



FRONT

# APPLICATION FOR DANB APPROVAL OF CONTINUING DENTAL EDUCATION

Please complete both sides of the following application and fax or mail to: **Do NOT fax/mail twice or you will be charged twice.**

**Non-profit: FAX both sides** of the application to 312-642-3550.

**For-profit: FAX both sides** of the application to 312-642-8507 or MAIL application and fee to:

DANB/Recertification Dept.  
444 N Michigan Ave, Suite 900  
Chicago, IL 60611

**QUESTIONS? CALL  
1-800-FOR-DANB  
EXT. 445  
(1-800-367-3262)**

*Instructions: Type/print all responses. All questions must be answered completely. If additional space is needed to complete a response, attach a supplementary sheet. See Recertification Requirements for CDE category. Please sign, date, and return completed application (both sides) with appropriate fee. DANB approval of CDE is valid for three years.*

## Application for DANB Approval of CDE

### STEP 1 - Must check appropriate box

- For-profit all educational programs (\$10.00 per hour-\$40.00 per program maximum)
- For-profit home study courses (\$10.00 per hour)
- Nonprofit organizations (No fee required)
- Gratis programs (No fee required)

*Fees do not apply to nonprofit organizations (501-(c)3 and 501-(c)6 as defined by the IRS) or individuals providing a program on a gratis basis.*

### STEP 2 - Must fill out all fields completely

Name of Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Type of Organization (i.e., Dental Association, Corporation, Military Group, National Dental Group) \_\_\_\_\_

Contact Person \_\_\_\_\_ Certification # \_\_\_\_\_

Title \_\_\_\_\_ Contact Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Organization Website Address \_\_\_\_\_ Email Address \_\_\_\_\_

Date of Program \_\_\_\_\_ Number of Credits \_\_\_\_\_ CDE Category \_\_\_\_\_

*(Refer to Recertification Requirements/CDE Sponsor booklet for credits/category information)*

Program Title \_\_\_\_\_

Program Presenter / Author \_\_\_\_\_ Certification # \_\_\_\_\_

Brief Description \_\_\_\_\_

Program sponsors of all educational programs MUST submit an outline of the presentation. If you are the contact or presenter/author and you are a DANB Certificant, you must provide your DANB certification number.

### STEP 3 - Must include all necessary documents

- 1. Fill out the application completely, including Certification Number(s)\*  
\*If you are a DANB Certificant.
- 2. Attach an outline and bio or CV of the author/presenter, verifying that the presenter has a minimum of one year of experience as a presenter offering CDE programs to dental assistants, dentists, or hygienists.
- 3. Attach a course outline.
- 4. Attach a copy of the materials provided to participants.

### STEP 4 - Fill out payment information and fax or mail the application and all necessary documents to DANB

#### Select Payment Option

Please select your preferred method of communication:  Mail  Fax  Email

Check/Money Order payable to the Dental Assisting National Board, Inc. or DANB

VISA  MASTERCARD  DISCOVER  AMERICAN EXPRESS

**Credit Card Authorization:** Allows DANB to charge your credit card account. Please complete all information.

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Amount \$ \_\_\_\_\_

Cardholder's Name \_\_\_\_\_ Cardholder's Signature \_\_\_\_\_

Cardholder's Billing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

By signing, the cardholder acknowledges the amount of the total fees shown hereon and agrees to perform the obligations set forth in the cardholder's agreement with the issuer. Furthermore, the cardholder understands that the signature obtained on this form shall be used to indicate receipt of purchase.

## Regulations Governing the Approval Process

All sponsors interested in DANB approval must complete an application form and return it with proof of experience 30 days prior to the continuing education presentation. **Applications are typically processed within 3-4 weeks of receipt.**

If the application does not provide adequate information on which to base an approval, DANB will return the application with a request for additional information.

If the sponsor does not meet the eligibility requirements for DANB approval, the application will be returned to the sponsor, with an explanation.

After approval is granted, DANB reserves the right to re-evaluate a sponsor at any time by surveying program participants. An approved sponsor may also be re-evaluated at any time if information is received from the sponsor or other sources that indicates the sponsor has undergone changes in program content or may no longer be in compliance with the criteria for approval.

All education must be directly related to the clinical practice of dentistry or dental assisting in order to maintain or improve dental assisting knowledge or skill. "Self improvement" programs, including stress management, assertiveness training, interpersonal relations, motivation, and general health may be accepted as **Non-clinical courses, seminars, etc. (formerly Electives).**

Sponsors shall permit only those who are qualified by practical or academic experience to develop, teach, speak, lecture, or make presentations at DANB-approved courses.

Programs must be at least 45 minutes in length in order to qualify for one (1) continuing dental education credit hour. Credit for a CDE course beyond one (1) hour will be calculated in 15-minute increments.

Sponsors shall inform DANB in writing within 30 days of changes in the address or in the name of the person responsible for submitting the application. Failure to do so may result in revocation of approval.

The sponsoring institution or organization agrees that program approval by DANB does not imply endorsement or agreement with the philosophy, techniques, or products advanced in the course, and none shall be implied, and that DANB has the sole and final authority to determine program approval.

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A copy of the appeals process for denial of approval of continuing dental education is available by contacting DANB at 1-800 FOR-DANB (1-800-367-3262).

Signature \_\_\_\_\_

Date \_\_\_\_\_