

**PENNSYLVANIA DENTAL HYGIENISTS' ASSOCIATION**  
**Academy of Dental Hygiene Studies**  
Application for Prior Approval of Continuing Education Program

**Provider:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Presenter:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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

**Program Contact Person:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Type and Length of Presentation:**  
(60 Minutes = 1 CUE, 30 Minutes = 0.5 CEU)

_____ Lecture Hours	<b>Start Time:</b> _____	<b>Break:</b> _____
_____ Clinical/Laboratory Hours	<b>End Time:</b> _____	
_____ Total Contact Hours	<b>New Course:</b> _____	<b>Repeat:</b> _____

**Attachments:** The following information must be provided with this form (**copies only**):

1. Curriculum Vitae of presenter
2. Course outline and/or brief summary
3. Behavioral objectives
4. Course Evaluation Form: we have forms available for your use (summary of responses to be sent with list of participants.)

**NOTE:** All application materials must be received a minimum of 30 days prior to course.

**Please mail completed packet with the registration fee. Make check payable to PDHA. One form per course each time course is given. Effective April 1, 2009, the course approval fee will be \$25.00 for all groups. If the course information is received less than 10 days prior to the date of the course, a \$10.00 late fee will be assessed.**

**Mail information to:**  
Academy Course Accreditation, PA Academy of DH Studies  
Janice Stone, RDH, BA  
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Whitehall, PA 18052  
484-560-7313  
jljsrdh@yahoo.com

**For Academy Use Only**

Course Number: \_\_\_\_\_

Number of Hours: \_\_\_\_\_

Date Approved: \_\_\_\_\_