



THE STATE

of

**ALASKA**

*Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing*

### **Board of Dental Examiners**

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## **Course Approval Application**

Per 12 AAC 28.410, the Board will accept courses, workshops, or symposiums approved, provided, or sponsored by the American Dental Hygienists' Association (ADHA), Academy of General Dentistry (AGD), or American Dental Association (ADA), other courses, workshops, or symposiums approved by the board that are offered by dental or dental hygiene colleges or universities, or similar dental or dental hygiene organizations or associations.

The Board will accept self-study programs offered by a dental or dental hygiene college or university, the AGD, or the ADA that have been approved by the board. A licensee may obtain all of their required continuing education by self-study.

Courses will be accepted as continuing education under 12 AAC 28.400-.420 if participation is verifiable and the subject matter relates directly to dental patient clinical care. Please see the attached regulations regarding continuing professional competence requirements.

The Board will approve a course, workshop, or symposium for two years. If a change is made to the course, workshop, or symposium or more than two years have passed since approval by the Board, the course, workshop, or symposium must be resubmitted to the Board for approval (12 AAC 28.410(f)).

### **Application Requirements**

**The following must be on file before the course approval application will be considered by the Board:**

1. Completed application, form 08-4241;
2. A detailed outline which provides course content, and clearly breaks down the amount of time spent on each portion of the course and the direct relation to patient care. An example of an outline acceptable to the Board is provided in this application;
3. Information regarding the instructor of the course;
4. \$50 initial continuing education course submittal fee;  
— or —  
\$50 continuing education course resubmittal fee.

### **How Can You Help?**

1. Average processing time to complete the file is from 6-8 weeks. Apply far enough in advance to allow this process to occur.
2. If you are concerned about your application being received in our office, mail it Certified-Return Receipt.
3. Ensure that the application is complete when you submit it and provide any necessary explanations with the application. Print legibly or type your application.

Applications will be processed according to the date received. You will be notified in writing as soon as your application has been reviewed.

Once course applications are approved, the original application is assigned a course approval number. A certificate will be mailed, stamped with the official Board seal. The certificate will be documentation of completing the course; therefore, each attendee must receive a copy of the form. Each copy of the form must have an original signature of the attendee and an original signature of the official-in-charge or lecturer.

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**The following is a SAMPLE of an outline acceptable to the Board. If you choose to use a different format, please be sure that the outline provides the same information.**

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COURSE TITLE: Treating the Dental Patient of the 90's - Medicated and Complicated!

COURSE SYNOPSIS: As our dental population ages and becomes more medically compromised, we must consider the dental treatment impact of chronic drug therapy. The purpose of this course is too important in clinical dentistry. Extensive handouts will supplement discussion of intra-oral drug effects and treatment modifications involving medicated patients. New antibiotic premedication guidelines and controversial issues in antibiotic premedication will be examined. Throughout the day, drug-drug interactions significant in dentistry will also be discussed with emphasis on clinical management.

COURSE SCHEDULE:

9:00 a.m.	—	9:15 a.m.	Medication Effects Important in Clinical Dentistry
9:15 a.m.	—	9:30 a.m.	Drug References for Office Use
9:30 a.m.	—	10:30 a.m.	Cardiovascular Medications
10:30 a.m.	—	10:45 a.m.	Refreshment Break
10:45 a.m.	—	11:15 a.m.	Cardiovascular Medications (continued)
11:15 a.m.	—	12:00 p.m.	Controversies in Antibiotic Premedication
12:00 p.m.	—	1:00 p.m.	Lunch
1:00 p.m.	—	1:30 p.m.	New SBE Prophylaxis Guidelines
1:30 p.m.	—	2:30 p.m.	Central Nervous System Medications
2:30 p.m.	—	2:45 p.m.	Refreshment Break
2:45 p.m.	—	3:15 p.m.	Respiratory System Medications
3:15 p.m.	—	3:45 p.m.	Respiratory System Medications
3:45 p.m.	—	4:00 p.m.	Gastrointestinal Medications
4:00 p.m.	—	4:15 p.m.	Dental Implications of Substance Abuse
4:15 p.m.	—	5:00 p.m.	Questions and Adjournment

COURSE OBJECTIVES:

After completing this program, the dental professional should be able to:

1. recognize that dental treatment modifications may be necessary to prevent complications in patients with major cardiovascular or central nervous system disease; and
2. list the new SBE antibiotic prophylaxis guidelines and discuss treatment modifications for large joint prosthesis patients; and
3. identify and appropriately manage the dental patient on chronic medications for a variety of disease states;
4. recognize signs and symptoms of substance abuse; and
5. discuss drug-drug interactions significant in clinical dentistry.



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## Course Approval Application

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The Board will accept self-study programs offered by a dental or dental hygiene college or university, the AGD, or the ADA that have been approved by the Board. A licensee may obtain all of their required continuing education by self-study.

**DIVISION USE ONLY**

Course ID:  
Credit Hours:  
Type:  
Course Approved:  
Course Expires:

**PART I Payment of Fees**

<b>Required Fees:</b>	<input type="checkbox"/> Application Fee	<b>\$50</b>
	<input type="checkbox"/> Resubmission of Application Fee	<b>\$50</b>

**PART II Course Information**

<b>Course Title:</b>	
<b>Course Type:</b>	<input type="checkbox"/> Course, Workshop, or Symposium <input type="checkbox"/> Organized Study Club <input type="checkbox"/> Self-Study Club
<b>Number of Credit Hours:</b>	
<b>Date of Course:</b>	
<b>Person Conducting the Course:</b>	
<b>Course Sponsor:</b>	
<b>Sponsor Address:</b>	
<b>Sponsor Contact:</b>	
<b>Sponsor Phone:</b>	

**PART II Course Information****(continued)**

A detailed outline which provides course content and clearly breaks down the amount of time spent on each portion of the course and the direct relation to patient care must be submitted with application.

Courses will be accepted as continuing education under 12 AAC 28.400–.420 if participation is verifiable and the subject matter relates directly to dental patient clinical care.

<b>Content Summary:</b>		<b>Hours:</b>	
<b>Content Summary:</b>		<b>Hours:</b>	
<b>Content Summary:</b>		<b>Hours:</b>	
<b>Content Summary:</b>		<b>Hours:</b>	

 **Official in Charge** **Lecturer****Signature:** \_\_\_\_\_**Date:** \_\_\_\_\_**Date approved by the Board of Dental Examiners:** \_\_\_\_\_

**ARTICLE 4.**  
**CONTINUING PROFESSIONAL COMPETENCE REQUIREMENTS**

**Section**

- 400. Continuing education requirements for active general dentistry and active dental hygienists licensees**
- 405. Continuing education requirements for first time renewal of an active license**
- 410. Approved continuing education courses**
- 420. Report of continuing education**

**12 AAC 28.400. CONTINUING EDUCATION REQUIREMENTS FOR DENTISTRY AND DENTAL HYGIENISTS LICENSEES.** (a) Except as provided in 12 AAC 28.405(a), an applicant for renewal of a dentistry license shall submit evidence of continued professional competence by documenting

- (1) completion of at least 32 contact hours of continuing education; and
- (2) cardiopulmonary resuscitation (CPR) certification, that meets the requirements of AS 08.36.070 and 12 AAC 28.920.

(b) Except as provided in 12 AAC 28.405(b), an applicant for renewal of a dental hygienist license shall submit evidence of continued professional competence by documenting

- (1) completion of at least 20 contact hours of continuing education; and
- (2) cardiopulmonary resuscitation (CPR) certification, that meets the requirements of AS 08.36.070 and 12 AAC 28.920.

(c) For the purpose of this section,

- (1) one "contact hour" equals a minimum of 50 minutes of instruction;
- (2) one academic semester credit hour equals 15 contact hours;
- (3) one academic quarter credit hour equals 10 contact hours;
- (4) one continuing education unit equals one contact hour;
- (5) one continuing education credit equals one contact hour.
- (d) Credit is given only for class hours and not hours devoted to class preparation.

**12 AAC 28.405. CONTINUING EDUCATION REQUIREMENTS FOR FIRST TIME RENEWAL OF A LICENSE.** (a) An applicant applying for renewal of a dentistry license for the first time shall submit evidence of continued professional competence by documenting

(1) completion of at least one-half of the number of contact hours of continuing education required by 12 AAC 28.400(a)(1) for each complete calendar year that the applicant was licensed during the concluding licensing period; and

(2) cardiopulmonary resuscitation (CPR) certification that meets the requirements of AS 08.36.070 and 12 AAC 28.920.

(b) An applicant applying for renewal of a dental hygienist license for the first time shall submit evidence of continued professional competence by documenting

(1) completion of at least one-half of the number of contact hours of continuing education required by 12 AAC 28.400(b)(1) for each complete calendar year that the applicant was licensed during the concluding licensing period; and

(2) cardiopulmonary resuscitation (CPR) certification that meets the requirements of AS 08.36.070 and 12 AAC 28.920.

**12 AAC 28.410. APPROVED CONTINUING EDUCATION COURSES.** (a) Except as provided in (c) of this section, and subject to the limits set out in (g) and (h) of this section, only the following courses will be accepted as continuing education under 12 AAC 28.400 — 12 AAC 28.420, and only if participation in those courses is verifiable and the subject matter contributes to the professional knowledge and development of the practitioner or enhances the ability to provide services to the patient:

(1) courses, workshops, or symposiums approved, provided, or sponsored by the American Dental Hygienist's Association (ADHA), Academy of General Dentistry (AGD), or American Dental Association (ADA);

(2) other courses, workshops, or symposiums approved by the board that are offered by dental or dental hygiene colleges or universities, or similar dental or dental hygiene organizations or associations;

(3) organized study club courses approved by the board;

(4) self-study programs offered by a dental or dental hygiene college or university, the AGD, or the ADA that have been approved by the board.

(b) Repealed 1/15/2003.

(c) The continuing education contact hours required by 12 AAC 28.400 or 12 AAC 28.405 for renewal of a dentistry license or a dental hygienist license may include no more than four hours of CPR training for the entire renewal period.

(d) An applicant for renewal of a dentistry or dental hygienist license may receive contact hours of continuing education for the applicant's presentation of a lecture or course that meets the requirements of (a) of this section. For the purpose of this section, contact hours for the presentation of a lecture or course will be awarded as follows:

(1) three contact hours for each 50 minutes of an initial presentation; and

(2) one contact hour for each 50 minutes of a repeat presentation.

(e) Acceptance or approval by the board under this section of a course, workshop, or symposium is valid for two years, if a change is not made to its content.

(f) If a change is made to the content of a course, workshop, or symposium or more than two years have passed since its acceptance or approval by the board, the course, workshop, or symposium must be resubmitted to the board for acceptance or approval under this section.

(g) Courses in practice management and risk management are limited to three hours per licensing period.

(h) Not more than two credit hours of continuing education may apply for at least two hours of volunteer service in a dental related setting.

**12 AAC 28.420. REPORT OF CONTINUING EDUCATION.** (a) An applicant for renewal of a dentistry license or a dental hygienist license shall submit, on a renewal form provided by the department, a signed statement of compliance with the continuing education requirements under 12 AAC 28.400 — 12 AAC 28.410, as described in 12 AAC 02.960.

(b) An applicant for renewal is responsible for maintaining adequate and detailed records of continuing education courses taken, as described in 12 AAC 02.960(f), and shall make them available to the board upon request.

(c) Falsification of any written evidence submitted to the board under this section is grounds for license revocation or suspension under AS 08.32.160(1) and (5) and AS 08.36.315(1) and (7).



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CREDIT CARD PAYMENT

For security purposes please do not email credit card information. Fax or mail this credit card payment form to the Division. Completion of this form is not proof of payment until the Division processes the information. If any information on this form is illegible, the form will be rejected.

Name of Applicant or Licensee: \_\_\_\_\_

Type of License: \_\_\_\_\_ License Number (if applicable): \_\_\_\_\_

I wish to make payment by credit card for the following (check all that apply):

Amount

[ ] Application Fee: \_\_\_\_\_

[ ] License or Renewal Fee: \_\_\_\_\_

[ ] Other (name change, wall certificate, fine, duplicate license, exam, etc.):

1. \_\_\_\_\_

2. \_\_\_\_\_

Total: \_\_\_\_\_

Name (as shown on credit card): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email (optional): \_\_\_\_\_

Credit Card Type: [ ] VISA — or — [ ] Mastercard

Signature of Credit Card Holder: \_\_\_\_\_

VISA or Mastercard Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

This section below the dotted line will be destroyed upon processing of the payment.