



Print form and mail along with attachments to address below

The New Jersey Dental Hygienists' Association
Constituent of the American Dental Hygienists' Association

Application for Continuing Education Program Approval

Sandra Berger, 91 Medford Blvd., Freehold, NJ 07728, sssberg@aol.com

Please complete form by entering text on the lines

1. Program Sponsor: \_\_\_\_\_

2. Faculty/Presenter (Please include Vitae): \_\_\_\_\_

3. Name, Address and Phone Number of Contact Person: \_\_\_\_\_

4. Program Title: \_\_\_\_\_

5. Total Contact Hours: \_\_\_\_\_

6. Type of Presentation: \_\_\_\_\_

Didactic Hours \_\_\_\_\_

Clinical Hours \_\_\_\_\_

Lab Hours \_\_\_\_\_

Web Based \_\_\_\_\_

Other (describe) \_\_\_\_\_

7. Date \_\_\_\_\_ Location \_\_\_\_\_

8. Course Outline or Summary: SEE ATTACHED

9. Objectives: SEE ATTACHED

10. Has course been previously credited by NJDHA? (circle one) Yes No

11. Enclosed must be the course description, objectives and CV of each Faculty Member or Presenter.