



Continuing Competency Course Accreditation Form

Please Print or Type- Illegible Forms will not be reviewed

Name of Organization _____

Presentation/Course Name _____

Contact Information

Address: _____

Phone Number: _____

Facsimile Number: _____

Email Address: _____

Name of Presenter(s): _____

Address: _____

Phone Number: _____

Facsimile Number: _____

Email Address: _____

Relevancy to the Denturist Profession (check all that apply)

Clinical Skills

Laboratory Skills

Clinical Equipment

Laboratory Equipment

Clinical Materials

Laboratory Materials

Management

Other: _____

Other Accreditation

Is presentation/course approved by other health professions or institutes of higher education?

No

Yes: By whom: _____

Hours Accredited: _____

Length of Presentation/Course: _____ Hours

Method for Presentation/Course

- | | |
|--|--|
| <input type="checkbox"/> Lecture only | <input type="checkbox"/> Lecture with web-based reference |
| <input type="checkbox"/> Lecture with audio-visual support | <input type="checkbox"/> Lecture with “hands-on” component |
| <input type="checkbox"/> Lecture with printed literature | <input type="checkbox"/> Lecture with formal examination |
| <input type="checkbox"/> Lecture with provided text book | <input type="checkbox"/> No lecture-distance learning |
| <input type="checkbox"/> Other: _____ | |

Examination

Is there a post-presentation/course examination?

- No
- Yes: (specify type of examination and length) _____

Certificate of Completion

Will you provide certificate of completion?

- Yes
- No

Notice of Attendance

Will you provide the College of Alberta Denturists with notice of the attendees?

- Yes
- No

Submitter information

Name: _____

Phone: _____

Items to attach

1. Presentation/course outline.
2. Curriculum vitae of presenter(s).

Submit to:

**College of Alberta Denturists
Attention: Registrar
Suite 270, 10123-99th Street
Edmonton, Alberta T5J 3H1
Fax: (780) 429-2336**