

For Office Use Only

Provider Number: _____ Number of CE points granted: _____ Category (B or C): _____

Date Approved: _____ Approved by: _____

APPLICATION FOR APPROVAL OF CONTINUING EDUCATION COURSE

Application must be legible. A resume of the speaker must also be submitted. If a resume has been submitted within the last two years and no changes are needed, mark the *Resume Submitted* box. If a resume has never been submitted for the speaker, please mark the *Resume Included* box and include a resume for the speaker.

Resume Previously Submitted ☐

Resume Included ☐

Please attach a description of the continuing education program to this application and return the completed the application and attachments to:

KENTUCKY BOARD OF DENTISTRY
312 Whittington Pkwy, Suite 101
Louisville, KY 40222

PROGRAM TITLE: _____

PROVIDER: _____

NUMBER OF HOURS REQUESTED: _____ CATEGORY REQUESTED: _____
(Excluding All Breaks)

SPEAKER: _____

BRIEF DESCRIPTION OF PROGRAM: _____

PROGRAM OBJECTIVES: _____

LOCATION OF PROGRAM: _____

DATE (S) OF PROGRAM: _____ TIME OF PROGRAM: _____

LIST ALL ORGANIZATIONS AND STATES THAT HAVE GIVEN APPROVAL FOR THIS PROGRAM: _____

CONTACT INFORMATION

NAME: _____

ORGANIZATION: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

DAYTIME PHONE: _____

Allow 10 working days PRIOR TO THE DATE OF YOUR PROGRAM for the application to be processed.
No approvals granted after program presentation.