

ADA CERP Eligibility Criteria, Recognition Standards and Lexicon of Terms
Proposed Revisions
 April 2009

Standard/ Criteria No.	Current Standards, Lexicon, and Policy with Proposed Revisions	Summary/Explanation of Revisions
Introduction	Eligibility	
	<p>The ADA CERP approves providers as defined in the Lexicon of Terms in the ADA CERP <i>Recognition Standards and Procedures</i>. The ADA CERP recognizes providers of continuing dental education (CDE), not individual courses. The ADA CERP does not recognize individual instructors or authors. <u>Institutions, organizations or major units or departments within an institution/organization (e.g., an oral and maxillofacial surgery department of a medical center) are eligible to apply for recognition.</u> Any provider of CDE meeting the ADA CERP standards and criteria and the following requirements will be eligible for recognition. CDE providers submitting an application must meet the following eligibility criteria: Recognition extends only to the CE provider; recognition does not extend to individual courses or programs or lecturers</p>	<p>NOTE: <i>Deletion of statement highlighted in yellow regarding individual instructors was approved by the Council in November 2007. Implementation of this revision is pending approval of any and all corollary revisions proposed in the remainder of this document.</i></p> <ol style="list-style-type: none"> (1) Replace 'continuing education' with 'continuing dental education' throughout Standards. (2) Combine Criterion E.4 with introduction. (3) Delete last sentence; this is stated elsewhere in the recognition policies.
E.1	<p>The CDE provider offers a planned program of continuing dental education activities consistent with the definition of continuing dental education provided in <u>the Lexicon of Terms at the end of this document.</u> The CDE provider must demonstrate oversight by an independent advisory committee. A planned program of continuing dental education activities must consist of more than a single course offered multiple times. A single course offered multiple times may not exceed 50 percent of the total number of courses offered per year. The CE provider's administrative authority must not function as a sole lecturer/author. <u>The provider must have offered a planned program of CDE activities for at least 12 months. If the provider organization has not offered a course during the 12 months immediately preceding the application date the provider may apply for a one-year term of recognition.</u></p>	<ol style="list-style-type: none"> (1) <i>Insert requirement for oversight by independent advisory committee in eligibility criteria to emphasize the importance of this committee's role (the requirement is also stated in Standard IX).</i> (2) <i>Eliminate requirement that providers offer multiple courses. Providers offering a single course, such as infection control, for example, may then be considered eligible to apply.</i> (3) <i>Create 1-year term of recognition for providers with less than 12 months experience. New providers that have operated for less than 1 year, but that demonstrate compliance with ADA CERP Standards may be approved for 1 year; at the end of that year, the provider would be required to submit an application for continued recognition.</i>

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E.2	A <u>CDE</u> provider must ensure that all courses offered have a sound scientific basis in order to adequately protect the public. ADA CERP reserves the right to require that the applicant provide documentation that courses offered by the provider have a sound scientific basis under circumstances including but not limited to: emerging technology and procedures, proven efficacy, and public safety.	
E.3	The <u>CDE</u> provider must demonstrate that it assumes the financial and administrative responsibility of planning, publicizing and offering the continuing education program consistent with the definition of provider in the <u>Lexicon of Terms</u> . at the end of this document	
E.4	Institutions, organizations or major units or departments within an institution/organization (e.g., an oral and maxillofacial surgery department of a medical center) are eligible to apply for recognition. Recognition extends only to the CE provider; recognition does not extend to individual courses or programs or lecturers.	<i>Combine criterion E.4 with introduction (see recommendation for revised introduction above).</i>
E.5	A CE provider must demonstrate that it is targeting its activities to a great extent to dentists by providing dental-oriented topics and course content. It is the intent of the CERP to recognize those providers that are primarily addressing the CE needs of dentists.	<i>Delete criterion, since proposed revision to E.1 specifies that providers must offer planned program of continuing dental education.</i>
E.4	<u>The CDE provider must ensure that the educational methods are appropriate to the stated objectives for the activity and, when participation is involved, enrollment must be related to available resources to assure effective participation by enrollees.</u>	<i>Proposed new criterion parallels PACE criterion. (This requirement is also stated in ADA CERP Standard VI.)</i>
E.5	<u>The CDE provider must ensure that the facilities selected for each activity are appropriate to accomplishing the educational method(s) being used and the stated educational objectives.</u>	<i>Proposed new criterion parallels PACE criterion. (This requirement is also stated in ADA CERP Standard VIII.)</i>
Standard I. Mission/Goals		
I.1	The provider must develop and operate in accordance with a written statement of its broad, long-range goals/ mission related to the continuing dental education program.	<i>Clarify distinction between an organization's overall mission and its continuing dental education program goals throughout this Standard.</i>
I.2	The goals/ mission must relate to the health care needs of the public and/or interests and needs of the profession.	
I.3	The individual or authority responsible for administration of the continuing education program must have input into development of the overall program goals/ mission .	

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I.4	There must be a clear formulation of the overall <u>mission and goals</u> of both (a) the providing institution or organization, and (b) the entire continuing education program.	
I.5	A mechanism must be provided for periodic reappraisal and revision of the provider's continuing education goals. <u>The periodic review must be conducted by the advisory committee.</u>	<i>Add requirement that advisory committee conduct review of CDE program goals.</i>
Recommendation A	The goals/ mission of the continuing education program should be consistent with the goals <u>and mission</u> of the organization or institution.	
Recommendation B	The goals of the continuing education program should be relevant to the educational needs and interests of the intended audience.	
Standard II Needs Assessment		
II.1	Providers must use identifiable mechanisms to determine objectively the current professional needs and interests of the intended audience, and the content of the program must be based upon these needs.	
II.2	The administrative authority must be responsible for carrying out or coordinating needs assessment procedures.	
II.3	Identified needs/interests must be developed from data sources that go beyond the provider's own perceptions of needs/interests <u>and must include input from the provider's advisory committee.</u>	<i>Add requirement that advisory committee participate in needs assessment process.</i>
II.4	The provider must document the process used to identify needs/interests.	
II.5	The provider must state the needs/interests identified and indicate how the assessment is used in planning educational activities.	
II.6	The provider must involve members of the intended audience in the assessment of their own educational needs/interests.	
Recommendation A	The needs assessment method used is not critical, provided it serves the purpose of consulting (or otherwise gaining insight into) the needs and interests of the potential audience. Advisory committees representing a cross-section of the intended audience or constituency can be effective. Surveys may be conducted by mail, phone, <u>or electronic media</u> , or during the specific CDE activities.	<i>Include additional formats of needs assessment.</i>
Recommendation B	Cooperative efforts to gather and/or use needs assessment data are recommended, if appropriate. Where intended audiences are the same, use of another organization's needs assessment data may provide better information than the provider's resources would otherwise allow.	

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<u>Recommendation C</u>	<u>Consistent use of needs assessment data from multiple sources is recommended for use in planning continuing education activities.</u>	<i>Add new recommendation regarding best practices for needs assessment.</i>
Standard III. Objectives		
III.1	Explicit written educational objectives identifying the expected learner outcomes must be developed for each activity.	
III.2	The administrative authority must be ultimately responsible for ensuring that appropriate objectives are developed for each activity. The educational objectives may, however, be prepared by the instructor, course director or administrative authority.	
III.3	Educational objectives that provide direction in selecting specific course content and choosing appropriate educational methodologies to achieve the expected learner outcomes must be developed for each activity during the earliest planning stages.	<i>Delete requirement that objectives be developed "during the earliest planning stages" as this is not easily defined. Criterion III.4 requires providers to publish objectives in publicity materials in advance of educational activities; if this requirement is met, objectives will have been developed in advance of the activity.</i>
III.4	The written educational objectives must be published and distributed to the intended audience as a mechanism for potential attendees to select courses on a sound basis. For conventions and major dental meetings that involve multiple course topics and speakers presented during a multi-day period, it is sufficient to publish detailed course descriptions that enable participants to select appropriate course offerings.	
III.5	Educational objectives must not conflict with or appear to violate the ADA <u>Principles of Ethics</u> and Code of Professional Conduct.	
Recommendation A	Educational objectives should form the basis for evaluating the effectiveness of the learning activity.	
Recommendation B	Specific educational objectives may include, but are not limited to, the following categories: (1) changes in the attitude and approach of the learner to the solution of dental problems; corrections of outdated knowledge; (2) provision of new knowledge in specific areas; (3) introduction to and/or mastery of specific skills and techniques; and (4) alteration in the habits of the learner. Accurate educational objectives succinctly describe the education that will result from attending the course.	
Standard IV. Evaluation		

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IV.1	<p>The provider must develop and use activity evaluation mechanisms that:</p> <ul style="list-style-type: none"> a. are appropriate to the objectives and educational methods; b. measure the extent to which course objectives have been accomplished; c. assess course content, instructor effectiveness, and overall administration. 	
IV.2	<p>The provider must use an evaluation mechanism that will allow participants to assess their achievement of personal objectives. Such mechanisms must be content-oriented and must provide feedback to participants so that they can assess their mastery of the material. This is especially important if the activity is self-instructional, including electronically mediated activities.</p>	
IV.3	<p>The provider must use an evaluation mechanism that will help the provider assess the effectiveness of the continuing education activity and the level at which stated objectives were fulfilled, with the goal being continual improvement of the provider's activities.</p>	
IV.4	<p>The provider must periodically conduct an internal review to determine <u>the effectiveness of its continuing education program</u>. <u>The review must evaluate:</u></p> <ul style="list-style-type: none"> a) The extent to which the <u>overall goals/mission of the continuing dental education program</u> are being achieved b) The extent to which activity evaluation effectively and appropriately assesses: <ul style="list-style-type: none"> i) educational objectives ii) quality of the instructional process iii) participants' perception of enhanced professional effectiveness c) Whether evaluation methods are appropriate to and consistent with the scope of the activity d) How effectively activity evaluation data are used in planning future continuing education activities. 	<p><i>Clarify intent of this standard that in addition to evaluating individual continuing dental education activities, providers must evaluate their continuing education program as a whole.</i></p>
IV.5	<p><u>The advisory committee must be involved in the provider's periodic assessment of the effectiveness of its continuing dental education program.</u></p>	<p><i>Add new requirement that the provider's advisory committee participate in the overall program evaluation process.</i></p>
Recommendation A	<p>The evaluation mechanisms should allow participants to assess course content with regard to whether it was practically useful, comprehensive, appropriate, and adequately in-depth.</p>	
Recommendation B	<p>The provider should give feedback to the instructor concerning the information produced by evaluation of the continuing education activity.</p>	

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	Standard V. Commercial or Promotional Conflict of Interest	
Preamble to Standard V	<p>In 19937 the U.S. Food and Drug Administration (FDA) proposed <u>issued</u> a policy statement on <u>entitled</u> "<u>Guidance for Industry: Industry Supported Scientific and Educational Activities.</u>" This policy states <u>states</u> that <u>activities designed to market or promote the products of a commercial company (staffed exhibits, live presentations, advertisements, sales activities) are subject to FDA regulation</u> addresses concerns about educational activities funded by industry and the conditions under which industry support for educational activities are, and are not, subject to regulation under the labeling and advertising provisions of the Federal Food, Drug and Cosmetic Act, whereas.</p> <p>Activities designed to market or promote the products of a commercial company are subject to FDA regulation, while a <u>Activities that are essentially independent of commercial influence and nonpromotional are not subject to FDA regulation.</u> In this context, the ADA CERP standards and criteria are designed to <u>ensure separation of promotional activities from continuing education activities</u> maximize disclosure in the following ways: 1) CDE providers must demonstrate that all educational activities offered are independent of commercial influence, either direct or indirect, or <u>and</u> 2) CDE providers must disclose to participants <u>ensure that all commercial financial relationships of the provider or between the provider and commercial entities, as well as all financial relationships between course presenters planners and faculty and/or a commercial company entities are fully disclosed to participants.</u></p>	<p><i>Update current preamble to include references to the 1997 FDA Guidance document that replaced the 1993 policy statement.</i></p>
V.1	<p><u>CDE providers must assume responsibility for ensuring the content quality and scientific integrity of all continuing dental education activities. Educational objectives, content development, and selection of educational methods and instructors must be conducted independent of commercial interest.</u></p>	<p><i>Specify elements of CDE program development that must not be influenced by commercial interests. (Addition of definition of "commercial interest" proposed in Lexicon section below.)</i></p>
V.2	<p><u>CDE providers must ensure that continuing dental education activities promote improvements in oral healthcare and not a specific drug, device, service or technique of a commercial entity.</u></p>	<p><i>Add criterion stating that continuing dental education must not promote proprietary business interests; the new criterion would replace current criterion V.6, below.</i></p>

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<p>V.3</p>	<p><u>Product-promotion material or product-specific advertisement of any type is prohibited in or during continuing dental education activities. Live promotional activities (staffed exhibits, presentations) or enduring promotional activities (print or electronic advertisements) must be kept separate from CDE. The juxtaposition of editorial and advertising material on the same products or subjects must be avoided during CDE activities.</u></p> <ul style="list-style-type: none">a. <u>For live, face-to-face CDE, advertisements and promotional materials cannot be displayed or distributed in the educational space immediately before, during, or after a CDE activity. Providers cannot allow representatives of Commercial Interests to engage in sales or promotional activities while in the space or place of the CDE activity.</u>b. <u>For print CDE activities, advertisements and promotional materials will not be interleaved within the pages of the CDE content. Advertisements and promotional materials may face the first or last pages of printed CDE content as long as these materials are not related to the CDE content they face and are not paid for by the commercial supporters of the CDE activity.</u>c. <u>For electronically mediated/computer based CDE activities, advertisements and promotional materials will not be visible on the screen at the same time as the CDE content and not interleaved between computer 'windows' or screens of the CDE content</u>d. <u>For audio and video-based CDE activities, advertisements and promotional materials will not be included within the CDE. There will be no 'commercial breaks.'</u>e. <u>Educational materials that are part of a CDE activity, such as slides, abstracts and handouts, cannot contain any advertising, trade name or a product-group message.</u>f. <u>Print or electronic information distributed about the non- CDE elements of a CDE activity that are not directly related to the transfer of education to the learner, such as schedules and content descriptions, may include product promotion material or product-specific advertisement.</u>	<p><i>Add new criterion delineating appropriate ways to separate promotional/marketing activities from continuing education activities.</i></p>
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<u>V.4</u>	<u>CDE providers that also offer activities designed to promote drugs, devices, services or techniques must clearly disclose the promotional nature of the activity in publicity materials and in the activity itself. Promotional activities must not be designated for CDE credit. The CDE hours awarded must not include the promotional hours.</u>	<i>Add new criterion clarifying that: (1) providers that offer both CE activities and promotional activities must clearly distinguish these activities in publicity materials (to replace similar clause in current criterion V.7); (2) CE credits may not be awarded for promotional activities.</i>
<u>V.2-V.5</u>	CDE providers must operate in accordance with written guidelines and policies that clearly place the responsibility for program content and lecturer/author <u>instructor/author</u> selection on the provider. These guidelines must not conflict with ADA CERP standards and criteria for recognition. Each CDE learning experience offered must conform to this policy.	<i>Replace "lecturer" with "instructor" throughout.</i>
<u>V.3-V.6</u>	The ultimate decision regarding funding arrangements for continuing dental education activities must be the responsibility of the CDE provider. Continuing dental education activities may be supported by funds received from external sources if such funds are unrestricted. External funding must be disclosed to participants 1) in announcements, brochures or other educational materials, and 2) in the presentation itself.	
<u>V.4-V.7</u>	CDE providers receiving commercial support must develop and apply a written statement or letter of agreement outlining the terms and conditions of the arrangement and/or relationship between the provider and the commercial supporter.	
<u>V.8</u>	<u>Arrangements for commercial exhibits or advertisements must not influence planning or interfere with the presentation, nor can they be a condition of the provision of commercial support for CDE activities.</u>	<i>Add new criterion clarifying that providers may sell exhibit space and advertisements in conjunction with CDE activities (subject to the conditions outlined in V.3, above), however, such sales must not be allowed to influence the planning or presentation of the CDE activity. Additionally, providers may accept commercial support for a CDE activity (subject to the conditions outlined in V.6 and V.7 above), but the support may not be contingent on arrangements for exhibits or advertisements.</i>

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<u>V.5-V.9</u>	CDE providers must disclose to participants any monetary or other special interest the provider may have with any company whose products are discussed in its CDE activities. Disclosure must be made in promotional <u>publicity materials and in the presentation itself</u> at the beginning of the educational activity.	(1) Change “promotional” to “publicity” for consistent usage; (2) Specify where and when a provider must disclose any financial or other relationships it may have with companies whose products or services are discussed in its CE activities.
<u>V.6</u>	CE providers must ensure that, within the context of the educational program, no products or commercial services will be marketed or promoted. (See also Standard XV, Recommendations, item E).	<i>Delete criterion; the substance of this criterion is restated and clarified in new criteria V.2 and V.3 above.</i>
<u>V.7-V.10</u>	CDE providers must ensure that a balanced view of all therapeutic options is presented <u>in CDE activities</u> , or that the promotional nature of the activity is fully disclosed . Whenever possible, generic names must be used to contribute to the impartiality of the program presented.	<i>Delete reference to promotional activities in this criterion; separation of promotional activities from CDE activities is addressed in detail in new criterion V.3 above.</i>
<u>V.8-V.11</u>	CDE providers must assume responsibility for the specific content and use of instructional materials that are prepared with outside financial support.	
<u>V.9-V.12</u>	CDE providers must assume responsibility for taking specific steps to protect against and/or disclose any conflict of interest of the <u>advisory committee, CDE activity planners, course directors and lecturer/author/instructors/authors involved in planning or presenting courses</u> . Signed conflict of interest statements must be obtained from all <u>advisory committee members, CDE activity planners, course directors and lecturer/instructors/authors</u> .	(1) Expand requirement that providers screen CDE faculty for conflicts of interest to include screening all those involved in the planning and presentation of CDE. (2) In addition, signed conflict of interest disclosure statements must be obtained from all those involved in the planning and presentation of CDE, not only from faculty. <i>(Definition of “Conflict of Interest” added to Lexicon below)</i>
<u>V.13</u>	<u>The advisory committee must be involved in evaluating and taking steps to protect against conflicts of interest that CDE activity planners, course directors and instructors/authors may have.</u>	<i>Add new criterion requiring that the advisory committee participate in process of evaluating potential conflicts of interest and taking steps to prevent them.</i>
<u>V.14</u>	<u>Providers must disclose to participants in CDE activities any conflicts of interest the planners and author/instructors of a continuing education activity may have. Disclosure must be made before the start of the continuing education activity and must be made in writing, either in publicity materials, course materials, or audiovisual materials.</u>	<i>Add new criterion specifying how providers must disclose any conflicts of interest that faculty or planners may have.</i>

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Recommendation A	The following are examples of outside or commercial support that is customary and proper: Payment of reasonable honoraria Reimbursement of out-of-pocket expenses for lecturer <u>instructors/authors</u> Modest meals or social events held as part of the educational activity	
Recommendation B	The CDE provider and the commercial supporter or other relevant parties should each report to the other on the expenditure of funds each has provided, following each subsidized continuing dental education activity.	
Standard VI Educational Methods		
VI .1	Educational methods must be appropriate to the stated objectives for the activity.	
VI .2	The continuing education administrative authority must be responsible for choosing the educational methods to be used in consultation with advisory committees, instructors, educational advisors, or potential attendees.	
VI .3	Educational methods must be appropriate to the characteristics or composition (especially skill level) of the intended audience.	
VI .4	Educational methods must be appropriate to the facilities and instructional medium used for the activity.	
VI .5	The continuing education administrative authority must have a written description of the methods to be used, which will assist in effective planning as well as evaluation of the activity.	
VI .6	For participation activities, group size must be limited in coordination with the nature of available facilities and the number of instructors/evaluators. Very careful attention to group size is mandatory when planning an activity that requires participants to perform complex tasks requiring supervision and evaluation.	
VI .7	Participants must be cautioned about the potential risks of using limited knowledge when incorporating techniques and procedures into their practices, especially when the course has not provided them with supervised clinical experience in the technique or procedure to ensure that participants have attained competence.	
VI .8	For self-instructional activities, including electronically-mediated, provision must be made for participant feedback and interchange with individuals having expertise in the subject area. <u>Interaction with instructors and subject matter experts may be facilitated through a variety of methods such as voicemail, e-mail, chat rooms, etc.</u> A mechanism by which the learner can assess his/her mastery of the material must be supplied.	<i>Insert suggested methods of interaction between participants in self-instructional activities and instructors or subject matter experts.</i>

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VI .9	Self-instructional activities that are primarily audio or audiovisual in nature must be augmented by additional written materials that serve the purpose of summarizing, further explaining, or clarifying the audio or audiovisual material. All self-instructional activities, including electronically mediated, must include references that can be pursued for further study in the subject.	
VI .10	Providers who plan self-instructional activities, including electronically-mediated, must ensure the input of individuals having technical expertise in both media and self-directed learning techniques, and the application of these techniques to adult learning.	
VI .11	For on-site/in-office/ electronically mediated participation courses (long-term CDE participation courses involving in-office practice of techniques without direct supervision), formal course sessions must include both lecture and demonstration of procedures to be learned.	<i>Delete term “electronically mediated” in this Standard as the criteria relate specifically to on-site/in-office participation courses.</i>
<u>VI.12</u>	For on-site/in-office participation courses, <u>a bibliography of current literature on the subject being taught must be provided to course participants.</u>	<i>Add new criterion requiring providers to offer bibliographies on subject matter to participants in on-site/in-office participation courses.</i>
<u>VI.12-VI.13</u>	For on-site/in-office/ electronically mediated participation courses, written instructions must be given to participants for individual in-office requirements.	
<u>VI.13-VI.14</u>	For on-site/in-office/ electronically mediated participation courses, <u>instructor lecturer/</u> author consultation and feedback must be available to participants when they perform required techniques in their offices.	
<u>VI.14-VI.15</u>	For <u>patient procedures performed as part of</u> the in-office portions of on-site/ in-office/electronically mediated participation courses, providers must require participants to maintain the following records (where applicable): a. Patient informed consent <u>and release</u> form; b. Preoperative medical/dental history; c. Preoperative radiographs, <u>if indicated</u> d. Preoperative mounted diagnostic casts, <u>if applicable</u> e. <u>Preoperative photographs</u> f. Preoperative dental charting. g. <u>Records of treatment</u> rendered, materials, methods, etc. h. Mounted treatment casts, <u>if applicable</u> ; I . Photographs of treatment progress j. Radiographs taken during treatment, <u>if indicated.</u> k. Photographs of completed treatment; l. Postoperative radiographs, <u>if indicated.</u>	<i>Insert requirements paralleling AGD PACE requirements for protocol courses.</i>

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VI.15 - VI.16	For on-site/in-office/ electronically mediated participation courses, the provider must be responsible for ensuring that the on-site teaching facilities are appropriate for the activities and comply with state and local regulations.	
VI.16 - VI.17	Following completion of the in-office portion of on-site/in-office/ electronically mediated participation courses, providers must convene participants for complete case presentation and critique.	
Recommendation A	For self-instructional activities, audiovisual materials may offer valuable learning experiences when their usefulness as a means, rather than an end, is appreciated.	
Recommendation B	The size of the potential audience for any continuing education activity is important in determining appropriate methods. A potentially active method can become purely passive if the group is too large. Methods requiring learner involvement (seminars, discussion groups, case reviews/preparations, laboratory work and patient treatment) have been shown to provide more effective learning experiences. The appropriate use of films, slides, television, and other teaching aids can support and enhance other teaching methods if they are integrated into a planned educational program, rather than used as the sole method of instruction.	
Recommendation C	Providers are encouraged to give attendees resource materials and references to facilitate post-course practical application of course content, as well as continued learning.	
Standard VII. Instructors		
VII.1	<u>CDE</u> providers must ensure that instructors chosen to teach courses are qualified by education and experience to provide instruction in the relevant subject matter.	
VII.2	The number of instructors employed for a continuing education activity must be adequate to ensure effective educational results.	
<u>VII.3</u>	Providers must ensure that instructors support clinical <u>recommendations with references from the scientific literature whenever possible. References must have a sound scientific basis, as defined in the Lexicon of Terms. References must be published or translated into English.</u>	<i>Add new criterion requiring that providers have policies and practices to ensure that instructors support clinical recommendations with evidence when possible.</i>
VII.3 <u>VII.4</u>	The number of instructors assigned to any activity must be predicated upon the course objectives and the educational methods used.	

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<u>VII.4-VII.5</u>	The instructor-participant ratio is most critical in participation courses. <u>CDE providers must ensure that close supervision and adequate direct interchange between participants and instructors will take place. The instructor-to-attendee ratio should not exceed 1:15 during any hands-on activities.</u>	<i>Specify the highest acceptable instructor/participant ratio for participation courses; this parallels AGD PACE requirement.</i>
<u>VII.5-VII.6</u>	Providers must assume responsibility for communicating specific course objectives and design to instructors early in the planning process.	<i>Delete reference to “early in the planning process” as this is not easily defined.</i>
<u>VII.7</u>	<u>CDE providers that utilize one instructor to present 50% or more of the provider’s CDE activities must submit a Curriculum Vitae containing complete information on the instructor’s education, professional training, positions held, publication and presentation history when applying for ADA CERP recognition.</u>	<i>Add new criterion requiring providers that utilize a single instructor for the majority of their courses to submit the instructor’s CV with the ADA CERP application.</i>
<u>VII.8</u>	<u>CDE program providers must assume responsibility for taking steps to ensure that images presented in courses have not been falsified or misrepresent the outcome of treatment. Signed affidavits of image authenticity must be obtained from all faculty members.</u>	<i>Add new criterion requiring that providers take measures to ensure that images presented in CE activities have not been falsified.</i>
<u>VII.9</u>	<u>Providers must develop clearly-defined policies on honoraria and expense reimbursement for instructors/authors.</u>	<i>Change Recommendation F below to a mandatory criterion requiring providers to have policies on faculty honoraria and expense reimbursement.</i>
Recommendation A	Providers should be responsible for working closely with instructors during course planning to ensure that the stated objectives will be addressed by the presentation.	
Recommendation B	A wide variety of sources should be explored and used to select qualified instructors.	
Recommendation C	The teaching staff for any continuing education program should consist of dentists and other professionals in related disciplines who have demonstrated ability, training and experience in the relevant fields.	
Recommendation D	Instructors should possess the demonstrated ability to communicate effectively with professional colleagues, as well as an understanding of the principles and methods of adult education.	
Recommendation E	Expertise and assistance in development and use of instructional materials and aids, when needed, should be available to support the teaching staff.	
Recommendation F	Providers should develop clearly-defined policies on honoraria and expense reimbursement for instructors.	<i>Change to a mandatory criterion and delete recommendation (see proposed VII.9 above).</i>
Standard VIII. FACILITIES/INSTRUCTIONAL MEDIA		

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VIII.1	Facilities and instructional media selected for each activity must be appropriate to accomplish: a. The intended educational method(s) b. The stated educational objectives	
VIII.2	The CDE provider must be responsible for ensuring that facilities/instructional media and equipment (including those borrowed or rented) are adequate and in good working condition, so that instruction can proceed smoothly and effectively.	
VIII.3	Adequate space and equipment must be provided to accommodate the size of the intended audience.	
VIII.4	For participation courses, sufficient space and equipment (and patients, if used) must be available to allow active participation by each learner without any learner experiencing undue idle time.	
VIII.5	If participants are required to provide materials and equipment, the provider must make this requirement clear to potential enrollees, and the provider must provide enrollees with specific descriptions of all equipment and materials required.	
Standard IX. Administration		
IX.1	Administration of the program must be consistent with: a. the goals of the program; b. the objectives of the planned activities.	
IX.2	The CDE program must be under the continuous guidance of an administrative authority and/or individual responsible for its current and future content and its quality.	

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IX.3	<p>The CDE provider must obtain input from an advisory committee regarding the goals, objectives and content of the CDE program. <u>A majority of the advisory committee must be dentists who are independent from other responsibilities for the provider.</u> The advisory committee must include at least one dentist and be broadly representative of the intended audience or constituency <u>including the members of the dental team for which the courses are offered.</u> <u>The committee is required to maintain minutes from its meetings.</u></p>	<p>(1) <i>Change requirement for at least one dentist on the advisory committee to requirement that a majority of the committee be dentists.</i></p> <p>(2) <i>Incorporate terms from the definition of Advisory Committee in the Lexicon of Terms to emphasize requirements that a majority of advisory committee members must be independent of other responsibilities for the provider, and that the committee should include members of the dental team if the provider offers courses for this audience.</i></p> <p>(3) <i>Add requirement that advisory committee maintain meeting minutes.</i></p>
IX.4	<p>To maintain continuity, the provider must develop specific procedures for personnel changes, particularly with regard to the administrative authority.</p>	
IX.5	<p>The administrative authority must commit sufficient time to planning and conducting the continuing education program relative to its planned size and scope of activity</p>	
IX.6	<p>Where the size or extent of the continuing education program warrants, there must be provision for adequate support personnel to assist with program planning and implementation.</p>	
IX.7	<p>The responsibilities and scope of authority of the individual or administrative authority must be clearly defined.</p>	
IX.8	<p>The CDE provider must be responsible for ensuring that all clinical and/or technical CDE activities offered have a sound scientific basis, proven efficacy and ensure public safety.</p>	
IX.9	<p>The administrative authority must be responsible for maintaining accurate records of participants' participation and for retaining information on the formal planned activities offered, including needs assessment, methods, objectives, course outlines, and evaluation procedures.</p>	

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IX.10	CDE providers must assume responsibility for the compliance by participants with applicable laws and regulations. The provider must ensure that participation in its program by dentists not licensed in the jurisdiction where the program is presented does not violate the state practice act. Unless malpractice coverage for attendees participating in clinics is arranged by the CDE provider, notice must be given to participants to obtain written commitments of coverage from their carriers.	
IX.11	The CDE provider must be responsible for: a. Establishing clear lines of authority and responsibility b. Conducting a planning process c. Ensuring that an adequate number of qualified personnel are assigned to manage the program d. Ensuring continuity of administration	
IX.12	Administrative responsibility for development, distribution, and/or presentation of continuing education activities must rest with the ADA CERP-recognized provider whenever the provider acts in cooperation with providers that are not recognized by the ADA CERP.	
IX.13	When two or more ADA CERP-recognized providers act in cooperation to develop, distribute and/or present an activity, each must be equally and fully responsible for ensuring compliance with these standards.	
IX.15	The CDE provider is responsible for ensuring that the curriculum developed, including goals, objectives, and content, is based on best practices as defined in the Lexicon of Terms on page 27 and does not conflict with or appear to violate the ADA <u>Principles of Ethics</u> and Code of Professional Conduct.	
IX.16	<u>Continuity of administration and planning is necessary for the stability and growth of the program. It is required that members of the advisory committee be selected for a term of longer than one year and serve staggered terms of office.</u>	<i>Change Recommendation B below to a mandatory requirement in order to ensure continuity of administration.</i>
Recommendation A	The administrative authority should have background and experience appropriate to the task.	
Recommendation B	Continuity of administration and planning is necessary for the stability and growth of the program. It is recommended that: 1. Members of the administrative authority or advisory committee be selected for a term of longer than one year 2. Members of the administrative authority or advisory committee serve staggered terms of office	<i>Change to a mandatory criterion and delete recommendation (see proposed new IX.16 above).</i>
Standard X. Fiscal Responsibility		
X.1	Fiscal resources must be sufficient to meet the goals of the program and the objectives of the planned activities.	

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X.2	Adequate resources must be available to fund the administrative and support services necessary to manage the continuing education program.	
X.3	In instances where continuing education is only one element of a provider's activities, resources for continuing education must be a clearly identifiable component of the provider's total budget and resources.	
X.4	The provider must maintain a budget for the overall continuing education program, to include all costs and income, both direct (e.g., honoraria, publicity costs, tuition fees, refunds, or foundation grants) and indirect (e.g., use of classroom facilities or equipment, unpaid instructor time, etc.).	
X.5	Resources must be adequate for the continual improvement of the program.	
Recommendation A	Separate budgets for each activity should be prepared, but institutional or organizational policies requiring that each individual activity to be presented be self-supporting tend to restrict the quality of the continuing education program unduly, and are discouraged.	

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Standard XI Publicity		
XI.1	<p>Publicity must be informative and not misleading. It must include:</p> <ul style="list-style-type: none"> a. The name of the provider prominently identified <u>b. The names of any joint sponsors</u> c.<u>b.</u> The course title d.<u>e.</u> A description of the course content e.<u>d.</u> The educational objectives f.<u>e.</u> A description of teaching methods to be used <u>g. The names of any entities providing commercial support.</u> h.<u>f.</u> The costs and contact person i.<u>g.</u> The course instructor(s) and their qualifications <u>and any conflicts of interest</u> j.<u>h.</u> Refund and cancellation policies k.<u>i.</u> Location, date, time and period of availability for internet-based courses l.<u>k.</u> The recognition status of the provider, through the use of the authorized <u>recognition statement</u>, and, whenever feasible (given space considerations) the use of the ADA CERP logo in conjunction with the authorized statement. m.<u>j.</u> The number of credits available <u>using the authorized credit designation statement</u> 	<ul style="list-style-type: none"> (1) <i>Add requirement that providers list any joint sponsors on publicity materials, when applicable;</i> (2) <i>Combine XI.1 and XI.6 (see XI.1.g at left and XI.6 below);</i> (3) <i>Add requirement that faculty conflicts of interest be published in publicity materials;</i> (4) <i>Add requirement to use standard language for designating credits to avoid misleading statements implying ADA approval of courses.</i>
XI.2	For effective presentation and assimilation of course content, the prior level of skill, knowledge, or experience required (or suggested) of participants must be clearly specified in publicity materials.	
XI.3	Publicity on continuing education activities must provide complete and accurate information to the potential audience.	
XI.4	Providers must avoid misleading statements regarding the nature of the activity or the benefits to be derived from participation.	
XI.5	Accurate statements concerning credits for the activity and the provider's recognition status must be included. CDE providers must ensure that such statements follow the wording prescribed by the agency granting the credits or recognition so that participants do not misinterpret them.	
XI.6	The name of the provider, as well as any organization or agencies providing financial support, must be clearly stated.	<i>Delete current XI.6 since the requirement for disclosure of commercial support is incorporated into XI.1 above.</i>
<u>XI.6</u>	<u>The terms “accredited,” “accreditation,” “certification” or “endorsed by” must not be used in reference to ADA CERP recognition. Providers must not make statements implying ADA CERP approval or endorsement of individual courses.</u>	<i>Add new criterion emphasizing use of correct terminology regarding ADA CERP recognition.</i>

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XI.7	Publicity for CDE activities must not conflict with or appear to violate the ADA Principles of Ethics and Code of Professional Conduct.	
Recommendation A	The attendees' expectations concerning course content and anticipated learning are based on course publicity. Complete and detailed publicity materials will help ensure that those who want and need the course will attend, and that they will be motivated to learn. Materials containing less than complete and accurate information will almost always result in disappointment and dissatisfaction on the part of all or some attendees.	
Standard XII Admissions		
XII.1	In general, continuing education activities must be available to all dentists.	
XII.2	If activities require previous training or preparation, the necessary level of knowledge, skill or experience must be specified in course announcements.	
XII.3	If previous training or preparation is necessary for learners to participate effectively in the activity, the provider must (1) provide a precise definition of knowledge, skill or experience required for admission; (2) demonstrate the necessity for any admission restriction, based on course content and educational objectives; and (3) specify in advance, and make available a method whereby applicants for admission may demonstrate that they have met the requirement. Such methods must be objective, specific and clearly related to the course content and stated requirements.	
Recommendation A	Where activities are offered at an advanced level, providers are encouraged to provide sequentially planned instruction at basic and intermediate levels, to allow participants to prepare for the advanced activity.	
Recommendation B	Though providers are not obligated to provide continuing education activities for all dental occupational groups, admission policies that discriminate arbitrarily among individuals within an occupational group, without sound educational rationale, are not acceptable. <u>Where restrictive registration requirements have been determined to be necessary on the basis of the foregoing Standards and Criteria, course applicants might demonstrate compliance with the requirements through documentation of attendance at CDE activities, submission of patient treatment records, or actual demonstration of required skills or knowledge.</u>	<i>Add information on how providers may determine whether participants meet requirements for any courses with pre-requisites.</i>

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Standard XIII. Patient Protection		
XIII.1	<p>Where patient treatment is involved, either by course participants or instructors, patient protection must be ensured as follows:</p> <ul style="list-style-type: none"> a. The provider must seek assurance prior to the course that participants and/or instructors possess the basic skill, knowledge, and expertise necessary to assimilate instruction and perform the treatment techniques being taught in the course. b. Informed consent from the patient must be obtained in writing prior to treatment. c. Appropriate equipment and instruments must be available and in good working order. d. Adequate and appropriate arrangements and/or facilities for emergency and postoperative care must exist. 	
XIII.2	Participants must be cautioned about the potential risks of using limited knowledge when integrating new techniques into their practices.	
XIII.3	The provider must assume responsibility for ensuring that participants and/or instructors treating patients (especially those from outside the state/province where the course is held) are not doing so in violation of state dental licensure laws.	
XIII.4	The provider must ultimately be responsible for ensuring that informed consent of all patients is obtained.	
XIII.5	<p>Patients must be informed in non-technical language of:</p> <ul style="list-style-type: none"> The training situation The nature and extent of the treatment to be rendered Any benefits or potential harm that may result from the procedure Available alternative procedures Their right to discontinue treatment 	
XIII.6	There can be no compromise in adequate and appropriate provisions for care of patients treated during continuing education activities. Aseptic conditions, equipment and instruments, as well as emergency care facilities, must be provided.	
XIII.7	Sufficient clinical supervision must be provided during patient treatment to ensure that the procedures are performed competently.	
XIII.8	The provider must assume responsibility for completion of treatment by a qualified clinician, should any question of the course participant's competence arise.	

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XIII.9	The provider must assume responsibility for providing any necessary post course treatment, either through the practitioner who treated the patient during the course, or through some alternative arrangement.	
XIII.10	Providers, instructors and participants must have liability protection.	
Recommendation A	In order to meet course objectives, patients should be screened prior to the course to ensure the presence of an adequate number of individuals with conditions requiring the type of treatment relevant to the course content.	
Recommendation B	Providers should consult with legal counsel regarding informed consent requirements in their locale and appropriate procedures for obtaining patient consent.	
Standard XIV. Recordkeeping		
XIV.1	Providers must issue accurate records of individual participation to attendees.	
XIV.2	Documentation must not resemble a diploma or certificate. Documentation must not attest, or appear to attest to specific skill, or specialty or advanced educational status. Providers must design such documentation to avoid misinterpretation by the public or professional colleagues.	

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<p>XIV.3</p>	<p>Credit awarded to participants of a recognized provider's educational activity must be calculated as follows:</p> <ul style="list-style-type: none"> a. For participation in formal structured lectures delivered in real time, whether in person or electronically mediated via teleconference or web-based seminar, credit must be awarded based on the actual number of contact hours (excluding breaks, meals and registration periods). No credit should be awarded if the course is less than one hour in duration. b. For courses in which significant portion <u>at least 30%</u> of course content involves the participant in the active manipulation of dental materials or devices, the treatment of patients or other opportunities to practice skills or techniques under the direct supervision of a qualified instructor, participation credit must be awarded based on the actual number of contact hours (excluding breaks, meals and registration periods). c. For <u>CDE</u> activities that involve on-site and in-office participation components, credit must be awarded based on contact hours. Credit for the in-office portion may not exceed credit awarded for the lecture and demonstration portions. d. For participation in audio or audiovisual self-instructional programs, credit must be awarded based on the actual length of the audiovisual instructional time plus a good faith estimate of the time it takes an average participant to complete all required elements of the activity. Such courses must offer a minimum of one credit hour. Audio visual self-instructional activities include, but are not limited to: <ul style="list-style-type: none"> i. Audio- or audio-visual activities delivered via tape, CD, DVD, pod cast, on-line, etc. ii. Multi-media activities comprised of audiovisual elements in combination with written materials. e. For participation in self-paced self-instructional programs, the provider must award credit based on a good faith estimate of the time it takes an average participant to complete the program. Such courses must offer a minimum of one credit hour. Self-paced self-instructional activities include, but are not limited to, written self-study activities such as journals or monographs, either print-based or electronically mediated. 	<p><i>Add definition of participation courses.</i></p>
<p>XIV.4</p>	<p>Verification of participation documentation must clearly indicate at least:</p> <ul style="list-style-type: none"> a. The name of the <u>CDE</u> provider b. The name of the participant c. The date(s), location and duration of the activity d. The title of the activity and/or specific subjects e. The title of each individual <u>CDE</u> course the participant has 	<p><i>Add requirement to include information about filing complaints on verification of participation documents (as stated in the Regulations Governing the Recognition Process).</i></p>

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	<p>attended or successfully completed as part of a large dental meeting or other similar activity (and number of credits awarded for each)</p> <p>f. The educational methods used (e.g., lecture, videotape, clinical participation, electronically mediated)</p> <p>g. The number of credit hours awarded (excluding breaks and meals)</p> <p>h. The recognition status of the provider, through the use of the authorized <u>recognition</u> statement, and, whenever feasible (given space considerations) the use of the ADA CERP logo in conjunction with the authorized statement.</p> <p>i. <u>Notice of opportunity to file complaints.</u></p>	
XIV.5	Providers must maintain records of the individual participants at each educational activity, including their names, addresses and telephone numbers, for a period of at least <u>six</u> three years.	<i>Revise length of time CE participation records must be retained from 3 years to 6 years.</i>
Recommendation A	Providers should be aware of the professional and legal requirements for continuing dental education that may affect their participants.	
Recommendation B	Providers should cooperate with course participants and with regulatory or other requiring agencies in providing documentation of course participation, as necessary.	
Recommendation C	Each attendee is responsible for maintaining his/her own records and for reporting his/her CDE activities to all appropriate bodies in accord with any jurisdictional and/or membership requirements.	
Recommendation D	<u>The provider should provide a course completion code at the end of each educational activity or educational session .</u>	<i>Add recommendation that providers should announce a completion code at the end of each session in order to assist providers verify individual participation in an activity.</i>
Standard XV. Electronically Mediated Distance Learning		
XV.1	A documented technology plan that includes electronic security measures must be in place and operational to ensure both quality standards and the integrity and validity of information (e.g., password protection, encryption, back-up systems, firewalls).	
XV.2	Participants must have access to technical assistance throughout the duration of the course. The technical design of the course should support easy navigation, and all program features should be functional.	
XV.3	Participant interaction with instructor lecture /author and other participants is an essential characteristic and must be facilitated through a variety of methods such as voice mail, e-mail or chat rooms.	

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XV.4	<u>Embedded advertising and direct commercial links are inappropriate within the educational content and must be avoided.</u>	<i>Change Recommendation E below to a mandatory criterion.</i>
Recommendation A	Courses should include resources, references and information to aid participants in securing relevant material through online sources (e.g. electronic databases, interlibrary loans, government archives, news services).	
Recommendation B	Questions directed to course personnel should be answered quickly and accurately. A structured system to address participant complaints should be in place.	
Recommendation C	Feedback to participants about assignments and questions should be constructive and provided in a timely manner.	
Recommendation D	Courses should provide participants with flexibility to access and review course materials on demand during the period of announced availability.	
Recommendation E	Embedded advertising and direct commercial links are inappropriate within the educational content and should be avoided. (See also Standard V, Criteria, item 6)	<i>Change to a mandatory criterion and delete recommendation (see new XV.4 above)</i>
Recommendation EF.	Providers should use current best practices to aid participants in locating courses via multiple search engines.	
Recommendation FG.	When appropriate, providers should use the unique characteristics of the electronic media to engage the participants in analysis, synthesis, and evaluation as part of their course and program requirements.	
Recommendation GH.	Whenever possible, educational software should be designed in accordance with ANSI/ADA Specification 1001 for the Design of Educational Software.	
Lexicon of Terms		
Activity	An individual educational experience such as a lecture, clinic or home-study package. (See COURSE)	
Administrative Authority	The person responsible for the coordination, organization and dissemination of planned CDE offerings. Typically, it is an employee of the provider; the provider is responsible for the overall quality.	
Advisory Committee	An objective entity that provides peer review and direction for the program and the provider. The composition must include at least one dentist who is <u>A majority of the advisory committee must be dentists who are independent from other</u> responsibilities for the provider. The composition of the advisory committee should include objective representatives of the intended audience, including the members of the dental team for which the courses are offered.	<i>Revise composition of committee to require that a majority of the committee be dentists that are independent of other responsibilities for the provider, as reflected in revisions to Standard IX.3.</i>

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Best Practices	Those strategies, methods, activities or approaches which have been shown through research and evaluation to effectively promote continuous quality improvement of continuing dental education in accordance with the ADA CERP <i>Recognition Standards and Procedures</i> .	
Commercial Bias/Commercial Influence	In the context of continuing dental education, any activity or <u>material designed to promote a specific proprietary business interest.</u>	<i>Add new term and definition.</i>
Commercial Interest/Commercial Entity	<u>Any proprietary entity producing health care goods or services, with the exception of not-for-profit or government agencies.</u>	<i>Add new term and definition.</i>
Commercial Support	Financial support, products and other resources contributed to support or offset expenses or needs associated with a provider's continuing dental education activity.	
Commercial Supporter	Entities which contribute financial support, products, and other resources to support or offset expenses and /or needs associated with a provider's continuing dental education activity.	
Conflict of Interest	<u>When an individual has an opportunity to affect the content of continuing dental education activities regarding products or services of a commercial interest with which he/she has a financial relationship.</u>	<i>Add new term and definition.</i>
Continuing Dental Education* * As adopted by the ADA House of Delegates, October 2006	Continuing dental education consists of educational activities designed to review existing concepts and techniques, to convey information beyond the basic dental education and to update knowledge on advances in scientific, clinical, and non-clinical practice related subject matter, including evidence-based dentistry. 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. All continuing dental education should strengthen the habits of critical inquiry and balanced judgment that denote the truly professional and scientific person and should make it possible for new knowledge to be incorporated into the practice of dentistry as it becomes available. Continuing education programs are designed for part-time enrollment and are usually of short duration, although longer programs with structured, sequential curricula may also be included within this definition. In contrast to accredited advanced dental education programs, continuing dental education programs do not lead to eligibility for ethical announcements or certification in a specialty recognized by the American Dental Association. Continuing dental education should be a part of a lifelong continuum of learning.	

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Course	A type of continuing education activity; usually implies a planned and formally conducted learning experience. (See ACTIVITY)	
Course Completion Code	<u>Also referred to as verification code. Random code, a portion of which is announced by program provider toward the end of each course to help verify that each participant has taken part in the entire course.</u>	<i>Add new term and definition.</i>
Educational Methods/ Methodologies	The systematic plan or procedure by which information or educational material is made available to the learner. Some examples include lecture, discussion, practice under supervision, audiovisual self-instructional units, case presentations and internet-based or other electronically mediated formats.	
Electronically Mediated Onsite/in-office Participation Courses	Long-term CDE participation courses involving <u>both formal course sessions and in-office practice of techniques without direct supervision.</u>	<i>Change term “Electronically mediated participation courses” to “On-site/in-office participation courses” to conform to definition of this type of activity and eliminate confusion with other electronically mediated CE activities and incorporate language consistent with Standard VI.11.</i>
Financial Relationships	<u>Any relationship in which an individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest, contracted research or other financial benefit. ADA CERP considers relationships of the person involved in the CDE activity to include financial relationships of a family member. Financial relationships must be disclosed to participants in CDE activities.</u>	<i>Add new term and definition.</i>
Goal	A statement of long-range expectations of a continuing dental education program.	
Joint Sponsor	An ADA CERP recognized or non-ADA CERP recognized provider that shares responsibility with an ADA CERP recognized provider of continuing education for planning, organizing, administrating, publicizing, presenting, and keeping records for a program of continuing dental education. Administrative responsibility for development, distribution, and/or presentation of continuing education activities must rest with the ADA CERP-recognized provider whenever the provider acts in cooperation with providers that are not recognized by the ADA CERP. (ADA CERP <i>Recognition Standards and Procedures</i> , Standard IX. Administration, Criteria 12). When two or more ADA CERP-recognized providers act in cooperation to develop, distribute and/or present an activity, each must be equally and fully responsible for ensuring compliance with these standards. (ADA CERP <i>Recognition Standards and Procedures</i> , Standard IX. Administration, Criteria 13).	

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<u>Instructor</u> Lecturer/author (also <u>lecturer</u> instructor, faculty, faculty member)	The person or persons responsible for the development and presentation of specific <u>CDE</u> course material for the intended audience.	<i>Revise to reflect revised terminology throughout Standards</i>
Needs Assessment	The process of identifying the specific information or skills needed by program participants and/or interests of the program participants, based on input from participants themselves or from other relevant data sources. The specific needs thus identified provide the rationale and focus for the educational program.	
Objective	Anticipated learner outcomes of a specific continuing dental education learning experience or instructional unit, stated in behavioral or action-oriented terms for the participant.	
Planned Program	The total efforts of a sponsoring organization as they relate to continuing dental educational activities offered to professional audiences. A sequence or series of continuing education activities, courses or events that in total constitutes the sponsoring organizations' activities as they relate to continuing dental educational activities offered to professional audiences. These individual activities, courses or events must be substantially distinguishable from one another. A planned program of continuing dental education activities must consist of more than a single course offered multiple times. A single course offered multiple times may not exceed 50 percent of the total number of courses offered per year. The <u>CDE</u> provider's administrative authority must not function as a sole <u>instructor</u> lecturer /author.	
Program Planning	The total process of designing and developing continuing education activities. This process includes assessing learning needs, selecting topics, defining educational objectives, selecting <u>instructors</u> lecturer /authors, facilities and other educational resources, and developing evaluation mechanisms. All steps in the program planning process should be aimed at promotion of a favorable climate for adult learning.	
Provider	An agency (institution or organization) that is responsible for organizing, administering, publicizing, presenting, and keeping records for the continuing dental education program. The <u>CDE</u> provider assumes both the professional and fiscal liability for the conduct and quality of the program. If the <u>CDE</u> provider contracts or agrees with another organization or institution to provide facilities, <u>instructor</u> lecturer /author or other support for the continuing education activity, the recognized provider must ensure that the facilities, <u>instructor</u> lecturer /author or support provided meet the standards and criteria for recognition. The <u>CDE</u> provider remains responsible for the overall educational quality of the continuing education activity. (See SPONSOR)	

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Recognition	Recognition is conferred upon CDE providers or sponsoring organizations which are judged to be conducting a continuing dental education program in compliance with the standards and criteria for recognition. (The term "accreditation" is not used in the context of continuing dental education, as "accreditation" has a precise educational meaning that implies that an on-site review based on curricular or patient service standards has been conducted by an accrediting agency recognized by the U.S. Department of Education or the Council on Postsecondary Accreditation. The review process used by the ADA CERP does not meet these specific criteria.)	
Recommendations	Detailed suggestions and/or assistance in interpreting and implementing the standards and criteria for recognition. (See STANDARDS AND CRITERIA FOR RECOGNITION)	
Sound Scientific Basis	CDE material should have peer-reviewed content supported by generally accepted scientific principles or methods that can be substantiated or supported with peer-reviewed scientific literature that is relevant and current; or the CDE subject material is currently part of the curriculum of an accredited U.S. or Canadian dental education program and, whenever possible, employ components of evidence-based dentistry.	
Sponsor	Another term used to designate the agency (institution or organization) that is responsible for organizing, administering, publicizing, presenting, and keeping records for the continuing dental education program. (See PROVIDER)	
Standards and Criteria for Recognition	The criteria which applicant continuing dental education providers will be expected to meet in order to attain and then retain recognition status. (See RECOMMENDATIONS). The verbs used in the standards and criteria for recognition (i.e., must, should, could, may) were selected carefully and indicate the relative weight attached to each statement. Definitions of the words which were utilized in preparing the standards are: <ol style="list-style-type: none"> 1. Must expresses an imperative need, duty or requirement; an essential or indispensable item; mandatory. 2. Should expresses the recommended manner to meet the standard; highly recommended, but not mandatory. 3. May or could expresses freedom or liberty to follow an idea or suggestion. 	
<u>Verification Code</u>	Also referred to as course completion code. <u>Random code, a portion of which is announced by program provider toward the end of each course to help verify that each participant has taken part in the entire course.</u>	<i>Add new term and definition.</i>

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	Recognition Policy (excerpt)	
	<p>ADA CERP recognition is based on a provider's demonstration of compliance with ADA CERP standards and criteria. A standing committee of the Council, the ADA CERP Committee, reviews all applications and determines if a provider can be approved. To apply for recognition, the CE provider/sponsor must complete the ADA CERP <i>Application for Recognition</i>, a form that relates to each of the 15 standards addressed in the ADA CERP standards and criteria. The application, together with any required documentation or pertinent data, is submitted to the ADA CERP Committee for evaluation.</p> <p>ADA CERP recognized continuing dental education providers shall be designated "recognized providers" for the length of their period of recognition which shall be <u>one</u>, two, three or four years, based on the level of compliance and complaint history of the provider. If the ADA CERP Committee determines that more information is required to make a decision regarding recognition status, or that the provider only minimally meets the standards and criteria, action to determine recognition status may be postponed definitely pending submission of additional information or a new application, or, recognition may be granted, contingent upon submission of a progress report within six months to one year. Recommendations for improvement or concerns noted during the review will be identified and transmitted to the provider.</p> <p>Recognition of a provider does not imply recognition or approval of that provider's satellite or parent organizations, parent company, subsidiaries, cooperating agencies or divisions.</p> <p>ADA CERP does not approve sole providers, lecturers, individual courses or credit hours. Further, the terms "accreditation" or "accredited" must not be used in conjunction with ADA CERP recognition. Providers must inform participants on how comments or complaints may be filed with ADA CERP.</p> <p>...</p>	<p>(1) <i>Add 1-year term to correspond with proposed new term for new providers with less than 12 months experience.</i></p> <p>(2) <i>Delete statement that ADA CERP does not recognize sole providers, to correspond with pending revision to eligibility requirements.</i></p>