

INSTRUCTION SHEET

ILLINOIS DENTAL / DENTAL HYGIENIST CONTINUING EDUCATION SPONSOR QUESTIONNAIRE

C.E. ACCREDITATION

In order for dentists and dental hygienists to obtain credit for attendance at continuing education (C.E.) programs/courses, the program/course must be provided by an approved sponsor. The sponsoring entity must:

1. Complete and submit an Illinois Dental or Dental Hygienist Continuing Education Sponsor Questionnaire.
2. Forward a fee of \$1000 in the form of a check or money order made payable to the Department of Financial and Professional Regulation. **Fees are non-refundable.**
3. Enclose a sample "Certificate of Attendance," which contains the following:
 - a) the name and address of the sponsor;
 - b) the name, address and license number of the participant;
 - c) a brief statement of the subject matter;
 - d) the number of hours attended in each program;
 - e) an indication of whether the program fulfills C.E. requirements for dentists, dental hygienists or both;
 - f) the date and place of the program; and
 - g) the signature of the sponsor.

Sponsor means a person, firm or association approved by the Department.

Upon receipt of the sponsor application and all required documentation, it will be reviewed by the Illinois Board of Dentistry. Subsequent to Board review, you will be advised of their recommendation.

LICENSURE C.E. RENEWAL REQUIREMENTS

1. Beginning with the September 30, 2009 renewal and every renewal thereafter, each person who applies for renewal of a license as a dentist shall complete 48 hours of C.E. relevant to the practice of dentistry during the prerenewal period.
2. Beginning with the September 30, 2009 renewal and every renewal thereafter, each person who applies for renewal of a license as a dental hygienist shall complete 32 hours of C.E. relevant to the practice of dental hygiene during the prerenewal period.

C.E. COURSE CONTENT

All C.E. courses shall be relevant to the treatment and care of patients and shall be:

- A) Clinical courses in dentistry and dental hygiene; or
- B) Nonclinical subjects that relate to the skills necessary to provide dental or dental hygiene services and are supportive of clinical services (i.e., patient management, legal and ethical responsibilities, stress management). Courses not acceptable for this purpose include, but are not limited to, estate planning, financial planning, investments and personal health.

SPONSOR RESPONSIBILITY AND APPROVAL

1. The sponsor will be responsible for providing a certificate of attendance and will maintain attendance records for at least 5 years.
2. Upon request by the Department, a sponsor will submit evidence (e.g., certificate of attendance or course materials) as is necessary to establish compliance with the Rules. Evidence shall be required when the Department has reason to believe that there is not full compliance with the Rules and that the information is necessary to ensure compliance.

C.E. SPONSOR RENEWAL REQUIREMENTS

To maintain approval as a sponsor, each sponsor shall submit to the Department by September 30 of each even-numbered year a renewal application, a \$700 fee and a list of courses and programs offered within the last 24 months. The list shall include a brief description, location, date and time of each course given.

The sponsor shall be responsible for ensuring that any dentist or dental hygienist who will be performing some type of procedure as a part of a continuing education course shall have a current license in Illinois or another jurisdiction.

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 of the Illinois Compiled Statutes. Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

RETURN APPLICATION TO:
STATE OF ILLINOIS
Department of Financial and Professional Regulation
ATTN: Division of Professional Regulation
320 West Washington Street
Springfield, Illinois 62786

FOR OFFICIAL USE ONLY
_____ Approved
_____ Denied
_____ Deferred
_____ Date

Illinois Dental/Dental Hygienist Continuing Education Sponsor Questionnaire

Each participant must be supplied with a "Certificate of Attendance." Please enclose a sample certificate.

1. OFFICIAL NAME OF SPONSORING ORGANIZATION OR INSTITUTION	2. TELEPHONE NUMBER (Include Area Code)
3. ADDRESS (Include Street, City, State, and ZIP Code)	4. FEIN NUMBER
5. NAME OF PERSON RESPONSIBLE FOR CONTINUING EDUCATION PROGRAM(S)	6. TITLE
7. ADDRESS (Include Street, City, State, and ZIP Code)	8. TELEPHONE NUMBER (Include Area Code)
9. SPONSOR IS: <input type="checkbox"/> Individual <input type="checkbox"/> Firm <input type="checkbox"/> A Trade or Professional Association <input type="checkbox"/> Other (Describe) _____	
10. ORGANIZATIONAL PURPOSE AND OBJECTIVES	
11. SPONSOR'S BACKGROUND IN DENTAL OR DENTAL HYGIENE EDUCATION	
12. Specify length of time Sponsor maintains records: _____	
13. DESCRIBE METHOD FOR RECORDING AND VERIFYING ATTENDANCE (Supply forms used)	
14. Does your organization agree to periodic monitoring of your programs by members of the Illinois Board of Dentistry ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
_____ Signature of Person Submitting Application	_____ Title
_____ Type or Print Name of Person Submitting Application	_____ Date

AFFIDAVIT

I hereby certify that I am the individual responsible for the continuing education program(s) offered by this sponsor and:

1. That all courses and programs offered by this sponsor for C.E. credit will comply with the criteria in 68 Ill. Adm. Code, Section 1220.440; **and**
2. That this sponsor will be responsible for verifying attendance at each course or program, and provide a certificate of completion as set forth in 68 Ill. Adm. Code, Section 1220.440 c) 1); **and**
3. That upon request by the Department, this sponsor will submit such evidence as is necessary to establish compliance with the requirements of 68 Ill. Adm. Code, Section 1220.440; **and**
4. That this sponsor will submit by September 30 of each even-numbered year to the Department, a list of all courses and programs offered within the last 24 months, which includes a description, location, date, and time the course was offered.
5. That this sponsor is aware that failure to comply with the Rules of the Department of Financial and Professional Regulation (68 Ill. Adm. Code, Section 1220.440) may result in disapproval of this sponsor by the Department; **and**
6. That this sponsor is aware that disapproval by the Department will result in no credit being accepted by the Department of Financial and Professional Regulation by this Sponsor subsequent to such disapproval.

NOTARY

SEAL

Signature of Person Responsible for Continuing Education Program

Subscribed and sworn before me this _____ day of _____, _____.

Signature of Notary Public

BOARD COMMENTS

Approved

Denied

Deferred

COMMENTS: _____

NAME OF CE SPONSOR:

Profession: