



## Application for Approval of Education/CPD Activity

GEN 10

### Introduction

This application form is for organisations or individuals seeking College approval of their Education/Continuing Professional Development (CPD) activities.

**At least four weeks** should be allowed for internal process and decision-making, and applications cannot be considered in retrospect. Approval will be time limited to 12 months after which an additional application with payment must be submitted. In the case of amended or new content requiring approval, the same application process and fee applies.

Completed applications should be sent via email to [marketing@racds.org](mailto:marketing@racds.org).

### Provider Contact Details

Provider name			
Contact name		RACDS ID (if applicable)	
Contact phone			
Contact email address			
Address of Provider			

### Activity Details

Name of activity			
Date(s) of activity			
Duration of event in hours			
Presenter/facilitator details	Name		
	Title/position		
Activity description			
Learning objectives			



### Criteria for CPD Approval

Please confirm your activity meets the criteria by selecting below

	The activity promotes a high standard of clinical and ethical care
	The learning environment allows participants to meet the objectives of the course
	Qualified dentists have been involved in developing and conducting the activity where feasible
	Suitable evidence for verification of attendance can be provided for each participant

### Attachments

Please ensure the following are attached with your application:

	Course flyer (if available)
	The finished program or schedule
	Biography of presenter(s)

### Conflict of Interest Declaration

I declare to the best of my knowledge that I do not have any professional or personal conflict in relation to RACDS granting approval of this activity.

Course organiser (contact person's name)			
Signature		Date	
Course presenter/facilitator name			
Signature		Date	

### Payment

Please pay the application fee online via the [RACDS website](#) before submitting this form.

Date of payment	
Amount paid	
Invoice/ receipt number	