

2021 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 the Continuing Education Provider Directory: a collaborative project between the Foundation for Dental Laboratory Technology and NBC. <http://www.dentallabfoundation.com/CESearch/>

I. General Informationa) **Course Provider Organization:** _____b) **Contact Name:** _____c) **Contact Email:** _____ **d) Contact Phone:** _____d) **Course Provider Website:** _____e) **Speaker Name:** _____

Courses featuring multiple speakers will be documented under the first name listed.

f) **Speaker Credentials:** CDT/RG # _____ DDS/DMD MD/DO Other _____
(please attach bio/CV for first time approval)

g) **Speaker Email:** _____ **d) Speaker Contact Number:** _____**II. Course Information**a) **Course Title:** _____b) **Program Date** (if seeking Single Date approval): _____ **c) Credit Hours** (hour per hour basis): _____d) **Type of Credit Requested** (select one): Professional Development Scientific Regulatory Standards

Requests for Scientific and Regulatory Standards courses will be approved according to content, and when the speaker has a CDT, DDS, or other equivalent international accreditation. Other courses will be approved for professional development credit.*

**Content for Regulatory Standards courses: Infection Control, OSHA, HIPAA, FDA Regulations, Bloodborne Pathogen Standards, Emergency Actions plans, etc.*

**Content for Scientific courses: anything pertaining to the dental technology field*

**Content for Professional Development courses: Marketing, Business skills, Communication skills, etc.*

e) **Brief Program Description** (attach outline or syllabus if preferred): _____f) **Learning Objectives:** _____g) **Specialty Covered** (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 | |

h) Delivery Method Please note that webinars that will be presented live and then made available on demand will be approved as Multi-Date courses.

- | | |
|--|--|
| <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 | |

III. Course Location

e) **Name of Conference where course will be presented** (if applicable): _____

f) **Name of Venue:** _____

Address, City, State/Zip: _____

Phone: _____ **Website:** _____

g) **Link to online course:** _____

IV. Fee Information

NADL Members and CDTs/RGs receive a 50% discount for course approvals

Speaker a member of NADL? Yes No Course Provider Organization a member of NADL? Yes No

Single Date Course – \$50 per course
Course will be offered only once, on a specific date

Multi-Date Course – \$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. If you are interested in becoming a Qualified Course Provider, please contact our office.

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

Rush Fee – \$25 per course
Any course provider requiring the completion of their course approval within 10 business days of submission should pay this fee.

V. Payment Information

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: _____

VI. Course Provider 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 attendees with NBC **certificates of attendance**, which will be emailed to you with your course approval information.
- It is your responsibility to ensure that **electronic submission** of credits is completed using the NBC CE Reporting Sheet, which will be emailed to you with your course approval information.

I certify by my signature that I understand the responsibilities of the Course Provider 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: _____