



DENTIST VOLUNTEER CE REQUEST FORM 2022 ODA-Sponsored GKAS Program

Ohio law permits dentists to earn continuing education credit for providing free dental care. You may be eligible to claim CE credit for your participation in a GKAS program if you provided services that are substantive in nature (clinical) and those services were provided without any remuneration to you or the sponsoring program. **Credit hours are awarded at a ratio of one credit hour of CE for each sixty minutes spent providing free dental care. Dentists may earn up to thirteen credit hours of CE per biennium for volunteer service.**

To qualify for CE credit, please complete this form to document the type of donated treatment you have voluntarily provided through the GKAS programs and the number of volunteer hours you provided clinical treatment. Please return the completed form to the Ohio Dental Association, 1370 Dublin Rd., Columbus, OH 43215, fax to (614) 486-0381, or email to AnnualSession@oda.org. Upon verification of the information contained on this form, the ODA will issue your CE slip to the address shown below. Incomplete forms will not be processed.

NOTE: Education and/or oral hygiene instruction only GKAS programs are not considered clinical in nature and do not count toward CE credit.

Dentist First Name: _____ Last Name: _____

Address: _____

City, State and Zip: _____ Phone number: _____

Dentist number of volunteer hours of care (dentist's time only): _____

Date(s) of patient services: _____

Site: Dental office/clinic name: _____

Has there been reimbursement of any kind (partial or full) for the services provided either through insurance, Medicaid, other payment or any compensation through salary or other means for the dentist's time? ☐ Yes ☐ No

Please check the services below that you provided for free through the 2019 Give Kids a Smile program:

- | | | |
|--|---|---|
| <input type="checkbox"/> Examination | <input type="checkbox"/> Fluoride Treatment | <input type="checkbox"/> Space Maintainer |
| <input type="checkbox"/> X-rays | <input type="checkbox"/> Sealant | <input type="checkbox"/> Other Surgical Procedure |
| <input type="checkbox"/> Screening | <input type="checkbox"/> Routine Extraction | <input type="checkbox"/> Orthodontic Treatment |
| <input type="checkbox"/> Prophylaxis | <input type="checkbox"/> Restorations | |
| <input type="checkbox"/> Scaling/Root Planning | <input type="checkbox"/> Crown | |
| <input type="checkbox"/> Other _____ | | |

I attest that the information contained on this form is accurate and that I have not requested or received CE credit for these volunteer hours through any other sponsor. I understand that this information may be verified.

Dentist signature:

Date:

Ohio Revised Code 4745.04: "A licensing agency that licenses health care professionals shall permit a licensee to satisfy up to one-third of the licensee's continuing education requirement by providing health care services as a volunteer. A licensing agency that licenses health care professionals shall permit a licensee to earn continuing education credits at the rate of one credit hour for each sixty minutes spent providing health care services as a volunteer."

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