

## 2018 NBC Course Approval Request Form

Please complete and submit this form *at least 30 business days* before the program date. This information will be used for those who search for available courses on the NBC and Foundation for Dental Laboratory Technology's websites. The more information that you provide related to the course will assist CDTs and RGs in their course search at <http://www.dentallabfoundation.com/CESearch/>.

### I. General Information

a) **Speaker Name:** \_\_\_\_\_

*if group or panel course, will be documented under first name listed*

b) **Speaker Credentials:**  CDT/RG # \_\_\_\_\_  DDS/DMD  MD/DO  Other \_\_\_\_\_

*(please attach bio/CV for first time approval):*

c) **Speaker Email:** \_\_\_\_\_ d) **Speaker Contact Number:** \_\_\_\_\_

e) **Sponsoring Organization** *(if applicable):* \_\_\_\_\_

### II. Course Information

If the program will be presented by the same speaker multiple times in a given year, multi-date approval will be granted. If you do not need Scan Cards or opt to **submit credits electronically write a "0"** in the space for Scan Cards Requested.

a) **Course Title:** \_\_\_\_\_

b) **Program Date** *(year for multi-date):* \_\_\_\_\_ c) **Credit Hours** *(hour per hour basis):* \_\_\_\_\_

d) **Type of Credit** *(select one):*  Professional Development  Scientific  Regulatory Standards

f) **Number of Scan Cards Requested** *(for CDT/RGs only):* \_\_\_\_\_

g) **Brief Program Description** *(attach outline or syllabus if preferred):* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NOTE: Annual CDT Renewals must obtain a total of 12 hours containing at least 1 Regulatory Standards Hour and 6 Scientific Hours. A maximum of 5 Professional Development credit is awarded for non-dental-specific courses, such as marketing, business, employment issues, etc. Professional Development is also awarded to courses that are Scientific or Regulatory Standards in nature, if the speaker does not have the appropriate credentials.

**h) Specialty** *(select all that apply)*

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> Complete Dentures | <input type="checkbox"/> Implants     |
| <input type="checkbox"/> Partial Dentures  | <input type="checkbox"/> CAD/CAM      |
| <input type="checkbox"/> Crown & Bridge    | <input type="checkbox"/> Orthodontics |
| <input type="checkbox"/> Ceramics          |                                       |

**i) Delivery Method** *(select one)*

- |  |  |
|--|--|
| <input type="checkbox"/> Live Webinar      | <input type="checkbox"/> Video                 |
| <input type="checkbox"/> Online Course     | <input type="checkbox"/> Textbook/Ref Material |
| <input type="checkbox"/> In Person Seminar |  |
| <input type="checkbox"/> Magazine Article  |  |

j) **Course Level** *(select one)*  **Beginner**  **Intermediate**  **Advanced**  **Master**

k) **Prerequisite Knowledge**  **Yes**  **No** **If Yes:** \_\_\_\_\_

l) **Learning Objectives:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Sponsor & Event Information**

a) **Contact Name** (if different than speaker): \_\_\_\_\_

b) **Shipping Address:** \_\_\_\_\_

c) **Contact Phone:** \_\_\_\_\_ **d) Contact Fax:** \_\_\_\_\_

e) **Contact Email:** \_\_\_\_\_ **f) Sponsor Website:** \_\_\_\_\_

f) **Event Location** (Hotel/Venue Name): \_\_\_\_\_

Address, City, State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Website: \_\_\_\_\_

g) Speaker a member of NADL?  Yes  No **h) Sponsoring Organization** a member of NADL?  Yes  No

**III. Fee Breakdown Information**

- Single Course** – \$50 per course (50% discount for CDTs, RGs or NADL Members = \$25 per course)
- Multi-Date Course** – \$94 per course (50% discount for CDTs, RGs, or NADL members = \$47 per course)  
NOTE: this is a single course held multiple times during a calendar year with the same host, speaker and content
- Qualified Educational Provider Course** – \$26 per course (50% discount for NADL Component members in good standing = \$13 per course)  
NOTE: this is a non-profit group formed for the express purpose of providing education within dentistry
- Qualified CE Provider** – \$3,250 annually includes up to 200 courses (50% discount to NADL members in good standing = \$1,625 annually)  
NOTE: this is a company who provides courses on an ongoing basis and would prefer to pay an annual flat fee

**IV. Payment Information** (\$25 Rush fee required if submitted less than 10 business days prior). Shipping method is subject to NBC discretion. Overnight shipping charges may necessitate additional charges.

- Check:** Please make check payable to NBC.
- Credit Card Payment** (MC, VISA or AMEX) Amount Authorized: \$ \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Sec Code: \_\_\_\_\_  
*Sec Code: Is the 3 digit number on the reverse side of your credit card. For Amex cards only, this is the 4 digit number on the front of your card:*

Printed Name: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

Billing Address for Credit Card: \_\_\_\_\_

**V. Sponsor Signature and Date**

By submitting this Approval Request Form, you are acknowledging that Certified Dental Technicians (CDT) and Recognized Graduates (RG) will be eligible to receive continuing education credits for attending this program if approved.

- It is your responsibility to provide the appropriate **scan cards** for CDTs and RGs at the program site.
- It is your responsibility to provide **certificates of attendance** to attendees.
- It is your responsibility to ensure that attendees complete Scan Cards completely and correctly.
- It is your responsibility to ensure that completed Scan Cards are returned to NBC within **10 business days** of the completion of this program.
- It is your responsibility to ensure that **electronic submission** of credits is completed using the NBC spreadsheet.

I certify by my signature that I understand the responsibilities of the Sponsor and agree to adhere to this information. Additionally, I verify that the information supplied herein is true and complete to the best of my knowledge.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_