

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**

Start Time: _____

End Time: _____ **Break:** _____

Course: **Live in person**

Live Webinar

Recorded Self-study

Total Contact Hours = _____

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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 summary of objectives

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

Please email completed packet to:

Laura DeHennis, RDH, PHDHP, FADHA

Academy Accreditation Approval

LDAcademyapproval@gmail.com

Payment information:

Once your packet is received and approved, **you will receive an invoice** from PDHA (pdha@outlook.com) and will have the option to pay by electronic credit card payment, or electronic bank transfer. There will be a link in the email to make a secure payment.