

WEST VIRGINIA BOARD OF DENTISTRY: COURSE APPROVAL

Response to Inquiry for Course Approval

Statement Relative to Course Approval

Application for Course Approval

Disposition of the Application by the West Virginia Board of Dentistry

FEE FOR APPLICATION: \$90.00

**Make Check Payable to the WV Board of
Dentistry**

STATEMENT RELATIVE TO COURSE APPROVAL BY THE WEST VIRGINIA BOARD OF
DENTISTRY

Responsibility and restrictions for the WEST VIRGINIA BOARD OF DENTISTRY

1. Applications must be acted upon within 30 days.
2. The Board is prohibited from requiring any form of financial consideration to consider or approve a course.

Criteria for Course Approval Applicable to Sponsor

1. Specific, written educational objectives must be provided for the course
2. The course must be available to all dentists. No prerequisites or restrictions shall be placed on enrollment in non-sequential continuing dental education courses. If prerequisites are placed on enrollment in sequential courses, course directors are encouraged to allow enrollment at advanced standing by credentials.
3. The educational methods must be appropriate to achieve the stated objectives of the course.
4. The facilities selected for the course must be appropriate to achieve the state objectives for the course.
5. Where patient treatment by course participants or instructors is involved, adequate and appropriate facilities, equipment and instruments must be available in good working condition. All activities shall be in compliance with the State Dental Practice Act. Provisions must be made for post-operative and emergency care. The sponsor must obtain the written, informed consent of all patients receiving treatment in the course.
6. The individual(s) teaching the course must be qualified by reason of education or experience to provide instruction to professional colleagues in the relevant subject area.
7. A guarantee must be furnished by the sponsor that the publicity for the course will contain the following:
 - a. the course content and title
 - b. the educational objectives of the course
 - c. the name of the sponsoring institution or organization
 - d. the qualifications of the individual(s) teaching the course

e. if the course is sequential, the prior level of skill, knowledge or experience required of participants shall be clearly specified

8. The course must be a formal, scientific continuing dental education activity of no less than one hour in duration.

Please complete application and return to the following address:

West Virginia Board of Dentistry
P. O. Box 1447
Crab Orchard, WV 25827

APPLICATION FOR COURSE APPROVAL

As an authorized agent of the party requesting approval of the West Virginia Board of Dentistry, I have read the "Statement", which was forwarded with this application. As a requesting sponsor, I confirm that I/we are aware of the requirements of each of its sections, further we are complying with and will comply as evidenced by the return of this signed application:

SIGNED

POSITION

DATE

(Application must be typed or printed)

1. Name of requesting sponsor:
2. Name of official representing requesting sponsor and submitting application:
Address-Office:

Telephone-Office:

Address-Home:

Telephone-Home:
3. Title of the course:
4. Date or dates for the course:
5. Location of the course(s):
6. Name of Lecturer(s) or Clinician(s):
7. Curriculum vitae for each lecturer or clinician (attach to application):
8. Clock hours devoted to course presentation excluding breaks and meals:
9. Subject area and brief outline of course material:
10. The type of presentation (lecture or participation):

11. Specific, written education objectives must be provided for the course. A brief outline of these objectives are as follows:
12. If this course or a very similar course by the same clinician(s) has been presented in several other locales, list two and dates presented:
13. If available, please provide name and addresses of two individuals who might be contacted to verify the course quality in the areas where the course was presented:
14. The sponsoring institution or organization agrees that course approval by the West Virginia Board of Dentistry in no way implies that the West Virginia Board of Dentistry endorses or agrees with the philosophy or techniques advanced in the course and none shall be implied.

SIGNATURE

15. The sponsoring institution or organization agrees that the approval in no way obligates the West Virginia Board of Dentistry to assume any portion of the financial responsibility for the course being presented.

SIGNATURE

16. The sponsoring institution or organization hereby agrees to allow a representative from the West Virginia Board of Dentistry to attend the course as an observer if the West Virginia Board of Dentistry chooses to do so . This observer shall not be required to pay a fee, except for out-of-pocket expenses for luncheons, workbooks, etc.

SIGNATURE

17. All Course brochures shall contain the following statement in bold print:

THIS COURSE HAS BEEN APPROVED FOR GIVING IN THE STATE OF WEST VIRGINIA, BY THE WEST VIRGINIA BOARD OF Dentistry. HOWEVER, THIS IN NO WAY IMPLIES THAT THE WEST VIRGINIA BOARD OF Dentistry ENDORSES OR AGREES WITH THE PHILOSOPHY OR TECHNIQUES ADVANCED IN THE COURSE AND NONE SHALL BE IMPLIED. FURTHER, THE WEST VIRGINIA BOARD OF DENTISTRY DOES NOT ASSUME ANY PORTION OF THE FINANCIAL RESPONSIBILITY FOR THE COURSE BEING PRESENTED.

FEE FOR APPLICATION: \$90.00

Make Check Payable to the WV Board of Dentistry

Disposition of the application by the West Virginia Board of Dentistry

1. Application received:

2. Approved: _____ or Disapproved: _____ Date: _____
by appropriate officer of and for the West Virginia Board of Dental

Officer/Officers: _____

3. Reason(s) for Disapproval: