



RECOGNITION STANDARDS AND PROCEDURES

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AMERICAN DENTAL ASSOCIATION
CONTINUING EDUCATION RECOGNITION PROGRAM
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http://www.ada.org/sections/educationAndCareers/pdfs/cerp_standards.pdf

ADA CERP RECOGNITION STANDARDS AND PROCEDURES

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ADA CERP Recognition Standards and Procedures

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How to Apply for ADA CERP Recognition

Providers or sponsors of continuing dental education wishing to apply for the American Dental Association's Continuing Education Recognition Program (ADA CERP) recognition should:

1. Review the ADA CERP eligibility criteria and standards to determine whether recognition should be pursued, or whether program adjustments should be made prior to applying for recognition. Additional detailed information about the procedures and regulations governing ADA CERP is included in this document following the standards.
2. For information about the ADA CERP or to obtain an ADA CERP application, go to: <http://www.ada.org/goto/ceerp> or contact the ADA CERP offices at 312-440-2869.
3. Complete the application for recognition as directed. Review the ADA CERP application form and applicant checklist to determine that all information and supporting documentation required to demonstrate compliance with the eligibility requirements and standards is available.
4. Submit three typed copies of the completed ADA CERP *Application for Recognition* and requested documentation with the required application fee. More specific directions for preparing the application are included in the application materials.

ELIGIBILITY: _____

The ADA CERP approves providers as defined in the Lexicon of Terms in the ADA CERP *Recognition Standards and Procedures*. The ADA CERP recognizes providers of continuing dental education (CDE), not individual courses. Institutions, organizations or major units or departments within an institution/organization (e.g., an oral and maxillofacial surgery department of a medical center) are eligible to apply for recognition. Any provider of CDE meeting the ADA CERP standards and criteria and the following requirements will be eligible for recognition. CDE providers submitting an application must meet the following eligibility criteria:

1. The CDE provider offers a planned program of continuing dental education activities consistent with the definition of continuing dental education provided in the Lexicon of Terms. The CDE provider must demonstrate oversight by an independent advisory committee. The provider must have offered a planned program of CDE activities for at least 12 months. If the provider organization has not offered a course during the 12 months immediately preceding the application date the provider may apply for a one-year term of recognition.
2. A CDE provider must ensure that all courses offered have a sound scientific basis in order to adequately protect the public. ADA CERP reserves the right to require that the applicant provide documentation that courses offered by the provider have a sound scientific basis, proven efficacy, and promote public safety.
3. The CDE provider must demonstrate that it assumes the financial and administrative responsibility of planning, publicizing and offering the continuing education program consistent with the definition of provider in the Lexicon of Terms.
4. The CDE provider must ensure that the educational methods are appropriate to the stated objectives for the activity and, when participation is involved, enrollment must be related to available resources to assure effective participation by enrollees.
5. The CDE provider must ensure that the facilities selected for each activity are appropriate to accomplishing the educational method(s) being used and the stated educational objectives.

Although ADA CERP may not directly benefit some smaller groups, such as local CE study clubs, such groups are encouraged to explore possible affiliation agreements with their local or state dental societies.

ADA CERP STANDARDS AND CRITERIA FOR RECOGNITION

To obtain and then retain recognition, applicant continuing dental education providers must demonstrate compliance with the following standards and criteria for recognition. These published standards and criteria address 14 different areas and are accompanied in most areas by recommendations. Recommendations offer suggestions to improve the provider's continuing dental education program; they are not requirements for recognition.

STANDARDS AND CRITERIA

STANDARD I. MISSION/GOALS

CRITERIA

1. The provider must develop and operate in accordance with a written statement of its broad, long-range goals related to the continuing dental education program.
2. The continuing education goals must relate to the health care needs of the public and/or interests and needs of the profession.
3. The individual or authority responsible for administration of the continuing education program must have input into development of the overall program goals.
4. There must be a clear formulation of the overall mission and goals of the providing institution or organization.
5. A mechanism must be provided for periodic reappraisal and revision of the provider's continuing education goals. The periodic review must be conducted by the advisory committee.

RECOMMENDATIONS

- A. The goals of the continuing education program should be consistent with the goals and mission of the organization or institution.
- B. The goals of the continuing education program should be relevant to the educational needs and interests of the intended audience.

STANDARD II. NEEDS ASSESSMENT

CRITERIA

1. Providers must use identifiable mechanisms to determine objectively the current professional needs and interests of the intended audience, and the content of the program must be based upon these needs.
2. The administrative authority must be responsible for carrying out or coordinating needs assessment procedures.
3. Identified needs/interests must be developed from data sources that go beyond the provider's own perceptions of needs/interests and must include input from the provider's advisory committee.
4. The provider must document the process used to identify needs/interests.

5. The provider must state the needs/interests identified and indicate how the assessment is used in planning educational activities.
6. The provider must involve members of the intended audience in the assessment of their own educational needs/interests.

RECOMMENDATIONS

- A. The needs assessment method used is not critical, provided it serves the purpose of consulting (or otherwise gaining insight into) the needs and interests of the potential audience. Advisory committees representing a cross section of the intended audience or constituency can be effective. Surveys may be conducted by mail, phone, or electronic media, or during specific CDE activities.
- B. Cooperative efforts to gather and/or use needs assessment data are recommended, if appropriate. Where intended audiences are the same, use of another organization's needs assessment data may provide better information than the provider's resources would otherwise allow.
- C. Consistent use of needs assessment data from multiple sources is recommended for use in planning continuing education activities.

STANDARD III. OBJECTIVES

CRITERIA

1. Explicit written educational objectives identifying the expected learner outcomes must be developed for each activity.
2. The administrative authority must be ultimately responsible for ensuring that appropriate objectives are developed for each activity. The educational objectives may, however, be prepared by the instructor, course director or administrative authority.
3. Educational objectives that provide direction in selecting specific course content and choosing appropriate educational methodologies to achieve the expected learner outcomes must be developed for each activity.
4. The written educational objectives must be published and distributed to the intended audience as a mechanism for potential attendees to select courses on a sound basis. For conventions and major dental meetings that involve multiple course topics and speakers presented during a multi-day period, it is sufficient to publish detailed course descriptions that enable participants to select appropriate course offerings.
5. Educational objectives must not conflict with or appear to violate the ADA Principles of Ethics and Code of Professional Conduct.

RECOMMENDATIONS

- A. Educational objectives should form the basis for evaluating the effectiveness of the learning activity.
- B. Specific educational objectives may include, but are not limited to, the following categories:
 1. Changes in the attitude and approach of the learner to the solution of dental problems; corrections of outdated knowledge;
 2. Provision of new knowledge in specific areas;
 3. Introduction to and/or mastery of specific skills and techniques;
 4. Alteration in the habits of the learner; accurate educational objectives succinctly describe the education that will result from attending the course.

STANDARD IV. EVALUATION

CRITERIA

1. The provider must develop and use activity evaluation mechanisms that:
 - a. Are appropriate to the objectives and educational methods;
 - b. Measure the extent to which course objectives have been accomplished;
 - c. Assess course content, instructor effectiveness, and overall administration.
2. The provider must use an evaluation mechanism that will allow participants to assess their achievement of personal objectives. Such mechanisms must be content-oriented and must provide feedback to participants so that they can assess their mastery of the material. This is especially important if the activity is self-instructional, including electronically mediated activities.
3. The provider must use an evaluation mechanism that will help the provider assess the effectiveness of the continuing education activity and the level at which stated objectives were fulfilled, with the goal being continual improvement of the provider's activities.
4. The provider must periodically conduct an internal review to determine the effectiveness of its continuing education program. The review must evaluate:
 - a. The extent to which the overall goals of the continuing dental education program are being achieved
 - b. The extent to which activity evaluation effectively and appropriately assesses:
 - i. Educational objectives
 - ii. Quality of the instructional process
 - iii. Participants' perception of enhanced professional effectiveness
 - c. Whether evaluation methods are appropriate to and consistent with the scope of the activity
 - d. How effectively activity evaluation data are used in planning future continuing education activities
5. The advisory committee must be involved in the provider's periodic assessment of the effectiveness of its continuing dental education program.

RECOMMENDATIONS

- A. The evaluation mechanisms should allow participants to assess course content with regard to whether it was practically useful, comprehensive, appropriate, and adequately in-depth.
- B. The provider should give feedback to the instructor concerning the information produced by evaluation of the continuing education activity.

STANDARD V. COMMERCIAL OR PROMOTIONAL CONFLICT OF INTEREST _____

In 1997 the U.S. Food and Drug Administration (FDA) issued a policy statement entitled "Guidance for Industry: Industry Supported Scientific and Educational Activities." This policy states that activities designed to market or promote the products of a commercial company (staffed exhibits, live presentations, advertisements, sales activities) are subject to FDA regulation under the labeling and advertising provisions of the Federal Food, Drug and Cosmetic Act.

Activities that are independent of commercial influence and non-promotional are not subject to FDA regulation. In this context, the ADA CERP standards and criteria are designed to ensure separation of promotional activities from continuing dental education (CDE) activities in the following ways: 1) CDE providers must demonstrate that all educational activities offered are independent of commercial influence, either direct or indirect, and 2) CDE providers must ensure that all financial relationships between the provider and commercial entities, as well as all financial relationships between course planners and faculty and commercial entities are fully disclosed to participants.

CRITERIA

1. CDE providers must assume responsibility for ensuring the content quality and scientific integrity of all continuing dental education activities. Educational objectives, content development, and selection of educational methods and instructors must be conducted independent of commercial interest.
2. CDE providers must ensure that continuing dental education activities promote improvements in oral healthcare and not a specific drug, device, service or technique of a commercial entity.*
3. Product-promotion material or product-specific advertisement of any type is prohibited in or during continuing dental education activities. Live promotional activities (staffed exhibits, presentations) or enduring promotional activities (print or electronic advertisements) must be kept separate from CDE. The juxtaposition of editorial and advertising material on the same products or subjects must be avoided during CDE activities.*
 - a. For live, face-to-face CDE, advertisements and promotional materials cannot be displayed or distributed in the educational space immediately before, during, or after a CDE activity. Providers cannot allow representatives of commercial interests to engage in sales or promotional activities while in the space or place of the CDE activity.
 - b. For print CDE activities, advertisements and promotional materials will not be interleaved within the pages of the CDE content. Advertisements and promotional materials may face the first or last pages of printed CDE content as long as these materials are not related to the CDE content they face **and** are not paid for by the commercial supporters of the CDE activity.
 - c. For electronically mediated/computer based CDE activities, advertisements and promotional materials will not be visible on the screen at the same time as the CDE content and not interleaved between computer 'windows' or screens of the CDE content
 - d. For audio and video-based CDE activities, advertisements and promotional materials will not be included within the CDE. There will be no 'commercial breaks.'
 - e. Educational materials that are part of a CDE activity, such as slides, abstracts and handouts, cannot contain any advertising, trade name or a product-group message.
 - f. Print or electronic information distributed about the non- CDE elements of a CDE activity that are not directly related to the transfer of education to the learner, such as schedules and content descriptions, may include product promotion material or product-specific advertisement.
4. CDE providers that also offer activities designed to promote drugs, devices, services or techniques must clearly disclose the promotional nature of the activity in publicity materials and in the activity itself. Promotional activities must not be designated for CDE credit. The CDE hours awarded must not include the promotional hours.

* Adapted from the Accreditation Council for Continuing Medical Education Standards for Commercial Support.

5. CDE providers must operate in accordance with written guidelines and policies that clearly place the responsibility for program content and instructor/author selection on the provider. These guidelines must not conflict with ADA CERP standards and criteria for recognition. Each CDE learning experience offered must conform to this policy.
6. The ultimate decision regarding funding arrangements for continuing dental education activities must be the responsibility of the CDE provider. Continuing dental education activities may be supported by funds received from external sources if such funds are unrestricted. External funding must be disclosed to participants 1) in announcements, brochures or other educational materials, and 2) in the presentation itself.
7. CDE providers receiving commercial support must develop and apply a written statement or letter of agreement outlining the terms and conditions of the arrangement and/or relationship between the provider and the commercial supporter.
8. Arrangements for commercial exhibits or advertisements must not influence planning or interfere with the presentation, nor can they be a condition of the provision of commercial support for CDE activities.*
9. CDE providers must disclose to participants any monetary or other special interest the provider may have with any company whose products are discussed in its CDE activities. Disclosure must be made in publicity materials and at the beginning of the educational activity.
10. CDE providers must ensure that a balanced view of all therapeutic options is presented in CDE activities. Whenever possible, generic names must be used to contribute to the impartiality of the program presented.
11. CDE providers must assume responsibility for the specific content and use of instructional materials that are prepared with outside financial support.
12. CDE providers must assume responsibility for taking steps to protect against and/or disclose any conflict of interest of the advisory committee, CDE activity planners, course directors and instructors/authors involved in planning or presenting courses. Signed conflict of interest statements must be obtained from all advisory committee members, CDE activity planners, course directors and instructors/authors.
13. The advisory committee must be involved in evaluating and taking steps to protect against conflicts of interest that CDE activity planners, course directors and instructors/authors may have.
14. Providers must disclose to participants in CDE activities any relevant financial relationships that the planners and instructors/authors of a continuing education activity may have that may create conflicts of interest. Disclosure must include the name of the individual, the name of the commercial entity, and the nature of the relationship the individual has with each commercial entity. Disclosure must not include the use of a trade name or product message. For individuals that have no relevant financial relationships, the provider must disclose to participants that no relevant relationships exist. Disclosure must be made before the start of the continuing education activity and must be made in writing, either in publicity materials, course materials, or audiovisual materials.

RECOMMENDATIONS

- A. The following are examples of outside or commercial support that is customary and proper:
 - Payment of reasonable honoraria
 - Reimbursement of out-of-pocket expenses for instructors/authors
 - Modest meals or social events held as part of the educational activity
- B. The CDE provider and the commercial supporter or other relevant parties should each report to the other on the expenditure of funds each has provided, following each subsidized continuing dental education activity.

* Adapted from the Accreditation Council for Continuing Medical Education Standards for Commercial Support.

STANDARD VI. EDUCATIONAL METHODS

CRITERIA

1. Educational methods must be appropriate to the stated objectives for the activity.
2. The continuing education administrative authority must be responsible for choosing the educational methods to be used in consultation with advisory committees, instructors, educational advisors, or potential attendees.
3. Educational methods must be appropriate to the characteristics or composition (especially skill level) of the intended audience.
4. Educational methods must be appropriate to the facilities and instructional medium used for the activity.
5. The continuing education administrative authority must have a written description of the methods to be used, which will assist in effective planning as well as evaluation of the activity.
6. Participants must be cautioned about the potential risks of using limited knowledge when incorporating techniques and procedures into their practices, especially when the course has not provided them with supervised clinical experience in the technique or procedure to ensure that participants have attained competence.
7. For participation activities (activities in which at least 30% of course time involves practice of skills) group size must be limited in coordination with the nature of available facilities and the number of instructors/evaluators. Very careful attention to group size is mandatory when planning an activity that requires participants to perform complex tasks requiring supervision and evaluation.
8. For self-instructional activities:
 - a. Provision must be made for participant feedback and interchange with individuals having expertise in the subject area. Interaction with instructors and subject matter experts may be facilitated through a variety of methods such as voicemail, e-mail, chat rooms, etc. A mechanism by which the learner can assess his/her mastery of the material must be supplied.
 - b. Self-instructional activities that are primarily audio or audiovisual in nature must be augmented by additional written materials that serve the purpose of summarizing, further explaining, or clarifying the audio or audiovisual material. All self-instructional activities, including electronically mediated, must include references that can be pursued for further study in the subject.
 - c. Providers who plan self-instructional activities, including electronically-mediated, must ensure the input of individuals having technical expertise in both media and self-directed learning techniques, and the application of these techniques to adult learning.
 - d. Providers that offer self-instructional activities must review the activities at least once every three years, or more frequently if indicated by new scientific developments, to ensure that content is current and accurate.
 - e. Providers that offer self-instructional activities must publish the following information on publicity materials for the activity and in the activity itself:
 - i. Original release date;
 - ii. Review date (if activity is reviewed and rereleased);
 - iii. Expiration date (a maximum of 3 years from the original release date or the last review date, whichever is most recent).
9. For electronically mediated learning, whether live or self-instructional:
 - a. A documented technology plan that includes electronic security measures must be in place and operational to ensure both quality standards and the integrity and validity of information (e.g., password protection, encryption, back-up systems, firewalls).
 - b. Participants must have access to technical assistance throughout the duration of the course. The technical design of the course should support easy navigation, and all program features should be

- functional.
- c. Participant interaction with lecturer/author and other participants is an essential characteristic and must be facilitated through a variety of methods such as voice mail, e-mail or chat rooms.
 - d. Embedded advertising and direct commercial links are inappropriate within the educational content and must be avoided.
10. For on-site/in-office participation courses (long-term CDE participation courses involving in-office practice of techniques without direct supervision):
- a. Formal course sessions must include both lecture and demonstration of procedures to be learned.
 - b. A bibliography of current literature on the subject being taught must be provided to course participants.
 - c. Written instructions must be given to participants for individual in-office requirements.
 - d. Instructor/author consultation and feedback must be available to participants when they perform required techniques in their offices.
 - e. For patient procedures performed as part of the in-office portions of on-site/in-office participation courses, providers must require participants to maintain the following records:
 - i. Patient informed consent and release form;
 - ii. Preoperative medical/dental history;
 - iii. Preoperative radiographs, if indicated;
 - iv. Preoperative mounted diagnostic casts, if applicable;
 - v. Preoperative photographs;
 - vi. Preoperative dental charting;
 - vii. Records of treatment rendered, materials, methods, etc;
 - viii. Mounted treatment casts, if applicable;
 - ix. Photographs of treatment progress;
 - x. Radiographs taken during treatment, if indicated;
 - xi. Photographs of completed treatment;
 - xii. Postoperative radiographs, if indicated.
 - f. The provider must be responsible for ensuring that the on-site teaching facilities are appropriate for the activities and comply with state and local regulations.
 - g. Following completion of the in-office portion of on-site/in-office participation courses, providers must convene participants for complete case presentation and critique.

RECOMMENDATIONS

- A. For self-instructional activities, audiovisual materials may offer valuable learning experiences when their usefulness as a means, rather than an end, is appreciated.
- B. The size of the potential audience for any continuing education activity is important in determining appropriate methods. A potentially active method can become purely passive if the group is too large. Methods requiring learner involvement (seminars, discussion groups, case reviews/preparations, laboratory work and patient treatment) have been shown to provide more effective learning experiences. The appropriate use of films, slides, television, and other teaching aids can support and enhance other teaching methods if they are integrated into a planned educational program, rather than used as the sole method of instruction.
- C. Providers are encouraged to give attendees resource materials and references to facilitate post-course practical application of course content, as well as continued learning.
- D. For electronically mediated courses:
 1. Courses should include resources, references and information to aid participants in securing relevant material through online sources (e.g. electronic databases, interlibrary loans, government archives, news services).
 2. Questions directed to course personnel should be answered quickly and accurately. A structured system to address participant complaints should be in place.

3. Feedback to participants about assignments and questions should be constructive and provided in a timely manner.
4. Courses should provide participants with flexibility to access and review course materials on demand during the period of announced availability.
5. Providers should use current best practices to aid participants in locating courses via multiple search engines.
6. When appropriate, providers should use the unique characteristics of the electronic media to engage the participants in analysis, synthesis, and evaluation as part of their course and program requirements.
7. Whenever possible, educational software should be designed in accordance with ANSI/ADA Specification 1001 for the Design of Educational Software.

STANDARD VII. INSTRUCTORS

CRITERIA

1. CDE providers must ensure that instructors chosen to teach courses are qualified by education and experience to provide instruction in the relevant subject matter.
2. The number of instructors employed for a continuing education activity must be adequate to ensure effective educational results.
3. Providers must ensure that instructors support clinical recommendations with references from the scientific literature whenever possible. References must have a sound scientific basis, as defined in the Lexicon of Terms. References should be provided to participants in the language in which the CDE activity is presented.
4. The number of instructors assigned to any activity must be predicated upon the course objectives and the educational methods used.
5. The instructor-participant ratio is most critical in participation courses. CDE providers must ensure that close supervision and adequate direct interchange between participants and instructors will take place. The instructor-to-attendee ratio should not exceed 1:15 during any hands-on activities.
6. Providers must assume responsibility for communicating specific course objectives and design to instructors.
7. CDE providers that utilize one instructor to present 50% or more of the provider's CDE activities must submit a Curriculum Vitae containing complete information on the instructor's education, professional training, positions held, and publication and presentation history when applying for ADA CERP recognition.
8. CDE program providers must assume responsibility for taking steps to ensure that images presented in courses have not been falsified or misrepresent the outcome of treatment. Signed affidavits of image authenticity must be obtained from all faculty members.
9. Providers must develop clearly-defined policies on honoraria and expense reimbursement for instructors/authors.

RECOMMENDATIONS

- A. Providers should be responsible for working closely with instructors during course planning to ensure that the stated objectives will be addressed by the presentation.
- B. A wide variety of sources should be explored and used to select qualified instructors.

- C. The teaching staff for any continuing education program should consist of dentists and other professionals in related disciplines who have demonstrated ability, training and experience in the relevant fields.
- D. Instructors should possess the demonstrated ability to communicate effectively with professional colleagues, as well as an understanding of the principles and methods of adult education.
- E. Expertise and assistance in development and use of instructional materials and aids, when needed, should be available to support the teaching staff.

STANDARD VIII. FACILITIES/INSTRUCTIONAL MEDIA_____

CRITERIA

1. Facilities and instructional media selected for each activity must be appropriate to accomplish:
 - a. The intended educational method(s)
 - b. The stated educational objectives
2. The CDE provider must be responsible for ensuring that facilities/instructional media and equipment (including those borrowed or rented) are adequate and in good working condition, so that instruction can proceed smoothly and effectively.
3. Adequate space and equipment must be provided to accommodate the size of the intended audience.
4. For participation courses, sufficient space and equipment (and patients, if used) must be available to allow active participation by each learner without any learner experiencing undue idle time.
5. If participants are required to provide materials and equipment, the provider must make this requirement clear to potential enrollees, and the provider must provide enrollees with specific descriptions of all equipment and materials required.

STANDARD IX. ADMINISTRATION

CRITERIA

1. Administration of the program must be consistent with:
 - a. The goals of the program;
 - b. The objectives of the planned activities.
2. The CDE program must be under the continuous guidance of an administrative authority and/or individual responsible for its current and future content and its quality.
3. The CDE provider must obtain input from an advisory committee regarding the goals, objectives and content of the CDE program. A majority of the advisory committee must be dentists who are independent from other responsibilities for the provider. The advisory committee must be broadly representative of the intended audience or constituency, including the members of the dental team for which the courses are offered. The committee is required to maintain minutes from its meetings.
4. To maintain continuity, the provider must develop specific procedures for personnel changes, particularly with regard to the administrative authority.
5. The administrative authority must commit sufficient time to planning and conducting the continuing education program relative to its planned size and scope of activity.
6. Where the size or extent of the continuing education program warrants, there must be provision for adequate support personnel to assist with program planning and implementation.
7. The responsibilities and scope of authority of the individual or administrative authority must be clearly defined.
8. The CDE provider must develop and operate in accordance with written guidelines and policies to ensure that all clinical and/or technical CDE activities offered have a sound scientific basis, proven efficacy and ensure public safety.
9. The administrative authority must be responsible for maintaining accurate records of participants' participation and for retaining information on the formal planned activities offered, including needs assessment, methods, objectives, course outlines, and evaluation procedures.
10. CDE providers must assume responsibility for the compliance by participants with applicable laws and regulations. The provider must ensure that participation in its program by dentists not licensed in the jurisdiction where the program is presented does not violate the state practice act. Unless malpractice coverage for attendees participating in clinics is arranged by the CDE provider, notice must be given to participants to obtain written commitments of coverage from their carriers.
11. The CDE provider must be responsible for:
 - a. Establishing clear lines of authority and responsibility
 - b. Conducting a planning process
 - c. Ensuring that an adequate number of qualified personnel are assigned to manage the program
 - d. Ensuring continuity of administration
12. The CERP recognized provider assumes responsibility for the planning, organizing, administering, publicizing, presenting, and keeping records for the planned continuing dental education activity. Administrative responsibility for development, distribution, and/or presentation of continuing education activities must rest solely with the ADA CERP-recognized provider. Whenever the provider acts in cooperation with providers that are not recognized by the ADA CERP, letters of agreement between the

co-sponsoring parties must be developed to outline the responsibilities of each party for the program and must be signed by all parties.

13. When two or more ADA CERP-recognized providers act in cooperation to develop, distribute and/or present an activity, each must be equally and fully responsible for ensuring compliance with these standards. Letters of agreement between the co-sponsoring parties must be developed to outline the responsibilities of each party for the program and must be signed by all parties.
14. The CDE provider is responsible for ensuring that the curriculum developed, including goals, objectives, and content, is based on best practices as defined in the Lexicon of Terms and does not conflict with or appear to violate the ADA Principles of Ethics and Code of Professional Conduct.
15. Continuity of administration and planning is necessary for the stability and growth of the program. It is required that members of the advisory committee be selected for a term of longer than one year and serve staggered terms of office.

RECOMMENDATIONS

- A. The administrative authority should have background and experience appropriate to the task.

STANDARD X. FISCAL RESPONSIBILITY _____

CRITERIA

1. Fiscal resources must be sufficient to meet the goals of the program and the objectives of the planned activities.
2. Adequate resources must be available to fund the administrative and support services necessary to manage the continuing education program.
3. In instances where continuing education is only one element of a provider's activities, resources for continuing education must be a clearly identifiable component of the provider's total budget and resources.
4. The provider must maintain a budget for the overall continuing education program, to include all costs and income, both direct (e.g., honoraria, publicity costs, tuition fees, refunds, or foundation grants) and indirect (e.g., use of classroom facilities or equipment, unpaid instructor time, etc.).
5. Resources must be adequate for the continual improvement of the program.

RECOMMENDATIONS

- A. Separate budgets for each activity should be prepared, but institutional or organizational policies requiring that each individual activity to be presented be self-supporting tend to restrict the quality of the continuing education program unduly, and are discouraged.

STANDARD XI. PUBLICITY

CRITERIA

1. Publicity must be informative and not misleading. It must include:
 - a. The name of the provider prominently identified
 - b. The names of any joint sponsors
 - c. The course title
 - d. A description of the course content
 - e. The educational objectives
 - f. A description of teaching methods to be used
 - g. The names of any entities providing commercial support
 - h. The costs and contact person
 - i. The course instructor(s) and their qualifications and any conflicts of interest
 - j. Refund and cancellation policies
 - k. Location, date, and time for live activities; original release date, review date (if applicable), and expiration date for self-instructional activities.
 - l. The recognition status of the provider, through the use of the authorized recognition statement, and, whenever feasible (given space considerations) the use of the ADA CERP logo in conjunction with the authorized statement
 - m. The number of credits available using the authorized credit designation statement
2. For effective presentation and assimilation of course content, the prior level of skill, knowledge, or experience required (or suggested) of participants must be clearly specified in publicity materials.
3. Publicity on continuing education activities must provide complete and accurate information to the potential audience.
4. Providers must avoid misleading statements regarding the nature of the activity or the benefits to be derived from participation.
5. Accurate statements concerning credits for the activity and the provider's recognition status must be included. CE providers must ensure that such statements follow the wording prescribed by the agency granting the credits or recognition so that participants do not misinterpret them.
6. The terms "accredited," "accreditation," "certification" or "endorsed by" must not be used in reference to ADA CERP recognition. Providers must not make statements implying ADA CERP approval or endorsement of individual courses.
7. Publicity for CDE activities must not conflict with or appear to violate the ADA Principles of Ethics and Code of Professional Conduct.

RECOMMENDATIONS

- A. The attendees' expectations concerning course content and anticipated learning are based on course publicity. Complete and detailed publicity materials will help ensure that those who want and need the course will attend, and that they will be motivated to learn. Materials containing less than complete and accurate information will almost always result in disappointment and dissatisfaction on the part of all or some attendees.

STANDARD XII. ADMISSIONS

CRITERIA

1. In general, continuing education activities must be available to all dentists.
2. If activities require previous training or preparation, the necessary level of knowledge, skill or experience must be specified in course announcements.
3. If previous training or preparation is necessary for learners to participate effectively in the activity, the provider must (1) provide a precise definition of knowledge, skill or experience required for admission; (2) demonstrate the necessity for any admission restriction, based on course content and educational objectives; and (3) specify in advance, and make available a method whereby applicants for admission may demonstrate that they have met the requirement. Such methods must be objective, specific and clearly related to the course content and stated requirements.

RECOMMENDATIONS

- A. Where activities are offered at an advanced level, providers are encouraged to provide sequentially planned instruction at basic and intermediate levels, to allow participants to prepare for the advanced activity.
- B. Though providers are not obligated to provide continuing education activities for all dental occupational groups, admission policies that discriminate arbitrarily among individuals within an occupational group, without sound educational rationale, are not acceptable. Where restrictive registration requirements have been determined to be necessary on the basis of the foregoing Standards and Criteria, course applicants might demonstrate compliance with the requirements through documentation of attendance at CDE activities, submission of patient treatment records, or actual demonstration of required skills or knowledge.

STANDARD XIII. PATIENT PROTECTION

CRITERIA

1. Where patient treatment is involved, either by course participants or instructors, patient protection must be ensured as follows:
 - a. The provider must seek assurance prior to the course that participants and/or instructors possess the basic skill, knowledge, and expertise necessary to assimilate instruction and perform the treatment techniques being taught in the course
 - b. Informed consent from the patient must be obtained in writing prior to treatment
 - c. Appropriate equipment and instruments must be available and in good working order
 - d. Adequate and appropriate arrangements and/or facilities for emergency and postoperative care must exist
2. Participants must be cautioned about the potential risks of using limited knowledge when integrating new techniques into their practices.
3. The provider must assume responsibility for ensuring that participants and/or instructors treating patients (especially those from outside the state/province where the course is held) are not doing so in violation of state dental licensure laws.
4. The provider must ultimately be responsible for ensuring that informed consent of all patients is obtained.
5. Patients must be informed in non-technical language of:
 - a. The training situation
 - b. The nature and extent of the treatment to be rendered
 - c. Any benefits or potential harm that may result from the procedure
 - d. Available alternative procedures
 - e. Their right to discontinue treatment
6. There can be no compromise in adequate and appropriate provisions for care of patients treated during continuing education activities. Aseptic conditions, equipment and instruments, as well as emergency care facilities, must be provided.
7. Sufficient clinical supervision must be provided during patient treatment to ensure that the procedures are performed competently.
8. The provider must assume responsibility for completion of treatment by a qualified clinician, should any question of the course participant's competence arise.
9. The provider must assume responsibility for providing any necessary post course treatment, either through the practitioner who treated the patient during the course, or through some alternative arrangement.
10. Providers, instructors and participants must have liability protection.

RECOMMENDATIONS

- A. In order to meet course objectives, patients should be screened prior to the course to ensure the presence of an adequate number of individuals with conditions requiring the type of treatment relevant to the course content.
- B. Providers should consult with legal counsel regarding informed consent requirements in their locale and appropriate procedures for obtaining patient consent.

STANDARD XIV. RECORD KEEPING

CRITERIA

1. Providers must issue accurate records of individual participation to attendees.
2. Documentation must not resemble a diploma or certificate. Documentation must not attest, or appear to attest to specific skill, or specialty or advanced educational status. Providers must design such documentation to avoid misinterpretation by the public or professional colleagues.
3. Credit awarded to participants of a recognized provider's educational activity must be calculated as follows:
 - a. For participation in formal structured lectures delivered in real time, whether in person or electronically mediated via teleconference or web-based seminar, credit must be awarded based on the actual number of contact hours (excluding breaks, meals and registration periods). No credit should be awarded if the course is less than one hour in duration.
 - b. For courses in which at least 30% of course content involves the participant in the active manipulation of dental materials or devices, the treatment of patients or other opportunities to practice skills or techniques under the direct supervision of a qualified instructor, participation credit must be awarded based on the actual number of contact hours (excluding breaks, meals and registration periods).
 - c. For CDE activities that involve on-site and in-office participation components, credit must be awarded based on contact hours. Credit for the in-office portion may not exceed credit awarded for the lecture and demonstration portions.
 - d. For participation in audio or audiovisual self-instructional programs, credit must be awarded based on the actual length of the audiovisual instructional time plus a good faith estimate of the time it takes an average participant to complete all required elements of the activity, including the self-assessment mechanism. Such courses must offer a minimum of one credit hour. Audio visual self-instructional activities include, but are not limited to:
 - i. Audio- or audio-visual activities delivered via tape, CD, DVD, pod cast, on-line, etc.
 - ii. Multi-media activities comprised of audiovisual elements in combination with written materials.
 - e. For participation in self-paced self-instructional programs, the provider must award credit based on a good faith estimate of the time it takes an average participant to complete the program. Such courses must offer a minimum of one credit hour. Self-paced self-instructional activities include, but are not limited to, written self-study activities such as journals or monographs, either print-based or electronically mediated.
4. Verification of participation documentation must clearly indicate at least:
 - a. The name of the CDE provider
 - b. The name of the participant
 - c. The date(s), location and duration of the activity
 - d. The title of the activity and/or specific subjects
 - e. The title of each individual CDE course the participant has attended or successfully completed as part of a large dental meeting or other similar activity (and number of credits awarded for each)
 - f. The educational methods used (e.g., lecture, videotape, clinical participation, electronically mediated)
 - g. The number of credit hours awarded (excluding breaks and meals)
 - h. The recognition status of the provider, through the use of the authorized recognition statement, and, whenever feasible (given space considerations) the use of the ADA CERP logo in conjunction with the authorized statement.
 - i. Notice of opportunity to file complaints.
5. Providers must maintain records of the individual participants at each educational activity, including their names, addresses and telephone numbers, for a period of at least six years.

RECOMMENDATIONS

- A. Providers should be aware of the professional and legal requirements for continuing dental education that may affect their participants.
- B. Providers should cooperate with course participants and with regulatory or other requiring agencies in providing documentation of course participation, as necessary.
- C. Each attendee is responsible for maintaining his/her own records and for reporting his/her CDE activities to all appropriate bodies in accord with any jurisdictional and/or membership requirements.
- D. The provider should provide a course completion code at the end of each educational activity or educational session.

ADA CERP APPLICATION, EVALUATION AND RECOGNITION POLICIES AND PROCEDURES

VOLUNTARY NATURE OF THE PROGRAM

The ADA Continuing Education Recognition Program is voluntary. Continuing education providers are not required to obtain ADA CERP recognition. Any decision not to participate in the program will be respected.

An official list of ADA CERP-recognized providers is posted online at ADA.org. State dental boards, constituent dental societies, allied dental organizations and other dental professional organizations may use the results of the ADA CERP program and recognize the ADA CERP-recognized providers in various manners to fulfill their CE interests or obligations.

CONFIDENTIALITY

The Continuing Education Recognition Program will not release in any form the name of any continuing dental education provider that has:

1. Initiated contact with the ADA CERP Committee concerning application for recognition;
2. Applied for recognition but has not yet been apprised of a decision;
3. Applied for and been denied recognition.

Further, the ADA CERP Committee will not confirm that a CE provider has not applied for recognition, or provide details regarding any weaknesses of an ADA CERP-recognized provider. All inquiries as to the recognition status of a specific provider will be answered by referral to the published, official list of ADA CERP-recognized providers.

The Continuing Education Recognition Program reserves the right to notify members of its participating organizations in the event that a provider's recognition is withdrawn, if a provider's recognition status changes, or if a provider uses false or misleading statements regarding its ADA CERP recognition.

RECOGNITION

ADA CERP recognition is based on a provider's demonstration of compliance with ADA CERP standards and criteria. A standing committee of the Council, the ADA CERP Committee, reviews all applications and determines if a provider can be approved. To apply for recognition, the CE provider/sponsor must complete the ADA CERP *Application for Recognition*, a form that relates to each of the 14 standards addressed in the ADA CERP standards and criteria. The application, together with any required documentation or pertinent data, is submitted to the ADA CERP Committee for evaluation.

ADA CERP recognized continuing dental education providers shall be designated "recognized providers" for the length of their period of recognition which shall be one, two, three or four years. Applicants approved for recognition with less than 12 months experience (as calculated from the application deadline date) may apply for a one-year term of recognition. For all other providers, the terms of recognition will be, based on the level of compliance and complaint history of the provider. If the ADA CERP Committee determines that more information is required to make a decision regarding recognition status, or that the provider only minimally meets the standards and criteria, action to determine recognition status may be postponed definitely pending submission of additional information or a new application, or, recognition may be granted, contingent upon submission of a progress report within six months to one year. Recommendations for improvement or concerns noted during the review will be identified and transmitted to the provider.

Recognition of a provider does not imply recognition or approval of that provider's satellite or parent organizations, parent company, subsidiaries, cooperating agencies or divisions.

ADA CERP does not approve lecturers, individual courses or credit hours. Further, the terms "accreditation" or "accredited" must not be used in conjunction with ADA CERP recognition. Providers must inform participants on how comments or complaints may be filed with ADA CERP.

REGULATIONS GOVERNING THE RECOGNITION PROCESS

1. All providers interested in recognition by ADA CERP must complete an ADA CERP Application for Recognition and submit it to the ADA CERP Committee of the Council on Dental Education and Licensure for consideration. Published application deadlines shall fall approximately two months prior to meetings of the committee.
2. Within 30 days after receipt of the ADA CERP Application for Recognition, it will be reviewed to determine completeness of information submitted. If problems are identified, the provider will be notified that certain required information is missing from the application which must be submitted prior to consideration by the ADA CERP Committee.
3. The application will be considered at the next regularly scheduled meeting of the ADA CERP Committee. If the committee determines that the application does not provide adequate information on which to base a recommendation for recognition, the committee may seek additional information from the applicant provider or from alternative sources.

The ADA CERP Committee reserves the right to seek additional information from the provider, including but not limited to course evaluation forms completed by participants and the names, addresses and telephone numbers of all course participants. The committee also has the right to seek information from alternative sources including, but not limited to, surveys of program participants, on-site visits, observation of the provider's CE activities, review of the CE providers' web site, or other means considered necessary to determine whether the CE provider is in compliance with the standards and criteria.

4. Recognition is effective the first day of the month of May or November after action is taken by the ADA CERP Committee. In no case will recognition be granted retroactively or prior to action taken by the Committee. The length of recognition, i.e., one (1), two (2), three (3) or four (4) years, will be clearly stated in the letter that transmits the Committee's action to the provider.

If recognition is granted, the provider will be provided with the following information:

- a. The effective dates and length of the recognition
- b. A statement that must be used to announce or publicize ADA CERP recognition
- c. Responsibilities and procedures for documenting participation in CE activities
- d. Procedures regarding expiration of recognition and reapplication
- e. Requirements and recommendations for improvements in the provider's CE program

Recognition may be contingent on the submission of one or more progress reports at specified intervals. The ADA CERP Committee reserves the right to reevaluate a provider at any time by surveying participants in the provider's CE activities, by reviewing activities in person, or by requiring additional information concerning the provider and/or its activities.

Applicants with more than 12 months experience (as calculated from the application deadline date) that are approved for recognition for the first time, or approved after a lapse in recognition status (whether as a result of voluntary discontinuance or withdrawal of recognition) may be required to submit a progress report in one year that includes a list of CE activities for twelve months and publicity, documentation and other information as required.

Recognized providers have an obligation to ensure that major changes or additions to the program, such as implementing patient treatment courses or adding a new educational method, must conform with ADA CERP standards and criteria. Major changes must be reported in keeping with the ADA CERP Policy on Substantive Changes.

5. Recognized providers must use the following statements regarding recognition status, credit designation and notice of opportunity to file complaints on materials related to their continuing education activities.

a. Publicity materials

The following authorized recognition and credit designation statements must be used on publicity materials related to the provider's continuing education courses:

<<Name of provider>> is an ADA CERP Recognized Provider.

ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry.

<<Name of provider>> designates this activity for <<number of credit hours>> continuing education credits.

b. Course materials and verification of participation forms

The following authorized recognition statement and notice of opportunity to file complaints must be published by recognized providers in course materials available to participants during the activity, such as program guides, evaluation forms, instructions for self-study activities, etc., and on all verification of participation documents issued by the provider for continuing dental education activities:

<<Name of provider>> is an ADA CERP Recognized Provider.

ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry.

Concerns or complaints about a CE provider may be directed to the provider or to ADA CERP at www.ada.org/goto/cerp.

c. Joint sponsorship

When an ADA CERP recognized provider jointly sponsors a CDE activity with one or more other CE providers, the CERP recognized provider must inform participants of the joint sponsorship arrangement using the statement below:

This continuing education activity has been planned and implemented in accordance with the standards of the ADA Continuing Education Recognition Program (ADA CERP) through joint efforts between <<Name of CERP recognized provider>> and <<Name of joint sponsor.>>

This statement must be used in conjunction with the authorized recognition statements on publicity and course materials and on verification of participation documents, as described in 5a-b above. (See also ADA CERP Joint Sponsorship Policy and the Lexicon of Terms.)

6. All ADA CERP recognized providers must submit an annual report of current contact information to ADA CERP. Contact information must include the provider's name, address, phone, fax, Web address, and the names and contact information for the chief administrative authority and the person with primary day-to-day responsibility for administration of the provider's continuing dental education program.
7. Use of the ADA CERP logo (or name) in connection with advertisements and written course materials associated with continuing education activities by a recognized provider must conform to the following criteria:
- a. It shall not be used to imply that any CE activities or CE credit hours have been approved or endorsed by ADA CERP or the American Dental Association

- b. It shall not be used on letterheads or in any fashion that would imply that the organization is affiliated with ADA CERP or the American Dental Association, other than as a recognized provider
 - c. It may not be displayed in a type size larger than the provider organization's name, or given greater prominence than the provider organization's name
 - d. It shall not be published in conjunction with any statement or material that, in the ADA's judgment, may be harmful to the ADA's good will or may tend to undermine the ADA's credibility
 - e. It shall only be used in conjunction with the authorized statement that the organization is a recognized provider
8. **Recognition will be denied or withdrawn** if there is non-compliance with the ADA CERP standards and criteria for recognition. If recognition is denied or withdrawn, the applicant provider will be provided with the following by certified mail:
- a. Identification of the specific standards and criteria with which the Committee found noncompliance
 - b. Requirements and recommendations for alterations and/or improvements in the provider's continuing dental education program
 - c. Rules and mechanisms governing resubmission of an application
 - d. Procedures for reconsideration
9. **Recognition will be withdrawn** by the ADA CERP Committee for any of the following reasons:
- a. A voluntary request is received from the recognized provider.
 - b. A finding of noncompliance with the ADA CERP standards and criteria for recognition. Specific reasons for the action will be identified.
 - c. The provider submits false and/or misleading information.
 - d. The provider fails to submit documentation requested in writing in a timely manner.
 - e. CE activities have not been offered to dentists for a period of two years or more.
 - f. Required fees have not been paid.
 - g. The provider fails to sign and comply with terms of the ADA CERP License Agreement.
 - h. The provider fails to submit an annual report of current contact information.

CONTINUED RECOGNITION OF PREVIOUSLY RECOGNIZED PROVIDERS_____

The re-recognition process begins about twelve months prior to the designated recognition expiration date. The ADA CERP Committee notifies recognized CE providers and sends them information about the re-recognition procedures, including a specific schedule. Application deadlines shall be regularized and published, and shall fall approximately two months prior to meetings of the committee.

Providers must complete and submit an ADA CERP *Application for Recognition* by the specified deadline prior to the date when the provider's recognition will expire. In addition to the Application form, the provider must submit any other specifically identified materials documenting its continued compliance with the CERP standards and criteria for recognition, as well as improvements in any previously-identified areas of deficiency or weakness.

FEES_____

All ADA CERP-recognized providers are required to pay an annual (or 12-month) fee, as well as an application fee. ADA CERP fees are based on the operating expenses of the program. A schedule of current fees is published at www.ada.org/goto/cerp.

The non-refundable application/re-application fee must be paid when the application form for initial recognition or continued recognition is submitted. ADA CERP-recognized providers are billed for the annual fee when the review process is completed and recognition has been awarded. The annual fee will subsequently be due at 12-month intervals.

Non-payment of all required fees within the established deadline(s) will be viewed as a decision by the ADA CERP-recognized provider to voluntarily withdraw from the Continuing Education Recognition Program. The name of the previously recognized provider will be removed from the current list of ADA CERP recognized providers

when it is next published. Any provider wishing to reinstate its recognition following discontinuation for non-payment of fees will be required to submit an ADA CERP Application and follow the established procedures for recognition.

COMPLAINTS POLICY

COMPLAINTS

Formal written complaints about recognized CE providers will be considered by the ADA CERP Committee if the complaint documents substantial noncompliance with the ADA CERP standards and criteria for recognition or established recognition policies. Complaints can be forwarded to the committee by course participants, course faculty, other ADA CERP approved CE providers, constituent dental societies, state boards of dentistry and other interested parties. Upon receipt of such a formal complaint, the committee will initiate a formal review of the provider's recognition status. Any such reviews will be conducted in accord with the ADA CERP policy on complaints, in a manner that ensures due process.

A recognized provider may also be reevaluated at any time if information is received from the provider or other sources that indicates the provider has undergone changes in program administration or scope, or may no longer be in compliance with the CERP standards and criteria for recognition.

COMPLAINTS POLICY

The American Dental Association's CERP Committee is interested in the continued improvement and sustained quality of continuing dental education programs, but does not intervene on behalf of individuals or act as a court of appeal for individuals in matters not related to the ADA's Continuing Education Recognition Program (ADA CERP) standards and criteria or established recognition policies. If a complaint includes matters that are currently the subject of, or directly related to, litigation, the CERP Committee will not proceed with consideration of the complaint until the litigation is concluded.

Potential complaints will be evaluated to ascertain that they pertain to ADA CERP standards and criteria and/or recognition policies. A potential complainant will be asked to provide complete information and documentation about the alleged lack of compliance with the standards and criteria or recognition policies.

The ADA CERP Committee will consider appropriate complaints against ADA CERP-recognized programs from course participants, faculty, other ADA CERP recognized providers, constituent dental societies, state boards of dentistry and other interested parties. The ADA CERP Committee may initiate a complaint or inquiry about an ADA CERP recognized provider. In this regard, an appropriate complaint is defined as one alleging that there exists a practice, condition or situation within the program of an ADA CERP-recognized provider which indicates potential non-compliance with ADA CERP standards and criteria or established recognition policies. The ADA CERP Committee will review documentation and determine the disposition of such complaints.

Attempts at resolution between the complainant and the provider should be documented prior to initiating a formal complaint. Only written, signed complaints will be considered by the ADA CERP Committee. The complaint will be considered at the earliest possible opportunity, usually at the next scheduled semi-annual meeting of the ADA CERP Committee. When setting this date, the due process rights of both the provider and the complainant will be protected to the degree possible.

The following procedures have been established to review appropriate complaints:

1. The complaint will become a formally lodged complaint only when the complainant has submitted a written, signed statement of the program's non-compliance with a specific standard and/or recognition policy; the statement should be accompanied by documentation of the non-compliance whenever possible. The confidentiality of the complainant shall be protected, except as may be required by legal process.
2. The continuing dental education provider will be informed that ADA CERP has received information indicating that compliance with a specific standard or recognition policy has been questioned.
3. The provider will be required to provide documentation supporting its compliance with the standard or policy in question by a specific date (usually within 30 days). The ADA CERP Committee reserves the

right to seek additional information from the provider, including but not limited to course evaluation forms completed by participants and the names, addresses and telephone numbers of all course participants. The ADA CERP Committee also has the right to seek information from alternate sources including, but not limited to, surveys of program participants, on-site visits, observation of the provider's CE activities, or other means considered necessary to determine whether the CE provider is in compliance with the standards and criteria. Refusal or failure to provide all requested information, or to cooperate with the Committee's information-gathering efforts, will be considered cause for withdrawal of the provider's recognition status.

4. The provider's report and documentation, as well as any additional information obtained from other sources, will be considered by the ADA CERP Committee at or before the Committee's next regularly scheduled meeting.
5. Following consideration, the ADA CERP Committee will take action, as follows:
 - a. If the complaint is determined to be unsubstantiated and the provider is found to be in compliance with ADA CERP standards and criteria or established recognition policies, the complainant and the provider will be notified accordingly and no further action will be taken.
 - b. If the complaint is substantiated and it is determined that the CE provider is not in compliance with the standards and criteria or established recognition policies, the ADA CERP Committee may either request additional information or initiate action to withdraw recognition. CERP may:
 - postpone action until the next meeting pending the receipt of additional information through a comprehensive re-evaluation of the provider; a written report by the provider documenting progress in meeting the relevant standards or policies prior to the next regularly-scheduled meeting of the ADA CERP Committee, a personal appearance by the complainant and/or the provider or their representatives before the ADA CERP Committee to present oral testimony in support of the written documentation provided. The complainant and the provider may be represented by legal counsel. The costs to the complainant and the provider of such personal appearances and/or legal representation shall be borne by the complainant and the provider, respectively; or
 - withdraw the provider's recognition status per ADA CERP Procedures.
6. The complainant and the provider will receive written notice of the CERP Committee's action on the complaint within thirty (30) days following the CERP Committee meeting.
7. The records/files related to such complaints shall remain the property of the ADA CERP Committee for five years and shall be kept confidential. After five years, these records will be destroyed.

ADA CERP Complaints Policy

Adopted: October 1996, April 2006, November 2007, April 2010

POLICY STATEMENT ON REPORTING SUBSTANTIVE CHANGES_____

Substantive Changes: A **substantive** change to a provider's continuing education (CE) program is one that may impact the degree to which the recognized provider complies with the ADA CERP *Recognition Standards & Procedures*. Substantive changes may include, but are not limited to:

- Changes in ownership, legal status or form of control.
- Introducing a new educational method beyond the scope described in the application, e.g., adding patient treatment courses or self-study activities.
- Changes in the CE program's source(s) of financial support, especially if funding is from an external commercial source.

When substantive changes occur, the primary concern of the ADA CERP Committee is that the provider continues to meet the ADA CERP's standards and criteria. Recognized providers must be able to demonstrate that any substantive change(s) to their CE program will not adversely affect the ability of the organization to comply with

established standards. If the program changes are judged to represent a sufficient departure from practices in place at the time of application, the ADA CERP Committee may elect to re-evaluate the provider before the next formal reapplication is due.

Reporting Substantive Changes: All recognized providers are expected to report substantive changes **in writing** to ADA CERP in a timely manner. If a provider is uncertain whether a change is substantive, the provider should contact ADA CERP staff for clarification and guidance. The following procedures shall apply to substantive changes:

1. ADA CERP recognized providers must report any substantive change(s) to their CE program.
2. The provider must submit a description and/or documentation describing the change(s) and explaining how the CE program will continue to comply with ADA CERP's standards and criteria.
3. Providers will receive written notification that:
 - a. The information is acceptable and will be kept on file for review at the time of the provider's next scheduled reapplication, or
 - b. Additional documentation is required for re-evaluation prior to the next scheduled reapplication.
4. The ADA CERP Committee may exercise its right to re-evaluate a recognized provider at any time during the approval period.
5. When a provider has received written notification to provide additional documentation, **failure to submit the requested documentation shall be considered grounds for withdrawal of ADA CERP approval status** at the next regularly scheduled meetings of the ADA CERP Committee.
6. Submission of false or misleading information shall be grounds for withdrawal of ADA CERP approval status.

ADA CERP Policy on Reporting Substantive Changes
 Approved: September 1994
 Revised: May 2000, September 2000, January 2006

JOINT SPONSORSHIP POLICY

This policy delineates recommended procedures for initiating, developing and managing joint sponsorships in compliance with the current ADA CERP standards, procedures, definitions and policies.

1. An ADA CERP provider may elect to share responsibility with one or more other ADA CERP recognized or non-ADA CERP recognized providers of continuing education for planning, organizing, administrating, publicizing, presenting, and keeping records for a program, course, or courses of continuing dental education. A non-ADA CERP-recognized provider may initiate joint sponsorship with an ADA CERP-recognized provider.
2. Responsibility for quality assurance rests with the ADA CERP recognized provider. Administrative responsibility for development, distribution, and/or presentation of continuing education activities must rest with the ADA CERP-recognized provider whenever the provider acts in cooperation with providers that are not recognized by the ADA CERP. (*ADA CERP Recognition Standards and Procedures, Standard IX. Administration, Criteria 12*). When two or more ADA CERP-recognized providers act in cooperation to develop, distribute and/or present an activity, each must be equally and fully responsible for ensuring compliance with these standards. (*ADA CERP Recognition Standards and Procedures, Standard IX. Administration, Criteria 13*).

These responsibilities include:

- a. A letter of agreement must be drawn up between the providers forming the joint sponsorship. The letter of agreement must be signed by all parties.
- b. Responsibility for initiating and coordinating management of the letter of agreement must rest with the ADA CERP recognized provider(s).

- c. Specific planning and administrative procedures must be established to ensure compliance with established ADA CERP standards, criteria, procedures and policies.
 - d. The parties named in the letter of agreement must review the letter of agreement periodically in order to make any required updates or revisions.
3. Non-ADA CERP recognized joint providers must be compliant with eligibility requirements as they reflect specific ADA CERP standards, criteria, procedures and definitions. Non-ADA CERP recognized joint providers must also ensure that CE activities offered have a sound scientific basis in order to adequately protect the public. However, provided the ADA CERP recognized joint provider ensures overall quality assurance and compliance with the ADA CERP standards, non-ADA CERP recognized joint providers do not have to be based in the U.S. or Canada; may offer only one course; may be sole lecturer or author; and, may have less than one year experience as a CE provider.

ADA CERP Joint Sponsorship Policy

Approved: November 2001

Revised: November 2009

INFORMATION ON ADA CERP GOVERNANCE AND OBJECTIVES

REASONS FOR PROGRAM

The ADA CERP was created to assist members of the American Dental Association, the recognized specialty organizations, the American Association of Dental Schools, the American Association of Dental Boards, and the broad-based dental profession in identifying and participating in quality continuing dental education. It is also a goal of the ADA CERP to promote continuous quality improvement of continuing dental education and to assist dental regulatory agencies to establish a sound basis for increasing their uniform acceptance of CE credits earned by dentists to meet the CE relicensure requirements currently mandated by the majority of licensing jurisdictions.

ADA CERP represents a mechanism for reviewing CE providers or sponsors and recognizing those that demonstrate that they routinely meet certain basic standards of educational quality. The clearly defined ADA CERP policies and procedures are the basis for evaluating the educational processes used by CE providers in designing, planning and implementing continuing education. This review and recognition helps individual dentists select courses presented by recognized CE providers.

Recognition of a provider by the ADA CERP Committee does not imply endorsement of course content, products or therapies presented.

Specific objectives of the recognition program are:

1. To improve the educational quality of continuing dental education programs through self-evaluation conducted by the CE program provider in relation to the ADA CERP standards and criteria for recognition, and/or through counsel and recommendations to CE providers from the ADA CERP Committee.
2. To assure participants that recognized continuing education program providers have the organizational structure and resources necessary to provide CE activities of acceptable educational quality, i.e., activities that should assist the participant in providing an enhanced level of care to patients.
3. To promote uniform standards for continuing dental education that can be accepted nationally by the dental profession.
4. To assist regulatory agencies and/or other organizations responsible for granting credit in identifying those continuing dental education providers whose activities are acceptable for credit toward licensure or membership requirements or voluntary recognition programs.

ADA CERP GOVERNING STRUCTURE

The Continuing Education Recognition Program is structured to include broad input from those dental groups with an interest in continuing dental education at the policy-setting level. The program is governed by the ADA Council on Dental Education and Licensure and its standing ADA CERP Committee (Committee C).

ADA CERP Committee: The ADA CERP Committee is responsible for evaluating provider applications and granting CERP approval to providers. It recommends the policies that govern the program to the Council on Dental Education and Licensure. The ADA CERP Committee meets twice each year. This committee is structured as follows:

- 9 – Recognized Specialty Organizations (one member each)
- 1 – American Association of Dental Boards (AADB)
- 1 – American Dental Education Association (ADEA)
- 1 – American Society of Constituent Dental Executives (ASCDE)
- 3 – American Dental Association (ADA)
- 1 – Canadian Dental Association (CDA)
- 1 – Council on Dental Education and Licensure member (serves as chair)

Because the focus of the ADA CERP is on continuing education for dentists, the ADA CERP Committee is primarily composed of dentists. Each represented organization selects individuals with knowledge, experience and interest in continuing education.

Terms of Committee Members: Members of the Council's ADA CERP Committee are appointed to a four year term. A rotational schedule ensures that a core of experienced members serve on the committee at all times.

Responsibilities: The responsibilities of the Council's ADA CERP Committee are as follows:

The ADA CERP Committee:

1. Develops and recommends to the Council the CERP standards and criteria that are used by the committee and Council in the evaluation of CE providers;
2. Evaluates the initial and re-recognition applications and any progress reports submitted by those providers or sponsors of continuing dental education wishing to participate in the ADA CERP;
3. Recognizes CE providers found to be in compliance with the CERP standards and criteria;
4. Reviews and makes recommendations to the Council about any policy affecting the structure and governance of the program;
5. Reviews broad-based continuing education issues and makes recommendations regarding these matters to appropriate policy-making bodies;
6. Works through the Council to develop uniform procedures and materials and encourage the broad-based acceptance by the dental CE communities;
7. Develops and disseminates information, conducts workshops and supports other activities related to the recognition process;
8. Serves as liaison to dental and dental-related organizations concerned with the program.

LEXICON OF TERMS

Many discussions of continuing dental education result in misinterpretation or confusion because frequently-used terms may be defined differently in the context of continuing education (CE). To clarify the intent of this document, the following terms are defined as they will be used in relation to continuing dental education. CE providers should familiarize themselves with these definitions to ensure complete understanding of information provided in this document.

ACTIVITY: An individual educational experience such as a lecture, clinic or home-study package. (See COURSE, LIVE COURSES/ACTIVITIES, ELECTRONICALLY MEDIATED LEARNING, SELF-INSTRUCTIONAL COURSES/ACTIVITIES)

ADMINISTRATIVE AUTHORITY (previously noted as administrator or program planner): The person responsible for the coordination, organization and dissemination of planned CDE offerings. Typically, it is an employee of the provider; the provider is responsible for the overall quality.

ADVISORY COMMITTEE: An objective entity that provides peer review and direction for the program and the provider. A majority of the advisory committee must be dentists who are independent from other responsibilities for the provider. The advisory committee should include objective representatives of the intended audience, including the members of the dental team for which the courses are offered.

BEST PRACTICES: Those strategies, methods, activities or approaches which have been shown through research and evaluation to effectively promote continuous quality improvement of continuing dental education in accordance with the ADA CERP *Recognition Standards and Procedures*.

COMMERCIAL BIAS/COMMERCIAL INFLUENCE: In the context of continuing dental education, any activity or material designed to promote a specific proprietary business interest.

COMMERCIAL INTEREST/COMMERCIAL ENTITY: Any proprietary entity producing health care goods or services, with the exception of not-for-profit or government agencies.

COMMERCIAL SUPPORT: Financial support, products and other resources contributed to support or offset expenses or needs associated with a provider's continuing dental education activity.

COMMERCIAL SUPPORTER: Entities which contribute unrestricted financial support, products, and other resources to support or offset expenses and /or needs associated with a provider's continuing dental education activity.

CONFLICT OF INTEREST : When an individual has an opportunity to affect the content of continuing dental education activities regarding products or services of a commercial interest with which he/she has a financial relationship.

CONTINUING DENTAL EDUCATION:* Continuing dental education consists of educational activities designed to review existing concepts and techniques, to convey information beyond the basic dental education and to update knowledge on advances in scientific, clinical, and non-clinical practice related subject matter, including evidence-based dentistry. The objective is to improve the knowledge, skills and ability of the individual to provide the highest quality of service to the public and the profession. All continuing dental education should strengthen the habits of critical inquiry and balanced judgment that denote the truly professional and scientific person and should make it possible for new knowledge to be incorporated into the practice of dentistry as it becomes available.

Continuing education programs are designed for part-time enrollment and are usually of short duration, although longer programs with structured, sequential curricula may also be included within this definition. In contrast to accredited advanced dental education programs, continuing dental education programs do not lead to eligibility for ethical announcements or certification in a specialty recognized by the American Dental Association. Continuing dental education should be a part of a lifelong continuum of learning.

**As adopted by the ADA House of Delegates, October 2006*

COURSE: A type of continuing education activity; usually implies a planned and formally conducted learning experience. (See ACTIVITY, LIVE COURSE/ACTIVITY, ELECTRONICALLY MEDIATED LEARNING, SELF-INSTRUCTIONAL COURSE/ACTIVITY)

COURSE COMPLETION CODE: Also referred to as verification code. Random code, a portion of which is announced by program provider toward the end of each course to help verify that each participant has taken part in the entire course.

EDUCATIONAL METHODS, METHODOLOGIES: The systematic plan or procedure by which information or educational material is made available to the learner. Some examples include lecture, discussion, practice under supervision, audiovisual self-instructional units, case presentations and internet-based or other electronically mediated formats.

ELECTRONICALLY MEDIATED LEARNING: Continuing education activities that use one or more of the following technologies to deliver instruction to participants who are separated from the instructor and to support interaction between the participants and the instructor: (1) the internet; (2) one-way and two-way transmissions through open broadcast, closed circuit, cable, microwave, broadband lines, fiber optics, satellite, or wireless communications devices; (3) audio conferencing; or (4) DVDs, CD-ROMs, and videocassettes if these are used in a course in conjunction with any of the other technologies listed. Electronically mediated learning may be delivered through live courses or self-instructional activities.

FINANCIAL RELATIONSHIPS: Any relationship in which an individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest, contracted research or other financial benefit. ADA CERP considers relationships of the person involved in the CDE activity to include financial relationships of a family member. Relevant financial relationships must be disclosed to participants in CDE activities. (See RELEVANT FINANCIAL RELATIONSHIPS.)

GOAL: A statement of long-range expectations of a continuing dental education program.

INSTRUCTOR/AUTHOR (also lecturer, faculty, faculty member): The person or persons responsible for the development and presentation of specific CDE course material for the intended audience.

JOINT SPONSOR (or co-sponsor): An ADA CERP recognized or non-ADA CERP recognized provider that shares responsibility with an ADA CERP recognized provider of continuing education for planning, organizing, administrating, publicizing, presenting, and keeping records for a program of continuing dental education. Administrative responsibility for development, distribution, and/or presentation of continuing education activities must rest with the ADA CERP-recognized provider whenever the provider acts in cooperation with providers that are not recognized by the ADA CERP. (ADA CERP *Recognition Standards and Procedures*, Standard IX. Administration, Criteria 12). When two or more ADA CERP-recognized providers act in cooperation to develop, distribute and/or present an activity, each must be equally and fully responsible for ensuring compliance with these standards. (ADA CERP *Recognition Standards and Procedures*, Standard IX. Administration, Criteria 13).

JOINT SPONSORSHIP (or co-sponsorship): Any continuing education activity in which an ADA CERP-recognized provider agrees to jointly sponsor a program with another CDE provider. When an ADA CERP recognized provider jointly sponsors a CDE activity with a non-CERP recognized provider, the CERP recognized provider assumes responsibility for the planning, organizing, administrating, publicizing, presenting, and keeping records for the planned continuing dental education activity. Administrative responsibility for development, distribution, and/or presentation of continuing education activities must rest solely with the ADA CERP-recognized provider. When two or more ADA CERP-recognized providers act in cooperation to develop, distribute and/or present an activity, each must be equally and fully responsible for ensuring compliance with these standards. (ADA CERP *Recognition Standards and Procedures*, Standard IX. Administration, Criteria 13). Letters of agreement between the joint or co-sponsors must be developed to outline each party's responsibilities for the CDE activity. Letters of agreement must be signed by all parties.

LIVE COURSE / ACTIVITY: Continuing education courses that participants must attend (whether in person or virtually) in order to claim credit. Live courses can be offered in a variety of formats including national and local conferences, workshops, seminars, and live Internet-based conferences and teleconferences.

NEEDS ASSESSMENT: The process of identifying the specific information or skills needed by program participants and/or interests of the program participants, based on input from participants themselves or from other relevant data sources. The specific needs thus identified provide the rationale and focus for the educational program.

OBJECTIVE: Anticipated learner outcomes of a specific continuing dental education learning experience or instructional unit, stated in behavioral or action-oriented terms for the participant.

ONSITE/IN-OFFICE PARTICIPATION COURSES: Long-term CDE participation courses involving both formal course sessions and in-office practice of techniques without direct supervision.

PLANNED PROGRAM: The total efforts of a sponsoring organization as they relate to continuing dental educational activities offered to professional audiences. A sequence or series of continuing education activities, courses or events that in total constitutes the sponsoring organizations' activities as they relate to continuing dental educational activities offered to professional audiences.

PROGRAM PLANNING: The total process of designing and developing continuing education activities. This process includes assessing learning needs, selecting topics, defining educational objectives, selecting instructors/authors, facilities and other educational resources, and developing evaluation mechanisms. All steps in the program planning process should be aimed at promotion of a favorable climate for adult learning.

PROVIDER: An agency (institution or organization) that is responsible for organizing, administering, publicizing, presenting, and keeping records for the continuing dental education program. The CDE provider assumes both the professional and fiscal liability for the conduct and quality of the program. If the CDE provider contracts or agrees with another organization or institution to provide facilities, instructor/author or other support for the continuing education activity, the recognized provider must ensure that the facilities, instructor/author or support provided meet the standards and criteria for recognition. The CDE provider remains responsible for the overall educational quality of the continuing education activity. (See SPONSOR)

RECOGNITION: Recognition is conferred upon CDE providers or sponsoring organizations which are judged to be conducting a continuing dental education program in compliance with the standards and criteria for recognition. (The term "accreditation" is not used in the context of continuing dental education, as "accreditation" has a precise educational meaning that implies that an on-site review based on curricular or patient service standards has been conducted by an accrediting agency recognized by the U.S. Department of Education or the Council on Postsecondary Accreditation. The review process used by the ADA CERP does not meet these specific criteria.)

RECOMMENDATIONS: Detailed suggestions and/or assistance in interpreting and implementing the standards and criteria for recognition. (See STANDARDS AND CRITERIA FOR RECOGNITION)

RELEVANT FINANCIAL RELATIONSHIPS: For a person involved in the planning, administering or presentation of a continuing dental education activity, relevant financial relationships are financial relationships in any amount, occurring in the last 12 months, that are relevant to the content of the CDE activity and that may create a conflict of interest. ADA CERP considers relevant financial relationships of the person involved in the CDE activity to include financial relationships of a family member. Relevant financial relationships must be disclosed to participants in CDE activities. (See CONFLICT OF INTEREST and FINANCIAL RELATIONSHIPS.)

SELF-INSTRUCTIONAL COURSE / ACTIVITY: Continuing education courses in printed or recorded format, including audio, video, or online recordings that may be used over time at various locations.

SOUND SCIENTIFIC BASIS: CDE material should have peer-reviewed content supported by generally accepted scientific principles or methods that can be substantiated or supported with peer-reviewed scientific literature that is relevant and current; or the CDE subject material is currently part of the curriculum of an accredited U.S. or Canadian dental education program and, whenever possible, employ components of evidence-based dentistry.

SPONSOR: Another term used to designate the agency (institution or organization) that is responsible for organizing, administering, publicizing, presenting, and keeping records for the continuing dental education program. (See PROVIDER)

STANDARDS AND CRITERIA FOR RECOGNITION: The criteria which applicant continuing dental education providers will be expected to meet in order to attain and then retain recognition status. (See RECOMMENDATIONS). The verbs used in the standards and criteria for recognition (i.e., must, should, could, may) were selected carefully and indicate the relative weight attached to each statement. Definitions of the words which were utilized in preparing the standards are:

1. **Must** expresses an imperative need, duty or requirement; an essential or indispensable item; mandatory.
2. **Should** expresses the recommended manner to meet the standard; highly recommended, but not mandatory.
3. **May** or **could** expresses freedom or liberty to follow an idea or suggestion.

VERIFICATION CODE: Also referred to as course completion code. Random code, a portion of which is announced by program provider toward the end of each course to help verify that each participant has taken part in the entire course.