

## **Guidelines for Navy Dental Officer Continuing Education (Revised May 2015)**

Since 1993, the American Dental Association has approved the Navy Dental Corps through its Continuing Education Recognition Program (CERP) as a provider of continuing dental education (CDE). The Naval Postgraduate Dental School (NPDS) Educational Resources Department is the designated administrative authority for of all CDE programs sanctioned under the Navy Dental Corps' CERP recognition. With this designation comes the responsibility to ensure that all CDE delivered meets the standards and criteria of ADA CERP.

These guidelines are provided so that all activities desiring to provide CDE and grant CDE credit will gain a cursory knowledge of the standards and criteria. These guidelines apply to dental officer professional topics only and not to general military topics. These guidelines are a brief synopsis of the ADA CERP Guidelines and are not all inclusive. Local CDE coordinators shall review the complete ADA CERP Guidelines available at [http://www.ada.org/~media/ADA/Education%20and%20Careers/Files/cerp\\_standards.ashx](http://www.ada.org/~media/ADA/Education%20and%20Careers/Files/cerp_standards.ashx).

All activities desiring to conduct CDE under the Dental Corps CERP recognition shall designate a local CDE coordinator and ensure a designation letter is on file at NPDS Educational Resources Department. The local CDE coordinator must complete a Request to Conduct CDE (enclosure (1)) and submit it to the NPDS Educational Resources Department for approval at least two weeks prior to the event being conducted, receive approval to conduct the CDE, and take appropriate follow-up action to receive authorization to grant CDE credit. Issuing a verification of participation form using the CERP logo and authorized statement certifies that the activity has followed the ADA CERP guidelines in the development and delivery of CDE.

If you have questions about the guidelines, please contact Mr. Patrick McMahon at DSN 285-4832, COMM (301) 319-4832, or by email at [patrick.w.mcmahon2.civ@mail.mil](mailto:patrick.w.mcmahon2.civ@mail.mil).

### **Mission and Goals:**

The goal of CDE programs is to present the latest developments in dentistry and promote the highest standards of dental practice.

### **Needs Assessment:**

Activities must use needs assessment methods, such as surveys conducted during specific continuing education programs, course evaluation forms, and verbal feedback during courses to determine the needs and interest of dental officers. There should be an established need for every course delivered.

### **Objectives:**

Explicit written educational objectives identifying the expected learner outcomes must be developed for each program and published in advance for the intended audience. All clinical/technical CDE activities must include the scientific basis for the program content and an assessment of the benefits and risks associated with that content. Where the scientific basis of a CDE activity is still evolving, the program will describe the level of scientific evidence that is currently available and what is known of the risks and benefits associated with the activity.

### **Evaluation:**

The activity must develop and use 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

Completed evaluation tools will be forwarded to NPDS Educational Resources Department to be maintained on file.

### **Educational methods**

Educational methods must be appropriate to the stated objectives for the program. The size of the potential audience for any continuing education program is important in determining appropriate methods. A potentially active method can become purely passive if the group is too large. Methods requiring learner involvement (seminars, discussion groups, case reviews/preparations, laboratory work and patient treatment) have been shown to provide more effective learning experiences. The instructor-to-attendee ratio should not exceed 1:15 during any hands-on activities. The appropriate use of videos and other teaching aids can support and enhance other teaching methods if they are integrated into a planned educational program rather than used as the sole method of instruction.

### **Instructors:**

Activities must ensure that instructors chosen to teach courses are qualified by education and experience to provide instruction in the relevant subject matter. Instructors must comply with the instructor guidelines outlined in enclosure (3). Speaker honoraria and fee reimbursement is guided by BUMEDINST 5050.6. Activities must ensure all CDE activity planners, course directors, and instructors have signed Conflict of Interest forms on file (enclosure (4))

Presentations from companies selling dental equipment or supplies are not eligible for CDE credit due to potential for conflicts of interest. If the dental activity asks a company to make a presentation about the use of specific equipment or supplies that they have purchased, CDE credit may not be granted. Presentations of a general nature may be eligible for CDE credit. When in doubt, contact Mr. McMahon at [patrick.w.mcmahon2.civ@mail.mil](mailto:patrick.w.mcmahon2.civ@mail.mil).

### **Facilities:**

Facilities selected must be appropriate to accomplish the educational method(s) and objectives. Adequate space and equipment must be provided to accommodate the size of the intended audience.

### **Administration:**

Information on the formal programs offered, including needs assessment, methods, objectives, course outlines, and evaluation procedures, must be submitted as part of the Request to Conduct CDE prior to holding an event. Participation records must include name, address and telephone number of attendees, and must be submitted to NPDS Educational Resources Department after each program for an activity to continue to receive authorization to grant CDE credit. A sample format for recording CDE participation is attached (enclosure (5)).

### **Publicity:**

Publicity must be informative and not misleading. It must include, (if appropriate to your command):

- a. name of the provider (activity or command)
- b. name of any joint sponsors (include statement in enclosure (6))
- c. course title
- d. description of course content
- e. educational objectives
- f. description of teaching methods
- g. names of any entities providing commercial support

- h. costs & name of the contact person
- i. course instructor(s), their qualifications, and any conflicts of interest
- j. refund and cancellation information
- k. location, date and time
- l. The recognition status of the provider, through the use of the authorized recognition statement, and, whenever feasible, the use of the ADA CERP logo in conjunction with the authorized statement. (see enclosure (6))
- m. number of credits available

The course should be as widely publicized as possible to all eligible personnel.

### **Patient Protection:**

If patients are used during training, criteria outlined in enclosure (7) must be followed. Informed consent from the patient must be obtained in writing before treatment (see enclosure (8)).

### **Record Keeping**

1. Activities must issue accurate records of individual participation to attendees. Documentation must not resemble a diploma or certificate that attests or appears to attest to specific skill, specialty or advanced educational status. Activities must design such documentation to avoid misinterpretation by the public or professional colleagues. A letter format is recommended. (see enclosure (9))
2. Credit awarded to participants must be calculated as follows:
  - a. For formal lectures, credit must be awarded based on the actual number of contact hours (excluding breaks, meals and registration periods). **No credit is awarded if the course is less than one hour in duration.**
  - b. For courses in which a significant portion of the course content involves the participant in the manipulation of dental materials or devices, the treatment of patients, or other opportunities to practice skills or techniques under the direct supervision of a qualified instructor, participation credit must be awarded based on the actual number of contact hours.
3. Participation documentation must clearly indicate at least:
  - a. the name of the CDE provider (activity or command)
  - b. the name of the participant
  - c. the date, location and duration of the activity
  - d. the title of the activity and/or specific subjects
  - e. the title of each individual CDE course the participant has attended or completed as part of a large dental meeting or activity
  - f. educational methods used (e.g., lecture, videotape, clinical participation)
  - g. the number of credit hours awarded (excluding breaks and meals)
  - h. the recognition status of the provider, through the use of the authorized recognition statement, and (whenever feasible) the use of the ADA CERP logo in conjunction with the authorized statement (see enclosure (6))
  - i. notice of opportunity to file complaints
4. Records will be maintained by the NPDS Educational Resources Department for at least six years.
5. Use of the Elements of a Continuing Dental Education Course Package checklist is encouraged. (see enclosure (10))

## **Format for Request to Conduct Continuing Dental Education**

**Course Name:**

**Site of Course:**

**Date(s):**

**Quota:**

**Course Director:**

**Address:**

**Course Director's Qualifications:**

**Phone Number:**

**Attendance Eligibility:**

**Course Description:**

**Anticipated Learning Outcomes:**

**Continuing Education Credit:**

**Evaluation Mechanisms:**

**Educational Methods used:**

Please Note: Attempt to limit this information to one page. (See sample, enclosure (2))

For large dental meeting or activities, include a course outline with topics and speakers listed in an hourly format.

## Sample Request to Conduct Continuing Dental Education

**Course Name:** Temporomandibular Disorders

**Site of Course:** Bethesda, Maryland

**Date(s):** 4-8 October 2000

**Quota:** 30

**Course Director:** Commander A. Dale Ehrlich, DC, USN

**Address:** Naval Postgraduate Dental School, 8901 Wisconsin Ave. Bethesda, MD 20889-5602

**Course Director's Qualifications:** Chairman, Temporomandibular Disorders Department; Diplomate, Federal Services Board of General Dentistry; Fellowship (Craniofacial Pain)

**Phone Number:** DSN 295-4011 Commercial (301) 295-4011

**Attendance Eligibility:** Federal agency dentists only. Proficiency in centric manipulation and an understanding of masticatory anatomy and the fundamentals of occlusion are prerequisites for this course.

**Course Description/Summary:** This advanced course will provide clinicians with practical guidelines for the initial evaluation and conservative management of patients with temporomandibular disorders (TMDs) and orofacial pain. The course follows the guidelines of the Academy of Orofacial Pain. Signs, symptoms, TMJ anatomy, and parafunction/dysfunction of the masticatory system and the complex etiology of these disorders will be discussed. Practical clinical application of this information will be emphasized, with participants systematically examining each other. Each participant will fabricate and deliver a stabilization splint.

**Anticipated Learning Outcomes:** After completing this course, you should be able to

- recognize the scope of the problem of properly managing patients with TMDs within the resources of the Medical Department
- discuss the terminology and concepts used in the management of TMDs
- understand normal and pathologic functions of the masticatory system
- evaluate the medical and dental history, and identify pertinent information
- systematically examine the masticatory system of a patient, and accurately assess the joints, muscles, occlusion, and associated structures
- prescribe dental, psychological, pharmacological, and physical therapy appropriate for specific TMDs
- fabricate and deliver a stabilization splint, and understand the rationale for its use
- understand how to fabricate an anterior deprogramming and repositioning appliance, and understand its therapeutic rationale
- understand the team approach in managing TMD patients, and recognize when to refer the patient to dental, medical, and paramedical colleagues
- evaluate, diagnose, and formulate a conservative treatment plan for the TMD patient

**Continuing Education Credit:** 35 contact hours

**Evaluation Mechanism:** Self-Assessment based on course objectives; course critique forms

**Educational Methods used:** Lecture and hands-on laboratory

## **GUIDELINES FOR CONTINUING DENTAL EDUCATION INSTRUCTORS**

All instructors/faculty for continuing dental education activities (CDE) must meet the following minimal standards:

1. Instructors must support clinical recommendations with references from the scientific literature whenever possible. References must have a sound scientific basis and be provided in the language in which the CDE activity is presented. Sound scientific basis is defined as: 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.
2. Instructors must provide qualification information requested for publication for the participants.
3. Signed affidavits of image authenticity must be submitted by all instructors/faculty.
4. Signed Conflict of Interest forms must be submitted by all instructors/faculty.

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### **INSTRUCTOR AGREEMENT**

Name of Instructor: \_\_\_\_\_

Course: \_\_\_\_\_

I, the undersigned, attest that I will comply with the above guidelines during all instructional sessions.

\_\_\_\_\_  
(signature)

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### **AFFIDAVIT OF IMAGE AUTHENTICITY**

I, the undersigned, attest that all images used in my instruction/presentation are authentic and have been not been modified in any way other than to remove patient information.

\_\_\_\_\_  
(signature)

Failure to agree to either of the above will require the Navy Dental Corps to remove you from the program.

Enclosure (3)

## GUIDELINES REGARDING COMMERCIAL SUPPORT AND CONFLICT OF INTEREST

Although the Navy Dental Corps does not accept commercial fiscal support for its educational programs, all continuing education activities offered by the Navy Dental Corps must adhere to the following standards:

1. The Navy Dental Corps will be responsible for ensuring the content quality and scientific integrity of all continuing dental education activities.
2. Program topic selection will be based on perceived needs for professional information and not for the purpose of endorsing specific commercial drugs, materials, products, treatments, or services.
3. Presenters shall be instructed to avoid recommending or mentioning any specific product by its trade name, using generic terms whenever possible. When reference is made to a specific product by its trade name, reference shall also be made to competitive products.
4. Commercial exhibits should not in any way affect the educational content or integrity of the course activities.
5. Full disclosure of any potential conflict of interest, or a statement that no relevant financial relationship exists, is required to be made in writing before the CE activity begins.

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### CONFLICT OF INTEREST DECLARATION

I, the undersigned, declare that neither I nor any member of my family have a financial arrangement or affiliation with any corporate organization offering support or grant moneys for this educational program. I understand this form will be available for review by program participants.

\_\_\_\_\_  
(signature)

I, the undersigned (or an immediate family member), have a financial interest/arrangement or affiliation with a corporate organization offering support or grant moneys for or related to the content of this continuing dental education program as follows (disclosure of actual financial value of any affiliation is not required):

#### AFFILIATION/FINANCIAL INTEREST

#### CORPORATE ORGANIZATIONS

Employee, full- or part-time

\_\_\_\_\_

Grant/Research support

\_\_\_\_\_

Consultant

\_\_\_\_\_

Stock shareholder (directly purchased)

\_\_\_\_\_

Honorarium

\_\_\_\_\_

Other financial or material support

\_\_\_\_\_

Owner/Part owner

\_\_\_\_\_

I understand this form will be available for review by program participants.

\_\_\_\_\_  
(signature)

Having an interest in or an affiliation with the corporate organization does not necessarily prevent you from making the presentation, but the relationship must be made known to the audience. Failure to disclose or a false disclosure will require the Navy Dental Corps to remove you from the program.

Enclosure (4)



## Sample ADA CERP Logo and Authorized Recognition Statements

### Logo (color and grayscale versions):



### Publicity Materials statement:

The US Navy Dental Corps is an ADA CERP Recognized Provider.

ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry.

The US Navy Dental Corps designates this activity for 35 hours of continuing education credits.

### Course Materials and verification of participation forms statement:

The US Navy Dental Corps is an ADA CERP Recognized Provider.

ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry.

Concerns or complaints about a CE provider may be directed to the provider or to The Commission for Continuing Education Provider Recognition at [www.ada.org/cerp](http://www.ada.org/cerp).

### Joint Sponsorship statement:

This continuing education activity has been planned and implemented in accordance with the standards of the ADA Continuing Education Recognition Program (ADA CERP) through joint efforts between <<name of CERP recognized provider>> and << name of joint sponsor>>.

This statement must be used in conjunction with the authorized recognition statements on publicity and course materials and on verification of participation documents.

Enclosure (6)

**DON'T USE THE FOLLOWING GUIDELINES UNLESS THE COURSE/INSERVICE INCLUDES HANDS-ON PATIENT CARE AS PART OF THE TRAINING. PLEASE CONTACT MR MCMAHON IF YOU PLAN TO INCLUDE PATIENT TREATMENT IN YOUR TRAINING.**

1. Where patient treatment is involved, either by course participants or instructors, patient protection must be ensured as follows:
  - a. The provider must seek assurance prior to the course that participants and/or instructors possess the basic skill, knowledge, and expertise necessary to assimilate instruction and perform the treatment techniques being taught in the course.
  - b. Informed consent from the patient must be obtained in writing prior to treatment.
  - c. Appropriate equipment and instruments must be available and in good working order.
  - d. Adequate and appropriate arrangements and/or facilities for emergency and postoperative care must exist.
  - e. Instructors must be privileged at the provider facility.
2. Participants must be cautioned about the potential risks of using limited knowledge when integrating new techniques into their practices.
3. The provider must assume responsibility for ensuring that participants and/or instructors treating patients (especially those from outside the state where the course is held) are not doing so in violation of state dental licensure laws.
4. The provider must ultimately be responsible for ensuring that informed consent of all patients is obtained. (enclosure (8))
5. Patients must be informed in non-technical language of:
  - a. the training situation
  - b. the nature and extent of the treatment to be rendered
  - c. any benefits or potential harm that may result from the procedure
  - d. available alternative procedures
  - e. their right to discontinue treatment
6. There can be no compromise in adequate and appropriate provisions for care of patients treated during continuing education activities. Aseptic conditions, equipment and instruments, as well as emergency care facilities, must be provided.
7. Sufficient clinical supervision by instructors privileged by the provider facility must be provided during patient treatment to ensure that the procedures are performed competently.
8. The provider must assume responsibility for completion of treatment by a qualified privileged clinician, should any question of the course participant's competence arise.
9. The provider must assume responsibility for providing any necessary post course treatment, either through the practitioner who treated the patient during the course, or through some alternative arrangement.
10. Providers, instructors and participants must have liability protection.

**MEDICAL RECORD**

**REQUEST FOR ADMINISTRATION OF ANESTHESIA  
AND FOR PERFORMANCE OF OPERATIONS AND OTHER PROCEDURES**

**A. IDENTIFICATION**

1a. (Check all applicable boxes)		1b. DESCRIBE
OPERATION OR PROCEDURE	SEDATION	
ANESTHESIA	TRANSFUSION	

**B. STATEMENT OF REQUEST**

2. The nature and purpose of the operation or procedure, possible alternative methods of treatment, the risks involved, and the possibility of complications have been fully explained to me. I acknowledge that no guarantees have been made to me concerning the results of the operation or procedure. I understand the nature of the operation or procedure to be (describe operation or procedure in layman's language)  
 Patient understands the treatment is part of a continuing education activity.

which is to be performed by or under the direction of Dr. \_\_\_\_\_

3. I request the performance of the above-named operation or procedure and of such additional operations or procedures as are found to be necessary or desirable, in the judgment of the professional staff of the below-named medical facility, during the course of the above-named operation or procedure.

4. I request the administration of such anesthesia as may be considered necessary or advisable in the judgment of the professional staff of the below-named medical facility.

5. Exceptions to surgery or anesthesia, if any are: \_\_\_\_\_  
 (If "none", so state)

6. I request the disposal by authorities of the below-named medical facility of any tissues or parts which it may be necessary to remove.

7. I understand that photographs and movies may be taken of this operation, and that they may be viewed by various personnel undergoing training or indoctrination at this or other facilities. I consent to the taking of such pictures and observation of the operation by authorized personnel, subject to the following conditions:

- a. The name of the patient and his/her family is not used to identify said pictures.
- b. Said pictures be used only for purposes for medical/dental study or research.

*(Cross out any parts above which are not appropriate)*

**C. SIGNATURES**

*(Appropriate items in parts A and B must be completed before signing)*

8. COUNSELING PHYSICIAN/DENTIST: I have counseled this patient as to the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above. I have also discussed potential problems related to recuperation, possible results of non-treatment, and significant alternative therapies.

\_\_\_\_\_  
 (Signature of Counseling Physician/Dentist)

9. PATIENT: I understand the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above, and hereby request such procedure(s) be performed.

\_\_\_\_\_  
 (Signature of Witness, excluding members of operating team)      \_\_\_\_\_  
 (Signature of Patient)      \_\_\_\_\_  
 (Date and Time)

10. SPONSOR OR GUARDIAN: (When patient is a minor or unable to give consent) \_\_\_\_\_  
 sponsor/guardian of \_\_\_\_\_ understand the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above, and hereby request such procedure(s) be performed.

\_\_\_\_\_  
 (Signature of Witness, excluding members of operating team)      \_\_\_\_\_  
 (Signature of Sponsor/Legal Guardian)      \_\_\_\_\_  
 (Date and Time)

PATIENT'S IDENTIFICATION (For typed or written entries, give: Name -- last, first, middle; ID no. (SSN or other); hospital or medical facility)	REGISTER NO.	WARD NO.

**REQUEST FOR ADMINISTRATION OF ANESTHESIA  
AND FOR PERFORMANCE OF OPERATIONS  
AND OTHER PROCEDURES**

Medical Record

Enclosure (8)

## Sample Participation Documentation

1550  
30 August 2015

To:  
From:

Subj: SATISFACTORY PARTICIPATION IN CONTINUING EDUCATION COURSE

1. This certifies that the above named individual has satisfactorily participated in the following continuing education course:

Course Title:

Location :

Date:

Duration:

Continuing Education Credits:

Educational Method Used:

2. The US Navy Dental Corps is an ADA CERP Recognized Provider. ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry. Concerns or complaints about a CE provider may be directed to the provider or to The Commission for Continuing Education Provider Recognition at [www.ada.org/cerp](http://www.ada.org/cerp).

3. The formal continuing education programs are also accepted by the Academy of General Dentistry for Fellowship, Mastership, and membership maintenance credit.

4. If you have any questions, the point of contact is Mr. Hopley Yeaton, (301) 319-1234, DSN 285-1234, or [hopley.yeaton.civ@mail.mil](mailto:hopley.yeaton.civ@mail.mil).

Enclosure (9)

### **Elements of a Continuing Dental Education Course Package**

At a minimum, all courses will include the below critical elements. Local CDE coordinators should reference the most current CERP Recognition Standards & Procedures on a regular basis to ensure their courses are in compliance.

Initial

- Needs assessment conducted to help define audience interests and course focus. (results filed)(CERP standard II.4)
- Advisory Committee input on proposed course (CERP standard II.3)
- Explicit written educational objectives identifying the expected learner outcomes (CERP standard III.1)
- Evaluation mechanism is in place to provide a record of the attendees impressions of the training (CERP standard IV)
- All commercial or promotional conflicts of interest are identified and published for the participants, signed statement on file. (CERP standard V)
- Educational methods must be appropriate to the stated objectives (CERP standard VI.1)
- Participants must be cautioned about potential risk of using limited knowledge when incorporating techniques (CERP standard VI.6)
- Instructor qualifications published (CERP standard VII.1)
- Signed Instructor agreement /affidavit of image authenticity on file for each presenter (CERP standard VII.8)
- Publicity must include the 13 items required(CERP standard XI.1)
- Where patient treatment is involved, patient protection must be ensured by completing separate Patient Protection check list and Informed Consent Form.(CERP standard XIII)
- Documentation must not resemble a diploma or certificate and must include all required elements (CERP standard XIV.2 &.4)
- Records of participation must be maintained for at least six years. (CERP standard XIV.5)