

Continuing Education Course Approval Application Form

The Continuing Education Course Approval Application Form is meant for organizations/companies that provide continuing education for Certified Dental Assistants, Certified Dental Receptionists, and Certified Dental Treatment Coordinators. Certified members of the ODAA must submit proof of continuing education annually to maintain certification. Continuing education activities must provide learning opportunities for ODAA members that improve their skills and knowledge based on the latest information and technology. Courses will be approved and assigned continuing education credits based on content and instructor qualifications as defined by the ODAA's Quality Assurance Committee policy. For questions about the form, please contact the ODAA at info@odaa.org.

Content Review and Confidentiality Disclaimer

The ODAA reviews course or program content solely to ensure it meets the criteria for approval. The review process is conducted with strict confidentiality and without bias or conflict of interest. ODAA approval reflects compliance with established standards but does not imply endorsement, liability, or direct involvement in any course or program's operations or outcomes.

| PART 1: PROVIDER INFORMATION | | | | |
|--------------------------------|--|--|-------|--|
| Application Submission Date | | | | |
| Organization / Company Name | | | | |
| Organization / Company Address | | | | |
| Organization / Company Website | | | | |
| Primary Contact Name | | | | |
| Phone Number | | | Email | |
| Secondary Contact Name | | | | |
| Phone Number | | | Email | |

ODAA 116A — 230 Victoria Street London, Ontario N6A 2C2 T. 519.679.2566 F. 519.679.8494



| Brief Organizational His | story | | | |
|--|-----------|--|---|---|
| | | | | |
| PART 2: COURSE IN | IFORMATIO | N | | |
| Program/Course Title | | | | |
| Description of Program (Max 150 words) | /Course | | | |
| Туре | | | | |
| Delivery Mode | | | | |
| Dental H Dentists Denturis Any men | | Reception Treatme Hygienis s ists ember of | onists ent Coordinators Dentists | |
| Course Duration (Days, | /Weeks) | | | |
| Does the course include assessments? | | | Yes No | |
| If yes, what time of assessments? (Select all that apply) | | | Assignments Quizzes or Tests Projects - Individuals | Projects - Group Presentations Discussion Other: |
| If not, please explain how participant learning will be evaluated. | | | | |
| Registration Fees | \$ | l | | |

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| coursework, including readings and assessments if applicable | |
|---|---|
| Learning Objectives (Max five objectives) | Upon completion of this course, participants will be able to: 1. |
| | 2. |
| | 3. |
| | 4. |
| | 5. |
| When was this course first taught? | / Never Been Taught Month / Year |
| This course is part of a certificate or other program | □ Yes □ No |
| If yes, what is the name of the program? | |
| Is this the first time this course is being submitted to the ODAA for approval? | Yes No |
| If the course has previously been submitted, indicate the submission date | |
| If the course has been submitted and not approved in the past, include a brief outline of the changes made since the last submission. (Max 200 words) | |
| PART 3: INSTRUCTOR INFORMATION | ON . |
| TAIR O. INOTROOTOR INFORMATIO | |

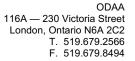
| PART 3: INSTRUCTOR INFORMATION | | | |
|--|------------|--|--|
| Does the course have an assigned instructor? | □ Yes □ No | | |
| Instructor Name | | | |
| Instructor Email | | | |

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| Instructor Credentials (If an Ontario Dental Assistant is teach they must be certified with the ODAA) | ing the course, | | | |
|---|---|--|--|-----------|
| Instructor Bio (Max 100 words) | | | | |
| PART 4: CONFLICT OF IN | TEREST / C | OMMERCIAL BIAS | | |
| Refer to generic name Do not contain comme Do not include photographic clinicians or cl Do not include referen | s rather than ricial logos or raphs, names inics. The to peer seleir logos, mat | branded images. or contact information for lling. erials or products, are not in the | | Yes No |
| If no was selected, please elaborate: | | | | |
| The instructor does not have any conflicts of interest with the course materials, such as financial interests. | | | | |
| Speakers or presenters will disclose any conflicts of interest to the participants at the beginning of the course. | | | | |
| PART 5: SUPPORTING DO | CUMENTS | | | |
| The applicant confirms the follo | owing support | ting documents are attached. | | |
| Letter from Organization Supporting Submission of Course for Approval Course Syllabus or Outline Presentation slides or link to e-course Assessments, if applicable Copy of certificate provided to participants Other: Other: Other: | | | | |

Please be advised that ODAA approval of any program is not an endorsement. Approval indicates that the program meets specific criteria set by the ODAA but does not constitute a recommendation or guarantee of outcomes such as certification, employment, or professional recognition. The ODAA is not liable for the content, delivery, or outcomes of this program. While ODAA approval may indicate that the program meets specific criteria, it does not imply responsibility for any aspect of the program's operation or the achievements of its graduates.





| PART 6: PAYMENT | |
|--|--|
| Processing Fees: A \$1500 fee is required upon initial submission. If ODAA approval is denied, a \$500.00 appeal/reassessment fee will apply for those who wish to have the application reconsidered. | Submission: \$1500.00 (\$1327.43 + HST \$172.57) Appeal/Reassessment: \$500.00 (\$442.48 + HST \$57.51) |
| Payment Type: (Credit card only) | VISAMasterCard |
| Name on Credit Card: | |
| Credit Card #: | |
| Expiry Date: (Month/Year) | |
| Signature of Card Holder: | |

Completed application forms and supporting documents should be submitted to:

Tara Fitzpatrick

Chief Executive Officer
Ontario Dental Assistants Association
116A-230 Victoria Street
London, ON N6A 2C2
tfitzpatrick@odaa.org