

Process for Continuing Education Credits

In order to provide continuing education (CE) credits for your event, the Dean's Office requires specific information in order to generate certificates and also to keep on file for accreditation purposes.

The School of Dental Medicine is allowed to provide CEs under the Ohio Revised Code Section 4715.141, Section B.2 as an accredited dental school. These CEs are not certified by any national organization, such as the ADA.

The Ohio State Dental Board defines Continuing Education as:

"Educational and scientific courses consisting of activities designed to review existing concepts and techniques, to convey information beyond the basic dental education and to update knowledge on advances in scientific, non-clinical and clinical practice related subject matter, including ethics, regulatory compliance, risk management, nutrition, and evidence-based dentistry wherein 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."

Acceptable topics are discussed in the [Ohio Revised Code Section 4715.141](#). Please review to ensure that your event meets these requirements.

For each event that will offer CE credits, please provide:

- 1. Copy of the promotional flyer for the event that is providing CE credits.**
- 2. A completed Continuing Education Form for the event offering CE credits.**
- 3. An Excel spreadsheet of attendees at the event that includes at least first name, last name, and email address. *Please be sure to send an Excel file and not a scanned copy of the spreadsheet.***
- 4. Copy of hard copy list with attendee signatures.**

These items should be emailed to SODM_ContinuingEducation@case.edu in order to create the certificates. Once created, the certificates will be sent back to the requestor for distribution to the attendees.

Please direct any questions to SODM_ContinuingEducation@case.edu.



**CASE
WESTERN
RESERVE
UNIVERSITY**

**School
of Dental
Medicine**

Continuing Education

Course Date:

Course Location: Case Western Reserve University School of Dental Medicine

Samson Pavilion
Dental Clinic

Other Location (please specify)

Course Title:

Lecture Hours:

Lecturer:

Course Description:

Course Outline:

Approval of Chair/Director of department that is hosting the program:

Signature: _____ Host Department: _____ Date: _____