

ACADEMY of GENERAL DENTISTRY
Program Approval for Continuing Education (PACE)
Application for Local Program Providers

This application can also be obtained on disk or an attachment e-mailed by calling the Academy at 888-AGD-DENT(243-3368) Ext. 4335, or by e-mail at PACE@agd.org..

Name of Program Provider organization:

Middlesex County Dental Society (NJ)

Please check one: first-time applicant _____ renewing applicant
provider number: 3021

Individual to whom correspondence regarding this application should be addressed:

Name: Mitchell L. Weiner DMD

Title: President - Middlesex County Dental Society

Address: 3084 Hwy 27 Suite #2
Kendall Park, NJ 08824

Telephone: (732) 297-4900 Fax: (732) 297-4860

E-mail: mitchellweiner@msn.com Website address MCDS mcdsofnj.org

NOTE: If your educational program is presented in more than one state/province or draws a significant number of attendees from outside the state/province in which your organization is based, or if your program contains self instruction courses or combination on-site/in-office protocol courses, you should contact the Academy of General Dentistry before completing this application as you may have to apply to the national PACE program.

I attest that the responses provided in this application reflect the actual administration of the continuing education program of the above organization.

Printed Name: Mitchell L. Weiner DMD Title: President-MCDS

Signature: Mitchell L. Weiner DMD Date: 9-26-04

FORM A

All local program providers must complete this form. If you have answered 'NO' to any questions, please provide an explanation on the lines provided at the end of the section. Those that use live patients must also complete FORM B.

I. ADMINISTRATION

YES NO

1. Is your continuing education program under the ongoing supervision of an individual or an administrative authority who is responsible for its quality and content? (I, S:2) (I, C:D)

Individuals with primary day-to-day responsibility for the CDE program

Name	Title	# Hours Spent on CDE Annually
1. Dr. Mark Schambra	Chair-CE Committee	50
2. Dr. Ethan Glickman	Chair-Mentor Committee	50
3. Dr. Mitchell Weiner	President-MCDS	25
4. Ms. Markava Glickman	Executive Secretary-MCDS	100
5. Dr. Mark Vitale	Program Chair-CE I	50
6.		

Name of Committee/Council

Name	Title	Years of Service on Committee/Council
1. Dr. Schambra	CE Chair	≈ 7 years
2. Dr. Wasserman	CE rep	≈ 1 yr.
3. Dr. Glickman	Mentor Chair	≈ 12 years
4. Ms. Glickman	Exec. Secretary	≈ 5 years
5. Dr. Weiner	President	1 year term
6.		

2. Does the individual or administrative authority have full responsibility for assuring compliance with these standards and guidelines? (I, C:B)
3. In the event of personnel changes, are there specific procedures in place to assure continuity for the administration of the program? (I, C:C)
4. Do you have a procedure manual, a list of job descriptions, responsibilities, administrative guidelines or constitution & bylaws? (I, C:C)

Please attach samples.

5. Does the program planner commit sufficient time to planning and conducting the CDE program relative to its size and scope of activity? (I, C:D)
6. Is the administrative authority/administrator responsible for maintaining accurate information on participants attendance, needs assessments, and course objectives, outlines and evaluation procedures? (I, C:F)
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II. FISCAL RESPONSIBILITY

YES NO

7. Are resources sufficient to meet the goals of the program and the objectives of the planned activities and to fund the administrative and support services necessary for the continuing education program? (II, S:1) (II, C:A)
8. Is continuing education a clearly identifiable component of your total budget and resources? (II, C:B) (II, C:C)
9. If outside sources of financial aid are utilized, will they be acknowledged in all printed announcements and brochures? (II, C:D) Not applicable
-

III. GOALS

YES NO

10. Have you developed a written statement of broad, long-range goals for the continuing education program, and do you operate in accordance with them? (III, S:1)
11. Are these goals related to the health care needs of the public and/or interests and needs of the profession? (III, S:2)
- Please provide a copy of your goals statement.*
12. Are the goals of the continuing education program developed with the input of the individual or authority responsible for the administration of the continuing education program? (III, C:A)
13. Are the goals of the continuing education program periodically reviewed? (III, R:E)
- How often? annual basis by new incoming program chair in concert with Executive Board

IV. NEEDS ASSESSMENT

YES **NO**

14. Do you utilize identifiable mechanisms to determine objectively the current professional needs and interests of your intended audience? (IV, S:1)
15. Is the content of the CE program based on these needs? (IV, S:1)
16. Does the program planner carry out or coordinate the needs assessment procedures. (IV, C:A)
17. Do you determine the needs of your potential future audience from data sources that go beyond your own needs/interests? (IV, C:B,C)

METHODS USED

- survey/questionnaire
- course evaluation form
- verbal feedback during course
- advice from professional organizations
- public health statistics or other pertinent patient care data
- other

Please provide a copy of all surveys, questionnaires and policy statements that document your needs assessment mechanisms.

18. Do you utilize the assessment in planning educational activities? (IV, C:D)
-
-

V. OBJECTIVES

YES/ NO

19. Are specific written educational objectives developed in advance for each activity? (V, S:1)
20. Though the instructor may write them, is the program planner ultimately responsible for assuring that appropriate objectives are developed? (V, C:A)
21. Are educational objectives developed early on, prior to selecting specific course content or choosing educational methodologies? (V, C:B)
22. Are the educational objectives distributed so that the intended audience is made aware of them and can select courses on a sound basis? (V, C:C)

Please enclose examples showing specific written objectives from courses given in the past year, such as brochures, handout materials, etc.

VI. ADMISSIONS

YES/ NO

23. Are your courses made available to all dentists? (VI, S:1)
24. If an activity requires previous training or preparation, is the necessary level of knowledge, skill or experience specified in course announcements? If yes, please answer a,b, and c and attach a copy of publicity that notes the prerequisite. (VI, S:2)
Not applicable?
- a. do you provide a precise definition of the knowledge, skill or experience required? (VI, C-A.1)
- b. is admission restricted, based on course content and educational objectives? (VI, C-A.2)
- c. is a method available so that applicants may demonstrate that they have met the requirements for admission? (VI, C:A.3)

VII. EDUCATIONAL METHODS [Lecture or Participation]

YES NO

25. Are the educational methods used appropriate to your educational objectives? (VII, S:1)
26. Is the program planner responsible for choosing the appropriate educational methods in consultation with an advisory committee, instructor, or potential attendees? (VII, C:A)
27. Are the educational methods appropriate to the skill level of the intended audience? (VII, C:B)
28. Are the educational methods appropriate for the chosen facility? (VII, C:C)
29. Do you limit group size in coordination with the nature of the facility and the number of instructors? (VII, S:2, C:E)

Not Applicable (never had to)
draw is always 150 or under
in past

VIII. FACILITIES

YES NO

30. Are the facilities selected for each activity appropriate to accomplishing the educational method(s) and stated objective(s)? (VIII, S:1)
31. As program provider, do you assure that facilities and equipment are adequate and in good working condition and that adequate space is provided to accommodate the size of the intended audience? (VIII, C:A) (VIII, C:C)
32. Is sufficient space and equipment available to allow active participation by each learner without any learner experiencing undue idle time? (VIII, C:D)
33. If attendees are required to provide materials or equipment, do you make this requirement clear to potential enrollees by providing specific descriptions of all equipment and materials required? (VIII, C:E) Not applicable

X. INSTRUCTORS

YES NO

34. How do you determine whether the instructor is qualified to provide instruction in the relevant subject matter? (X, S:1)
Full-day CE/monthly meetings - All speakers are nationally + internationally recognized in their respective specialties. Mentor - local ~~credentialed~~ credentialed or corporate representative dentists.
35. Do you communicate specific course objectives and design to the instructor early in the planning process? (X, C:A)
36. Do you assign the number of course instructors based on your chosen educational objectives and methods? (X, C:B) (N/A?)
37. Is the instructor/attendee ratio such to assure that close supervision and adequate direct interchange between participants and instructors will take place? (X, C:C)
- What is your instructor/attendee ratio for participation courses? *N/A*
-

XI. PUBLICITY

YES NO

38. Does your course publicity contain all the following: (XI, S:1)

Please provide publicity samples from programs given in the past year.

- | | | |
|-------------------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Course Title |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Description of course content |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Educational objectives |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Description of teaching method |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Fees |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Name of Program Provider |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Course instructors and their qualifications |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Refund and cancellation policies |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Location |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Date |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Number of CE hours awarded for each course |
-

✓
✓

Disclosure of support from or relationship with commercial program providers
Specifics on approvals granted (Note acceptable listed below) (Not applicable for first time applicants)
"The (program provider name) is designated as an Approved PACE Program Provider by the (constituent name) Academy of General Dentistry. The formal continuing education programs of this program provider are accepted by AGD for Fellowship, Mastership and membership maintenance credit. Approval does not imply acceptance by a state or provincial board of dentistry. The current term of approval extends from (term begin) to (term end)."

OR

*Academy of General Dentistry
Approved PACE Program Provider
FAGD/MAGD Credit
(term begin) to (term end)*

- N/A 39. PACE approval logo is used (Not applicable for first time applicants) Not Applicable ✓
- N/A 40. If course requires prior knowledge or skill level, is this clearly specified in publicity materials? (XI, S:2) Not applicable ✓
- ✓ 41. Does all publicity on your CDE activities provide a complete and accurate picture of the activity? (XI, C:A)
- ✓ 42. Do you ensure that publicity does not contain misleading statements regarding the nature of the activity or the benefits to be derived from participation. (XI, C:B)
- ✓ 43. Are all statements of credit or approval worded as prescribed by the agency granting the credits or approvals, so that participants cannot misinterpret them? (XI, C:C)

XII. EVALUATION

YES NO

- ✓ 44. Have you developed and utilized evaluation mechanisms that: (XII, S:1)
 - ✓ 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?

- d. include questions that ask for comments from participants?

Please provide samples of all evaluation mechanisms.

45. Do you provide feedback to the instructor concerning the information that the evaluation of CDE has produced? (XII, R:E)
46. Do your evaluation mechanisms allow participants to assess their achievement of personal objectives? (XII, C:A)
47. Do your evaluation mechanisms help to assess the level at which the objectives were fulfilled, with the goal of improving your future educational activities? (XII, C:B)
48. Do you conduct periodic internal reviews of your entire educational program to determine the extent to which the overall goals of the program are being achieved? (XII, C:C)

How often? annual review

XIII COURSE RECORDS

- | YES | NO | |
|--|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 49. Do you maintain permanent and accurate records of individual attendance, and make such records accessible to attendees? (XIII, S:1) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 50. Have you assured that what you provide for attendance verification does <u>not</u> resemble a diploma or appear to attest to a specific skill or specialty or advanced educational status? (XIII, S:2, C:A) |
| <i>Please provide a sample of what you provide attendees as verification of attendance</i> | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 51. Is the amount of credit awarded to participants in your educational activities in compliance with Academy policies? (XIII, S:3, C:B) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 52. Are you using a course completion code for each activity? (XIII, S:3, R:E.f) |
-

XIV. COMMERCIAL OR PROMOTIONAL CONFLICT OF INTEREST

YES NO

53. Are all commercial relationships between your organization, course presenters and/or a commercial company fully disclosed to course participants in your publicity? (XIV, S:1.b)
Not applicable? _____
54. To avoid commercial influence in relation to this standard, do you have written guidelines and policies that clearly identify you as responsible for program content and faculty selection? (XIV, C:A, C:B)
Please provide a sample of your guidelines or policies (required)
55. If external funding is accepted, do you accept only unrestricted funding for any and all aspects of the educational activity? (XIV, C:C) Not applicable _____
56. If external funding is accepted, is the source disclosed in announcements, brochures, or other educational materials, and in the presentation itself? (XIV, C:C) Not applicable _____
Please provide a sample, if applicable.
57. Do you utilize a written letter of agreement, which outlines the terms and conditions of any arrangement and/or relationship between yourself and a commercial supporter? (XIV, C:D)
Please provide a sample of the letter of agreement (required).
58. If you have any monetary or special interest in any company whose products are discussed in any of your CE activities, is this disclosed in promotional materials and in the presentation itself? (XIV, C:E) Not applicable
59. Do you ensure that a balanced view of all therapeutic options is presented, and that, whenever possible, generic names are used? (XIV, C:F)
60. If you receive outside support, do you assume the responsibility for any specific content and instructional materials that may be prepared with outside financial support? (XIV, C:G)
Not applicable

✓ —

61. In order to identify and disclose all possible conflicts of interest, do you obtain a signed conflict of interest statement from all faculty? (XIV, C:H)
Please provide a sample of the form you use (required).

Goals Statement for MCDS Continuing Education Program

It is the goals of the MCDS CE Program to further the knowledge of our member dentists so that they can serve the community in the most informed capacity in their role as dental practitioners. Careful selection of highly qualified speakers/lecturers for our CE Program in addition to subject diversity is of paramount importance in achieving these goals.

Written Guidelines related to Commercial or Promotional Conflict of Interest

The sponsorship of a MCDS Course does not reflect endorsement by MCDS. The sponsors' role is limited to sponsorship only and does not influence the role of the speaker to communicate freely with the attendees as to his/her opinions on the subject at hand. All speakers are instructed contractually to disclose their direct, indirect or royalty sources of income from corporate sponsors that may influence their opinions. MCDS makes an effort to avoid speakers that we feel will have compromised objectiveness due to such corporate influence.

MIDDLESEX COUNTY DENTAL SOCIETY
CONTINUING EDUCATION FEEDBACK FORM

To Our Members:

Please take a few minutes to complete this important survey. It will give the MCDS Continuing Education Committee and Program Chairperson further incite as to the educational needs of the membership so that they can build a quality program for you. Thank you again for your anticipated cooperation.

Mitchell L. Weiner DMD
President, MCDS

1. Is there subject matter that you feel has not been covered in recent years by our CE Program? If so, what subjects?

2. Are there speakers that you have heard at other venues (Conventions, annual meetings, specialty meetings) that you feel would be well received by MCDS? If so, please list speaker and course subject.

3. If you have not attended one of our CE courses recently, what has been the main detractor (time/office commitments, lack of interest in subject matter, not in specialty field, etc.)?

4. What speaker or topic would you least like to see in the near future?

5. What speaker or topic would you most like to see in the near future?

Please FAX response to our Executive Secretary at 732-390-2332



Middlesex County Dental Society

P.O. Box 7026 East Brunswick NJ 08816

PHONE: (732) 238-1255 FAX: (732) 390-2332

Middlesex County Dental Society – Speakers Agreement

I, DENNIS TARNOW, accept the invitation of the Middlesex County Dental Society to speak at the MCDS full day continuing education course on the following date:

DATE: February 21, 2003 TIME: 9-4

On the subject(s) of: Contrastives + Innovations in Implant Dentistry

And agree to the following as payment in full to be received at the conclusion of my presentation:

HONORARIUM: \$10,000 LOCATION: Pine Manor - Edison N.J.
(Includes any associates or any material that may be distributed to participants)

I agree to abide by the following terms and conditions:

- 1) Membership in the American Dental Association or an equivalent foreign society is required for all dentists presenting for MCDS at the time of their program.
- 2) Endorsement of specific products is prohibited in the course of all presentations. This does not, however, preclude the mention of product/company names in discussing specific techniques and procedures.
- 3) Schedule conflicts may have an adverse on attendance at this program. It is, therefore, the policy of the society, to require that you agree not to schedule other speaking engagements for any dental groups in New Jersey three months prior to or three months after the MCDS full day continuing education course.
- 4) Speakers are not to change the course enrollment or bring anyone else into the course without MCDS's permission.
- 5) Advertising matter, commercial promotions and sales of any type are absolutely prohibited during any part of the scientific program. Furthermore, no such materials shall be distributed or made available in the meeting room. The only materials allowed in the meeting room are those of the sponsor(s) of the program.
- 6) Editing computer-generated images requires full disclosure to the audience of the program, specifically if they have been edited in any way to alter their diagnostic or outcome appearance.

I have a journal for a small Seattle study club (about 30 doctors)

24 Jan 19 03

May 27 02 06:21p

Tarnow

9149212857

P. 2

- 6) Editing computer-generated images requires full disclosure to the audience of the program, specifically if they have been edited in any way to alter their diagnostic or outcome appearance.
- 7) Handouts will be duplicated by MCDS if originals are received in our office 30 days before the program is scheduled. Handouts are limited to twenty (20) single-sided pages or ten (10) double-sided pages. Should the speaker elect to reproduce his/her own handouts, MCDS will not be responsible for the cost of the handouts nor the shipping of same.
- 8) MCDS, in its sole discretion, has the unconditional right to cancel this agreement at any time. Upon cancellation, its liability shall be limited to reimbursement of the actual expenses the speaker has already incurred. If the MCDS full day continuing education course is rescheduled, the speaker may decline to participate by giving prompt notice to MCDS.
- 9) The speaker shall be totally responsible for the content of the speakers program and hereby agrees to indemnify and hold harmless the Middlesex County Dental Society from any liability on account thereof.

Speaker Signature	<u><i>Dennis P. Tarnow</i></u>	Date	<u>5/28/02</u>
Name	<u>DENNIS TARNOW</u>	Degree	<u>DDS</u>
Address	<u>205 EAST 68 ST.</u>	Phone	<u>212-752-7937</u>
City/State/Zip	<u>New York NY 10021</u>	Fax	<u>212-754-6753</u>
Social Security #	<u>078 - 36 - 6406</u>		

Signed _____ Date _____
 Middlesex County Dental Society (A copy of the signed agreement will be sent to you)