ODA Volunteer Connection: Volunteer CE Partners

The Ohio Dental Association Volunteer Connection program is now providing volunteer CE credit to dentists who volunteer with Volunteer CE Partners: nonprofit clinics/programs that register with the ODA and meet all volunteer CE requirements. To help Ohio's free clinics and free dental care programs recruit and retain dentist volunteers, the ODA created the ODA Volunteer Connection, which provides a clearinghouse of clinics and programs through which dentists can earn volunteer CE for providing free care. The ODA will encourage its members to volunteer with Volunteer CE Partners around Ohio. **Dentists who volunteer with a certified partner will earn volunteer CE for their time while providing access to needed dental care.**

How it Works:

Volunteer CE Partner Registration

- Free clinic/free dental care program completes the Volunteer CE Partner Request Form and submits it to the ODA staff for review. This will need to be done yearly.
- Clinic/Program also provides information about dentist volunteer opportunities and previous year's clinic data.

Volunteer CE Partner Approval

- Programs meeting volunteer CE requirements will be approved as ODA Volunteer Connection Volunteer CE Partners.
- Volunteer CE Partners will receive a logo for volunteer recruitment to show they are ODA approved.

ODA encourages volunteerism

- Volunteer CE Partners will be listed on the ODA Volunteer Connection web page along with information about volunteer opportunities for dentists to see.
- ODA marketing efforts aim to increase dentist volunteerism with Volunteer CE Partners. The ODA throughout the year will market and promote all Volunteer Connection Partners.

Track and report dentist volunteer hours

- Volunteer CE Partner staff tracks dentists' volunteer hours including: first and last name, dental license number, date of volunteer service and hours of service on each date.
- Using the provided Excel document, Volunteer CE Partner staff will provide volunteer hour tracking report to the ODA periodically.

ODA sends CE slips to dentists

- ODA staff records volunteer hours for each dentist and mails a CE slip to dentists for their records.
- Dentists earn 1 CE credit per 1 hour of clinical volunteer services up to one-third of biennium required CE.

Report annual data

- Volunteer CE Partners will annually report program data to the ODA so that the ODA can measure increases in volunteerism and access to dental care in Ohio resulting from ODA marketing efforts.
- ODA will use this data to help confirm that Volunteer CE Partners continue to qualify for Volunteer CE in the upcoming years.

Benefits for Volunteer CE Partners:

To sign up as an ODA Volunteer CE Partner, complete the ODA Volunteer CE Partner Request Form. For questions about the Volunteer Connection program, contact Carley Circosta, ODA Manager of Public Service, at Carley@oda.org or 614-486-2700.

Reduce administrative burden!

- Volunteer CE Partners track volunteer hours and the ODA provides dentists with CE slips.

New volunteers!

- Dentist volunteer opportunities are listed on the ODA website and promoted to ODA members.

Approved Volunteer CE Partner Logo!

- Volunteer CE Partners will receive a special logo to use on their websites and dentist recruitment materials.

Questions?

Carley Circosta
ODA Manager of Public Service

614-486-2700

www.oda.org

Carley@oda.org

Ohio Dental Association Volunteer Connection Volunteer CE Partner Request Form

Please complete this form in its entirety so the Ohio Dental Association can determine if your organization/program qualifies for volunteer CE for dentists and to list information about your volunteer opportunity on the ODA website if approved as a Volunteer CE Partner. Benchmark data is also required so the ODA can track how our marketing efforts to increase volunteerism are impacting your program. If approved as a Volunteer CE Partner, you will receive verification from the Ohio Dental Association, your volunteer information will be listed on the ODA website as a Volunteer CE Partner, you will receive the Approved Volunteer CE Partner logo and a sample volunteer hour tracking report template. As a reminder this form will have to be filled out yearly, to keep information up to date.

Please send completed form to Carley Circosta, ODA Manager of Public Service: Email: Carley@oda.org, fax: 614-486-0381 or mail: 1370 Dublin Rd., Columbus, OH 43215.

Organization Name:

Program Name (if different):

Contact person for volunteer reports:

Contact's email: Contact's phone:

Will provide volunteer hour reports: ⬭ Every 3 months   or   ⬭ Every 6 months

1. Are dental patients required to pay a fee for any dental services?

⬭ No   ⬭ Yes, please explain:

2. Are any third parties (e.g. Medicaid, HMOs, private dental insurance) billed for dental services?

⬭ No   ⬭ Yes, please explain:

3. Are volunteer dentists compensated in any form for their services?

⬭ No   ⬭ Yes, please explain:

4. Are volunteer dentists providing clinical dental services during their volunteer time?

⬭ Yes   ⬭ No, please explain:

NOTE- Oral health education does not qualify as a clinical dental service.

5. Is the clinic/program able to track and verify all volunteer hours for dentists?

⬭ Yes   ⬭ No, please explain:

6. Is the clinic/program a nonprofit organization? ⬭ Yes   ⬭ No

Information for dentist volunteer opportunity listing on ODA website

Program type: ⬭ Brick and mortar clinic   ⬭ Access to dental care program   ⬭ Free care event

⬭ Care Network for dentists to provide free care in their private office

Location/address for volunteering: _____

⬭ No specific location: Volunteering takes place in dentists' private offices with referrals from our program.

Ohio County where program is located: _____

Program description: _____

Expected volunteer time commitment and available days/times for volunteering: _____

Dental services provided: _____

Special volunteer requirements/needs (such as need for specialists): _____

Volunteer contact:

Name: _____

Phone Number: _____

Email: _____

Website: _____

Benchmark data

Please provide the following data about your dental clinic/program for the 2020 calendar year. Updated data will need to be reported to the ODA at the end of each calendar year. This benchmark data and annual reports will allow the ODA to measure efforts to increase ODA member volunteerism to see how these efforts are impacting access to care at each clinic/program.

Number of dentist volunteers in 2020: _____

Total dentist volunteer hours in 2020: _____

Number of unique/unduplicated dental patients in 2020: _____
(Counts each patient once)

Number of dental visits in 2020: _____
(May count patients more than once)

Total dollar value of free dental care provided in 2020: _____

If any of the requested data is not available, please explain: _____

By completing this form, you agree on behalf of your organization to provide volunteer hours for dentist volunteers and an annual report of the organization's dental data and to update the Ohio Dental Association of any major changes to the program for which you would like the ODA to provide dentist volunteers with volunteer CE (including changes to payment structure and volunteer compensation). Failure to provide annual clinic data and to confirm qualification for volunteer CE may be cause for termination as a Volunteer CE Partner.

Name _____

Title: _____

Signature _____

Date: _____