

Office Use Only Course Approval Number:
Date Approved:
Initials:

2021 NBC Course Renewal Request Form

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

General Information

Course Provider Organization:							
Contact Name							
Contact Email:			Contact Phone:				
		Courses to be R	enewed				
below you are a as your previo	ttesting that y usly approved individual co	your 2021 course will cover I course. In turn you will re ourse. Please discontinue u	changed about the course of the same information and leceive new course approval se of retired course number	be the same length numbers for each s.			
			say@executiveoffice.org				
Previous Course Approval Number	Is your Speaker Changing? Indicate with Y or N	NEW Speaker Name	NEW Speaker Credentials (attach Bio/CV if the Speaker is new to your organization)	Program Date if seeking Single-Date Approval			
All content for	courses list	ed above has remained	exactly the same from p	revious approval			
				(Sign and Date)			

Fee Information

	NADL Members and CDTs/RGs receive a 50% of Speaker a member of NADL? ☐ Yes ☐ No Course Provider Organization a member of NAI						
	<u>Single Date Course</u> – \$50 per course Course will be offered only once, on a specific	date					
	<u>Multi-Date Course</u> – \$94 per course One course held multiple times during a calendar year, featuring the same speaker and content						
	Recognized Educational Provider Course (single OR multi-date) – \$26 per course NADL Component members and non-profit groups formed for the express purpose of providing education within dentistry receive this special rate						
	Qualified Course Provider Qualified Course Providers register with NBC yearly and receive up to 200 course approvals during the calendar year for flat registration fee. If you are interested in becoming a Qualified Course Provider, please contact our office.						
	Rush Fee – \$25 per course Any course provider requiring the completion of pay this fee.	of their cours	е ар	approval within 10 business days of submission should			
	Pay	ment Infor	ma	ation			
	 □ Check: Please make check payable to NBC. □ Credit Card Payment: (□ MC, □ VISA or □ 						
Credit	Card Number:			Expiration Date:			
	r CVV2 / Security Code <i>(This is the 3 digit numbonly, this is the 4 digit number on the front of y</i>			s on the reverse side of your credit card. For Amex			
Name	on Credit Card:						
Street	Number and Zip Code for Credit Card:						
Authorized Signature:			Α	Amount Authorized: \$			
Cardho	older Name:	Sig	natı	ture:			
	Si	gnature and	d Da	Date			
Rec	submitting this Approval Request Form, you are cognized Graduates (RG) will be eligible to receiproved.	-	_	• • • • • • • • • • • • • • • • • • • •			
•	with your course approval information.	nic submiss	ion	cates of attendance, which will be emailed to you n of credits is completed using the NBC CE Reporting I information.			
info	ertify by my signature that I understand the respondance. Additionally, I verify that the information whedge.						
Author	rized Signature:			Date:			