

State of Hawaii
Department of Commerce and Consumer Affairs
BOARD OF DENTISTRY
335 Merchant St., 3rd Floor, Honolulu, Hawaii 96813
Mailing Address: P.O. Box 3469, Honolulu, Hawaii 96801
Access this form via website at: cca.hawaii.gov/pvl/boards/dentist

PROGRAM SPONSOR AGREEMENT FOR CONTINUING EDUCATION ("CE")

COURSE/PROGRAM TITLE: _____

INSTRUCTIONS

FOR OFFICE USE ONLY

1. Submit this completed application form at least **20 business days** prior to board meeting date (Board meeting schedule available on the Board's website at cca.hawaii.gov/pvl/boards/dentist) (Pursuant to Hawaii Administrative Rules ("HAR") §16-79-143, the application must be submitted prior to the course event);
2. Attach a detailed outline which provides the course content, total hours of the course, and clearly breaks down the amount of time spent on each portion of the course and the direct relation to patient care;
3. Attach curriculum vitae of each instructor of the course;
4. Attach a copy of the certificate of attendance which must meet the requirements of HAR §16-79-143(b)(2)(c); and
5. Attach a check for \$50 made payable to: **COMMERCE & CONSUMER AFFAIRS**. (check must be in U.S. dollars and be from a U.S. financial institution.)

Course Approval No.: _____
Reviewed by: _____
Approved by: _____

SPONSORING ORGANIZATION'S NAME: _____ PHONE NO.: _____

TYPE OF ORGANIZATION: _____ EMAIL ADDRESS: _____

BUSINESS ADDRESS (include suite no., city, state & zip code): _____

LOCATION WHERE COURSE WILL BE DELIVERED (city or town): _____

Date: _____ Time: _____

Total CE course hour(s) being requested: _____

The sponsor agrees that the program shall be such that:

1. It will require and monitor the attendance;
2. It will be at least 50 minutes in duration for each hour claimed from the beginning of the subject matter to its conclusion;
3. It will be presented by a qualified lecturer, whose name, title, and qualifications are to be included in the curriculum vitae;
4. Written records of its attendees and of the program outline shall be maintained in its files for a period of two years immediately following its conclusion;
5. Certificate of attendance shall be issued by the Sponsor to **each attendee** and include the following:
 - Name of sponsoring organization;
 - Course or program title and date;
 - Course or program approval number issued by the Hawaii Board of Dentistry ("Board");
 - Number of CE hours; and
 - Name of attendee.

The Board will not accept any certificates of attendance or lists of attendees from the Sponsor. If any are received, they will be discarded.

COURSE/PROGRAM TITLE: _____

DATE: _____

6. The course(s) shall be in compliance with section 16-79-141, Hawaii Administrative Rules ("HAR").
7. The CE course hour(s) requested are exclusive of any preparation time;
8. The program records will be subject to review by the Board and the program sponsor agrees to make these records available to the Board during regular business hours at the location indicated on page one for a period of two years following the date of presentation; and
9. The Board will be notified as to the location of these records if they are removed from the location (on page one) prior to the expiration for the above two-year period.

In consideration for compliance with this agreement, we understand that we may advise prospective attendees of the approval of our course/program and the number of CE hours allowable. If we fail to comply with this agreement or fail to meet acceptable standards in our course/program, we understand that approval of our course/program may be revoked by the Board and that notice of such revocation may be given by the Board to all inquiring licensees.

Date

By _____
Signature of individual responsible for CE administration

Name (print) and Title

For more detailed information on the continuing education requirements, please visit our website at:
<http://cca.hawaii.gov/pvl/boards/dentist>.

(THIS FORM MAY BE DUPLICATED)

Print Form

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.