



Office Use Only

Course Approval #: _____

Date Approved: _____

Materials Sent/Initials: _____

Rush: _____

2019 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)*

- Complete Dentures
- Partial Dentures
- Crown & Bridge
- Ceramics
- Implants
- CAD/CAM
- Orthodontics

i) Delivery Method *(select one)*

- Live Webinar
- Online Course
- In Person Seminar
- Magazine Article
- Video
- Textbook/Ref Material

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: _____