



Welcome to the ACE Program Application!

1. Please Answer-How does your course contribute to the value & quality of the participant's education in providing better dental care for protection of the public?
2. Name of Organization / Company / Association / Individual
3. Organization / Company / Association / Individual Full Address (City, State, Zip)
4. Point of Contact - Process Administrator Full Name
This is the person that will be responsible for all interactions, communications and billing.
5. Point of Contact - Process Administrator Email
6. Point of Contact - Process Administrator Phone Number
7. Name of Course Creator
This is the name of the person that developed or designed the course.
8. Course Creator – Email
9. Course Creator - Phone Number
10. Course Creator - Address (City, State & Zip)

11. Course Creator - Highest Earned Educational Degree

- *Associates*
- *Bachelors*
- *Masters*
- *Doctoral*
- *None of the Above*

12. Course Creator – Education Part 1

Universities, College(s) Attended, Degree(s) & Date(s) of Graduation

13. Course Creator – Education Part 2

Other training relative to mentoring this course.

14. Course Creator – Education Part 3

Technical Degree(s), College(s) Attended, Date(s) of Graduation.

15. Course Creator – Education Part 4

Other Applicable Info. If None, Type N/A

16. Course Creator - Experience Relative to Course Subject Matter.

For example: Research Department working on dental materials for 6 years.

17. Please attach CV, Resume and/or Detailed Bio Upload file

18. Course Title

19. Course Description

No more than 2 concise paragraphs.

20. Course Subject Matter

- *Scientific (Clinical)*
- *Business/Practice Management*
- *Professional/Personal Development*
- *Other*

21. Please be specific as to the exact number of hours, for example 1.5. If you have more than one version, for example a longer course, please complete another application.

22. Course Format

- LIVE/In Person (Presenter(s) must be available LIVE for Q & A during the duration of the course to constitute as a LIVE/In Person course)
- LIVE/Online (Virtual Event, Webinar, Social Media Platform) (Presenter(s) must be available LIVE for Q & A to constitute as a LIVE/Online course)
- onDemand Recorded Video (Requires a 5 question quiz which will need to be provided below)
- onDemand Recorded Audio (Requires a 5 question quiz which will need to be provided below)
- Printed Course (Magazine, Training Program Binder) (Requires a 5 question quiz which will need to be provided below)

23. Which format listed do you think you will use the MOST to distribute this course?

- LIVE/In Person (Presenter(s) must be available LIVE for Q & A during the duration of the course to constitute as a LIVE/In Person course)
- LIVE/Online (Virtual Event, Webinar, Social Media Platform) (Presenter(s) must be available LIVE for Q & A to constitute as a LIVE/Online course)
- onDemand Recorded Video (Requires a 5 question quiz which will need to be provided below)
- onDemand Recorded Audio (Requires a 5 question quiz which will need to be provided below)
- Printed Course (Magazine, Training Program Binder) (Requires a 5 question quiz which will need to be provided below)

24. Course Objectives

Minimum of 3, No Maximum

25. Course Outline (Please attach CV, Resume and/or Detailed Bio Upload file)
26. Quiz Questions & Answers (for onDemand Recorded Video, onDemand Recorded Audio and Printed Course)
Must provide 5 questions and answers from course content. If you are applying for Live/In person or Live/Online, this does not apply and you can type 'none'.
27. Course Presenter(s)
Last Name, First Name, Experience Relative to Course Matter.
28. Training Received by Presenter(s)
Please be specific in how much time as well as a description of the training, live, paper or digital?
29. Headshot for Each Presenter(s) (Please attach file)
30. Bio for Each Presenter(s)
31. When do you need your course accredited by?
32. Please submit your ACE Program Application Fee