



Ohio State Dental Board
77 S. High Street, 17th Floor
Columbus, Ohio 43215-6135

(614) 466-2580 Tel
(614) 752-8995 Fax
Dental.Ohio.Gov

CERTIFICATE OF REGISTRATION TO PARTICIPATE IN A CONTINUING EDUCATION PRACTICUM

CERTIFICATE OF REGISTRATION TO PARTICIPATE IN A CONTINUING DENTAL EDUCATION PRACTICUM

This certifies that is registered to participate in a Continuing
Applicant's full name

Dental Education Practicum endorsed by Director of the
Name of Program Director

course titled
Name of Institution **Course Title**

which will commence on and which will be completed on
DATE **DATE**

I attest that there will be no more than thirty (30) days of actual patient treatment in any year. The applicant will be under the direct supervision of an Ohio Licensed Dentist. The Ohio State Dental Board has been notified of the program, and it has been granted appropriate approval.

Signature of Program Director Date

Sponsors 4715.16 (C)(3)

A director of a continuing education practicum who endorses an application for a temporary limited continuing education license shall, prior to making the endorsement, notify the state dental board in writing of the identity of the sponsors and the faculty of the practicum and the dates and locations at which it will be offered. The notice shall also include a brief description of the course of instruction. The board may prohibit a continuing dental education practicum from endorsing applications for temporary limited continuing education licenses if the board determines that the practicum is engaged in activities that constitute a threat to public health and safety or do not constitute bona fide continuing dental education, or that the practicum permits activities which otherwise violate the statute. Any continuing dental education practicum prohibited from endorsing applications may request an adjudication.