

ACADEMY OF DENTAL HYGIENE STUDIES
Pennsylvania Dental Hygienists' Association

PDHA

Continuing Education Course Approval Procedures

To: Continuing Education Course Providers

From: Academy Course Accreditation Chairperson

Enclosed for your use are the guidelines and forms to secure approval for your continuing education courses. These forms may be duplicated. Please follow the guidelines listed below for credit approval. The procedures are outlined on the main application form. Feel free to contact the Course Accreditation Chair if you have any questions or require any individual assistance. Course Accreditation Chair: Rosetta Mazurkewicz, email: academyceapproval@gmail.com, phone number: 717.626.2761

Guidelines:

1. Course should be submitted **at least 45 days prior** to the date of the course.
2. Business meetings, announcements, lunches, and breaks will not be counted in the number of hours awarded credit.
3. Courses should be submitted for approval **prior to publication** of the course to avoid miscommunication/embarrassment. Not all courses are approved for credit or for the number of hours requested.
4. Failure to comply with the stated guidelines may result in failure to obtain CEUs.
5. Make check payable to: **PDHA and Please mail check ONLY to: Anita Jackson, 621 N. George St, York, PA 17404.** Fee schedule on application form.

All course sponsors must submit:

1. Their course participation lists to the Course Accreditation Chair as soon as possible upon completion of the course. This information must be received within **30 days** after the course has been given. The course participant list **must** be submitted using the Excel sheet format provided. **NO OTHER** forms, hand-written lists, etc. will be accepted. Please access the form at: http://pdhaonline.org/?attachment_id=3216
2. A **summary** of the Educational Program Evaluation Forms (Course Evaluation)

Be sure to follow the guidelines above to secure approval as well as to ensure that all participants are placed in the PDHA computer. If a participant misplaces their certificate, transcripts of PA Academy-approved courses are available for a nominal fee. It is the responsibility of each participant to determine if a particular course is acceptable for license renewal. The Academy does not endorse or recommend any individual continuing education course and is not accountable for the quality of any course content. Certificates of Attendance should be retained by licensees in their own personal professional file.

Please send completed packets to:

Academy Course Accreditation
Rosetta Mazurkewicz
631 Lincoln Rd
Lititz, PA 17543

Please Note: Upon course approval, forms with your specific course information will be sent to you for duplication for the participants.

Thank you for your continued support of the Academy of Dental Hygiene Studies and best of luck with the programs you present.

ACADEMY OF DENTAL HYGIENE STUDIES
Pennsylvania Dental Hygienists' Association

Application for Prior Approval of
Continuing Education Program

Provider: _____

Course Title: _____

Presenter: _____

Date: _____

Location: _____

Program Contact Person:

Name: _____

Address: _____

Telephone Number: _____ **E-Mail:** _____

Type and Length of Presentation:
(60 Minutes = 1 CEU, 30 Minutes = 0.5 CEU)

Start Time: _____

_____ **Lecture Hours**
_____ **Clinical/Laboratory Hours**

End Time: _____ **Break:** _____

_____ **Total Contact Hours**

New Course (check one)

Repeat Course

Attachments: The following information must be provided with this form (**send copies only**):

1. Curriculum vitae of presenter
2. Course outline and/or brief summary
3. Course Evaluation form: three provided - choose one, or send a copy of yours
(Summary of responses to be sent with list of participants)

Note: All application materials must be received a **minimum of 30 days** prior to the course.

Please mail completed packet with the registration fee. Make check payable to **PDHA**. One form per course each time the course is given. **Course Approval Fee is \$30.00 per course.**
LATE FEE: If course approval is received less than 10 days prior to the course, there is an \$25.00 additional fee.

Send Check to: Anita Jackson,
621 N. George St, York, PA 17404

Send To completed packet to:
Academy Course Accreditation
Rosetta Mazurkewicz
631 Lincoln Rd, Lititz, PA 17543

For Academy Use Only

Course Number: _____

Number of Hours: _____

Date Approved: _____

Attendance Sign-In Forms

The following page is an **example** of an Attendance Sign-In form. This form is used as evidence that the participants were present **and is for your use only**. Many providers also wish to gather information about the participants for future seminars. This form can be used for cross-checking your information and **DOES NOT** need to be returned. The List of Participants/ License Numbers satisfies the information required for Academy purposes.

Helpful Hint: At the conclusion of the course, the participant should hand in this form along with the Educational Program Evaluation Form. Upon receipt of these sheets, the provider or course facilitator will hand the participant a Certificate of Attendance.

Please Note: PDHA has new software that allows all PDHA members to view their continuing education credits as well as the ability to save and/or print out their own transcripts. Non-members will still be able to purchase a copy of their transcripts through PDHA's Central Office.

In order to have transcripts accurate and up-to-date, we are requesting that all course sponsors submit their course participant lists as soon as possible upon the completion of the course. The course participant list **MUST** be submitted using the Excel sheet that can be accessed by clicking: http://pdhaonline.org/?attachment_id=3216. No other forms, hand-written lists, etc. will be accepted.

In completing the form, please include the participant's name and full hygiene/ dental license (include the two letter prefix and the six numerals.) Email addresses are optional, however, by submitting their email address it will assure them of receiving all future communications from PDHA on continuing education offerings, event opportunities, etc. Any participant may be removed from the email listing at any time.

Request: please make sure all information is correct. A license number with one incorrect numeral will give course credit to the wrong person!

The Excel spreadsheet should be returned to the Course Accreditation Chair along with a **summary** of the Educational Program Evaluation Forms (Course Evaluation) by email to: academyapproval@gmail.com.

Your cooperation in implementing this procedure is greatly appreciated. If you have any questions, please do not hesitate to contact the Course Accreditation Chair:

Rosetta Mazurkewicz, RDH, PHDHP
717-626-2761
academyapproval@gmail.com

ACADEMY OF DENTAL HYGIENE STUDIES
Pennsylvania Dental Hygienists' Association

ATTENDANCE SIGN IN FORM
Continuing Education Credit

Please complete this form and give it to the Session Facilitator at the conclusion of this course to receive your Certificate of Attendance.

PLEASE PRINT LEGIBLY - Information will not be recorded in computer if illegible.

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Dentist/Hygienist License #/CDA #: _____
(Must be included to be registered in the PDHA computer.)

Phone: _____ **Email:** _____

Title: _____

Presenter: _____

Provider: _____ **Hours:** _____ **CEUs** **Date:** _____

Please Check:

- _____ Dentist
- _____ Dental Hygienist
- _____ Dental Assistant (CDA, EFDA, Ortho etc.)
- _____ Office Manager
- _____ Receptionist/Other Staff Members
- _____ Student/No Dental Hygiene License
- _____ Student/Dental Hygiene License

For Licensed Hygienists Only:

- _____ ADHA/PDHA Member
- _____ **PDHA Academy Member**
(Separate Membership Required)
- _____ Non Member

PLEASE NOTE:

Each participant receives a Certificate of Attendance at the end of each seminar thus receiving credit for the course. Your proof of attendance at a seminar is your Certificate of Attendance. Each participant is responsible for keeping their own certificates. Your name and dentist/dental hygienist license number/CDA number will be entered in the Pennsylvania Dental Hygienists' Association computer. If this information is not included on this form, PDHA has no mechanism for tracking **your** credits. This information is **not** sent to the State Board of Dentistry. If a participant misplaces their certificate, transcripts of PA-Academy approved courses are available for a nominal fee. PDHA Central Office 717-766-0334.

Educational Program Evaluation Forms

(Course Evaluation)

The following pages are **examples** of Educational Program Evaluation Forms that are given to each participant before the start of the program and are to be turned in at the conclusion of the course. This will help you to evaluate your programs and assist you in planning for future ones. If you choose to use your own course evaluation, please send a copy with your application. If not, please inform the Course Accreditation Chair which course evaluation you wish to use or one will be chosen.

Helpful Hint: At the conclusion of the course, the participant should hand in this form along with the Attendance Sign-In form. Upon receipt of these sheets, the provider or course facilitator will hand the participant a Certificate of Attendance.

Please Note: A **summary** of evaluation forms needs to be returned to the Course Accreditation Chair at academyceapproval@gmail.com along with the Excel Attendee Spreadsheet with their dentist/dental hygienist license numbers/ EFDA/CDA numbers.

Educational Program Evaluation

Please complete this form and give it to the Session Facilitator at the conclusion of this course to receive your Certificate of Attendance.

Provider:

Title:

Presenter:

Course #: PA

Hours: CEUs

Date:

Please help us to improve the quality and value of our future courses by completing this form.

Instructor: (Overall) ___Excellent ___Good ___Fair ___Poor ___NA

Used effective teaching methods: ___Excellent ___Good ___Fair ___Poor ___NA

Speaking style: ___Excellent ___Good ___Fair ___Poor ___NA

Communicated course concepts: ___Excellent ___Good ___Fair ___Poor ___NA

Course: (Overall) ___Excellent ___Good ___Fair ___Poor ___NA

Syllabus: ___Excellent ___Good ___Fair ___Poor ___NA

Handouts: ___Excellent ___Good ___Fair ___Poor ___NA

Audio-visuals materials: ___Excellent ___Good ___Fair ___Poor ___NA

Meeting room: ___Excellent ___Good ___Fair ___Poor ___NA

Would you recommend this course to a colleague? ___Yes ___No ___Maybe

Additional Comments:

How far are you willing to travel to a CE Course? Distance _____ Time _____

What day (s) and time (s) are the most convenient to attend a CE course? _____

Suggestions for topics for futures programs: _____

Educational Program Evaluation

Please complete this form and give it to the Session Facilitator at the conclusion of this course to receive your Certificate of Attendance.

Provider:

Title:

Presenter:

Course #: PA

Hours: CEUs

Date:

What attracted you to this program?

_____ the subject _____ the speaker _____ date and location

_____ to fulfill license renewal _____ advertisement (brochure/catalog)

_____ recommendation of colleague _____ other, please specify

Check the square that best describes your evaluation of the session, using other programs you have attended as comparison, where applicable.

	Great	Good	Fair	Needs Improvement
1. Format of presentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Usefulness of information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Effectiveness of presentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Effectiveness of handouts/support materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Overall evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you recommend this session to a colleague? _____ Yes _____ No _____ Maybe

Additional comments: _____

Suggestions for topics for futures programs: _____

Educational Program Evaluation

Please complete this form and give it to the Session Facilitator at the conclusion of this course to receive your Certificate of Attendance.

Provider:

Title:

Presenter:

Course #: PA **Hours:** CEUs **Date:** _____

The following information will be beneficial in evaluating this program. Please place a check-mark in front of the appropriate response to each of the following statements. Thank you for your assistance in completing this evaluation.

1. The content of the program was pertinent to my needs and interests:
 extremely pertinent somewhat pertinent
 mostly pertinent not pertinent

2. Direct application of the content presented will be of benefit in my patient care:
 extremely pertinent somewhat pertinent
 mostly pertinent not pertinent

3. The objectives were clearly presented and met:
 extremely pertinent somewhat pertinent
 mostly pertinent not pertinent

4. The speaker was effective, well prepared, and presented the material in an organized manner:
 extremely pertinent somewhat pertinent
 mostly pertinent not pertinent

5. I acquired new knowledge from this program:
 extremely pertinent somewhat pertinent
 mostly pertinent not pertinent

6. Additional comments and suggestions: _____

7. Suggestions for topics for future programs: _____

Certificate of Attendance

The following page is an **example** of a Certificate of Attendance form that is given to each participant after they have completed the continuing education course. This form should have the appropriate information placed on it **prior** to the course. This form acts as proof of the participant's attendance.

If you choose to use your own Certificate of Attendance, the following statement is to be included on your certificate as part of the PA Academy of Dental Hygiene Studies course approval.

This course has been approved by the Pennsylvania Academy of Dental Hygiene Studies. "Academy Approval" indicates that a continuing education course appears to meet selected criteria. It is the responsibility of each participant to determine if a particular course is acceptable for license renewal. However, applicants should be aware that not all courses offered and approved by the Academy are approved for Continuing Education credits by the State Board of Dentistry. The Academy does not endorse or recommend any individual continuing education course and is not accountable for the quality of any course content. Certificates of Attendance should be retained by licensees in their own personal professional file.

Please Note: The Academy Course Accreditation Chair will send your list of participants along with their dentist/dental hygienist license numbers/EFDA/CDA numbers to be placed in the PDHA computer. If a participant misplaces or loses their certificate, transcripts of PA Academy-approved courses are available for a nominal fee.

Lancaster Lebanon York Dental Hygienists' Association

This certifies that

has taken the following course

“Course Name”

Presented by:

Example: Tina Keffer, RDH, BS
Example: Colgate Oral Pharmaceuticals

PA2770R6

2.0 CEUs

August 12, 2006

This course has been approved by the Pennsylvania Academy of Dental Hygiene Studies. “Academy Approval” indicates that a continuing education course appears to meet selected criteria. It is the responsibility of each participant to determine if a particular course is acceptable for license renewal. However, applicants should be aware that not all courses offered and approved by the Academy are approved for Continuing Education credits by the State Board of Dentistry. The Academy does not endorse or recommend any individual continuing education course and is not accountable for the quality of any course content. Certificates of Attendance should be retained by licensees in their own personal professional file.