South Dakota State Board of Dentistry
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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 31, 2026. *Applications received after this deadline will not be considered.*
Submit Applications to:	South Dakota State Board of Dentistry PO Box 42 Black Hawk, SD 57702 Or electronically to contactus@sdboardofdentistry.com
Fund Amount:	The Board may fund up to $10,000 in total during this cycle.

Criteria for Consideration

- ✓ Any funded course must be open to all dental professionals free of charge.
- ✓ 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.
- ✓ If the Board receives multiple applications, the maximum funding amount may be split.

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.

South Dakota State Board of Dentistry

Application for Continuing Education Course Honorarium

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: _____

Speaker Honorarium Total: $ _____

South Dakota State Board of Dentistry Honorarium Amount requested: $_____

Applicant Information

Sponsor Organization Name: _____

Sponsor Organization Contact: _____

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: