COURSE DIRECTOR MANUAL
2017-2018
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Mission

Christian Medical & Dental Associations (CMDA) Continuing Education (CE) Mission is to enhance our learners’ competence, performance, or patient outcomes by developing and implementing a broad range of educational activities designed to convey up-to-date clinical practices and professional staff development.

For CMDA CE to achieve its mission, 70% of the activity respondents will indicate changes through improvement in competence, performance, or patient outcomes on their outcome surveys.

CE is a vital part of the CMDA strategic plan as it supports constituent professional development. In addition, CE builds bridges with stakeholders; fosters an inter-professional team approach to education as well as identifies and delivers the specific educational needs of its members.

Essential to our mission is the program evaluation and analysis to assess the efficacy of its educational activities in accomplishing the intended changes in our learners, the identification of needed or desired changes in the overall program and improve our ability to meet the mission. Lastly, CE supports the mission of Christian Medical & Dental Associations, which “motivates, educates and equips Christian healthcare professionals to glorify God by serving with professional excellence as witnesses of Christ’s love and compassion to all peoples, and by advancing biblical principles of healthcare within the Church and to our culture.”
EXHIBITOR FORM

(USE THIS FORM TO COLLECT INFORMATION FROM EXHIBITORS)

NAME OF ORGANIZATION_____________________________________________________

☐ COMMERCIAL INTEREST* or ☐ NON-COMMERCIAL INTEREST

NAME OF ORGANIZATIONAL CONTACT PERSON___________________________________

EMAIL ADDRESS OF THE ORGANIZATIONAL CONTACT PERSON_____________________

TOTAL NUMBER OF EXHIBIT SPACES REQUESTED_________________________________

AMOUNT OF PAYMENT FOR EXHIBIT SPACE_________________________________________

GUIDELINES
-Arrangements for commercial exhibits or advertisements will not influence planning or interfere with the presentation, nor be a condition of the provision of commercial support for CMDA activities (CMDA does not accept commercial support).

-Product promotion material or product specific advertisement of any type is prohibited in or during CE activities.

-Commercial Exhibitors must adhere to ACCME Standards for Commercial Support, AGD PACE Program Guidelines and CMDA policies.

-Exhibit space will include a table and two chairs

-Only two exhibitors per organization per exhibit space.

Please contact Christian Medical & Dental Associations’ Barbara Snapp at barbara@cmda.org for more information.

*Commercial Interest is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. The ACCME does not consider providers of clinical service directly to patients to be commercial interests.
FACULTY INFORMATION FORM

(USE THIS FORM TO COLLECT FACULTY INFORMATION FOR YOUR ACTIVITY)

Name of your organization____________________________________________________

Date of the conference________________________________________________________

Name of the conference site___________________________________________________

Address of the conference site________________________________________________

1) Last Name/Credentials/First Name (Smith, MD, John):

2) Address/City/State/Zip Code:

3) Area Code/Telephone:

4) Email Address:

5) BIOSKETCH (FOLLOW THE EXAMPLE EXACTLY AS IT APPEARS – DO NOT COPY AND PASTE YOUR RESUME – IT WILL NOT BE ACCEPTED)

EXAMPLE: (NAME AND CREDENTIALS) Smith, MD, PhD, John is a (TITLE AND CURRENT POSITION) Professor of Psychiatry in the College of Medicine at the University of Central Florida, Orlando, Florida. He is a member of (ORGANIZATIONAL MEMBERSHIPS) the CMDA Board of Trustees and Chair of the National Human Rights Organization. Dr. Smith received his (DEGREES AND WHERE THEY WERE EARNED) B.S. Degree from University of Louisville and his MD, PhD from Yale University. Dr. Smith has (WHY ARE YOU QUALIFIED TO TEACH ON THIS TOPIC) published several books and articles on the subject of mood disorders, he has taught mood disorders at XYZ University for 20 years. In addition, he has written three books and a number of articles on the topic of mood disorders.

THIS FORM MUST BE RETURNED BY (DATE)____________________________________

TO:_____________________________________________________

(ORGANIZATIONAL CONTACT NAME AND EMAIL ADDRESS)

SESSION REQUIREMENTS
Session Title:

Abstract: (PLEASE INCLUDE A DESCRIPTION OF YOUR PRESENTATION)

Educational Objectives: (List ONE OR MORE Objectives for this Presentation)
START EACH OBJECTIVE WITH AN ACTION VERB.
EXAMPLE: Describe, Discuss, Identify, List, Cite, Name, Evaluate, Design, Prepare, Determine, Diagnose, Calculate, Classify, Examine, Appraise, Define, Label, Debate.

•
•
•

Cite one OR MORE recent Articles on the subject of this Presentation (REQUIRED):

•
•
•

SESSION REQUIREMENTS

Session Title:

Abstract: (PLEASE INCLUDE A SHORT DESCRIPTION OF YOUR PRESENTATION)

Educational Objectives: (List ONE OR MORE Objectives for this Presentation)
START EACH OBJECTIVE WITH AN ACTION VERB.
EXAMPLE: Describe, Discuss, Identify, List, Cite, Name, Evaluate, Design, Prepare, Determine, Diagnose, Calculate, Classify, Examine, Appraise, Define, Label, Debate.

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•

Cite one OR MORE recent Articles on the subject of this Presentation:

•
•
•

SESSION REQUIREMENTS

Session Title:

Abstract: (PLEASE INCLUDE A SHORT DESCRIPTION OF YOUR PRESENTATION)

Educational Objectives: (List ONE OR MORE Objectives for this Presentation)
START EACH OBJECTIVE WITH AN ACTION VERB.
EXAMPLE: Describe, Discuss, Identify, List, Cite, Name, Evaluate, Design, Prepare, Determine, Diagnose, Calculate, Classify, Examine, Appraise, Define, Label, Debate.

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•

Cite one OR MORE recent Articles on the subject of this Presentation:

•
•
•

PLEASE COPY/PASTE ADDITIONAL PAGES IF YOU ARE PRESENTING ON MORE THAN THREE TOPICS
Author Information Form

THIS FORM MUST BE RETURNED BY (DATE) ________________________________

TO: mandi.mooney@cmda.org ________________________________

Article Title ________________________________

Date of Publication ________________________________

Publication Name ________________________________

AUTHOR INFORMATION FORM

1) Last Name/Credentials/First Name:

2) Address/City/State/Zip Code:

3) Area Code/Telephone:

4) Email Address:

5) BIOSKETCH :

ARTICLE REQUIREMENTS

Article Title:

Abstract:

Educational Objectives:

Cite one OR MORE recent Articles on the subject of this article:

Please provide 3-5 multiple choice questions in the following format with the answer indicated for each:

1) Question
   a. Answer 1
2) Question
   a. Answer 1
   b. Answer 2
   c. Answer 3
   d. Answer 4
Correct Answer: ___

3) Question
   a. Answer 1
   b. Answer 2
   c. Answer 3
   d. Answer 4
Correct Answer: ___

4) Question
   a. Answer 1
   b. Answer 2
   c. Answer 3
   d. Answer 4
Correct Answer: ___

5) Question
   a. Answer 1
   b. Answer 2
   c. Answer 3
   d. Answer 4
Correct Answer: ___
Policy 1.0

Policy Name: CE Committee Membership

Policy: The CE Committee will consist of inter-professional members including physicians, dentists, nurses, and a medical student, and other appointed CMDA members or staff.

Procedures
1) The term of appointment is two years with the option of renewal without limit.
2) Committee members complete a disclosure annually. No one is permitted to serve on the Committee if they refuse to disclose.
3) If a Committee member has a conflict of interest regarding a CE educational activity, the member recuses themselves from reviewing an activity.
4) If a Committee member elects to discontinue service on the Committee, another committee member will be appointed by the Executive Vice President.
5) If a Committee member does not attend or review applications for one fiscal year, the member will be contacted to determine if they can continue serving on the Committee. If the member is no longer available to serve, another is appointed by the Executive Vice President.
6) If no member opposes approval of an educational activity application (regardless of the number of responses) the activity is approved.

Duties
1) Ensure the ACCME Criteria and Standards for Commercial Support, the AGD Standards, and the CMDA policies and procedures are maintained.
2) Review and approve the CE/CMDA mission.
3) Review speaker presentations when a conflict of interest is identified.
4) Final approval on all CE applications.
5) Review the annual participant evaluation and outcomes report to recommend improvements for future activities and/or overall CMDA program.
Policy 2.0

Policy Name: Expenditures and Income for Educational Activities

Policy: CMDA maintains oversight of the income and expenses for provider, co-provider, and joint provider educational activities.

Procedures
1) In a co-provider or joint providership, CMDA designates which party manages the income and expenses with oversight by the CMDA.
2) If CMDA develops and submits a grant application and handles all income and expenses for the educational activity, after expenses are paid, any remaining proceeds will remain with CMDA for future educational development (this would not be a commercial support grant).
3) CMDA is not responsible for any debt incurred for an educational activity.
4) All educational activities follow ACCME Standards for Commercial Support (SCS), AGD PACE Guidelines and CMDA policies and procedures. See ACCME Standards for Commercial Support and the AGD PACE Guidelines in this Manual.

Policy 2.1

Policy Name: Expenditures and Income for Educational Activities

Policy: Adequate resources must be available to fund the administrative and support services necessary to manage the continuing education program.

Procedures
1) In instances where continuing education is only one element of a program provider’s activities, resources for continuing education must be a clearly identifiable component of the program provider’s total budget and resources.
2) Program providers must provide 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, non-paid instructor time, etc.).
3) Resources must be adequate for the continual improvement of the CMDA program. **Recommendation:** Separate budgets for each activity should be prepared as guidelines, but institutional or organizational policies requiring that each individual activity be prepared to be self-supporting tend to restrict the quality of the CDE program and are discouraged.
Policy 3.0

Policy Name: Planning an educational activity

Policy: CMDA serves as a provider, co-provider or joint provider of educational activities that do not accept commercial support.

Procedures
1) Prior to planning a CMDA educational activity, planners complete the CMDA disclosure form and forward to the CMDA Accreditation Officer for identification and resolution of conflicts of interest.
2) The planners work with the CMDA staff to complete the Application/Planning Form to ensure the educational activity has been planned in compliance with ACCME Criterion & Standards for Commercial Support, AGD PACE Guidelines and CMDA policies and procedures.
3) The application is submitted to the CE Director and then to the Accreditation Officer for review. If changes are needed to the application, the Course Director is advised.
4) Once the Application/Planning Form is acceptable, it is submitted to the CE Committee for review and a decision.
5) If the educational activity is approved, the following will apply:
   A) Prior to the start date of the educational activity, the course director forwards all remaining disclosure forms of anyone in control of content to the Accreditation Officer for identification and resolution of conflicts of interest.
   B) CMDA approves all material prior to printing.
   C) CMDA prepares the activity evaluation, outcomes survey and welcome letter for the participants.
   D) CMDA provides participant sign-in sheets when needed.
   E) CMDA maintains participant records of attendees for seven years.
   F) CMDA provides verbiage and usage of the accreditation statement(s) and logo(s).
   G) CMDA provides participant credit certificates.
   H) CMDA delineates the role of CMDA staff in the planning and execution of the educational activity.
   I) One month after the date of the educational activity, the educational partner submits all documents to CMDA, i.e., sign-in sheets, and any documents deemed necessary.
   J) Social events or meals at the activity do not compete with or take precedence over the educational activity.

Policy 3.1

Policy Name: Planning an educational activity

Policy: CMDA serves as a provider, co-provider or joint provider of educational activities that do not accept commercial support.
Procedures
1) **Joint program provider** approval is defined as an educational activity planned and presented jointly by two organizations, only one of which is a PACE-approved program provider. Both organizations assume financial and administrative responsibility for planning and implementing the program.

2) CMDA is accountable for upholding the PACE standards of the AGD and must be able to provide documentation that the educational activity was jointly planned and implemented in compliance with the standards.

3) All printed material for educational activities that are provided jointly must carry the following statement:

4) Accreditation statement: *This activity has been planned and implemented in accordance with the standards of the Academy of General Dentistry Program Approval for Continuing Education (PACE) through the joint program provider approval of (approved program provider) and (non-approved program provider). The (approved program provider) is approved for awarding FAGD/MAGD credit.*

When CMDA jointly offers a CDE activity with a non-approved provider, the PACE-approved provider assumes responsibility for the planning, organizing, administrating, publicizing, presenting, and keeping records for the planned continuing dental education activity. Administrative responsibility for development, distribution, and/or presentation of continuing education activities must rest solely with the AGD PACE-approved provider.

When two or more AGD PACE-approved 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. Letters of agreement between the joint or co-providers must be developed to outline each party’s responsibilities for the CDE activity. Letters of agreement must be signed by all parties. **CMDA does not accept commercial support.**

**Definition:** AGD Definition of joint providership or co-providership is “any continuing education activity in which an AGD PACE-approved provider agrees to jointly offer a program with another CDE program provider.” See the AGD PACE Guidelines at the back of this Manual.
Policy 4.0

Policy Name: Honorarium, Out-of-Pocket Expenses, and Travel

Policy: CMDA follows ACCME Standards for Commercial Support and policies relating to honorarium, out-of-pocket expenses, and travel for faculty of its educational activities a AGD.

Procedures
1) Honorarium, out-of-pocket expenses, and travel is paid to planners, faculty and/or authors by the provider, co-provider, or joint provider however, if CMDA designates the educational partner to pay, documentation of payment must be submitted to CMDA.
2) If a planner, teacher, or author is listed on the agenda as facilitating or conducting a presentation, they may receive honorarium and reimbursement of expenses for that portion of their participation. If they choose to be a learner for the remainder of an activity; they cannot receive any payment for learner participation.
3) No other payment is given to the director of the activity, planners, faculty and/or authors, learners, co-provider, joint provider, or any others involved with the supported activity.
4) If CMDA accepted commercial support, it would use commercial support to pay for travel, lodging, honoraria, or personal expenses for bona fide employees and volunteers of the provider, co-provider, or joint provider.
5) If CMDA accepted commercial support, it would not pay for travel, lodging, honoraria, or personal expenses for non-teacher or non-author participants of a CMDA activity.
6) All decisions regarding honorarium, out-of-pocket expenses and travel will be done in accordance with ACCME Standards for Commercial Support, AGD, and CMDA policies and procedures.

Policy 4.1

Policy Name: Honorarium, Out-of-Pocket Expenses, and Travel

Policy: CMDA follows Standard X11 regarding commercial or promotional conflict interest relating to honorarium, out-of-pocket expenses, and travel for faculty of its educational activities.

Procedures
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 faculty, and modest meals or social events held as part of the educational activity.
Policy 5.0

Policy Name: Commercial Exhibitors

Policy: CMDA will be a provider, co-provider or joint provider for educational activities that accept commercial exhibitors.

Procedures
1) CMDA makes all decisions regarding the disposition and disbursement of funds collected from commercial exhibitors.
2) Arrangements for commercial exhibits or advertisements will not influence the planning or interfere with the presentation, nor be a condition for the provision of commercial support for CMDA activities. CMDA does not accept commercial support.
3) Commercial exhibitors may complete the CMDA Exhibitor form or use their own.
4) Exhibit space includes one table and two chairs for two representatives. Additional exhibit space(s) may be purchased. See the Table of Contents for the page number of the exhibit form.
5) Commercial Exhibitors must adhere to ACCME Standards for Commercial Support and the CMDA policies.

Policy 5.1

Policy Name: Commercial Exhibitors

Policy: CMDA will be a provider, co-provider or joint provider for educational activities that accept commercial exhibitors.

Procedures
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. See the AGD PACE Guidelines in the back of this Manual.
Policy 6.0

Policy Name: Independence from the Control of Commercial Interest

Policy: CMDA will ensure that its educational activities are free of the control of a commercial interest.

Procedures
1) CMDA makes the following decisions free of the control of a commercial interest:
   A) Identification of needs
   B) Identification of professional practice gaps
   C) Determination of educational objectives
   D) Selection and presentation of content
   E) Selection of all persons and organizations able to control the content of an educational activity
   F) Selection of education methods
   G) Evaluation of the educational activity
2) CMDA will not be a provider, co-provider or joint provider for organizations accepting commercial support.
3) CMDA insures a faculty and/or planner employed by an ACCME-defined commercial interest does not participant in a CME activity. (Faculty and/or planners employed by an ACCME-defined commercial interest are prohibited by Christian Medical & Dental Associations from participating in an accredited CME activity).
4) CMDA ensures that no non-accredited partner (in a joint provider relationship) of an ACCME-defined commercial interest participates in an accredited CME activity. “Standard 1.2 - A commercial interest cannot take the role of non-accredited partner in a joint provider relationship.”

Policy 6.1

Policy Name: Independence from the Control of Commercial Interest

Policy: CMDA will ensure that its educational activities are free of the control of a commercial interest.

Procedures
1) CMDA ensures that continuing education activities promote improvements in oral healthcare and not a specific drug, device, service, or technique of a commercial entity.
2) Educational objectives, course content, teaching methods, instructors, and advisors are selected independent of commercial interest.
3) If commercial relationships exist between the program provider, course presenters, and/or a commercial company and its products, they are fully disclosed to participants.
4) Providers must disclose to participants in CDE activities any conflicts of interest the planners and lecturer/author/ instructors or a continuing education activity may have.
5) Disclosure must be made at the beginning of the continuing education activity and must be made in writing in publicity materials, course materials and/or audiovisual materials.
6) Financial aid is acknowledged in printed announcements and brochures.
7) CMDA does not accept commercial support for its AGD PACE approved educational activities.
Policy 7.0

Policy Name: Management of Commercial Promotion

Policy: CMDA will follow the ACCME policies for Managing Commercial Promotion, which are outlined in the ACCME Standards for Commercial Support and recapped below.

Procedures

- CMDA does not arrange commercial exhibits and advertisements that influence planning, interfere with presentations or are a condition for the provision of commercial support of CME activities.
- CMDA prohibits product-promotion material or product-specific advertisement of any type in or during CME activities. The juxtaposition of editorial and advertising material on the same products or subjects will be avoided.
- **Live** (staffed exhibits, presentations) or enduring (printed or electronic advertisements) promotional activities will be kept separate from CME.
- **Print**, advertisements and promotional materials will not be interleaved within the pages of the CME content.
- Advertisements and promotional materials will face the first or last pages of printed CME content as long as these materials are not related to the CME content they face; and are not paid for by the commercial supporters of the CME activity.
- **Computer based**, advertisements and promotional materials will not be visible on the screen at the same time as the CME content and will not be interleaved between computer ‘windows’ or screens of the CME content.
- CMDA will not place its CME activities on a Web site owned or controlled by a commercial interest.
- CMDA will have clear notification when a learner is leaving the educational Web site, links from the Web site of an ACCME accredited provider to pharmaceutical and device manufacturers’ product.
- If CMDA has an educational website, it may have pharmaceutical and device manufacturers’ products before or after the educational content of a CME activity, but will not embed within the educational content of a CME activity.
- CMDA does not have advertisement of any type within the educational content of CME activities on the Internet including, but not limited to, banner ads, subliminal ads, and pop-up window ads.
- **Computer based** CME activities provided by CMDA will not advertise and offer promotional materials on the screen at the same time as the CME content and will not be interleaved between computer windows or screens of the CME content.
- **Audio and video recording**, advertisements and promotional materials will not be included within the CME.
- There will be no commercial breaks for live, face-to-face CME.
- Advertisements and promotional materials will not be displayed or distributed in the educational space immediately before, during, or after a CME activity.
CMDA will not allow representatives of Commercial Interests to engage in sales or promotional activities while in the space or place of the CME activity.

**Journal-based CME** will not contain any of the elements of journal-based CME such as advertising or product group messages of commercial interests. The learner will not encounter advertising within the pages of the article or within the pages of the related questions or evaluation materials.

Educational materials that are part of a CME activity, such as slides, abstracts and handouts, will not contain any advertising, corporate logo, trade name or a product-group message of an ACCME-defined commercial interest.

CMDA may someday include product-promotion material or product-specific advertisement in the print or electronic information distributed about the non-CME elements of a CME activity that are not directly related to the transfer of education to the learner, such as schedules and content descriptions.

CMDA will not use a commercial interest as the agent providing a CME activity to learners, e.g., distribution of self-study CME activities or arranging for electronic access to CME activities.

### Policy 7.1

**Policy Name:** Management of Commercial Promotion

**Policy:** CMDA will assume responsibility for ensuring the content quality and scientific integrity of all CDE activities, which are outlined in the PACE Program Guidelines and recapped below.

**Procedures**

- For **live, face-to-face** CDE, advertisements and promotional materials cannot be displayed or distributed in the educational space during a CDE activity. Providers cannot allow presenters or representatives of Commercial Interests to engage in sales or promotional activities during the CDE activity.
- 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.
- 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.
- For **audio-and video-based** CDE activities, advertisements and promotional materials will not be included within the CDE. There will be no ‘commercial breaks.’
- 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.
- 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.
Policy 8.0 (only if CMDA were to change its policy on accepting commercial Support would this policy be used)

Policy Name: Appropriate Handling of Commercial Support (CMDA does not accept commercial support)

Policy: CMDA will adhere to the ACCME Standards for Commercial Support concerning appropriate handling of commercial support.

Procedures
1) CMDA will make all decisions regarding the disposition and disbursement of commercial support.
2) CMDA will not be required by a commercial interest to accept advice or services concerning teachers, authors, or participants or other education matters, including content, from a commercial interest as conditions of contributing funds or services.
3) All commercial support associated with a CMDA educational activity will be given with the full knowledge and approval of CMDA.
4) CMDA will make sure the terms, conditions, and purposes of the commercial support are documented in a written agreement between the commercial supporter that includes CMDA and its educational partner(s). The agreement includes CMDA, even if the support is given directly to the provider's educational partner or a joint provider.
5) The written agreement would specify the commercial interest that is the source of commercial support.
6) Both the commercial supporter and CMDA will sign the written agreement, which is between the commercial supporter and CMDA.

Policy 8.1

Policy Name: Appropriate Handling of Commercial Support (CMDA does not accept commercial support)

Policy: CMDA will adhere to the Academy of General Dentistry PACE Guidelines concerning appropriate handling of commercial support.

Procedures
1) CMDA will not offer activities designed to promote drugs, devices, services, or techniques, but if they did, CMDA would clearly disclose the promotional nature of the activity in publicity materials and in the activity itself. The CDE hours awarded would not include the promotional hours.
2) Commercial support that is customary and proper include payment of reasonable honoraria, reimbursement of out-of-pocket expenses for faculty, and modest meals or social events held as part of the educational activity.
3) CMDA 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 CDE activity.
Policy 9.0

Policy Name: Disclosure of Relevant Financial Relationships

Policy: All persons involved in the development of a CMDA educational activity must disclose all relevant financial relationships.

Procedures

1) CMDA shows that everyone who is able to control the content of an educational activity has disclosed all relevant financial relationships with any commercial interest. The ACCME defines "relevant' financial relationships” as financial relationships in any amount occurring within the past 12 months that create a conflict of interest. This includes a spouse, partner, or immediate family member.

2) An individual who refuses to disclose relevant financial relationships will be disqualified from the planning committee, presenter, teacher, or an author of a CMDA educational activity, and cannot have control of, or responsibility for, the development, management, presentation, or evaluation of the educational activity.

3) CMDA discloses to the learner prior to the educational activity any relevant financial relationship(s) and includes the name of the individual, the name of the commercial interest and the nature of the relationship the person has with each commercial interest. This includes a spouse, partner, or immediate family member.

4) For an individual with no relevant financial relationship(s), CMDA discloses to the learner that the individual has no relevant financial relationship(s).

5) The source of all support from commercial interests is disclosed to learners. When commercial support is “in-kind” the nature of the support is disclosed to learners. If there is no commercial or in-kind support, that is conveyed to the learner.

6) Disclosure will not include the use of a corporate logo, trade name or a product-group message of an ACCME-defined commercial interest.

7) CMDA discloses the above information to learners prior to the beginning of the educational activity.

8) CMDA uses a conflict of interest flowchart (see the Table of Contents for the page number) to identify and resolve all conflicts of interest prior to the educational activity being delivered to learners.

Policy 9.1

Policy Name: Disclosure of Relevant Financial Relationships

Policy: All persons involved in the development of a CMDA educational activity must disclose all relevant financial relationships.
**Procedures**
CE program providers must assume responsibility for taking steps to protect against and/or disclose any conflict of interest of the advisory committee, CDE activity planners, course directors and lecturer/author/ instructors presenting courses. Signed conflict of interest statements must be obtained from all advisory committee members, CDE activity planners, course directors and lecturer/author.

The advisory committee must be involved in evaluating and taking steps to protect against conflicts of interest that CDE activity planners, course directors and lecturer/author/instructors may have.
Policy 10.0

Policy Name: Resolution of Conflicts of Interest

Policy: CMDA will identify and resolve all conflicts of interest.

Procedures
1) CMDA Accreditation Officer reviews disclosures of everyone able to control the content of an educational activity and identifies conflicts of interest prior to the educational activity.
2) CMDA uses the Flowchart for the Identification and Resolution of Personal Conflicts of Interest to resolve conflicts of interest. See Below

Policy 10.1

Policy Name: Resolution of Conflicts of Interest

Policy: CMDA will ensure that continuing education activities promote improvements in oral healthcare and not a specific drug, device, service, or technique of a commercial entity.

Procedures
A. If commercial relationships exist between CMDA, course presenters, and/or a commercial company and its products, CMDA will fully disclose to participants.
B. CMDA will disclose to participants in CDE activities any conflicts of interest the planners and lecturer/author/instructors or a continuing education activity may have.
C. Disclosure will be made at the beginning of the continuing education activity and will be made in writing in publicity materials, course materials and/or audiovisual materials.
D. Financial aid is acknowledged in printed announcements and brochures.
E. CMDA uses the Flowchart for the Identification and Resolution of Personal Conflicts of Interest to resolve conflicts of interest. See Below
CONFLICT OF INTEREST RESOLUTION

Disclosure Provided?

**NO:** Person cannot participate in coordinating, planning, authoring, speaking, moderating; and cannot have control of or responsibility for the development, management, presentation, or evaluation of a CME activity.

**Yes**

The disclosure form is evaluated, and COI’s are identified by the Accreditation Officer. If no disclosures are listed, evaluation ends. However, if there are disclosures listed, evaluation continues.

If financial relationships are disclosed by CMDA staff, CE Committee members, activity directors/planners, presenters, authors, panel members, moderators, immediate family members; the Accreditation Officer will determine whether there is a conflict of interest. If no conflict of interest, the evaluation ends. However, the evaluation continues...

If CMDA staff, CE Committee members or one of their immediate family has a conflict of interest, they will recuse themselves from any control of the content for the educational activity.

If activity directors, planners or immediate family have a potential conflict of interest, the Accreditation Officer will contact them to discuss (1) their role in the activity, (2) the ACCME Standards for Commercial Support, (3) ACCME policies, (4) the Content Validation statements, and the (5) CMDA policies. In addition, the Course Director will write a letter to the CE Director attesting s/he will adhere to these 5 conditions. If directors/planners are faculty have a COI, they may present if their presentations are reviewed by the course director (if conflict is resolved), CE Committee or CMDA staff. If 10% of the participants report bias on the evaluation, the Executive Vice President will write them an auctere letter. If the problem persists, they will be disqualified from having any control of content for future CMDA educational activities.

If faculty, author or one of their immediate family has a conflict of interest, their presentation will be reviewed by the course director, CE Committee, or CMDA staff member. If the author does not comply with the suggested edits, the author will be disqualified.

If panel members, moderators or one of their immediate family has a conflict of interest, the panel member or moderator will be replaced with someone who does not have a conflict of interest.
Policy 11.0

Policy Name: Commercial Bias in Content and Format

Policy: The content, format, and related materials of a CMDA educational activity encourage improvements in healthcare and not promote the business interest of a commercial entity.

Procedures
1) Presentations provide a balanced view of therapeutic options.
2) Presenters use generic names to show impartiality.
3) CMDA educational content and materials use trade names (where available) from several companies and not just trade names from a single company.
4) CMDA activities promote improvements or quality in healthcare and not promote any specific proprietary business interest of a commercial entity.
5) Presentations give a balanced view of therapeutic options in the planning and/or delivery of this CME activity.
6) No direct payment from an ACCME-defined commercial interest is given to the director of this educational activity, any planning committee member, teacher or author, joint provider, or any others involved in this CMDA educational activity.
7) All who are in control of the educational content attest on the disclosure form they are not employed by an ACCME-defined commercial interest.
8) All who are in control of the educational content attest on the disclosure they are not a non-accredited partner (in a joint provider relationship) of an ACCME-defined commercial interest. “Standard 1.2 - A commercial interest cannot take the role of non-accredited partner in a joint provider relationship.”

Policy 11.1

Policy Name: Commercial Bias in Content and Format

Policy: The content, format, and related materials of a CMDA educational activity encourage improvements in healthcare and not promote the business interest of a commercial entity.

Procedure
1) CMDA will ensure that a balanced view of all therapeutic options is presented. Whenever possible, generic names will be used to contribute to the impartiality of the program presented.
2) The advisory committee (CE Committee) will be involved in evaluating and taking steps to protect against conflicts of interest that CDE activity planners, course directors and lecturer/author/instructors may have with commercial entities.
Policy 12

Policy Name
Content Validation and Verification

Policy: CMDA will document content validation and verification on its Application/Planning and Disclosure/Attestation Forms.

Procedures
1. All the recommendations involving clinical medicine in a CME activity must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.
2. All scientific research referred to, reported, or used in CME in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis.
3. All persons in control of the content will attest on the activity application/planning and disclosure/attestation forms that they will adhere to the ACCME content validation and verification statements.

Policy 12.1

Policy Name: Scientific Basis for Clinical and/or Technical Continuing Dental Education activities

Policy: All clinical and/or technical CE educational activities will maintain AGD PACE Standards by including the scientific basis for the program content and assessment of the associated benefits/risks in order to promote public safety; and assure the scientific basis for the content remains current.

Procedures
1. All persons in control of Continuing Dental Education content approved for AGD PACE Credits will attest by signing the application/planning and disclosure/attestation forms that they will adhere to AGD PACE Program Guidelines.
2. All Course Directors will be emailed a copy of the Course Director Manual, which contains the AGD PACE Program Guidelines.
Policy 13.0

Policy Name: Faculty Qualifications

Policy: CMDA faculty/presenter will conduct educational sessions that serve to maintain, develop, and increase the knowledge, skills, professional performance, and relationships a healthcare provider needs to deliver services for patients, the public and health care professions.

Procedures:
1) Collect potential faculty/presenter information including name, credentials, professional title, organization affiliation, degrees and where degrees were earned, organizational memberships and a sentence or two regarding why the person is qualified to teach on the subject. This information is collected from the activity application.
2) CMDA staff and CE Committee members will review the credentials, biographical information, abstract and objectives to determine eligibility of a faculty/presenter.
3) Faculty/presenter will be qualified by education and/or experience to provide instruction in the relevant subject matter as determined by the CE Committee members.
4) Faculty/presenter will complete a disclosure form and attest whether they are a faculty planner employed by an ACCME-defined commercial interest.
5) CMDA reserves the right to deny credit if the faculty presentation:
   A. does not promote changes in competence, performance, or patient outcomes.
   B. if content, format, or related materials promote the products or business lines of an ACCME-defined commercial interest.
   C. if the activity is not planned, implemented, and evaluated in accordance with the ACCME Accreditation Criteria, Standards for Commercial Support, and policies; the AMA Physician’s Recognition Award CME credit system standards and policies; the AMA Council on Ethical and Judicial Affairs pertinent opinions and PACE Program Guidelines.

Policy 13.1

Policy Name: Faculty Qualifications

Policy: CMDA faculty/presenter will conduct educational sessions that serve to maintain, develop, and increase the knowledge, skills, professional performance, and relationships a healthcare provider needs to deliver services for patients, the public and health care professions.
Procedures
A) CMDA will assume responsibility for communicating specific course objectives and design to instructors early in the planning process and ensuring that stated course objectives are addressed in the presentation.
B) The number of instructors assigned to any activity will be predicated upon the course objectives and the educational methods used.
C) The instructor-to-attendee ratio is most critical in participation courses. CMDA will take great care to ensure that close supervision and adequate direct interchange between participants and instructors will take place. The instructor-to-attendee should not exceed 1:15 during any hands-on activities.
D) CMDA will 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 the AGD PACE recognition.
E) CMDA will 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.
F) Policy 13 (above) will also apply.
Policy 14.0

Policy Name: Educational Sessions not approved for Credit

Policy: CMDA reserves the right to deny approval of session(s) within a CE activity. Sessions, within an approved CE application, which are denied approval, may be revised, and resubmitted to CMDA for a second review.

Procedures:
1) CMDA CE will provide an explanation of why sessions were not approved to applicants.
2) Applicants may submit revised non-approved session(s) by including topic title, abstract and objectives as one document to the CMDA CE Department at CE@cmda.org.
3) A non-refundable fee of $50.00 will be assessed for each session.
4) If resubmitted sessions are denied approval, the decision is final.
5) CMDA reserves the right to deny approval of session(s) within a CE activity.

CMDA reserves the right to deny approval of session(s) within a CE activity. Sessions, within an approved CE application, which are denied approval, may be revised, and resubmitted to the CMDA for further review if time allows.
Policy 15.0

Policy Name: Employees of ACCME-defined commercial Interest (this policy applies to all CE CMDA Educational activities)

Policy: Faculty employed by an ACCME-defined commercial interest are prohibited from participating in an accredited CME activity, with one exception, they may be allowed when an employee’s involvement is not related to the business lines or products of their employer.

Procedures
1) Anyone involved in the content of a CMDA activity must sign a disclosure form.
2) Faculty employed by an ACCME-defined commercial entity may be allow when an employee’s involvement is not related to the business lines or products of their employer.
3) If a potential faculty member indicates they are employed by a commercial interest the following will apply.
   A) The Accreditation Officer will contact the individual and stipulate their involvement cannot be related to the business lines or products of their employer.
   C) The individual’s presentation will be reviewed by a CE Committee member or CE staff.
   B) CE staff will check participant evaluations. If 10% or more of the learners indicate bias, the employee of the ACCME-defined commercial interest will be disqualified from having control of content in future CE activities.

Policy 15.1

Policy Name: Employees of a Commercial Interest

Policy: Faculty employed by a commercial interest are prohibited from participating in an approved CE activity, with one exception, they may be allowed when an employee’s involvement is not related to the business lines or products of their employer.

Procedures
1) Anyone involved in the content of a CMDA activity must sign a disclosure form.
2) Faculty employed by a commercial entity may be allow when an employee’s involvement is not related to the business lines or products of their employer.
3) If a potential faculty member indicates they are employed by a commercial interest the following will apply.
   A) The Accreditation Officer will contact the individual and stipulate their involvement cannot be related to the business lines or products of their employer.
   C) The individual’s presentation will be reviewed by a CE Committee member or CE staff.
   B) CE staff will check participant evaluations. If 10% or more of the learners indicate bias, the employee of the ACCME-defined commercial interest will be disqualified from having control of content in future CE activities.
Standards for Commercial Support: Standards to Ensure Independence in CME Activities

Standard 1: Independence

**STANDARD 1.1** A CME provider must ensure that the following decisions were made free of the control of a commercial interest. (See www.acmec.org for a definition of a "commercial interest" and some exemptions.) (a) Identification of CME needs; (b) Determination of educational objectives; (c) Selection and presentation of content; (d) Selection of all persons and organizations that will be in a position to control the content of the CME; (e) Selection of educational methods; (f) Evaluation of the activity.

**STANDARD 1.2** A commercial interest cannot take the role of non-accredited partner in a joint provider relationship.

Standard 2: Resolution of Personal Conflicts of Interest

**STANDARD 2.1** The provider must be able to show that everyone who is in a position to control the content of an education activity has disclosed all relevant financial relationships with any commercial interest to the provider. The ACCME defines "relevant financial relationships" as financial relationships in any amount occurring within the past 12 months that create a conflict of interest.

**STANDARD 2.2** An individual who refuses to disclose relevant financial relationships will be disqualified from being a planning committee member, a teacher, or an author of CME, and cannot have control of, or responsibility for, the development, management, presentation or evaluation of the CME activity.

**STANDARD 2.3** The provider must have implemented a mechanism to identify and resolve all conflicts of interest prior to the education activity being delivered to learners.

Standard 3: Appropriate Use of Commercial Support

**STANDARD 3.1** The provider must make all decisions regarding the disposition and disbursement of commercial support.

**STANDARD 3.2** A provider cannot be required by a commercial interest to accept advice or services concerning teachers, authors, or participants or other education matters, including content, from a commercial interest as conditions of contributing funds or services.

**STANDARD 3.3** All commercial support associated with a CME activity must be given with the full knowledge and approval of the provider.

**STANDARD 3.4** The terms, conditions, and purposes of the commercial support must be documented in a written agreement between the commercial supporter that includes the provider and its educational partner(s). The agreement must include the provider, even if the support is given directly to the provider's educational partner or a joint provider.

**STANDARD 3.5** The written agreement must specify the commercial interest that is the source of commercial support.

**STANDARD 3.6** Both the commercial supporter and the provider must sign the written agreement between the commercial supporter and the provider.

**STANDARD 3.7** The provider must have written policies and procedures governing honoraria and reimbursement of out-of-pocket expenses for planners, teachers and authors.

**STANDARD 3.8** The provider, the joint provider, or designated educational partner must pay directly any teacher or author honoraria or reimbursement of out-of-pocket expenses in compliance with the provider's written policies and procedures.

**STANDARD 3.9** No other payment shall be given to the director of the activity, planning committee members, teachers or authors, joint provider, or any others involved with the supported activity.
STANDARD 3.10 if teachers or authors are listed on the agenda as facilitating or conducting a presentation or session, but participate in the remainder of an educational event as a learner, their expenses can be reimbursed and honoraria can be paid for their teacher or author role only.

STANDARD 3.11 Social events or meals at CME activities cannot compete with or take precedence over the educational events.

STANDARD 3.12 the provider may not use commercial support to pay for travel, lodging, honoraria, or personal expenses for non-teacher or non-author participants of a CME activity. The provider may use commercial support to pay for travel, lodging, honoraria, or personal expenses for bona fide employees and volunteers of the provider, joint provider or educational partner.

STANDARD 3.13 the provider must be able to produce accurate documentation detailing the receipt and expenditure of the commercial support.

Standard 4: Appropriate Management of Associated Commercial Promotion

STANDARD 4.1 Arrangements for commercial exhibits or advertisements cannot influence planning or interfere with the presentation, nor can they be a condition of the provision of commercial support for CME activities.

STANDARD 4.2 Product-promotion material or product-specific advertisement of any type is prohibited in or during CME activities. The juxtaposition of editorial and advertising material on the same products or subjects must be avoided. Live (staffed exhibits, presentations) or enduring (printed or electronic advertisements) promotional activities must be kept separate from CME. For print, advertisements and promotional materials will not be interleaved within the pages of the CME content. Advertisements and promotional materials may face the first or last pages of printed CME content as long as these materials are not related to the CME content they face and are not paid for by the commercial supporters of the CME activity. For computer based, advertisements and promotional materials will not be visible on the screen at the same time as the CME content and not interleaved between computer ‘windows’ or screens of the CME content. (Supplemented February 2014; the information that follows previously appeared in ACCME policies. No changes have been made to the language.) Also, ACCME-accredited providers may not place their CME activities on a Web site owned or controlled by a commercial interest. With clear notification that the learner is leaving the educational Web site, links from the Web site of an ACCME accredited provider to pharmaceutical and device manufacturers’ product Web sites are permitted before or after the educational content of a CME activity, but shall not be embedded in the educational content of a CME activity. Advertising of any type is prohibited within the educational content of CME activities on the Internet including, but not limited to, banner ads, subliminal ads, and pop-up window ads. For computer based CME activities, advertisements and promotional materials may not be visible on the screen at the same time as the CME content and not interleaved between computer windows or screens of the CME content. For audio and video recording, advertisements and promotional materials will not be included within the CME. There will be no ‘commercial breaks.’ For live, face-to-face CME, advertisements and promotional materials cannot be displayed or distributed in the educational space immediately before, during, or after a CME activity. Providers cannot allow representatives of Commercial Interests to engage in sales or promotional activities while in the space or place of the CME activity. (Supplemented, February 2014; the information that follows previously appeared in ACCME policies. No changes have been made to the language.) For Journal-based CME, None of the elements of journal-based CME can contain any advertising or product group messages of commercial interests. The learner must not encounter advertising within the pages of the article or within the pages of the related questions or evaluation materials.

STANDARD 4.3 Educational materials that are part of a CME activity, such as slides, abstracts and handouts, cannot contain any advertising, corporate logo, trade name or a product-group message of an ACCME-defined commercial interest.

STANDARD 4.4 Print or electronic information distributed about the non-CME elements of a CME 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.

STANDARD 4.5 a provider cannot use a commercial interest as the agent providing a CME activity to learners, e.g., distribution of self-study CME activities or arranging for electronic access to CME activities.
Standard 5: Content and Format without Commercial Bias
STANDARD 5.1 the content or format of a CME activity or its related materials must promote improvements or quality in healthcare and not a specific proprietary business interest of a commercial interest.

STANDARD 5.2 Presentations must give a balanced view of therapeutic options. Use of generic names will contribute to this impartiality. If the CME educational material or content includes trade names, where available trade names from several companies should be used, not just trade names from a single company.

Standard 6: Disclosures Relevant to Potential Commercial Bias
STANDARD 6.1 an individual must disclose to learners any relevant financial relationship(s), to include the following information: The name of the individual; the name of the commercial interest(s); the nature of the relationship the person has with each commercial interest.

STANDARD 6.2 for an individual with no relevant financial relationship(s) the learners must be informed that no relevant financial relationship(s) exist.

STANDARD 6.3 the source of all support from commercial interests must be disclosed to learners. When commercial support is “in-kind” the nature of the support must be disclosed to learners.

STANDARD 6.4 'Disclosure' must never include the use of a corporate logo, trade name or a product-group message of an ACCME-defined commercial interest.

STANDARD 6.5 a provider must disclose the above information to learners prior to the beginning of the educational activity.
Accreditation Council for Continuing Medical Education (ACCME®) and American Medical Association (AMA) Glossary of Terms and Definitions

ACCME Recognized Accreditors
State and territory medical societies recognized by the ACCME as accreditors of intrastate CME providers. To achieve recognition, a state or territory medical society must meet the ACCME requirements, the **Markers of Equivalency**.

Accreditor
An organization that sets and enforces the standards for CME provider organizations and/or activities through review and approval of organizations/activities, and monitors and enforces guidelines for these organizations/activities.

Accreditation
The framework by which a program of CME is assessed to determine whether the program meets the accreditor's requirements. See also "Accredited CME provider."

Accreditation criteria
The requirements against which CME providers' compliance is determined in order to achieve or maintain accreditation.

Accreditation decision
The decisions made by an accreditor concerning the accreditation status of CME providers. In the ACCME System, there are five options for accreditation status: Provisional Accreditation, Accreditation, Accreditation with Commendation, Probation, and Nonaccreditation.

Accreditation interview
A step in the accreditation and reaccreditation process. In the ACCME System, volunteer surveyors review the CME provider's self-study report and performance-in-practice files, and then meet with the provider for the interview portion of the reaccreditation process. The purpose of the interview is for the provider to explain how the CME program fulfills accreditation requirements, and to discuss its strengths, accomplishments, and challenges.

Accreditation Review Committee (ARC)
The ACCME volunteer committee that reviews and analyzes the materials submitted by CME providers and surveyors to determine providers' compliance with the ACCME Accreditation Criteria and policies. Based on this review, the ARC makes recommendations about accreditation decisions to the ACCME Decision Committee.

Accreditation statement
The standard statement that must appear on all CME activity materials and brochures distributed by ACCME-accredited providers. There are two variations of the statement, one for directly provided activities and one for jointly provided activities.
Accreditation with Commendation
The highest accreditation status available in the ACCME System, accompanied by a six-year term of accreditation, available only to providers seeking reaccreditation, not to initial applicants.

Accredited CME
The term used to refer to continuing medical education that has been deemed to meet the requirements and standards of a CME accrediting body.

Accredited CME provider
An organization accredited as a provider of continuing medical education. Accredited CME providers assume the responsibility and accountability for developing certified educational activities. ACCME-accredited providers represent a range of organizational types and offer CME primarily to national or international audiences of physicians and other health care professionals. Intrastate-accredited providers offer CME primarily to learners from their state/territory or contiguous states.

Activity
See "CME activity."

Activity review
One of the ACCME requirements for achieving Provisional Accreditation or transitioning from Provisional Accreditation to Accreditation.

Advertising and exhibits income
Advertising and exhibits are promotional activities and not continuing medical education. Therefore, monies paid by commercial interests to providers for these promotional activities are not considered to be commercial support under the ACCME Standards for Commercial Support: Standards to Ensure Independence in CME Activities™.

AMA core requirements
The AMA requirements that every activity certified for AMA PRA Category 1 Credit™ must meet. They can be found in the AMA PRA booklet.

AMA Credit Designation Statement
The statement that indicates that the activity has been certified for AMA PRA Category 1 Credit™, and includes the type of activity and number of credits.

AMA Direct Credit Activities
Activities that do not occur under the auspices of an accredited CME provider and for which the AMA directly awards credit to physicians who meet the requirements as listed in the AMA PRA booklet.

AMA House of Delegates
The principal policy-making body of the AMA. This democratic forum represents the views and interests of a diverse group of member physicians who meet twice per year, to establish broad policy on health, medical, professional and governance matters, as well as the broad principles within which the AMA’s business activities are conducted.

AMA Physician’s Recognition Award (PRA)
The AMA PRA has recognized physician participation in CME since 1968. The AMA established the PRA certificate and the related AMA PRA credit system to recognize physicians who, by participating in CME activities, demonstrate their commitment to staying current with advances in medicine. More information can be found in the AMA PRA booklet.

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AMA PRA Category 1 Credit™
The type of CME credit that physicians earn by participating in certified activities sponsored by CME providers accredited by either the ACCME or an ACCME-recognized State/Territory Medical Society; by participating in activities recognized by the AMA as valid educational activities and awarded directly by the AMA; and by participating in certain international activities recognized by the AMA through its International Conference Recognition Program.

AMA PRA Category 2 Credit™
Credit that is self-claimed and self-documented by physicians by participating in activities that are not certified for AMA PRA Category 1 Credit™ and that the physician individually determines comply with the AMA definition of CME; and comply with the relevant AMA ethical opinions (see CEJA Opinions relevant to CME); and are not promotional; and the physician finds to be a worthwhile learning experience related to his/her practice.

AMA PRA CME credit system
Developed in 1968, the credit system initially described the type of educational activities that would qualify to meet the requirement to obtain the AMA’s PRA (See Physician’s Recognition Award). The AMA PRA Standards and Policies have evolved and now AMA PRA credit has been accepted as an educational metric for the purposes of state licensure, professional credentialing, hospital privileging and maintenance of certification of physicians.

Annual Report Data
Data that accredited providers are required to submit to the ACCME on at least an annual basis describing their overall CME program. This information includes summary data about the numbers and types of CME activities, the hours of instruction, the numbers of physician and other learner participants, and some financial information. The ACCME analyzes this data to monitor changes in individual CME programs as well as to assess trends across the CME enterprise. Each year, the ACCME publishes the aggregated information, offering a comprehensive analysis of the size and scope of the CME enterprise nationwide.

Certified CME
Nonpromotional learning activities certified for credit prior to the activity by an organization authorized by the credit system owner, or nonpromotional learning activities for which the credit system owner directly awards credit.

CME activity
An educational offering that is planned, implemented, and evaluated in accordance with the ACCME Accreditation Criteria, Standards for Commercial Support, and policies; the AMA Physician’s Recognition Award CME credit system standards and policies; and the AMA Council on Ethical and Judicial Affairs pertinent opinions.

CME credit
The “currency” assigned to CME activities. Physicians and other healthcare professionals use credits to meet requirements for maintenance of licensure, maintenance of specialty board certification, credentialing, membership in professional societies, and other professional privileges. The requirements for credit designation are determined by the organization responsible for the credit system. Besides the AMA, other organizations in the US that administer credit systems for physicians include the American Academy of Family Physicians and the American Osteopathic Association. Please refer to those organizations for more information. See AMA PRA Category 1 Credit™ and AMA PRA Category 2 Credit™ above.

Commercial bias
Content or format in a CME activity or its related materials that promotes the products or business lines of an ACCME-defined commercial interest.
Commercial interest
Any entity producing, marketing, reselling, or distributing health care goods or services consumed by, or used on, patients. The ACCME does not consider providers of clinical service directly to patients to be commercial interests. A commercial interest is not eligible for ACCME accreditation or participation in joint providership.

Commercial support
Monetary or in-kind contributions given by an ACCME-defined commercial interest that is used to pay all or part of the costs of a CME activity. The requirements for receiving and managing commercial support are explained in the ACCME Standards for Commercial Support. Advertising and exhibit income are not considered commercial support.

Committee for Review and Recognition (CRR)
The ACCME volunteer committee that collects, reviews, and analyzes data about Recognized Accreditors’ (state or territory medical societies) compliance with the ACCME’s recognition requirements, the Markers of Equivalency, through a process called Maintenance of Recognition. The CRR makes recognition recommendations to the ACCME Decision Committee. See also "Maintenance of Recognition."

Committee learning
A live CME activity that involves a learner’s participation in a committee process addressing a subject that would meet the ACCME definition of CME if it were taught or learned in another format.

Competence
In the context of evaluating effectiveness of a CME activity in the ACCME System, the extent to which learners know how to implement (or stop doing) what the activity intended to teach them.

Compliance
The finding given when a CME provider has fulfilled the ACCME’s/Recognized Accreditor’s requirements for the specific criterion in the Accreditation Criteria or policy.

Conflict of interest
The ACCME considers financial relationships to create conflicts of interest in CME when individuals have both a financial relationship with a commercial interest and the opportunity to affect the content of CME about the products or services of that commercial interest. The potential for maintaining or increasing the value of the financial relationship with the commercial interest creates an incentive to influence the content of the CME—an incentive to insert commercial bias. See also "relevant financial relationships."

Continuing Medical Education (CME)
The educational activities that serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships a physician uses to provide services for patients, the public, or the profession. CME represents that body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine, and the provision of health care to the public.

Continuing Professional Development (CPD), or Continuing Physician Professional Development (CPPD)
Includes all activities that doctors undertake, formally and informally, including CME, in order to maintain, update, develop, and enhance their knowledge, skills, and attitudes in response to the needs of their patients.

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Co-provided activity
A CME activity presented by two or more accredited providers. One of the accredited providers must take responsibility for the activity in terms of meeting ACCME and AMA requirements and reporting activity data to the ACCME. See also “directly provided activity.”

Council on Ethical and Judicial Affairs (CEJA)
The AMA elected body responsible for developing ethics policy for the AMA. Comprising seven practicing physicians, a resident or fellow, and a medical student, CEJA prepares reports that analyze and address timely ethical issues that confront physicians and the medical profession. CEJA maintains and updates the AMA Code of Medical Ethics, widely recognized as the most comprehensive ethics guides for physicians. In addition, CEJA has judicial responsibilities, which include appellate jurisdiction over physician members’ appeals of ethics-related decisions made by state and specialty medical societies. To protect the integrity and quality of the CME enterprise and to support the autonomy of physicians as voluntary participants in CME activities, CEJA has rendered Opinions 9.2.5, Ethical Issues in CME; 9.2.7, Financial Relationships with Industry in Continuing Medical Education; and 9.6.2, Gifts to Physicians from Industry. Activities certified for AMA PRA Category 1 Credit™ must be developed in accordance with these opinions.

Council on Medical Education
The AMA elected body that formulates policy on medical education (including undergraduate, graduate, and CPPD/CME) by recommending educational policies to the AMA House of Delegates, through the AMA Board of Trustees. The Council provides stewardship of the AMA PRA credit system, and is also responsible for recommending nominees to the boards of ACCME and other accrediting bodies, as well as to other national organizations.

Course
A live CME activity where the learner participates in person. A course is planned as an individual event. Examples: annual meeting, conference, seminar.

Designation of CME credit
The declaration that an activity meets the requirements for a specific type of credit. The accredited provider is responsible to those organizations that administer credit systems for compliance with applicable credit requirements. Note: The designation of credit for CME activities is not within the purview of the ACCME or ACCME Recognized Accreditors. See also “CME credit.”

Directly provided activity
One that is planned, implemented, and evaluated by the accredited CME provider. This definition includes co-provided activities (offered by two accredited providers) reported by the accredited provider that awards the credit.

Documentation review
See “performance in practice review.”

Enduring material
An activity that endures over a specified time and does not have a specific time or location designated for participation; rather, the participant determines whether and when to complete the activity. Examples: online interactive educational module, recorded presentation, podcast.

Faculty
The individuals responsible for teaching, authoring, or otherwise communicating the activity content to learners.
Financial relationships
See “relevant financial relationships.”

Focused accreditation interview
A specially arranged interview between the ACCME/Recognized Accréditeur and an accredited provider to address noncompliance areas that had been identified in an accreditation review or had not been corrected in a progress report.

Hours of instruction
Hours of instruction represents the total hours of educational instruction in a CME activity. The information is used for the purpose of reporting the activity in PARS. (See PARS below.) For example, if a one-day course lasts eight hours (not including breaks or meals), then the total hours of instruction reported for that course is eight. Hours of instruction may or may not correspond to the number of AMA PRA Category 1 Credits™ for which the activity is designated.

In-kind commercial support
In the context of the ACCME’s Standards for Commercial Support, non-monetary resources provided by a commercial interest in support of a CME activity. Examples of in-kind support include equipment, supplies, and facilities.

Internet enduring material activity
An enduring material provided via the Internet, meaning that there is no specific time designated for participation. Rather, the participant determines when to complete the activity. Examples: online interactive educational module, recorded presentation, podcast.

Internet live activity
A live course available via the Internet at a certain time on a certain date and is only available in real-time, just as if it were a course held in an auditorium. Example: webcast.

Internet Point of Care (PoC) learning (Internet searching and learning)
An activity in which a physician engages in self-directed, online learning on topics relevant to their clinical practice from a database whose content has been vetted by an accredited CME provider.

Intrastate accredited provider
See “Accredited CME provider.”

Jointly provided activity
An activity that is planned, implemented, and evaluated by an accredited provider and one or more non-accredited entities.

Journal-based CME
An activity that is planned and presented by an accredited provider and in which the learner reads one or more articles (or adapted formats for special needs) from a peer-reviewed, professional journal.

Knowledge
In the context of educational needs for a CME activity in the ACCME System, the extent to which learners have a need for new information.

Learner
An attendee at a CME activity. See also “physician learners,” and “other learners.”
Learning from teaching
Personal learning projects designed and implemented by the learner with facilitation from the accredited provider. It recognizes the learning that occurs as physicians prepare to teach.

Live activity
Activity that occurs at a specific time as scheduled by the accredited CME provider. Participation may be in person or remotely as is the case of teleconferences or live internet webinars.

Maintenance of Recognition
ACCME system to ensure that Recognized Accreditors are applying the national standards for accreditation decisions and the accreditation process. Recognized Accreditors submit documents and information on an ongoing basis. The ACCME provides detailed, formative feedback to Recognized Accreditors in real time as the data is reviewed. Feedback is given in relation to the Markers of Equivalency. The ACCME adopted Maintenance of Recognition in 2011 in order to improve the quality, value, and efficiency of the recognition process and to enable the ACCME and Recognized Accreditors to identify areas for improvement on an ongoing basis.

Manuscript review activity
Activity in which a learner participates in the critical review of an assigned journal manuscript during the pre-publication review process of a journal.

Monitoring
The ACCME monitors accredited providers between formal accreditation reviews by reviewing the program and activity data they submit on at least an annual basis. In addition, the ACCME and AMA each have a formal procedure for accepting and reviewing complaints from the public and the CME community about accredited providers' compliance with accreditation and credit system requirements.

New procedures and skills training
Activity whereby accredited CME providers can train physicians on topics that may allow them to request new or expanded clinical privileges. The AMA PRA framework for new skills and procedures training consists of four levels so that accredited CME providers and physicians can clearly identify the depth and complexity of the training.

Nonaccreditation
The accreditation decision by the ACCME/Recognized Accréditor that a CME provider has not demonstrated compliance with the appropriate ACCME requirements.

Noncompliance
The finding given by the ACCME/Recognized Accréditor when a CME provider does not fulfill the ACCME's requirements for the specific criterion in the Accreditation Criteria or policy.

Other learners
Learners other than those who have obtained an MD, DO, or equivalent medical degree from another country.

Parent organization
An outside entity, separate from the accredited provider, that has control over the accredited provider's funds, staff, facilities, and/or CME activities.

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Performance
In the context of evaluating effectiveness of a CME activity in the ACCME system, the extent to
which learners do what the CME activity intended them to be able to do (or stop doing) in their
practice.

Performance Improvement CME (PI CME)
An activity structured as a three-stage process by which a physician or group of physicians
learn about specific performance measures, assess their practice using the selected
performance measures, implement interventions to improve performance related to these
measures over a useful interval of time, and then reassess their practice using the same
performance measures.

Performance-in-practice review
During the initial accreditation, reaccreditation, and progress report processes, the
ACCME/Recognized Accrreditore selects activities to review from the CME provider's current
accreditation term. The provider then submits materials documenting how these activities
fulfilled accreditation requirements. This process enables the ACCME/Recognized Accrreditore
to ensure that accredited providers are consistently complying with requirements on an activity
level.

Physician learners
Activity learners who are MDs or DOs, or have an equivalent medical degree from another
country.

Probation
Accreditation status given by the ACCME/Recognized Accrreditore to accredited providers that
have serious problems meeting ACCME requirements. Probation may also be given to
providers whose progress reports are rejected. The accredited provider must correct the
noncompliance issues in order to return to a status of Accreditation. While on probation, a
provider may not jointly provide new activities. See also “progress report.”

Program of CME
The provider’s CME activities and functions taken as a whole.

Progress Report
Accredited providers that receive noncompliance findings in the Accreditation Criteria or
policies must submit a progress report to the ACCME/Recognized Accrreditore demonstrating
that they have come into compliance. If the accredited provider successfully demonstrates
compliance, the progress report is accepted and the provider can then complete its
accreditation term. If the progress report does not yet demonstrate compliance, the accredited
provider will be required to submit a second progress report and/or the ACCME may require a
focused accreditation interview to address the areas of noncompliance. The
ACCME/Recognized Accrreditore can also place an accredited provider on Probation or issue a
decision of Nonaccreditation after reviewing a progress report.

Program and Activity Reporting System (PARS)
A web-based portal from the ACCME designed to streamline and support the collection of
program and activity data from accredited CME providers. PARS is also used by accredited
providers to register CME activities that will count for Maintenance of Certification™ and other
uses, such as the Food and Drug Administration’s Risk Evaluation and Mitigation Strategies
(REMS).

Provider
See “Accredited CME provider.”

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Provisional Accreditation
A two-year term given to initial applicants in the ACCME System that comply with the necessary Accreditation Criteria.

Recognition
The process used by the ACCME to approve state and territory medical societies as accreditors of intrastate providers.

Regularly scheduled series
A course planned as a series with multiple, ongoing sessions, e.g., offered weekly, monthly, or quarterly; and is primarily planned by and presented to the accredited organization's professional staff. Examples include grand rounds, tumor boards, and morbidity and mortality conferences.

Relevant financial relationships
The ACCME requires anyone in control of CME content to disclose relevant financial relationships to the accredited provider. Individuals must also include in their disclosure the relevant financial relationships of a spouse or partner. The ACCME defines relevant financial relationships as financial relationships in any amount that create a conflict of interest and that occurred in the twelve-month period preceding the time that the individual was asked to assume a role controlling content of the CME activity. The ACCME has not set a minimal dollar amount—any amount, regardless of how small, creates the incentive to maintain or increase the value of the relationship. Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria for promotional speakers’ bureau, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected. See also “conflict of interest.”

Self-study report
One of the data sources used in the ACCME process of accreditation or reaccreditation. When applying for accreditation or reaccreditation, CME providers prepare a report to explain their accomplishments and practices related to the Accreditation Criteria and policies, assess areas for improvement, and outline a plan for making those improvements.

Standards for Commercial Support: Standards to Ensure Independence in CME Activities
ACCME requirements designed to ensure that CME activities are independent and free of commercial bias. The Standards comprise six standards: independence, resolution of personal conflicts of interest, appropriate use of commercial support, appropriate management of associated commercial promotion, content and format without commercial bias, and disclosures relevant to potential commercial bias.

State medical society accreditor
State medical societies may choose to become “recognized” by the ACCME. Recognition refers to a designation awarded to state and territorial medical societies that allows them to accredit intrastate providers of continuing medical education.

Test-item writing activity
An activity wherein physicians learn through their contribution to the development of examinations, or certain peer-reviewed self-assessment activities, by researching, drafting and defending potential test items.
Unstructured online searching and learning
An activity in which a physician uses Internet sites to learn about a topic. If it meets the guidelines for AMA PRA Category 2 Credit™, a physician may designate it as such and claim credit based on the time devoted to it.
PROGRAM GUIDELINES

REVISED APRIL 2018

Academy of General Dentistry
1.888.AGD-DENT
Email: PACE@agd.org
Website: www.agd.org

The AGD PACE Program Guidelines are subject to modification from time to time by the AGD at its discretion. The most current edition of this document can be accessed at:
https://www.agd.org/continuing-education-events/pace/pace-guidelines

Information on how to successfully apply PACE Criteria to continuing education programs can be accessed at:
https://www.agd.org/continuing-education-events/pace/apply-for-pace-approval
The PACE Guidelines are a tool designed to help continuing dental education providers to offer quality education courses. In addition to the standards, which are based on overall best practices of any type of continuing education provider, the guidelines provide detailed criteria providers are expected to meet.

The AGD believes established uniform standards benefit both organizations and attendees.

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Program Approval for Continuing Education (PACE)

Each year, thousands of continuing education courses are presented by hundreds of program providers—dental schools, dental societies, and companies that specialize in course presentations. Most provide dentists with valuable information that can be successfully integrated into the dental practice. The Academy of General Dentistry (AGD) Program Approval for Continuing Education (PACE) was created to assist members of the AGD and the dental profession in identifying and participating in quality continuing dental education (CDE).

The program provider approval mechanism is an evaluation of the educational processes used in designing, planning, and implementing continuing education. Approval by the AGD does not imply endorsement of course content, products, or therapies presented, nor does this approval imply acceptance for licensure maintenance or any other purpose by any governmental or private regulatory authority that regulates the practice of dentistry, including any national, state or provincial board of dentistry. Approved program providers are expected to comply with all relevant state and federal laws. Continuing education offered by approved program providers will be accepted by the AGD for Fellowship, Mastery, and Lifelong Learning & Service Recognition credit.

**Purposes and Goals**

The Program Approval for Continuing Education (PACE) will operate:

1. To improve the educational quality of continuing dental education (CDE) programs through self-evaluation conducted by program providers in relation to the Standards and Criteria, and/or through counseling and recommendations provided to program providers by the PACE Council.
2. To assure participants that approved continuing education program providers have the organizational structure and resources necessary to provide CDE activities of acceptable educational quality.
3. To achieve interstate and, where applicable, international acceptance for AGD Fellowship and Mastery credit for activities put on by approved program providers.
4. To promote uniformity in identification of those CDE activities that are acceptable for AGD Fellowship and Mastery credit.
5. To promote uniformity of standards for CDE that can be accepted by the dental profession.
6. To promote, through consistent and meaningful application of standards, an increased credibility for AGD’s Fellowship and Mastery awards.

**Where to Apply: National or Local?**

1. Program providers who are national or international in scope must apply for national approval.
2. Program providers that draw participants from more than one state/province or country must be nationally approved.
3. Program providers who intend to become national in scope should apply for national approval.
4. Program providers that offer protocol, webinars or self-instruction courses must apply for national approval.
5. Program providers who are local in scope can apply for either local or national approval.
Eligibility

The provider organization is approved, not speakers or individual course content. The applicant may be a major unit or department within an institution. To be eligible for PACE, the following criteria must be met:

1. The CDE provider offers a planned program of continuing dental education activities consistent with the definition of continuing dental education provided in the Lexicon of Terms. Initially, applicants are eligible for up to a four-year approval term based on their compliance with the published PACE Standards and Criteria.
   - First-time CDE applicants who have not held courses within the last 12 months immediately preceding the application date shall be limited to a one-year probationary term of approval.
   - First-time CDE applicants who have held courses within the last 12 months immediately preceding the application date shall be limited to a maximum two-year approval.
   - CDE applicants may be granted up to a six-year approval immediately following two consecutive four-year approval terms.

2. The CDE provider must be located or have a permanent base in the United States, Canada or their territories, or be an officially recognized agency or unit within the national dental services of the United States or Canada. CDE providers that do not fit within this criterion must meet the additional international eligibility requirements provided in the Eligibility Requirements for International Continuing Dental Education Providers section before being considered eligible to apply for recognition.

3. The program provider must ensure that all courses offered for continuing education credit have a sound scientific basis in order to adequately protect the public. PACE reserves the right to require acceptable substantiation from providers that their courses have a sound scientific basis and that they ensure public safety.

4. The CDE provider must demonstrate oversight by a planning committee and 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 ensure effective participation by enrollees.

5. 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.

6. The CDE provider must demonstrate that it assumes the financial and administrative responsibility of planning, publicizing and offering the CDE program consistent with the definition of provider at the end of this document.

7. The CDE provider must ensure that, upon completion of a continuing dental education course intended toward attainment of certification or other recognition through the CDE provider, participating dentists will not be obligated, as a condition for attaining or maintaining that certification or recognition, to utilize a volume of any products and/or services.

Eligibility Requirements for International Continuing Dental Education Providers

1. An International CDE Provider interested in obtaining AGD PACE Approval must demonstrate that it is a dental school, continuing education program within a dental school, a national governmental health authority or a national membership association or society for dental professionals. The International CDE provider must be recognized and/or accredited by the appropriate governmental or private regulatory authority that regulates organizations to ensure that they meet the applicable standards for quality advance dental education, as determined in the sole discretion of the AGD.

2. International CDE Providers applying for AGD PACE Approval must meet the same PACE Eligibility Requirements and Standards and Criteria as provers in the United State and Canada.

3. All application materials and documentation submitted by International CDE Providers must be translated and presented to the AGD in English.

4. In addition to the standard PACE application, International CDE Providers MUST completed and submit the application for International CDE Providers.

Guidelines for Joint Program Provider Approval

1. Joint program provider approval is defined as an educational activity planned and presented jointly by two organizations, only one of which is a PACE-approved program provider. Both organizations assume financial and administrative responsibility for planning and implementing the program.

2. The approved program provider is held accountable for upholding the PACE standards of the AGD and must be able to provide documentation that the educational activity was jointly planned and implemented in compliance with the standards.

3. All printed material for educational activities that are provided jointly must carry the following statement:
   “This activity has been planned and implemented in accordance with the standards of the Academy of General Dentistry Program Approval for Continuing Education (PACE) through the joint program provider approval of (approved program provider) and (non-approved program provider). The (approved program provider) is approved for awarding FAGD/MAGD credit.”

4. Jointly provided educational activities may be considered toward the eligibility of an organization applying for its initial PACE approval.
Standards/Criteria for Approval

Program providers are expected to adhere to published standards/criteria in different areas in order to obtain and retain approval status. These standards/criteria are accompanied in some areas by recommendations. Though these recommendations do not represent requirements for approval, they provide suggestions and guidance that can improve program providers’ CDE programs or make administration easier.

Standard I Administration

1. Administration of the program must be consistent with the goals of the program and scope of activities.

2. The program must be under the continuous guidance of an administrative authority and/or individual responsible for its quality, content, and ongoing content.

Criteria

A. The responsibilities and scope of authority of the individual or administrative authority must be clearly defined.

B. Responsibility for compliance with PACE Standards will be assigned to an individual administrator.

C. The CDE provider must be responsible for:
   a. Establishing clear lines of authority and responsibility
   b. Conducting a planning process
   c. Ensuring qualified personnel are available to manage the program
   d. Ensuring continuity of administration

D. Program providers must outline procedures for maintaining administrative continuity when key personnel changes occur.

E. Program providers must maintain a planning committee. A planning committee is an objective entity that provides peer review and direction of the program and the provider. The planning committee must include at least one licensed dentist who is independent from other responsibilities for the provider. The composition should include objective representatives of the intended audience, including members of the dental team for which the courses are offered.

F. The planning committee must meet at least annually for the purpose of development, implementation and improvement of the program. The planning committee will maintain appropriate minutes documenting these activities. Minutes from the most recent meeting must accompany the PACE application.

G. Program providers must assure that program facilities and equipment are in good working order. Program providers will choose the educational methods employed in consultation with the planning committee, advisors, instructors or potential attendees.

H. Support personnel for any CDE program must be adequate for the program requirements. All participation courses are required to provide at least one instructor for every 15 participants. (Reference S:XI, C:C)

I. Program planners must maintain accurate records of participant attendance for at least seven (7) years following and educational course or program (Reference S:XI, 1). Program planners must also outline methods used to determine the needs of participants and will retain records of course or program activities, outlines, and evaluation procedures. This information must accompany the PACE application.

J. Program providers must assume responsibility for compliance by participants with applicable laws and regulations, including local dental practice acts. Participants must be notified of any malpractice insurance requirements and be required to provide written declarations of coverage if appropriate.

K. When two or more approved program providers act in consort for development, distribution, and/or presentation of an activity, each must be equally and fully responsible for assuring compliance with AGD PACE Standards.

L. Administrative responsibility for development, distribution, and/or presentation of continuing education activities must rest with PACE-approved providers whenever an approved provider acts in cooperation with providers that are not approved by PACE. A written agreement with non-approved providers must document this understanding.

M. Program providers must submit complete contact information annually to the AGD. Contact information must include current provider name, address, phone number, fax number, Web address (if available), name of current provider contact person and address, phone number, fax number, and e-mail address of contact person.
N. For protocol programs, the following requirements must be met:

1. A bibliography of current literature on the subject being taught must be assembled and distributed at the initial formal lecture/demonstration session(s).
2. The initial formal course session(s) will include both lecture and demonstration of the procedures to be studied and can also include directed hands-on activities.
3. For protocol courses, written instructions must be given to participants for individual in-office assignments. The assignments must be commensurate in difficulty with the credit hours that will be awarded and within the abilities of the participants.
4. Participants will do whatever procedures they are assigned on patients in their offices. They will keep complete records on these patients, which must include at least the following:
   a. Patient consent and release form;
   b. Preoperative medical/dental history;
   c. Preoperative undated radiographs, if indicated
   d. Preoperative mounted diagnostic casts, if applicable
   e. Preoperative undated photographs
   f. Preoperative dental charting.
5. During treatment, records will be kept to demonstrate:
   a. Treatment rendered materials, methods, etc.
   b. Mounted treatment casts, if applicable;
   c. Photographs of treatment progress, if appropriate
   d. Radiographs taken during treatment, if indicated.
6. Upon completion of treatment:
   a. Undated photographs of completed treatment;
   b. Postoperative undated radiographs, if indicated.
7. After an agreed-on time needed to complete the assignment, the original group will reconvene with the program director, instructor and/or pre-designated evaluator to hear and evaluate participants’ 15-20 minute case assignment presentation and guide discussion with the group and relate this discussion to current literature for that topic. The case presentation will be evaluated using a standardized evaluation form provided by the AGD.

O. Program providers must develop and operate in accordance with written policies, procedures or guidelines designed to ensure that all clinical and/or technical CDE activities offered include the scientific basis for the program content and an assessment of the benefits and risks associated with that content in order to promote public safety.

Where scientific basis for a clinical and/or technical CDE activity is evolving or uncertain, the presentation will describe the level of scientific evidence that is currently available and what is known of the risks and benefits associated with the clinical and/or technical CDE activity.

P. For repeated CDE activities program providers must be able to demonstrate a process to ensure that the activities continue to meet all PACE Standards and Criteria.

Recommendations

A. The program planner should have background and experience appropriate to the task.

B. The size of the potential audience for any CDE activity is important in determining appropriate methods. A potentially active method can become purely passive if the group is too large.

C. Methods requiring learner involvement (seminars, discussion groups, case reviews/preparations, laboratory work, and patient treatment) have been shown to provide more effective learning experiences. Over-emphasis on purely didactic methods (lectures, panel discussions) is discouraged.

D. Program providers are encouraged to provide attendees with resource materials and references to facilitate post-course practical application of course content, as well as continued learning.

E. Continuity of administration and planning is necessary for the stability and growth of the program. It is required that:
   1. Members of the planning committee be selected for a term of longer than one year.
   2. Members of the planning committee serve staggered terms of office.

F. Additional independent consultants may add value and give guidance to program planners.
Standard II Fiscal Responsibility

1. Resources must be sufficient to meet:
   a. The goals of the program;
   b. The objectives of the planned activities.

Criteria
A. Adequate resources must be available to fund the administrative and support services necessary to manage the continuing education program.
B. In instances where continuing education is only one element of a program provider’s activities, resources for continuing education must be a clearly identifiable component of the program provider’s total budget and resources.
C. Program providers must provide 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, non-paid instructor time, etc.).
D. Resources must be adequate for the continual improvement of the program.
E. Adequate resources must be available to fund assessment of learner needs and outcomes

Recommendations
A. Separate budgets for each activity should be prepared as guidelines, but institutional or organizational policies requiring that each individual activity be prepared to be self-supporting tend to restrict the quality of the CDE program unduly, and are discouraged

Standard III Goals

1. Program providers must develop and operate in accordance with a written statement of its broad, long-range goals related to the continuing education program.
2. Goals must relate to the health care needs of the public and/or interests and needs of the profession.

Criteria
A. The individual or authority responsible for administration of the CDE program must have input into development of the overall program goals.
B. There must be a clear formulation of the program provider’s:
   1. Mission
   2. Organizational goals
   3. Educational goals
C. A mechanism must be provided for periodic reappraisal and revision of the program provider’s continuing education goals.

Recommendations
A. The goals of the CDE program should be consistent with the goals of the organization or institution.
B. The goals of the CDE program should be relevant to the educational needs and interests of the intended audience.
Standard IV Needs Assessment

1. Program providers must utilize 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.

Criteria

A. The program provider must be responsible for carrying out or coordinating needs assessment procedures.

B. Identified needs/interests must be developed from data sources that go beyond the program provider's own perceptions of needs/interests.

C. Program providers must document the process used to identify needs/interest and must include input from the provider’s planning committee.

D. Program providers must state the needs/interests identified and indicate how the assessment is used in planning educational activities.

E. Program providers must involve members of the intended audience in the assessment of their own educational needs/interests.

F. Consistent use of needs assessment data from multiple sources is required for use in planning continuing education activities.

Recommendations

A. Examples of sources to be used when determining audience needs may include, but are not limited to:
   - Attendee feedback (verbal or questionnaire/course evaluation)
   - Advice from professional organizations
   - Peer-reviewed literature
   - Public health statistics
   - Patient care data
   - National guidelines
   - Consensus statements

B. Whenever possible, program providers should assess learner outcomes to use in planning educational objectives.

Standard V Objectives

1. Specific written educational objectives identifying the expected learner outcomes must be developed for each activity and published in advance for the intended audience.

Criteria

A. The program planner must be ultimately responsible for assuring that appropriate objectives are developed for each activity. The educational objectives may, however, be prepared by instructor, course director, or program planner.

B. Educational objectives must be developed for each activity during the earliest planning stages. These provide direction in selecting specific course content and choosing appropriate educational methodologies.

C. 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.

D. Educational objectives must not conflict with or appear to violate the ADA Principle of Ethics and Code of Professional Conduct.

E. For conventions and major dental meetings that involve multiple course topics and speakers present during a multi-day period it is sufficient to publish detailed course descriptions that enable participants to select appropriate course offerings however it shall be the responsibility of the provider to ensure that the individual course presenters are following the guidelines in their presentations.

Recommendations

A. Educational objectives shall form the basis of evaluating the effectiveness of the learning activity.

NOTE: Accurate educational objectives succinctly describe the education that will result from attending the course. Specific educational objectives must describe the expected outcome(s) of the learning experience. They 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;
2. Corrections of outdated knowledge;
3. Provision of new knowledge in specific areas;
4. Introduction to and/or mastery of specific skills and techniques;
5. Alterations in the habits of the learner.
Standard VI Admissions

1. In general, continuing education activities must be made available to all dentists.

2. If activities require previous training or preparation, the necessary level of knowledge, skill, or experience must be specified in course announcements.

Criteria

A. As an activity is designed, the program planner may determine that previous training or preparation is necessary for learners to participate effectively in the activity. In all such cases, program planners 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;
3. Specify in advance and make available a method whereby applicants for admission may demonstrate that they have met the requirement;
4. Develop methods that are objective, specific, and clearly related to the course content and stated requirements;
5. If attendees are required to provide materials and equipment, program providers must make this requirement clear to potential enrollees and must provide enrollees with specific descriptions of all equipment and materials required.

Recommendations

A. Where activities are offered at an advanced level, program providers are encouraged to provide sequentially planned instruction at basic and intermediate levels, to allow participants to prepare for the advanced activity. Though program providers are not obligated to provide CDE activities for all dental occupational groups, admission policies that discriminate arbitrarily against individuals within an occupational group, without a sound educational rationale, are not acceptable. 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.
Standard VII Patient Protection

1. Participants must be cautioned about the hazards of using limited knowledge when integrating new techniques into their practices.

2. Where patient treatment is involved, either by course participants or instructors, patient protection must be ensured as follows:
   a. Program providers must seek assurance prior to the course that participants 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.

Criteria

A. Participants must be cautioned about the dangers of incorporating techniques and procedures into their practices if the course has not provided them with adequate, supervised clinical experience in the technique or procedure to allow them to perform it competently.

B. Program providers must assume responsibility for assuring that participants treating patients are not doing so in violation of any applicable dental licensure laws.

C. Program providers are responsible for obtaining the informed consent of all patients.

D. Patients must be informed, in non-technical language, of:
   1. The training situation;
   2. The nature and extent of the treatment to be rendered;
   3. Any benefits or potential harm that may result from the procedure;
   4. Available alternative procedures;
   5. Their right to discontinue treatment.

E. Program providers must assume responsibility for completion of treatment by a qualified clinician, should any question of the course participant’s competence arise.

F. There can be no compromise in adequate and appropriate provisions for care of patients treated during CDE activities; aseptic conditions (where possible, and, where not possible, antiseptic conditions); equipment, and instruments, as well as emergency care facilities, must be provided.

G. Sufficient clinical supervision must be provided during patient treatment to ensure that the procedures are performed competently.

H. Program providers must assume responsibility for providing the necessary post-course treatment, either through the practitioner who treated the patient during the course or through some alternative arrangement.

I. Program providers, instructors, and participants should have adequate liability protection.

Recommendations

A. In order to meet course objectives, patients should be screened prior to the course to ensure that an adequate number is present, with conditions requiring the type of treatment relevant to the course content.

B. Program providers are advised to consult legal counsel regarding informed consent requirements in their locale and appropriate procedures for obtaining patient consent.
Standard VIII Instructors

1. Instructors chosen to teach courses must be qualified by education and/or experience to provide instruction in the relevant subject matter.

2. The number of instructors employed for a CDE activity must be adequate to ensure effective educational results.

3. Program providers must ensure that instructors support clinical recommendations with references from scientific literature whenever possible. References must have a sound scientific basis, as defined in the Lexicon of Terms. References must be published and/or translated into English.

4. Program providers must have a policy that demonstrates instructors are not discriminated against based on gender, identity, ethnicity, religion, age, disability, socioeconomic status and/or sexual orientation.

Criteria

A. Program providers must assume responsibility for communicating specific course objectives and design to instructors early in the planning process, and ensuring that stated course objectives are addressed in the presentation.

B. The number of instructors assigned to any activity must be predicated upon the course objectives and the educational methods used.

C. The instructor-to-attendee ratio is most critical in participation courses. Great care must be taken to ensure that close supervision and adequate direct interchange between participants and instructors will take place. The instructor-to-attendee should not exceed 1:15 during any hands-on activities.

D. 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 the AGD PACE recognition.

E. 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.

Recommendations

A. Program providers should work closely with instructors during course planning to ensure that the stated objectives will be addressed by the presentation.

B. Each program provider should have a carefully formulated plan for selecting qualified instructors. A wide variety of sources for qualified instructors should be explored and utilized.

C. The teaching staff for any CDE program should consist of dentists and other professionals in related disciplines who have demonstrated ability, training, and experience in the relevant fields.

D. Instructors should also possess the demonstrated ability to communicate effectively with professional colleagues, and possess an understanding of the principles and methods of adult education.

E. Expertise and assistance in development and use of instructional materials and aids, when needed, should be available to support the teaching staff.

F. Program providers should develop clearly defined policies on honoraria and expense reimbursement for instructors.

G. Program providers should have a process in place to ensure that those involved in the design, development and delivery of learning events remain current in subject matter material and learning methods.
Standard IX Publicity

1. Publicity must be informative and not misleading. It must include:
   a. Course title
   b. A description of course content
   c. The educational objectives
   d. A description of teaching methods to be used
   e. Costs
   f. The name of the program provider, joint-providers and contact person
   g. Course instructor(s), their qualifications and any conflicts of interest.
   h. Refund and cancellation policies
   i. Location
   j. Date
   k. Specify number of hours awarded by educational methods used (lecture, clinical participation, self-instruction, etc.) and AGD subject code
   l. Time and period of availability for internet-based courses
   m. The names of any entities providing commercials support

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 publicly materials.

Criteria

A. Any publicity for CDE activities must provide complete and accurate information to the potential audience.

B. Care must be taken to avoid misleading statements regarding the nature of the activity or the benefits to be derived from participation.

C. Accurate statements concerning credits or approvals granted for the activity must be included. Great care must be taken to ensure that such statements follow the wording prescribed by the agency granting the credits or approvals, so that participants cannot misinterpret them.

D. Approved program providers must use the approved AGD PACE logo in all printed brochures and promotional materials for their educational program.

E. The term “accreditation,” “accreditation,” “certification” or “endorsement” of must not be used in conjunction with PACE approval. Providers must not make statements implying AGD PACE Approval or endorsement of individual courses.

F. If program providers require the continuing dental education course(s) to gain access to its services and/or products, any and all guidelines or limitations pertaining to prospective course participants’ access to said services and/or products must be disclosed, in any and all publicity, including any initial registration packet for the course(s) such that prospective participants are fully aware of these guidelines and limitations.

G. Providers that offer self-instructional activities must publish the following information on publicity materials for the activity and in the activity itself:
   a. Original release date
   b. Review date (if activity is reviews and rereleased)
   c. Expiration date (a maximum of three years from the original release date or the last review date, whichever is most recent)

NOTE: Program provider must submit with the application up to three samples of publicity from the past twelve months, from all forms of media (i.e., printed advertisements, radio spots, on-line postings, etc.) in print format.

The attendees’ expectations concerning course content and anticipated learning are based on course publicity. Materials containing less than complete and accurate information will almost always result in disappointment and dissatisfaction on the part of all or some attendees. Further, complete and detailed publicity materials will help to ensure that those who want and need the course will attend, and that they will be motivated to learn.

Using the AGD PACE Logo

- The AGD PACE Logo should be between 3/4 of an inch and two inches in height and not be larger than the provider’s logo.
- The above approval statement must be placed directly to the right of the AGD PACE Logo.
- Type size should not be less than 6 point. Type style should be san serif. (Helvetica, Arial, etc.)
- The AGD PACE Logo should be in the AGD approved color, black or white if reversed out of a dark colored background.
Standard X Evaluation

1. Program providers must develop and utilize activity evaluation mechanisms that:
   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.

<table>
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<tr>
<th>Criteria</th>
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<tr>
<td>A. Program providers must provide an evaluation mechanism that will allow participants to assess their achievement of personal objectives. Such mechanisms must be content-oriented and provide feedback to participants so that they can assess their mastery of the material. This is especially important if the activity is self-instructional in nature. The educational objectives for the activity must form the basis for the evaluation.</td>
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<tr>
<td>B. Program providers must provide an evaluation mechanism that will help the program provider assess the effectiveness of the CDE activity and the level at which stated objectives were fulfilled, with the goal being continual improvement of the program provider’s activities.</td>
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<td>C. Program providers are required to periodically conduct an internal review of completed course evaluations to determine:</td>
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<tr>
<td>1. If the goals are being achieved and to what extent;</td>
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<td>2. If the activity evaluation effectively and appropriately assesses:</td>
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<tr>
<td>a. Educational objectives;</td>
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<td>b. Quality of the instructional process;</td>
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<td>c. Participants’ perception of enhanced profession effectiveness;</td>
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<td>3. If evaluation methods are appropriate to and consistent with the scope of the activity;</td>
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<td>4. How effectively activity evaluation data are used in planning future CDE activities.</td>
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<td>D. The planning committee must be involved in the provider’s periodic assessment of the effectiveness of its continuing education program.</td>
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<th>Recommendations</th>
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<tr>
<td>A. Minimally, the evaluation mechanisms should:</td>
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<tr>
<td>1. Be appropriate to the educational objectives and methods for the activity;</td>
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<td>2. Measure the extent to which objectives have been met;</td>
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<td>3. Determine participant assessment of course content with regard to whether it was practically useful, comprehensive, appropriate, and adequately in-depth;</td>
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<td>4. Assess instructor effectiveness;</td>
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<td>5. Assess adequacy of facilities;</td>
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<td>6. Assess overall administration of the activity;</td>
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<td>7. Assess learner outcomes.</td>
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<td>B. Program providers should provide feedback to the instructor concerning the information that evaluation of the CDE activity has produced.</td>
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Standard XI Course Records

1. Program providers must maintain accurate records of individual attendance and make such records accessible to attendees for a minimum of seven years or more if required by local or national regulations.

2. Any record supplied in connection with the continuing education activity must not be, nor resemble, a certificate or diploma that attests to or might appear to attest to specific skill, specialty, or advanced educational status. Providers must design such documentation to avoid misinterpretation by the public or professional colleagues.

3. Credit awarded to participants of an approved program provider’s educational activity must be in compliance with AOD policies related to credit allocation.

4. Effective January 1, 2017, program providers must submit continuing education credits for lecture and participation hours for all AGD member attendees directly to the AGD through the AGD online roster within 30 days. Self-instruction hours may be submitted to the AGD using the AGD online roster or the AGD-approved standardized roster submission forms.

Criteria

A. Program providers must accept the responsibility of maintaining accurate records of individual attendees at each activity, to accommodate the growing number of legal and professional requirements.

1. Rosters submitted using incorrect forms or with missing information will be returned to the program provider for completion. Corrected rosters must be returned to the AGD within 21 days.

B. Credit must be awarded based on the following calculations:

1. For formal structured lectures, credit will be awarded based on actual number of contact hours. No credit will be awarded if the course is less than one hour in duration.

2. For courses in which at least 30% 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 will be awarded based on actual number of contact hours (excluding meals and registration periods).

3. Participants who complete audio, audio-visual, or electronically delivered self-instructional programs must receive credit equal to the length of the instructional time with a minimum being one half an hour (30 minutes) of credit.

4. Participants who complete self-paced self-instructional programs must receive credit based on an educator’s estimate of the time required to complete the program, with the minimum being one half an hour credit (30 minutes) and the maximum being eight credit hours.

5. For protocol courses, credit will be awarded hour-for-hour for the formal, on-site session(s). The amount of credit for the homework component must not exceed, but may be less than, the amount of credit awarded for the initial formal on-site session(s) and be commensurate with the level of difficulty of the homework assignment. Additional credit will be awarded hour-for-hour for the case presentation session. To determine if hours are participation or lecture, use these conditions:

   a. If the participant completes the formal on-site session(s), does the homework component and passes the final case presentation all hours awarded may be coded as participation.

   b. If a participant does not complete all the components (on-site lecture session, homework and case presentation) participation credit can only be awarded if the initial demonstration session(s) contained hands-on activities and as defined in Standard XI.B.2 above.

C. Providers must issue accurate records of individual participation to attendees.

D. Verification of participation documentation must clearly indicate at least:

1. The name and PACE provider ID number of the program provider;
2. The date(s), location and duration of the activity;
3. The title of the activity and specific AGD subject codes;
4. Educational methods used (e.g., lecture, clinical participation, self-instruction)
5. Number of credit hours (excluding meals);
6. A course completion code for each educational activity.

a. When attendees can attend one or more portions of a program, completion codes should be issued at the end of each portion of the program.

7. The name of the participant
8. The title of each individual CDE course the participant has attended or successfully completed as part of a large dental meeting or other similar activity (and number of credits awarded for each)
9. The recognition status of the provider, through the use of the authorized statement, and, whenever feasible (given space considerations) the use of the AGD PACE logo in conjunction with the authorized approval statement. (See page 16.)
Recommendations

A. Program providers should be aware of the professional and legal requirements for continuing dental education that may affect their participants.

B. Program providers should cooperate with course participants and with requiring agencies in providing documentation of course attendance at the end of each educational activity, as necessary. Electronic scanning devices to collect participant information should be used at the end of each educational activity.
Standard XII Commercial or Promotional Conflict of Interest

In 1997 the U.S. Food and Drug Administration (FDA) issued a policy statement entitled "Guidance for Industry: Industry Supported Scientific and Educational Activities." This policy states that activities designed to market or promote the products of a commercial company are subject to FDA regulation under the labeling and advertising provisions of the Federal Food, Drug and Cosmetic Act, whereas activities that are independent of commercial influence and non-promotional are not. In this context, the AOG PACE standards and criteria are designed to ensure separation of promotional activities from continuing education activities in the following ways: 1) CDE providers must demonstrate that all educational activities offered are independent of commercial influence, either direct or indirect, and 2) CDE providers must ensure that all financial relationships between the provider and commercial entities, as well as all financial relationships between course planners and faculty and commercial entities are fully disclosed to participants.

1. The PACE standards and criteria are designed to ensure that:
   a. CDE providers must ensure that continuing education activities promote improvements in oral healthcare and not a specific drug, device, service or technique of a commercial entity.
   b. If commercial relationships exist between the program provider, course presenters, and/or a commercial company and its products, they must be fully disclosed to participants.
   c. Providers must disclose to participants in CDE activities any conflicts of interest the planners and lecturer/author/instructors or a continuing education activity may have. Disclosure must be made at the beginning of the continuing education activity and must be made in writing in publicity materials, course materials and/or audiovisual materials.
   d. Financial aid is acknowledged in printed announcements and brochures.

Criteria

A. CDE program providers must operate in accordance with written guidelines and policies that clearly place the responsibility for faculty selection, quality of the program content and scientific integrity of all CDE activities on the program provider. These guidelines must not conflict with the PACE Standards/Criteria for Approval. Each CDE learning experience offered must conform to this policy.

B. The ultimate decision regarding funding arrangements for CDE activities must be the responsibility of the CDE program provider. CDE activities may be supported by funds received from external sources if such funds are unrestricted. CDE program providers must assume responsibility for the specific content and use of instructional material that are prepared with outside financial support.

   External funding, monetary support, or other special interest a program provider and/or instructors/authors may have with any commercial entity whose products or services are discussed in the program must be disclosed to participants in announcements, brochures, or other educational materials, and in the presentation itself.

C. CDE program 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 program provider and the commercial supporter. The program provider and the organization(s) providing support must sign the written statement or letter of agreement.

D. Product-promotion material or product-specific advertisement of any type is prohibited in or during CDE 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.

   a. For live, face-to-face CDE, advertisements and promotional materials cannot be displayed or distributed in the educational space during a CDE activity. Providers cannot allow presenters or representatives of Commercial Interests to engage in sales or promotional activities during the CDE activity.
   b. 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.
   c. 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.
d. For audio-and video-based CDE activities, advertisements and promotional materials will not be included within the CDE. There will be no 'commercial breaks.'

e. 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.

f. 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.

E. 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.

F. CDE program providers must ensure that a balanced view of all therapeutic options is presented. Whenever possible, generic names must be used to contribute to the impartiality of the program presented.

G. CE program providers must assume responsibility for taking steps to protect against and/or disclose any conflict of interest of the advisory committee. CDE activity planners, course directors and lecturer/author/instructors presenting courses. Signed conflict of interest statements must be obtained from all advisory committee members, CDE activity planners, course directors and lecturer/author.

H. If providing electronically mediated distance learning, embedded advertising and direct commercial links are inappropriate within the educational content and must be avoided.

I. 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. The CDE hours awarded must not include the promotional hours.

J. The advisory committee must be involved in evaluating and taking steps to protect against conflicts of interest that CDE activity planners, course directors and lecturer/author/instructors may have.

Recommendations

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 faculty, and modest meals or social events held as part of the educational activity.

B. The CDE program 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 CDE activity.
Standard XIII Self-Instruction and Electronically Mediated Programs

Criteria

A. Self-instruction activities that are primarily audio or audiovisual must include supplemental information that further explains the audio or audiovisual material.

B. Electronically mediated programs must include a documented technology plan including electronic security measures to ensure both quality standards and the integrity and validity of information (e.g., password protection, encryption, back-up systems, and firewalls).

C. Participant interaction with faculty or individuals having expertise in the subject area and/or other participants is an essential characteristic and can be facilitated in a timely manner through a variety of methods such as voicemail, e-mail, or chat rooms.

D. Participants who complete self-paced self-instructional programs should receive credit based on an educator's estimate of the time required to complete the program segment, with the minimum being one half an hour (30 minutes) of credit and the maximum being eight credit hours.

E. For self-instructional or electronically-mediated activities, a provision must be made for a mechanism by which the learner can assess his/her mastery of the material.

F. Participants must be informed of specific requirements for hardware and software and must have access to technical assistance throughout the duration of the course and the design of the course should support easy navigation to even novice users.

G. Courses must include resources, references, and information to aid participants in securing relevant supportive material.

H. Embedded advertising and direct commercial links are inappropriate with the educational content and must be avoided.

I. Program providers who plan self-instructional activities 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.

J. For live electronically mediated events a provision must be made to ensure periodic interchange between the instructor(s) such as, but not limited to, polling, direct questions and surveys.

K. Providers that offer self-instructional activities must review the activities at least once every three years, or more frequently if indicated by new scientific developments, to ensure that content is current and accurate.

Recommendations

A. For self-instructional activities, use of audiovisual materials may offer valuable learning experiences when their usefulness as a means, rather than an end, is appreciated.

B. Course program providers should direct course participants to where appropriate software needed to utilize the electronic media used in the course can be obtained or downloaded.

C. If providing electronically mediated distance learning, security measures should be in place to ensure both quality standards and the integrity and validity of information (e.g., password protection, encryption, back-up systems, firewalls, secure servers).

D. Feedback to participants about assignments and questions should be constructive and provided in a timely manner.

E. Courses should provide participants with flexibility to access and review course materials on demand during the period of announced availability.

F. Questions directed to course personnel should be answered quickly and accurately. A structured system to address participant complaints should be in place.
Applications

A program provider that wishes to apply for approval to give Fellowship/Mastership-approved continuing education credit is required to submit data documenting its compliance with PACE Program Standards/Criteria. To apply for approval, program providers must complete the “Application for Program Provider Approval” in English. This application, together with other required or pertinent data, is submitted for evaluation to the PACE Council.

Fees

**National Approval**

All applications for national approval must be submitted with a $600* application fee. The check or money order should be made payable to the Academy of General Dentistry.

Completed applications should be emailed to: PACE@agd.org

Providers may also mail applications to:

Academy of General Dentistry - PACE
560 W. Lake St. Sixth Floor
Chicago, IL 60651

If mailing applications, four complete copies of the application must be included.

Effective Jan. 1, 2018 the application fee for National PACE Approval will increase to $705*.

All nationally approved providers will continue to pay a non-refundable application fee when an application is submitted. If the application is approved, this fee will include the first year’s approval. An annual approval maintenance fee of $275* for nationally approved PACE providers will be due at 12 month intervals, based on the start of each approval period.

Effective Jan. 1, 2020 the annual approval maintenance fee for nationally approved providers will increase.

Non-payment of all required fees within the established deadline(s) will be viewed as a decision by the approved provider to voluntarily withdraw from the PACE program. The name of the previously approved provider will be removed from the current list of AGD PACE-approved providers available on the AGD Website. Any provider wishing to reinstate its recognition following discontinuation for non-payment of fees will be required to submit a new AGD PACE Application and follow the established procedures for recognition.

**Local Approval**

All applications for local approval must be submitted to the local AGD approval representative that approves providers in the state or province in which the provider intends to offer courses. Applicants must include the appropriate application fee with their application. Fees may vary. A list of local AGD approval representatives is available on the AGD Website (http://www.agd.org/education-events/pace/apply-for-local-pace-approvallist-of-constituent-approval-representatives.aspx). Applicants for local approval may also call the AGD at 1.888.243.3368 ext. 4114 or 4335 for a complete list.

*Application and maintenance fees subject to change

Approvals

The maximum term of approval of locally approved organizations will not exceed four years. The maximum term of approval for nationally approved organizations will not exceed six years. Shorter terms of approval will be awarded if there are deficiencies or concerns that would justify an earlier re-evaluation date. In these cases, the reason(s) for a shorter period of approval will be identified and provided to the program provider. In no case will approval be granted for a period of less than one year. Only nationally approved organizations who have documented extraordinary compliance to the published PACE Standards and Criteria by receiving at least two consecutive four-year approval terms will be eligible for extended six-year approval terms. Multiple six-year approval terms are possible if the approved organizations continue to document extraordinary compliance with PACE Standards and Criteria.

Program providers approved by the PACE Council shall be designated “approved program providers” for the length of the approval period. Approval of a program provider does not imply recognition or approval of that program provider’s parent or satellite organizations, cooperating agencies, parent company, subsidiaries, or divisions.

Any reference to the awarding of approved continuing education credit by a PACE-approved program provider in its announcements, promotional materials, publications, or any other form of communication must conform exactly to the following:

See Standard IX Publicity for usage guidelines.

The terms “accreditation,” “accredited,” “certification,” or “certified” must not be used in conjunction with PACE approval.

The AGD will publish an official list of program providers approved by the PACE Council and update this list whenever there are additions, deletions, or status changes. This list is available on the AGD’s Website, www.agd.org. The list will also be made available to constituent academies for inclusion in their publications.
Confidentiality

The AGD will not release in any form the name of any CDE program provider that (1) has initiated contact with the AGD concerning application for approval; (2) has applied for approval but has not yet been apprised of a decision; (3) has applied for and been denied approval. Further, the AGD will not confirm that a program provider has not applied for approval, or provide details regarding any weaknesses of a program provider that has been approved. All inquiries as to the approval status of a specific program provider may be answered by the AGD by referral to the published, official list of approved program providers and/or, if the provider’s approval has expired, lapsed, or been withdrawn, by confirmation of previous terms of approval. The AGD reserves the right to notify its members in the event that a program provider’s approval has been withdrawn, or if a program provider’s approval status has changed, or if a program provider uses false or misleading statements regarding AGD PACE approval.

PACE Council Program Provider Monitoring Program

The PACE Council is committed to ensuring that program providers maintain the high standards of PACE approval. The Monitoring Program has been instituted to assist the council with this and the following guidelines have been adopted:

Monitoring Selection Criteria

A program provider could be monitored if a:
- Complaint has been lodged against a provider
- Provider submitted a questionable application or received provisional approval
- Provider has received multiple cautions
- Provider is selected randomly by the PACE Council
- Provider’s approval was previously revoked due to a violation of the standards and re-applies for approval.

A. Role of the PACE Council Chair

1. The PACE Council Chair will be responsible for identifying monitors and will select the courses of nationally approved program providers appropriate for monitoring within his/her constituent. Monitors must have a clear understanding of all PACE standards.
2. The Constituent Continuing Education Chair or Approval Representative may be asked by the PACE Council Chair to monitor specific program providers.
3. The PACE Council Chair will authorize only ONE monitor per course.
4. The Constituent Continuing Education Chair will ensure that nationally approved program providers will be monitored only once per year per constituent. Even in instances in which the program provider offers several different courses, only one course from the program provider’s entire list of offerings for that calendar year may be monitored.
5. The monitor will forward one copy of the completed Monitor Evaluation Form to the PACE Council within two weeks of its submission by the monitor. He/she will retain one copy of the form.

B. Role of the Monitor

1. The monitor will evaluate the course, using the PACE Standards and Criteria as the guide.
2. The monitor will receive lecture credit for his/her attendance at the course monitored. Participation credit is allowable if the monitor participates in a participation course and pays the provider for that course.
3. The monitor will return the completed Monitor Evaluation Form to the CE Chair within 10 days of the course.

C. Role of the Program Provider

1. The program provider will admit a maximum of one monitor per calendar year as requested by the PACE Council Chair at no cost to the AGD or the monitor unless the monitor participates in hands-on activities.
2. The program provider has the right to determine if the monitor may take part in the participation portions of the course.
Regulations Governing the Approval Process

Process

1. All program providers interested in approval by the AGD PACE program must complete the appropriate Application form and submit it to the PACE Council or local approval representative for consideration.

2. Within 14 days after receipt of an Application for Program Provider Approval, applicants will receive confirmation that the application was received.

3. If the application does not appear to provide adequate information on which to base an approval action, the council may seek additional information from the program provider within 45 days of receipt of the application. Only complete applications are forwarded to the PACE Council for review.

4. If the program provider does not meet the PACE program eligibility requirements (page 4), the application will be returned to the program provider, with a full refund of the application fee, within 30 days after the PACE Council meets to determine approvals.

5. Applicant program providers will be notified of the action taken by the PACE Council within 30 days after it meets to determine approvals.

6. If approval is granted, the program provider will be provided with the following:
   a. The effective dates of the approval;
   b. A statement and logo that must be used to announce or publicize the approval;
   c. The correct AGD program provider code for use in reporting attendance at activities;
   d. Responsibilities and procedures for recording attendance at activities;
   e. Statement explaining the right of the PACE Council to audit future activities;
   f. General procedures and time frames regarding expiration of approval and reapplication;
   g. Recommendations and suggestions for alterations or improvements in the program provider’s CDE program.

7. After approval is granted, the PACE Council reserves the right to re-evaluate a program provider at any time by surveying participants in the program provider’s CDE activities, by reviewing activities in person, or by requiring additional information concerning the program provider and/or its activities. AGD Constituents may lodge a formal written complaint with the PACE Council if they can document noncompliance with the Standards by an approved program provider. Upon receipt of such a formal complaint from an AGD Constituent, the PACE Council may initiate a formal review of the program provider’s approval status. An approved program provider may also be reevaluated at any time if information is received from the program provider or other sources that indicates the program provider has undergone changes in program administration or scope, or may no longer be in compliance with the Standards/Criteria for Approval.

8. Approval may be denied if there is noncompliance with the Standards/Criteria for Approval. If approval is denied, the applicant program provider will be provided with the following by return receipt mail:
   a. The Standards and Criteria with which the Council found noncompliance;
   b. Recommendations and suggestions for alterations and/or improvements in the CDE program;
   c. Rules and mechanisms governing appeal of the Council’s decision.

9. Approval may be withdrawn by the council if:
   a. The approved program provider makes a request for voluntary withdrawal of approval;
   b. The Council finds that there is non-compliance with the Standards/Criteria for Approval;
   c. Continuing dental education activities have not been offered for a period of two years or more;
   d. The provider submits false or misleading information.

10. The effective date of approval is the day on which action is taken by the council. However, retroactive approval may be granted by the PACE Council when a written request outlining the situation is received on behalf of a program provider who is applying for or who has previously received program provider approval for continuing education via PACE. Previously approved providers requesting retroactive approval for a time greater than twelve months may be required to pay a penalty fee of up to $125 per year for each year they are requesting retroactive approval. Retroactive approval will not be granted for a period greater than three years.

11. The council will notify nationally-approved program providers of the need to reapply for approval within no less than 11 months prior to the date that the program provider’s approval will expire. Program providers must submit a new Application for Program Approval no less than three months prior to the expiration date. In addition to the formal application for approval, the program provider must submit other relevant materials documenting its continued compliance with the Standards and Criteria, as well as improvements in any previously identified areas of deficiency or weakness. Program providers that anticipate promoting courses that will be presented after their approval expires are encouraged to submit a renewal application early to ensure that approval statements will be accurate.

12. Approved program providers who did not provide self-instructional or on-site/off-site participation programs at the time their application was reviewed, but who may provide such programs in future, are expected to conform to the Standards and Criteria unique to these areas, specifically:
   Standard XI, Criteria B.3, B.4
   Standard XIII, Criteria A through K
Program Administration

The AGD PACE program must be administered by the PACE Council. This council must be composed of nine members of the AGD, appointed by the AGD’s president. Each member must be appointed for staggered three-year terms, and each may serve a maximum of two full terms on the Council.

The PACE Council must be responsible for overall administration of the AGD PACE program and for recommending alterations in the policies governing the program. The Council must evaluate and take action on all applications for AGD PACE. The Council must be responsible for hearing appeals of all such action.

The PACE Council shall review and determine action on pending applications at least four times per year. Application deadlines shall be regularized and published on the AGD website at least two times per year.

Complaints Policy

The PACE Council is interested in the continued improvement and sustained quality of continuing dental education programs, but does not interfere on behalf of individuals or act as a court of appeal for individuals in matters not related to the AGD’s PACE Standards and Criteria or established recognition policies. If a complaint includes matters that are currently the subject of, or directly related to, litigation, the PACE Council will not proceed with consideration of the complaint until the litigation is concluded.

Potential complaints will be evaluated to ascertain whether they pertain to PACE Standards and Criteria and/or recognition policies. A potential complainant will be asked to provide information and documentation about the alleged lack of compliance with the Standards and Criteria or recognition policies.

The PACE Council will consider appropriate complaints against PACE-approved program providers from AGD staff, course participants, faculty, other CDE providers, constituent dental societies, state boards of dentistry, and other interested parties. In this regard, an appropriate complaint is defined as one alleging that there exists a practice, condition, or situation within the program of a PACE-approved provider that indicates potential non-compliance with PACE Standards and Criteria or established recognition policies. The PACE Council will review and make recommendations regarding disposition of such complaints.

Attempts at resolution between the complainant and the provider should be pursued prior to initiating a formal complaint. This should include, but not be limited to, the issuance of warning letters with recommendations of corrective action and informing providers that failure to correct could result in withdrawal of PACE approval. If corrective action is not taken, formal written complaints are to be forwarded to the council. Only written, signed complaints will be considered by the PACE Council. The complaint will be considered at the earliest possible opportunity, usually at the next scheduled meeting of the PACE Council. When setting this date, the due process rights of both the provider and the complainant will be protected to the degree possible.

The following procedures have been established to review appropriate complaints:
A. The complaint will become a formally lodged complaint only when the complainant has submitted a written, signed statement of the program’s non-compliance with a specific standard and/or recognition policy; the statement should be accompanied by documentation of the non-compliance whenever possible. At the request of the complainant, the complainant’s identity will be withheld from the provider when possible.
B. The CDE provider will be informed that the PACE Council has received information indicating that compliance with a specific standard or recognition policy has been questioned.
C. The provider will be required to provide documentation supporting its compliance with the standard or policy in question by a specific date (usually within 30 days). The PACE Council reserves the right to seek additional information from the provider, including but not limited to, surveys of program participants, on-site visits, observation of the provider’s CDE activities, or other means considered necessary to determine whether the CDE provider is in compliance with the Standards and Criteria. Refusal or failure to provide all requested information, or to cooperate with the Council’s information-gathering efforts, will be considered cause for withdrawal of the provider’s approval.
D. The provider’s report and documentation, as well as any additional information obtained from other sources, will be considered by the PACE Council at its next regularly scheduled meeting.

Following consideration, the PACE Council will take action, as follows:
A. If the complaint is determined to be unsubstantiated and the provider is found to be in compliance with PACE Standards and Criteria or established approval policies, the complainant and the provider will be notified accordingly and no further action will be taken.
B. If the complaint is substantiated and it is determined that the CDE provider is not in compliance with the Standards and Criteria or established recognition policies, the PACE Council may:
1. Postpone action pending the receipt of additional information through:
   a. A comprehensive re-evaluation of the provider.
   b. A written report by the provider documenting progress in meeting the relevant standards or policies prior to the next regularly scheduled meeting of the PACE Council.
   c. A personal appearance by the complainant and/or the provider or their representatives before the PACE Council to present oral testimony in support of the written documentation provided. Legal counsel may represent the complainant and the provider. The costs to the complainant and the provider of such personal appearances and/or legal representation shall be borne by the complainant and the provider, respectively.

2. Withdraw the provider’s recognition status

The complainant and the provider will receive written notice of the PACE Council’s action on the complaint within thirty (30) days following the Council’s meeting. The records/files related to such complaints shall remain the property of the PACE Council for five years and shall be kept confidential. After five years, these records will be destroyed.

Policy Statement on Reporting Substantive Changes

Substantive Changes: A substantive change to a provider’s continuing education (CE) program is one that may impact the degree to which the approved provider complies with the PACE Standards & Criteria. Substantive changes may include, but are not limited to:
- Changes in ownership, legal status, or form of control.
- Introducing a new educational method beyond the scope described in the application (e.g., adding patient treatment courses or self-study activities).
- Changes in the CDE program’s source(s) of financial support, especially if funding is from an external commercial source.
- Changes in contact person or information

When substantive changes occur, the primary concern of the PACE Council is that the provider continues to meet the PACE Standards and Criteria. Recognized providers must be able to demonstrate that any substantive change(s) to their CDE program will not adversely affect the ability of the organization to comply with established standards. If the program charges are judged to represent a sufficient departure from practices in place at the time of application, the PACE Council may elect to re-evaluate the provider before the next formal reappraisal is due.

Reporting Substantive Changes: All approved providers are expected to report substantive changes in writing to the PACE Council in a timely manner. If a provider is uncertain whether a change is substantive, the provider should contact PACE staff for clarification and guidance. The following procedures shall apply to substantive changes:
- PACE-approving providers must report any substantive change(s) to their CDE program.
- The provider must submit a description and/or documentation describing the change(s) and explaining how the CDE program will continue to comply with PACE standards and criteria.

Providers will receive written notification that:
A. The information is acceptable and will be kept on file for review at the time of the provider’s next scheduled reappraisal, or
B. Additional documentation is required for re-evaluation prior to the next scheduled reappraisal

The PACE Council may exercise its right to re-evaluate an approved provider at any time during the approval period. When a provider has received written notification to provide additional documentation, failure to submit the requested documentation shall be considered grounds for withdrawal of PACE approval status, usually at the next regularly scheduled meetings of the PACE Council. Submission of false or misleading information shall be grounds for withdrawal of PACE approval.
Appeals

In the event that the PACE Council takes adverse action on an application for program provider approval, that program provider may appeal the decision. The following conditions and policies apply:

**Procedures for Reconsideration of an Adverse Action Against a CDE Provider**

If the PACE Council takes an adverse action on an application for approval or against an approved provider, the provider may request reconsideration by the PACE Council. An adverse action is defined as denial or withdrawal of approval. A reconsideration would be considered by the PACE Council, usually at its next regularly scheduled meeting. Reconsiderations are conducted in accord with the following procedures. The principal purpose of a reconsideration is to determine if, based on the information and documentation previously submitted to the PACE Council, the Council's decision to deny or withdraw recognition was in accordance with the PACE Council's procedures and policies. Reconsiderations may not be based on the length of the recognition period or disagreement with the recognition Standards and Criteria. To ensure due process, the Council will, when appropriate, review substantive procedural issues raised by the provider.

If the PACE Council denies or withdraws recognition, the CDE provider shall be informed of this decision within thirty (30) days following the Council meeting. If the provider would like reconsideration of the denial or withdrawal, the provider must file a written request for reconsideration with the Council's Program Coordinator by certified mail within twenty-one (21) days after notification of the Council's decision. In the absence of receipt of a request for reconsideration as prescribed above, the Council's decision will automatically be final.

If a request for reconsideration is received as set forth above, the Council shall acknowledge receipt of the request and indicate the deadline for submission of documentation. Receipt of a request for reconsideration will not change a provider's approval status. Approval will remain withdrawn or denied unless and until the Council restores of grants approval.

The provider must submit a non-refundable Reconsideration Fee of $300 with its request for reconsideration. The provider must submit fifteen (15) copies of evidence and argument in writing to refute or overcome the decision of the Council.

Reconsiderations will be evaluated by the PACE Council. Representatives of the provider may make an appearance before the PACE Council. If desired, legal counsel may accompany the provider and observe the appearance. Legal counsel for the AGD PACE Council may present for the appearance(s) and the executive session(s) thereafter. No tape-recording of the appearance(s) is permitted.

The provider will be given the opportunity to offer evidence and argument to refute or overcome the adverse action. The Council will review only information and documentation that was previously available to the PACE Council at the time the Council made its decision to take the adverse action.

**Mechanism for the Conduct of a Personal Appearance**

A. A brief opening statement may be made by a representative of the PACE Council for the purpose of establishing the Council's findings and reasons therefore and to restate to the representative(s) the amount of time, 30 minutes, allocated for the hearing.

B. The provider will then present its argument to the Council.

C. Council members may ask questions of the provider's representative(s) to clarify information presented.

D. After hearing the evidence, the PACE Council shall meet in closed session to discuss the reconsideration and determine its decision. The recommendation shall be based on a majority vote of the members of the Council present. The Council's decision upon reconsideration will be final.

E. The Council's decision will be sent by registered mail to the provider within ten (10) days following the Council's decision on reconsideration.
Lexicon of Terms

Many discussions of CDE result in misinterpretation or confusion because frequently used terms may be defined differently in the context of continuing education (CE). To clarify the intent of this document, the following terms are defined as they will be used in relation to CDE. CDE providers should familiarize themselves with these definitions to ensure complete understanding of information provided in this document.

ACTIVITY: An individual educational experience such as a lecture, clinic, or home-study package. (See COURSE)

ADMINISTRATIVE AUTHORITY: The person(s) 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: (See PLANNING COMMITTEE)

BEST PRACTICES: Those strategies, methods, activities, or approaches that have been shown through research and evaluation to effectively promote continuous quality improvement of CDE in accordance with the AGD PACE Standards and Criteria.

COMMERCIAL BIAS/COMMERCIAL INFLUENCE: Any activity or material designed to promote a specific proprietary business interest or entity with a commercial interest.

COMMERCIAL INTEREST/COMMERCIAL ENTITY: Any proprietary entity producing health care goods or services, with the exception of non-profit or government.

COMMERCIAL SUPPORT: Financial support, products, and other resources contributed to support or offset expenses or needs associated with a provider's CDE 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 CDE activity.

CONFLICT OF INTEREST: When an individual has an opportunity to affect CDE content with products or services from a commercial interest with which he/she has a financial relationship.

CONTACT HOUR: Unit of time equal to a minimum of fifty (50) minutes and not more than sixty (60) minutes.

CONTINUING DENTAL EDUCATION (CDE): Educational activities designed to review existing concepts and techniques, to convey information beyond basic dental education, and to update knowledge on advances in dental and medical sciences. The objective is to improve the knowledge, skills, and ability of the individual to deliver the highest quality of service to the public and profession. The basic sciences and behavioral and social sciences should be considered inseparable from technical knowledge in their influence on the professional person and, for this reason, educational experiences in these areas are an equally valid part of CDE. CDE programs are usually of short duration and are not structured or sequenced to provide academic credit toward a certificate or degree. Such courses are not applicable to advanced standing in specialty education programs. CDE courses are conducted in a wide variety of forms using many methods and techniques and are sponsored by a diverse group of institutions, schools, and organizations. CDE should favorably enrich past educational experience. These programs should make it possible for dentists and allied team members to attain dental practice to modern knowledge as it continuously becomes available. All CDE should strengthen the habits of critical inquiry and balanced judgment that denote the truly professional and scientific person.

COURSE: A type of CDE activity, usually implies a planned and formally conducted learning experience. (See ACTIVITY)

COURSE COMPLETION CODE: Also referred to as Verification code. Random code announced by program provider toward the end of each course to help verify that each participant has taken part in the entire course.

EDUCATIONAL METHODS/METHODOLOGIES: The systematic plan or procedure by which information or educational material is made available to the learner. Some examples include lectures, discussions, practice under supervision, audiovisual self-instructional units, case presentations, and Internet-based or other electronically mediated formats.

ELECTRONICALLY MEDIATED LEARNING: Continuing education activities that use one or more of the following technologies to deliver instruction to participants who are separated from the instructor and to support interaction between the participants and the instructor: (1) the Internet; (2) one-way and two-way transmissions through open broadcast, closed circuit, cable, microwave, broadband lines, fiber optics, satellite, or wireless communications devices; (3) audio conferencing; or (4) DVDs, CD-ROMs, and videocassettes if these are used in a course in conjunction with any of the other technologies listed. Electronically mediated learning may be delivered through live courses or self-instructional activities.
EVIDENCE-BASED DENTISTRY: An approach to oral health care that requires the judicious integration of systematic assessments of clinically relevant scientific evidence, relating to the patient’s oral and medical condition and history, with the dentist’s clinical expertise and the patient’s treatment needs and preferences. (See Center for Evidence-Based Dentistry at http://ced.adcr.)

FINANCIAL RELATIONSHIPS: Any relationship in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest contracted research, or other financial benefit or. The AGD considers relationships of the person involved in the CDE activity to include financial relationships of a family member. Financial relationships must be disclosed to the participants.

GOAL: A statement of long-range expectations of a CDE program.

INTERNATIONAL CONTINUING DENTAL EDUCATION PROVIDERS: Organizations which are not located in and do not have a permanent base in the United States, Canada, or their territories, and is not an official recognized agency or unit with the national dental services of the United States or Canada.

JOINT PROGRAM PROVIDER: An AGD PACE-recognized or non-AGD PACE-recognized provider that shares responsibility with an AGD PACE-recognized provider of CDE for planning, organizing, administering, publicizing, presenting, and keeping records for a program of CDE. Administrative responsibility for development, distribution, and/or presentation of CDE activities must rest with the AGD PACE-recognized provider whenever the provider acts in cooperation with providers that are not recognized by AGD PACE. When two or more AGD PACE-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.

JOINT PROVIDERSHIP (or co-providership): Any continuing education activity in which an AGD PACE-approved provider agrees to jointly offer a program with another CDE program provider. When an AGD PACE-approved provider jointly offers a CDE activity with a non-approved provider, the PACE-approved provider assumes responsibility for the planning, organizing, administrating, publicizing, presenting, and keeping records for the planned continuing dental education activity. Administrative responsibility for development, distribution, and/or presentation of continuing education activities must rest solely with the AGD PACE-approved provider. When two or more AGD PACE-approved 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. Letters of agreement between the joint or co-providers must be developed to outline each party’s responsibilities for the CDE activity. Letters of agreement must be signed by all parties.

LECTURE COURSE: A live presentation intended to communicate information or teach people about a particular subject. Lectures are used to convey critical information, history, background, theories and equations and do not significantly involve audience participation with the exception of asking and answering questions.

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.

LECTURER/AUTHOR (also instructor, faculty, faculty member): The person or persons responsible for the development and presentation of specific CDE course material for the intended audience.

LIVE COURSE / ACTIVITY: Continuing education courses that participants must attend (whether in person or virtually) in order to claim credit. Live courses can be offered in a variety of formats including national and local conferences, workshops, seminars, and live Internet-based conferences and teleconferences.

OBJECTIVE: Anticipated learner outcomes of a specific CDE learning experience or instructional unit, stated in behavioral or action-oriented terms for the participant.

PARTICIPATION/HANDS-ON COURSE: A presentation intended to teach a particular subject, technique or skill that actively involves the audience. Participants will actively manipulate dental materials and/or devices, or practice clinical skills or techniques under the live or electronically-mediated supervision of a qualified instructor. When live patient treatment is involved, live instructor direct supervision is required. The participation activities must represent a minimum of 30% of total course time, and must directly address the educational objectives of the course and be an extension and amplification of the lecture portion of the course.

PLANNED PROGRAM: The total efforts of a sponsoring organization as they relate to CDE activities offered to professional audiences. A sequence or series of CDE activities, courses, or events that in total constitutes the sponsoring organizations’ activities as they relate to CDE activities offered to professional audiences. These individual activities, courses, or events must be substantially distinguishable from one another. A planned program of CDE 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 CDE provider’s administrator must not function as a sole lecturer/author.
PLANNING COMMITTEE: An objective entity that provides peer review and direction of the program and the provider. The committee must include at least one licensed dentist who is independent from other responsibilities for the provider. The composition should include objective representatives of the intended audience, including members of the dental team for which the courses are offered.

PRODUCT TRAINING: Courses where the central theme is focused on the use of a single product. Course content must be free from any sales and/or marketing information and should enhance a dental professional’s knowledge and/or skill to deliver quality service to the public.

PROGRAM PLANNING: The total process of designing and developing CDE activities. This process includes assessing learning needs; selecting topics; defining educational objectives; selecting lecturer/author, facilities, and other educational resources; and developing evaluation mechanisms. All steps in the program planning process should be aimed at promoting a favorable climate for adult learning.

PROTOCOL COURSE: Courses which assign homework involving clinical activities and award CDE credit for these clinical activities successfully completed outside of the classroom. Participants must present assignment results to the course instructor or course director before CDE is awarded.

PROGRAM PROVIDER: An agency (institution or organization) that is responsible for organizing, administering, publicizing, presenting, and keeping records for the CDE program. The program provider assumes both the professional and fiscal liability for the conduct and quality of the program. If the program provider contracts or agrees with another organization or institution to provide facilities, faculty, or other support for the CDE activity, the approved program provider must ensure that the facilities, faculty, or support provided meet the standards and criteria for recognition. The program provider remains responsible for the overall educational quality of the CDE activity. (See SPONSOR)

RECOGNITION: Recognition is conferred upon CDE providers or sponsoring organizations that are judged to be conducting a CDE program in compliance with the Standards and Criteria for recognition. (The term “accreditation” is not used in the context of CDE, as “accreditation” has a precise educational meaning that implies that an on-site review based on curricular or patient service standards have 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 AGD PACE does not meet these specific criteria.)

RECOMMENDATIONS: Detailed suggestions and/or assistance in interpreting and implementing the Standards and Criteria for recognition.

RELEVANT FINANCIAL RELATIONSHIPS: For a person involved in the planning, administering or presentation of a continuing dental education activity, relevant financial relationships are financial relationships in any amount, occurring in the last 12 months, that are relevant to the content of the CDE activity and that may create a conflict of interest. AGD PACE considers relevant financial relationships of the person involved in the CDE activity to include financial relationships of a family member. Relevant financial relationships must be disclosed to participants in the CDE activity. (See CONFLICT OF INTEREST and FINANCIAL RELATIONSHIPS).

SELF-INSTRUCTIONAL COURSE / ACTIVITY: Continuing education courses in printed or recorded format, including audio, video, or online recordings that may be used over time at various locations.

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 CDE program. (See PROGRAM PROVIDER)

STANDARDS AND CRITERIA FOR RECOGNITION: The criteria which applicant CDE 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 that were utilized in preparing the standards are:

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.

UNRESTRICTED SUPPORT: Financial or in-kind contributions to an organization and the use of the contributions is not restricted by the donor(s).

VERIFICATION CODE: Also referred to as Course Completion Code. Random code announced by program provider toward the end of each course to help verify that each participant has taken part in the entire course.
## DENTAL - Checklist for a Joint Provider Activity

**Activity Name**

CMDA utilizes a CE Committee member (Dentist) to review the application and determine whether the joint provider adhered to the questions below.

<table>
<thead>
<tr>
<th>QUESTIONS/STATEMENTS</th>
<th>ANSWER</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) CMDA staff emails its Course Director Manual (contains the PACE Guidelines) and application to all joint providers.</td>
<td>CMDA</td>
</tr>
<tr>
<td>2) Does the proposed course have a sound scientific basis?</td>
<td>☐Yes ☐No</td>
</tr>
<tr>
<td>3) Are the selected educational methods, equipment, and the facilities appropriate to the stated objectives of the activity?</td>
<td>☐Yes ☐No</td>
</tr>
<tr>
<td>4) Is the student/instructor ratio appropriate to the information being presented?</td>
<td>☐Yes ☐No</td>
</tr>
<tr>
<td>5) CMDA determines whether the activity has sufficient financial resources budgeted to ensure the goals and objectives of the course are met.</td>
<td>CMDA</td>
</tr>
<tr>
<td>6) CMDA ensures learners are not violating any applicable laws and regulations while participating in an educational activity.</td>
<td>CMDA</td>
</tr>
<tr>
<td>7) CMDA verifies that support personnel are available to assist with the implementation of the course, collect accurate information on participants’ attendance, needs assessments, and course evaluation.</td>
<td>CMDA</td>
</tr>
<tr>
<td>8) Have written educational objectives been developed with the instructor in advance of the activity?</td>
<td>☐Yes ☐No</td>
</tr>
<tr>
<td>9) Will the course be available to all dentists or have prerequisites been clearly defined?</td>
<td>☐Yes ☐No</td>
</tr>
<tr>
<td>10) CMDA makes sure potential hazards have been identified, that the likelihood of them occurring are minimized, and they are communicated to activity learners.</td>
<td>CMDA</td>
</tr>
<tr>
<td>11) Have you reviewed instructor credentials to ensure they are qualified to provide instruction in the relevant subject matter?</td>
<td>☐Yes ☐No</td>
</tr>
<tr>
<td>12) CMDA reviews signed conflicts of interest statements from all instructors to ensure that an inappropriate conflict does not exist?</td>
<td>CMDA</td>
</tr>
<tr>
<td>13) CMDA ensures images will be presented that have not been falsified and will not misrepresent the outcome of treatment?</td>
<td>CMDA</td>
</tr>
<tr>
<td>14) CMDA makes sure the course publicity includes all the information required by AGD PACE, including the joint provider approval statement?</td>
<td>CMDA</td>
</tr>
<tr>
<td>15) CMDA assures attendance verification does not resemble a diploma or appear to attest to a specific skill or specialty or advanced educational status be distributed to all participants.</td>
<td>CMDA</td>
</tr>
<tr>
<td>16)</td>
<td>CMDA develops the course evaluation form and distributes at the end of the course and CMDA receives copies.</td>
</tr>
<tr>
<td>17)</td>
<td>CMDA arrangements to receive a copy of the course roster, to report hours earned by AGD members to the AGD?</td>
</tr>
<tr>
<td>18)</td>
<td>CMDA awards CDE credit in accordance with PACE guidelines?</td>
</tr>
<tr>
<td>19)</td>
<td>CMDA <strong>does not</strong> accept commercial support nor does it enter into an agreement with joint providers that accept commercial support. <strong>This ensures course content will not be biased.</strong></td>
</tr>
<tr>
<td>20)</td>
<td>CMDA discloses it <strong>does not</strong> accept commercial support to the learners prior and at the beginning of the course.</td>
</tr>
</tbody>
</table>

Signature and Credentials of Individual completing this form *(typed is fine)*
Guidelines for Submitting a Journal Article to CMDA/CE for Publication in Today’s Christian Doctor

CME Definition:
Continuing medical education consists of educational activities which serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public, or the profession. The content of CME is that body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine, and the provision of health care to the public.

Journal Definition
A journal-based activity includes the reading of an article (or adapted formats for special needs), a CMDA stipulated/learner directed phase (that may include reflection, discussion, or debate about the material contained in the article(s)) and a requirement for the completion by the learner of a pre-determined set of questions or tasks relating to the content of the material as part of the learning process.

Guidelines
1) Complete a disclosure form (see form below) prior to writing the article and submit to mandi.mooney@cmda.org.

2) Submit the article and the completed faculty form to mandi.mooney@cmda.org at least three months prior to the publication.
Spring edition – article draft to be submitted by September 1
Summer edition – article draft to be submitted by December 1
Fall edition – article draft to be submitted by March 1
Winter edition – article draft to be submitted by June 1

3) Cite sources and complete a bibliography using the APA style formatting.

4) Double space article. Use two spaces after a period. Margins should be one inch. Utilize Times New Roman font. Article should be a WORD document.

6) Do not overly emphasize biblical scriptures and references.

7) No personal opinions unless you can back those up with unbiased scientific references.
8) All the recommendations involving clinical medicine in the article must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.

9) All scientific research referred to, reported or used in the article in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis.

10) This article cannot promote recommendations, treatment or manners of practicing medicine that are not within the definition of CME, known to have risks or dangers that outweigh the benefits or known to be ineffective in the treatment of patients.

**Advertising**

None of the elements of journal-based CE can contain advertising or product group messages of commercial interests. The learner must not encounter advertising within the pages of the article or within the pages of the related questions or evaluation materials. Advertisements and promotional materials may face the first or last pages of printed CME content if these materials are not related to the CME content they face and are not paid for by a commercial supporter of the journal activity.

**Commercial Support**

The content or format of a CE article or its related materials must promote improvements or quality in healthcare and not a specific proprietary business interest of a commercial interest.
- The source of all support from commercial interests must be disclosed to learners.
- When commercial support is “in-kind” the nature of the support must be disclosed to learners.
- Disclosure must never include the use of a corporate logo, trade name or a product-group message of an ACCME-defined commercial interest.
- CMDA will disclose the above information to learners prior to the beginning of the journal article. **CMDA does not accept commercial support.**

**AGD PACe Guidelines**

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 if these materials are not related to the CDE content they face and are not paid for by commercial supporters of the CDE activity. **CMDA DOES NOT ACCEPT COMMERCIAL SUPPORT.**