

**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)

\_\_\_\_\_ **Lecture Hours**  
\_\_\_\_\_ **Clinical/Laboratory Hours**

\_\_\_\_\_ **Total Contact Hours**

**Start Time:** \_\_\_\_\_

**End Time:** \_\_\_\_\_ **Break:** \_\_\_\_\_

**New Course** (check one)

**Repeat Course**

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

1. Curriculum vitae of presenter or Bio
2. Course outline and/or brief summary/objectives

**Note:** All application materials must be received a **minimum of 60 days** prior to the course.

Make check payable to **PDHA**.

**Course Approval Fee is \$50.00 per course.**

**LATE FEE: If course approval is received less than 10 days prior to the course, there is a \$35.00 additional fee.**

**Send Check to:**

**Anita Jackson,  
621 N. George St  
York, PA 17404**

One form per course each time the course is given.

**Email completed packet to:**

**Academy Course Accreditation  
Laura DeHennis, RDH, PHDHP, FADHA**

**LDAcademyapproval@gmail.com**

**157 Delmont Avenue  
Warminster, PA 18974  
#215-442-1515 (H)**

<b>For Academy Use Only</b>
<b>Course Number:</b> _____
<b>Number of Hours:</b> _____
<b>Date Approved:</b> _____