



## South Dakota State Board of Dentistry

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### Continuing Education Approval Request Form

Please complete this form to obtain approval of a Continuing Education (CE) course prior to the date of the course. *Please submit this application and the required supporting documents **20 business days** prior to the course date to allow for processing.*

Date of Course: \_\_\_\_\_

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

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

Sponsor: \_\_\_\_\_

Location: \_\_\_\_\_

Name of Person Requesting Approval: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*Notification regarding approval of the course will be sent to this email address.*

Please indicate the **number of hours** and CE category requested for this course. For courses that have multiple topics, please attach a schedule that includes the number of hours and CE category for each topic.

\_\_\_\_ Academic (*\*Dentist Only*)      \_\_\_\_ Clinical      \_\_\_\_ Practice Management

\_\_\_\_ Nutrition      \_\_\_\_ Home Study      \_\_\_\_ Anesthesia/ Sedation

\_\_\_\_ Radiography      \_\_\_\_ Clinical – Volunteer

Total number of hours requested: \_\_\_\_\_

Has this course been approved previously?  Yes  No

If yes, please indicate most recent course date: \_\_\_\_\_

\* Courses that are approved as Academic hours for Dentists will be approved as Clinical hours for other practitioners.

The Board generally recognizes continuing education providers certified through the American Dental Association Continuing Education Recognition Program (ADA CERP) or the Academy of General Dentistry Program Approval for Continuing Education (AGD PACE) as valid continuing education providers. Please provide verification of ADA CERP or AGD PACE designation for Academic CE requests.