

This form may be completed online, printed and mailed to the address listed below.



STATE OF NEBRASKA
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 DIVISION OF PUBLIC HEALTH
 LICENSURE UNIT
 PO BOX 94986
 LINCOLN, NE 68509-4986
 (402)-471-2118

**APPLICATION FOR APPROVAL OF
 DENTAL/DENTAL HYGIENE CONTINUING
 EDUCATION PROGRAM**

Name of Program Provider			Phone Number	
Name of person responsible for program planning				
Address	Street:			
	City:	State:	Zip:	
Name of Program				
Dates of Program				
Location of Program	City:	State:		
Number of clock hours for which approval is requested:				
If participation is restricted, provide the reason(s) for restriction participation:				
Please indicate if you are the:	Provider		Attendee	
If you are the Attendee, list your name and address				
Name:				
Address	Street:			
	City:	State:	Zip:	
Phone Number				
Requestor's Signature			Date:	
Before a program can be approved, the following materials be submitted (use additional sheets to provide this material or attach materials to this form as necessary)				
1	A description of the program <i>content</i> and <i>objectives</i> (a <i>well detailed</i> course brochure may suffice).			
2	The names of the course presenter(s) and a general description of the qualifications of each presenter (a <i>well detailed</i> course brochure may suffice, or a copy of the presenter's curriculum vitae may be submitted).			
3	A detailed time schedule of the course including time allotted to registration, breaks, lunch, etc. (a <i>well detailed</i> course brochure may suffice).			
4	A sample copy of the documentation the provider issues to the licensee as proof of attendance at the program, or a description of the providers method of recording and verifying attendance by program attendees.			

