

Professional Licensing Agency  
402 West Washington Street  
Room W072  
Indianapolis, Indiana 46204



Michael R. Pence  
Governor of Indiana  
Nicholas W. Rhoad  
PLA Executive Director

**STATE BOARD OF DENTISTRY  
APPLICATION FOR APPROVAL OF ORGANIZATIONS AND INDIVIDUALS  
TO PROVIDE CONTINUING EDUCATION  
FOR DENTISTS AND DENTAL HYGIENISTS  
INFORMATION AND INSTRUCTIONS**

**Before completing and submitting your application to our office, please read all materials and information included.**

**APPLICATION AND INFORMATION TO DOWNLOAD**

*Providers must download the following documents and information from the website at [www.pla.in.gov](http://www.pla.in.gov):*

- 1. Application For Approval of Organizations and Individuals to Provide Continuing Education for Dentists and Dental Hygienists*
- 2. Information and Instruction Sheet*
- 3. Statutes and Administrative Rules which pertain to the practice of dentistry and dental hygiene*

**IPLA ADDRESS/TELEPHONE NUMBER/FAX/EMAIL/WEBSITE**

If you have any questions regarding the application process for continuing education approval you may contact the State Board of Dentistry at:

Indiana Professional Licensing Agency  
Attn: State Board of Dentistry  
402 W. Washington Street, Room W072  
Indianapolis, IN 46204  
Staff Phone: (317) 234-2054  
FAX: (317) 233-4236  
Staff Email: [pla8@pla.in.gov](mailto:pla8@pla.in.gov)  
Web Site: [www.pla.in.gov](http://www.pla.in.gov)

**ADMINISTRATIVE RULES FOR CONTINUING EDUCATION REQUIREMENTS**

The rules which pertain to continuing education requirements are located at 828 IAC 1-5. Statutes and Administrative Rules are available to download from the Agency's website at [www.pla.in.gov](http://www.pla.in.gov).

**APPROVAL AND EXPIRATION OF SPONSOR**

- Approval of an individual or organization as a sponsor or continuing education issued by the Board shall be valid for the remainder of the approval period in effect on the date the approval was issued.
- The approval issued by the Board expires on March 2 of even-numbered years.
- The approval is not renewable. A new application and fee for an individual or organization continuing education sponsor approval must be filed for each license period.

**APPROVAL CERTIFICATES**

Upon approval by the Board, a certificate will be issued and mailed to the Sponsor.

**RECORD OF ATTENDANCE**

As a condition of approval, organizations or individuals shall provide each attendee with verification of attendance which shall include the following:

- (1) A record of the number of hours spent in the continuing education course.
- (2) The name of the course or a description of the subject matter presented.
- (3) The name of the sponsoring approved organization or individual.
- (4) The date and location of the program.

#### **MONITORING OF ATTENDANCE**

The individual or organization is responsible for monitoring attendance in such a way that verification of attendance throughout the program can be reliably assured.

#### **THE FAIR INFORMATION PRACTICE ACT**

In compliance with Ind. Code 4-1-6, this agency is notifying you that you must provide the requested information, or your application will not be processed. You have the right to challenge, correct, or explain information maintained by this agency. The information you provide will become public record.

# APPROVAL OF AN ORGANIZATION TO BE A CONTINUING EDUCATION SPONSOR INSTRUCTIONS

Organizations seeking approval as a continuing education sponsor must submit an application and a fee for approval of continuing education credit for dentists and/or dental hygienists. Programs presented prior to the receipt of approval or after the withdrawal or termination of approval by the board shall not count toward continuing education requirements.

## **All applicants must submit an application, fee and supporting documentation to:**

Indiana Professional Licensing Agency  
Attn: State Board of Dentistry  
402 W. Washington Street, Room W072  
Indianapolis, Indiana 46204

## **APPLICATION**

Complete, typewritten (or legibly printed) application.

The application shall include the following:

- The name of the sponsoring organization.
- The address and telephone number of the organization.

## **APPLICATION FEE**

Applicants must submit a two-hundred fifty dollar (\$250.00) application fee, made payable to Indiana Professional Licensing Agency (IPLA). Checks or Money order are acceptable. **All fees are non-refundable or non-transferable.**

## **COPY OF DOCUMENTS**

Submit a copy of all documents relating to the formation and continued existence of the organization.

## **DESCRIPTION OF SPECIFIC PURPOSES**

Submit a description of the specific purposes for which the organization was formed.

## **RESUMES OR CURRICULUM VITAE**

Submit a resume or curriculum vitae listing all education and relevant work experience for each individual in the organization with the direct responsibility for teaching and conducting an educational program.

## **LIST OF EDUCATIONAL PROGRAMS**

Submit a list of each educational program presented or sponsored by the organization for five (5) years prior to the date of request for approval.

For all programs given the last two (2) years list the following information:

- Date and location of the program.
- Brief content summary.
- Name and academic and professional background of the lecturer.
- Number of clock hours granted for the program.

## **DESCRIPTION OF COURSE EVALUATION TECHNIQUE**

Submit a description of the course evaluation technique utilized.

## **SAMPLE OF CERTIFICATE**

Submit a sample of the certificate awarded for the completion of programs.

## **LIST OF ANTICIPATED PROGRAMS**

Submit a list of all anticipated programs or activities the organization intends to present, if available.

## **DESCRIPTION OF MONITORING ATTENDANCE**

Submit a description of the method to be used for monitoring attendance.

# **APPROVAL OF AN INDIVIDUAL TO BE A CONTINUING EDUCATION SPONSOR INSTRUCTIONS**

Individuals seeking approval as a continuing education sponsor must submit an application and a fee for approval of continuing education credit for dentists and/or dental hygienists. Programs presented prior to the receipt of approval or after the withdrawal or termination of approval by the board shall not count toward continuing education requirements.

## **All applicants must submit an application, fee and supporting documentation to:**

Indiana Professional Licensing Agency  
Attn: State Board of Dentistry  
402 W. Washington Street, Room W072  
Indianapolis, IN 46204

## **APPLICATION**

Complete, typewritten (or legibly printed) application.

The application shall include the following:

- The name of the individual sponsoring the program.
- The address and telephone number of the individual.

## **APPLICATION FEE**

Applicants must submit a two-hundred fifty dollar (\$250.00) application fee, made payable to Indiana Professional Licensing Agency (IPLA). Checks or Money order are acceptable. **All fees are non-refundable or non-transferable.**

## **RESUME OR CURRICULUM VITAE**

Submit a resume or curriculum vitae listing all education and relevant work experience.

## **LIST OF EDUCATIONAL PROGRAMS**

Submit a list of each educational program presented or sponsored by the individual for five (5) years prior to the date of request for approval.

For all programs given the last two (2) years list the following information:

- Date and location of the program.
- Brief content summary.
- Name and academic and professional background of the lecturer.
- Number of clock hours granted for the program.

## **DESCRIPTION OF COURSE EVALUATION TECHNIQUE**

Submit a description of the course evaluation technique utilized.

## **SAMPLE OF CERTIFICATE**

Submit a sample of the certificate awarded for the completion of programs.

## **LIST OF ANTICIPATED PROGRAMS**

Submit a list of all anticipated programs or activities the individual intends to present, if available.

## **DESCRIPTION OF MONITORING ATTENDANCE**

Submit a description of the method to be used for monitoring attendance.