communicate any pre-requisites, level of skill/experience, equipment, or materials needed for participants to attend a course? (VI, C:A) Check all that apply.

Listed on flyer/brochure/program guide      Listed on website      Included in confirmation letter/e-mail  
Noted in confirmation phone call      Other \_\_\_\_\_

**17** Attach an example of how you let attendees know which materials and/or equipment they are required to bring to the course. (VI, C:A.5)

Example attached      N/A – Attendees are not required to bring any materials/equipment to any courses

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**Standard VII. PATIENT PROTECTION**

**18** Are participants cautioned about the dangers of incorporating techniques and procedures into their practices if the course has not provided them with adequate clinical experience to allow them to perform it completely? (VII, S:1)

Yes      No

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**Standard VIII. INSTRUCTORS**

**19** If one instructor in your organization presents 50% or more of all of the courses you offer, attach a copy of this instructor's *Curriculum Vitae (CV)*. (VIII, C:D)

CV attached, skip question 20

Multiple instructors are used to offer CE (see question 20)

**20** How does your planning committee determine if instructors are qualified to provide instruction in the relevant subject matter? (VIII, S:1) Check all that apply.

Review of instructor's CV

Scouting reports

Word of mouth

Professional society referral

University/dental school faculty

Speakers' bureaus

Participant course evaluations

Personal interviews

Other \_\_\_\_\_

**21** Do you ensure that:

- Adequate direct interchange between participants and instructors will take place? (VIII, C:C)

Yes

No

- The number of course instructors assigned are appropriate to your chosen educational objectives and teaching methods? (VIII, C:B)

Yes

No

- All instructors/writers/planners can provide sources from peer-reviewed journals that support the content being taught? (VIII, S:3)

Yes

No

**22** What is your instructor/attendee ratio DURING THE HANDS-ON ACTIVITIES of your courses? (VIII, C:C)

Ratio \_\_\_\_\_

No hands-on activities offered

**23** Attach a signed sample of the affidavit of image authenticity obtained from all faculty members/instructors and/or course designers to ensure that images presented have not been falsified and will not misrepresent the outcome of treatment. If an example is not available, attach an explanation. (VIII, C:E)

Examples affidavit attached

Examples of affidavit not available, see attached explanation

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**Standard IX. PUBLICITY**

**24** Attach a copy of your three (3) most recent samples of publicity, including flyers, brochures, and advertisements. If courses are advertised on a website, provide website address in the comment box below. If three copies are not available, include as many samples as available. (IX)

Number of publicity samples attached: \_\_\_\_\_

**25** Is the AGD PACE Logo with the specific approval terms included? (IX, C:E)

Yes

No

N/A – First-time applicant

**26** Do you ensure that:

- Publicity does not contain misleading statements regarding the nature of the activity or the benefits to be derived from participation? (IX, C:A)

Yes

No

- All statements of credit or approval are worded as prescribed by the agency granting the credits or approvals so that participants cannot misinterpret them? (IX, C:C)

Yes

No (Explanation attached)

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**Standard X. EVALUATION**

**27** Attach one course evaluation form completed by a participant from your three (3) most recent courses. (Total number of examples: three). If no completed samples are available, attach a blank form and/or an explanation. (X, C:A)

Examples of completed course evaluation forms attached

Completed course evaluation examples not available, see attached blank form

N/A – see attached explanation

**28** How often does your planning committee review completed course evaluations? (X, C:C)

After every course

Monthly

Quarterly

Every six months

Annually

Other \_\_\_\_\_

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**Standard XI. COURSE RECORDS**

**29** Attach one course attendance verification form completed by a participant from your three (3) most recent courses. (Total number of examples: three). If no completed examples are available, attach an explanation and/or a blank example. (XI, C:D)

Examples of completed attendance verification forms attached

Completed attendance verification form examples not available, see attached blank form

N/A – see attached explanation

**30** How long are attendance records maintained so that they are accessible to participants? (XI, S:1)

Length of time records are maintained: \_\_\_\_\_

**31** Check all teaching methods you use in your CE programs and explain how CE is awarded for each method checked. (Example: If you offer online self-instruction programs, your answer might be: "One hour for each hour of running time.") (XI, C:B)

Lecture \_\_\_\_\_

Hands-on/participation \_\_\_\_\_

Protocol \_\_\_\_\_

DVD/video self-instruction \_\_\_\_\_

Online self-instruction \_\_\_\_\_

Live webinars \_\_\_\_\_

Written self-instruction  
(like journal article reviews) \_\_\_\_\_

Recorded webinars \_\_\_\_\_

Live teleconferences \_\_\_\_\_

Recorded teleconferences \_\_\_\_\_

Other (please explain) \_\_\_\_\_

**32** Are you submitting CE credits earned by AGD MEMBER attendees direct to the AGD within thirty days of course completion? (XI, S:4)

Yes

No

N/A – see attached explanation



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**Standard XII. COMMERCIAL OR PROMOTIONAL CONFLICT OF INTEREST**

**33** Attach a copy of your written guidelines and policies that clearly identify you as responsible for program content, ensure scientific integrity of all CE activities and faculty selection, and help you avoid commercial influence in relation to this standard. (XII, C:B)

Written commercial guidelines attached

Other, see attached explanation

**34** Do you ensure that:

- All commercial relationships between you and/or your presenters are fully disclosed in your promotional materials and verbally at the start of the presentation itself? (XII, C:E)

Yes            No

- Promotional materials and/or product-specific advertisement of any kind are kept separate from all CE activities? (XII, C:F)

Yes            No

- Arrangements for commercial exhibits or advertisements with commercial sponsors do not influence the planning of the CE courses and are not a provision of commercial support for the CE activities? (XII, C:G)

Yes            No

- A balanced view of all therapeutic options is presented, and whenever possible, generic names/terms are used? (XII, C:A)

Yes            No

- Any outside sources of financial aid are acknowledged in all printed announcements and brochures and at the beginning of the presentation itself? (XII, C:D)

Yes            No

- Only unrestricted funding is accepted for any and all educational activities and assures the responsibility for the course content and instructional materials, including those that may be prepared with outside financial support? (XII, C:H)

Yes            No

**If you answered NO to any of the questions above, you MUST attach an explanation, otherwise application will be returned to you for additional information.**

**35** Attach **up to** three forms, signed by recent instructors, that you use to identify any conflicts of interest your instructors and/or planning committee members may have. (It is OK to black out names/signatures to maintain confidentiality.) If a form is not used, attach and explanation. (XII, C:J)

Examples of completed conflict of interest forms attached

Completed conflict of interest form examples not available – see attached blank form

N/A – see attached explanation

**36** If you offer product-specific training courses or use specific products/brands in your courses for demonstration, attach an explanation on how you ensure that CE credit is not issued for time spent promoting or marketing a specific product/service/brand and how you disclose the promotional nature of these activities to participants. (XII, C:L)

Product-specific training not offered

Products/brands not used for demonstration

Explanation attached

**37** Attach **up to** three (3) examples of your printed announcements, brochures, or other education materials, disclosing the source of external funding. If you accept outside funding and no examples are available, attach an explanation. (XII, C:C)

Commercial support/external funding not accepted

Examples attached

Explanation attached

**38** Attach **up to** three (3) completed examples of the written agreements you use to outline the terms and conditions of any arrangement/relationship between you and a commercial supporter. (It is OK to black out signatures to maintain confidentiality.) Attach an explanation if commercial support is accepted but no examples of agreements are available. (XII, C:D)

Commercial support/external funding not accepted

Examples attached

Explanation attached

# FORM B

Complete ONLY if LIVE patients are present and/or being treated during the course by the instructor(s), students, or both.

## Standard I. ADMINISTRATION

- 1** Is sufficient space and equipment available to allow active participation by each learner without any learner experiencing undue idle time? (I, C:G)

Yes                  No

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## Standard VII. PATIENT PROTECTION

- 2** How do you ensure that adequate facilities are available to ensure aseptic conditions and that universal precautions are followed when treating patients? (VII, C:F)

Explanation attached

- 3** How do you assume the responsibility that participants do not treat patients in violation of state dental licensure laws while in your course? (VII, C:B)

Explanation attached

- 4** Please provide an example of the written informed consent form used in the course. (VII, S:2.b, C:D)

Example attached

- 5** How do you provide sufficient clinical supervision during patient treatment to ensure that procedures are performed competently? Who completes a patient's treatment if a question about the participant's competence arises? (VII, C:E, G)

Explanation attached                  N/A – Only the instructor works on patients

- 6** Attach an example of information provided to patients explaining postoperative care, who to contact for post-course treatment, and what to do if an emergency arises as a result of treatment. (VII, S:2.d, C:H)

Postoperative care information attached

- 7** Provide a list of the equipment, facilities, and/or arrangements you provide to ensure that adequate and appropriate arrangements and/or facilities exist for medical, dental, or other emergencies. (VII, S:2.d)

Emergency plan(s) attached

- 8** Explain your procedures to ensure there is malpractice coverage and liability insurance for instructors and attendees. (VII, C:I)

Explanation attached

## Checklist of Documents to Accompany PACE Applications

The documents listed below should accompany a new or renewal PACE application submitted to the Florida Academy of General Dentistry for approval. Please use this checklist to confirm that your application is complete. Samples of these documents can be found on the AGD website at <http://www.agd.org/education/pace/providers/sampledoc/>.

Note: Providers only need to submit the documents that are applicable to their program.

### **Form A, all applicants**

- List of Courses offered in the last 12 months
- List of Courses planned during the next 12 months

### **Standards, all applicants**

- Job Responsibilities – Standard I, **Administration**, Question 1
- Meeting Minutes – Standard I, **Administration**, Question 2
- List of organizations jointly sponsoring programs, Standard I, **Administration**, Question 4
- Joint Sponsorship Letter of Agreement – Standard I, **Administration**, Question 5
- Organization’s overall mission, organizational goals, and long-range goals – Standard III, **Goals**, Question 8
- Needs Assessment Survey – Standard IV, **Needs Assessment**, Question 10
- Written Course Objectives from 3 most recent programs - Standard V, **Objectives**, Question 12
- Example of how you let attendees know which materials and/or equipment they are required to bring to the course (if applicable) – Standard VI, **Admissions**, Question 17
- CV of Instructor (if one instructor presents 50% or more of courses) – Standard VIII, **Instructors**, Question 19
- Signed Affidavit of Image Authenticity – Standard VIII, **Instructors**, Question 23
- 3 Samples of most recent publicity flyers, web page, letters, etc. – Standard IX, **Publicity**, Question 24
- PACE Logo with provider number and approval period – Standard IX, **Publicity**, Question 25
- One copy of completed Course Evaluation from 3 most recent programs – Standard X, **Evaluation**, Question 27
- One copy of completed Attendance Verification Form from 3 most recent programs – Standard XI, **Course Records**, Question 29
- Guidelines for Commercial Support - Standard XII, **Conflict of Interest**, Question 34

- Up to 3 signed Conflict of Interest Disclosures – Standard XII, **Conflict of Interest**, Question 35
- Up to 3 examples of printed publicity material indicating sources of external funding – Standard XII, **Conflict of Interest**, Question 37
- Up to 3 completed examples of Financial Supporter/Sponsor Agreement – Standard XII, **Conflict of Interest**, Question 38

**Form B, only if live patients are present and/or treated during a seminar**

- Explanation of aseptic and universal precautions – Standard VII, Patient Protection, Question 2
- Explanation of how treatment follows state laws – Standard VII, Patient Protection, Question 3
- Patient Informed Consent Form – Standard VII, Patient Protection, Question 4
- Explanation of clinical supervision and oversight – Standard VII, Patient Protection, Question 5
- Postoperative Care Instructions – Standard VII, Patient Protection, Question 6
- Emergency Plan – Standard VII, Patient Protection, Question 7
- Explanation of sufficient malpractice insurance – Standard VII, Patient Protection, Question 8