



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	

Brief Organizational History	
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PART 2: COURSE INFORMATION	
Program/Course Title	
Description of Program/Course (Max 150 words)	
Type	
Delivery Mode	
Primary Audience for Course	Dental Assistants Dental Receptionists Dental Treatment Coordinators Dentists Dental Hygienists Dentists Denturists Any member of the oral healthcare team Any healthcare professional
Course Duration (Days/Weeks)	
Does the course include assessments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what time of assessments? (Select all that apply)	<div> <input type="checkbox"/> Assignments <input type="checkbox"/> Quizzes or Tests <input type="checkbox"/> Projects - Individuals </div> <div> <input type="checkbox"/> Projects - Group <input type="checkbox"/> Presentations <input type="checkbox"/> Discussion <input type="checkbox"/> Other: _____ </div>
If not, please explain how participant learning will be evaluated.	
Registration Fees	\$



Estimated total number of hours of 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?	<div style="text-align: center;">/</div> <div style="display: flex; justify-content: space-around;"> Month Year </div> <div style="text-align: right;">Never Been Taught</div>
This course is part of a certificate or other program	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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

Does the course have an assigned instructor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Instructor Name	
Instructor Email	



Instructor Credentials <i>(If an Ontario Dental Assistant is teaching the course, they must be certified with the ODAA)</i>	
Instructor Bio <i>(Max 100 words)</i>	

PART 4: CONFLICT OF INTEREST / COMMERCIAL BIAS

<p>The course content is free of commercial bias. Specifically, course materials</p> <ul style="list-style-type: none"> • Refer to generic names rather than trade names. • Do not contain commercial logos or branded images. • Do not include photographs, names or contact information for specific clinicians or clinics. • Do not include reference to peer selling. • Financial sponsors, their logos, materials or products, are not in the room during the course or included in course materials. 	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no was selected, please elaborate:	
The instructor does not have any conflicts of interest with the course materials, such as financial interests.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Speakers or presenters will disclose any conflicts of interest to the participants at the beginning of the course.	<input type="checkbox"/> Yes <input type="checkbox"/> No

PART 5: SUPPORTING DOCUMENTS

<p>The applicant confirms the following supporting documents are attached.</p> <p>Letter from Organization Supporting Submission of Course for Approval</p> <p>Course Syllabus or Outline</p> <p>Presentation slides or link to e-course</p> <p>Assessments, if applicable</p> <p>Copy of certificate provided to participants</p> <p>Other: _____</p> <p>Other: _____</p> <p>Other: _____</p>
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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: <i>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.</i>	<ul style="list-style-type: none">▪ Submission: \$1500.00 (\$1327.43 + HST \$172.57)▪ Appeal/Reassessment: \$500.00 (\$442.48 + HST \$57.51)
Payment Type: (Credit card only)	<ul style="list-style-type: none">▪ VISA▪ MasterCard
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