



South Dakota State Board of Dentistry
P.O. Box 1079, 1351 N. Harrison Ave. Pierre, SD 57501-1079
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Application for Continuing Education Course Honorarium

Background

It is the policy of the Board to allocate resources, when available, to fund continuing education courses that further the mission of the Board.

Procedure

- Application Deadline: December 13, 2022.
Applications received after this deadline will not be considered.
- Submit Applications to: South Dakota State Board of Dentistry
PO Box 1079
Pierre, SD 57501
Or electronically to contactus@sdboardofdentistry.com
- Fund Amount: The Board will fund up to \$7,500 in total during this request cycle.

Criteria for Consideration

- ✓ The sponsor organization must meet the applicable state contractor requirements.
- ✓ The course must further the mission of the Board.
- ✓ Preference will be given to courses that impact a large number of licensees or registrants and courses provided in partnership with other professional associations.
- ✓ Any funded course must be open to all dental professionals free of charge.

If an application is approved:

- ✓ The sponsor organization must be prepared to complete the state contract process.
- ✓ The sponsor organization must note in its promotional materials the following: *“The honorarium for this speaker is being funded by the South Dakota State Board of Dentistry. This course is open to all dental professionals free of charge. The content and opinions expressed during this course do not necessarily reflect the views of nor are they endorsed by the South Dakota State Board of Dentistry.”*
- ✓ Following the course date, the sponsor organization must submit a brief report, including how many South Dakota licensees and/or registrants attended.

Course Information

Title of Course: *Detailed course outline must be attached:*

Speaker(s): *Curriculum Vitae or Resume must be attached:*

Date(s) of Course: _____

Course Location: _____

Honorarium Amount requested: \$ _____

Applicant Information

Sponsor Organization Name:

Sponsor Organization Contact:

Name: _____

Address: _____

Phone: _____

Email: _____

Partner Organization Name (if applicable):

Application Questions

Please type or print clearly; use additional paper if necessary.

1. Does the sponsor organization meet the requirements to serve as a state contractor?

Yes

No

2. Please list the course objectives:

3. What is the target population?

4. What is the anticipated number of *South Dakota* licensees and/or registrants that will attend this course?

- a. Dentists: _____
- b. Dental Hygienists: _____
- c. Registered Dental Assistants: _____
- d. Radiographers: _____
- e. Other Dental Office Staff: _____

5. List other possible sources of financial support for this course: