

**CONTINUING EDUCATION ACCREDITATION  
DALLAS COUNTY DENTAL SOCIETY  
CONTINUING EDUCATION LECTURE INFORMATION FORM**

- If you require CE accreditation for your seminar, please submit the following information to us immediately along with a copy of the marketing piece and the intended market. Form must be submitted at least one month prior to scheduled event for approval.
- DCDS must be named in the marketing piece as a co-sponsor of the event.
- The DCDS Scientific Committee is the approval body for all CE credits sponsored by The Dallas County Dental Society.
- You will be notified as soon as the Scientific Committee has approved course content.
- DCDS will provide CE Certificates to attendees on the day of the course at no charge.
- A copy of the final marketing piece and a list of attendees must be given to DCDS and retained in the DCDS permanent CE file.

Please type or print legibly.

<b>Date Facility Needed:</b> _____ <b>Time:</b> _____
<b>Company Name/Seminar Sponsor:</b> _____
<b>Name and Phone Number of Person in Charge of Setting Up:</b> _____

**Title of Program:**

\_\_\_\_\_

**Presenter's Name:**

\_\_\_\_\_

**Presenter's Title:**

\_\_\_\_\_

**Brief Bio of Presenter:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FOR OFFICE USE ONLY:  
AGD CODE: \_\_\_\_\_

<b>How many credit hours for the presentation?</b> _____ <b>Non-technical:</b> _____ ( 1 Hour Credit Given For Each Hour of Lecture or Workshop) <b>Approximate number of attendees?</b> _____ <b>Technical and/or Scientific:</b> _____
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**Lecture designed for: (check all that apply)**

_____ <b>Dentists</b> _____ <b>Assistants</b> _____ <b>Hygienists</b> _____ <b>Laboratory Technicians</b> _____ <b>Spouses</b> _____ <b>Other</b> _____
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**100 WORD Synopsis - Please be specific. Required For ADA CERP Guidelines**

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**COURSE OBJECTIVES - What attendee will learn**

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- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_