



National Board for Certification in  
Dental Laboratory Technology



**Office Use Only**

Course Approval Number: \_\_\_\_\_

Date Approved: \_\_\_\_\_

Materials Sent: \_\_\_\_\_

Initials: \_\_\_\_\_

**2018 NBC Course Renewal Request Form**

Please complete and submit this form *at least 30 business days* before the program date.

General Information

**Speaker Name:** \_\_\_\_\_

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

**Speaker Credentials:** CDT/RG (CDT/RG Number): \_\_\_\_\_ DDS/DMD: \_\_\_\_\_ MD/DO: \_\_\_\_\_

Other (please attach bio/CV): \_\_\_\_\_

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

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

**Speaker Email:** \_\_\_\_\_ **Contact Email:** \_\_\_\_\_

**Shipping Address** (for shipping course supplies & information): \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Contact Phone** (required): \_\_\_\_\_ **Contact Fax:** \_\_\_\_\_

Is the **Speaker** a member of NADL? Yes \_\_\_\_ No \_\_\_\_ Is the **Sponsoring Organization** a member of NADL? Yes \_\_\_\_ No \_\_\_\_

**Courses to be Renewed**

In order for a course to be renewed through this simplified approval form, **nothing** can have changed about the course. By signing below you are attesting that your previous course will be taught by the same person, for the same length, on the same information. In turn you will receive new course approval numbers for each individual course. Please discontinue use of retired course numbers. Attach an additional page with the required information if you are requesting more approvals than space provided.

Previous Course Approval Number	Course Title	Credit Hours	Program Date or Year Requested

All courses listed above have remained exactly the same from previous approval:

(Sign and date)

### Fee Breakdown Information

(Renewed courses will be assumed to be Blanket Course Registrations unless noted otherwise.)

**Single Course Registration** - \$50 per course with a 50% discount if you are a CDT, RG or NADL Member = \$25 per course

**Multi-Date Course Registration** – (a “multi-date course” is a single course presented multiple times during a calendar year, but it has the same host and/or speaker and course content)

\$94 per course with a 50% discount if you are a CDT, RG, or NADL member = \$47 per course

**Qualified Educational Provider Course Registration**– (a “Qualified Educational Provider” is a non-profit group formed for the express purpose of providing education within dentistry)

\$26 per single course with a 50% discount for NADL Component or NADL Educational Institution members in good standing = \$13 per single course OR

\$46 per multi-date course with a 50% discount for NADL Component or NADL Educational Institution members in good standing = \$23 per multi-date course

**Qualified CE Provider Registration** – (this is a company who wishes to apply to provide courses on an ongoing basis and would prefer to pay an annual flat fee)

\$3,250 annually and this will include up to 200 courses annually, including blanket courses with a 50% discount to NADL members in good standing = \$1,625 annually and will include up to 200 courses including blanket courses

### Payment Information

**(Rush fee required if submitted less than 10 business days prior)**

For forms received less than **10 business days** prior to the program date, a **\$25** Rush Fee will be assessed. 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)

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

CCV or CVV2 / Security Code (This is the 3 digit number that appears on the reverse side of your credit card. For Amex cards only, this is the 4 digit number on the front of your card): \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Street Number and Zip Code for Credit Card: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Amount Authorized: \$ \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Signature: \_\_\_\_\_

### 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, as well as providing the CDTs and RGs *Certificates of Attendance*. Scan Cards and Certificates of Attendance will be provided to you once approval is granted.
- It is your responsibility to ensure that attendees **complete** Scan Cards *completely and correctly* in pencil.
- It is your responsibility to ensure that completed Scan Cards are **returned** to NBC within *10 business days* of the completion of this program.

I certify by my signature that the information supplied herein is true and complete to the best of my knowledge.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_