



National Board for Certification in
Dental Laboratory Technology



Office Use Only

Course Approval Number: _____

Date Approved: _____

Materials Sent: _____

Initials: _____

CDT Content Outline Code: _____

2011 NBC Course Approval Request Form

Please complete and submit this form *at least 30 business days* before the program date.

General Information

Speaker Name: _____
if group or panel course, will be documented under first name listed

Speaker Credentials: CDT/RG (*CDT/RG Number*): _____ DDS/DMD: _____ MD/DO: _____

Other (*please attach bio/CV*): _____

Sponsoring Organization (*if applicable*): _____

Contact Name (*if different than speaker*): _____

Speaker Email: _____ **Contact Email:** _____

Shipping Address (*for shipping course supplies & information*): _____

City: _____ **State:** _____ **Zip:** _____

Contact Phone (*required*): _____ **Contact Fax:** _____

Event Location (Hotel/Venue Name) _____

City, State, Zip _____

Phone: _____ Website: _____

** The more information in which you list – the more information we will be able to provide those who are searching for a course to attend.*

Is the **Speaker** a member of NADL? Yes _____ No _____ Is the **Sponsoring Organization** a member of NADL? Yes _____ No _____

Course Information I

If the program will be presented by the same speaker multiple times in a given year, blanket approval will be granted. If you do not need Scan Cards or opt to submit credits electronically write a "0" in the space for Number of Attendees.

Course Title: _____

Program Date (*or year only for 'blanket' approvals*): _____ **Credit Hours** (*based on an hour per hour basis*): _____

Estimated **Number** of CDT Attendees (*amount of Scan Cards requested*): _____ **Date** Scan Cards requested: _____

Brief Program Description (*may attach outline or syllabus if preferred*): _____

Type of Credit Requested (select one):

Professional Development: _____ Scientific: _____ Regulatory Standards: _____

(Regulatory Standards and Scientific credit is generally more difficult for CDTs to earn. The annual renewal criteria specify at least 1 Regulatory Standards credit and at least 6 Scientific credits. A total of twelve credits are required and the balance may consist of additional Regulatory Standards, Scientific, or Professional Development credit. Professional Development credit is awarded for non-dental-specific courses, such as "Marketing Your Business" or "Improving Employee Relations". Professional Development is also awarded to courses that are Scientific or Regulatory Standards in nature, but which the speaker does not have the appropriate credentials.)

REMEMBER: For repetitive courses, a new Course Approval Form must be completed annually to ensure a valid code for CE credit!!

Course Information II
(Required for Scientific or Regulatory Standards credit):

Please check those specialties which apply. You may select more than one.

Specialty	Applicable	Specialty	Applicable
Complete Dentures		Implants	
Partial Dentures		CAD/CAM	
Crown & Bridge		Web-Based	
Ceramics		Regulatory Standards	
Orthodontics		Other :	

Please indicate where within the CDT exam content outline this course fits. This information will be used for those who search for available courses on the NBC and Foundation for Dental Laboratory Technology's websites. (Use the attached document CDT Exam Content Outline as a reference)

Educational Level of the Course ___ Beginner ___ Intermediate ___ Advanced ___ Master

CDT Exam Content Outline Code _____ Prerequisite Knowledge ___ Yes ___ No

of Scan Card Requested: _____ Date Scan Cards Needed: _____

Learning Objectives _____

Additional Information:

(Optional: Include any information you have not already entered pertaining to the course.)

Fee Breakdown Information

Single Course Registration - \$40 per course with a 50% discount if you are a CDT, RG or NADL Member = \$20 per course

Blanket Course Registration – (a “blanket course” is a single course presented multiple times during a calendar year, but it has the same host and/or speaker and course content)
\$80 per course with a 50% discount if you are a CDT, RG, or NADL member = \$40 per course

Qualified Component Course Registration – (a “Qualified Component” is a non-profit group formed for the express purpose of providing education within dentistry)
\$20 per course with a 50% discount for NADL Component members in good standing = \$10 per course

Qualified CE Provider Registration – (this is a company who wishes to apply to provide courses on an ongoing basis and would prefer to pay an annual flat fee)
\$3,000 annually and this will include up to 200 courses annually, including blanket courses with a 50% discount to NADL members in good standing = \$1500 annually and will include up to 200 courses including blanket courses

Payment Information

(Rush fee required if submitted less than 10 business days prior)

For forms received less than **10 business days** prior to the program date, a **\$25 Rush Fee** will be assessed. Shipping method is subject to NBC discretion. Overnight shipping charges may necessitate additional charges.

- Check:** Please make check payable to NBC.
- Credit Card Payment:** (MC, VISA or AmEX)

Credit Card Number: _____ Expiration Date: _____

CCV or CVV2 / Security Code (*This is the 3 digit number that appears on the reverse side of your credit card. For Amex cards only, this is the 4 digit number on the front of your card*): _____

Name on Credit Card: _____

Street Number and Zip Code for Credit Card: _____

Authorized Signature: _____ Amount Authorized: \$ _____

Cardholder Name: _____ Signature: _____

Signature and Date

By submitting this Approval Request Form, you are acknowledging that Certified Dental Technicians (CDT) and Recognized Graduates (RG) will be eligible to receive continuing education credits for attending this program if approved.

- It is your responsibility to **provide** the appropriate *Scan Cards* for CDTs and RGs at the program site, as well as providing the CDTs and RGs *Certificates of Attendance*. Scan Cards and Certificates of Attendance will be provided to you once approval is granted.
- It is your responsibility to ensure that attendees **complete** Scan Cards *completely and correctly*.
- It is your responsibility to ensure that completed Scan Cards are **returned** to NBC within *10 business days* of the completion of this program.

I certify by my signature that the information supplied herein is true and complete to the best of my knowledge.

Authorized Signature: _____ Date: _____