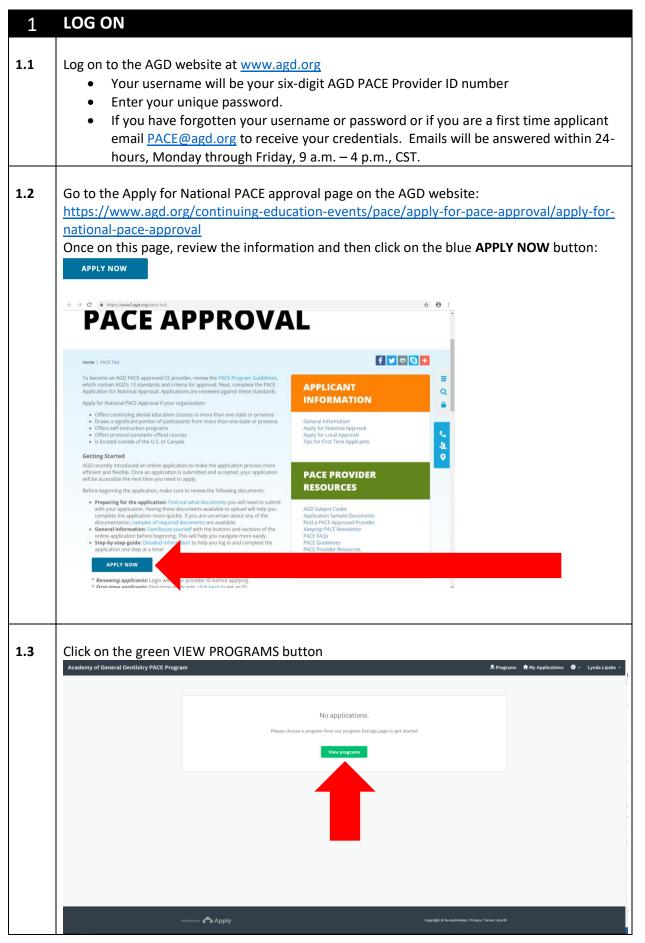


AGD Application for National PACE Approval Step-by-Step Guide

Welcome to the AGD's new online application for National PACE Approval. This step-by-step guide is intended to help you access and complete the updated application. If you have any questions or difficulties with the application please contact the AGD at 1.888.243.3368 ext. 4335 or ext. 4114.

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| SAVE OR EDIT APPLICATION | |
| PAYMENT | |
| SUBMIT YOUR APPLICATION | |
| QUESTIONS | 12 |



| 1.4 | Click on the green MORE button Academy of General Dentistry PACE Program |
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| | Programs Search programs. Q E E E E E E E E E E E E E E E E E E |
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| 1.5 | <section-header><section-header><section-header><section-header><text><text><text><image/><image/></text></text></text></section-header></section-header></section-header></section-header> |
| 1.6 | Type in the name of your organization and click on the green CREATE APPLICATION button. |

| Academy of General Dentistry | / PACE Program | | 🐥 Programs | A My Applications | |
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| ← Return to admin | | | | You are currently | ogged in as: |
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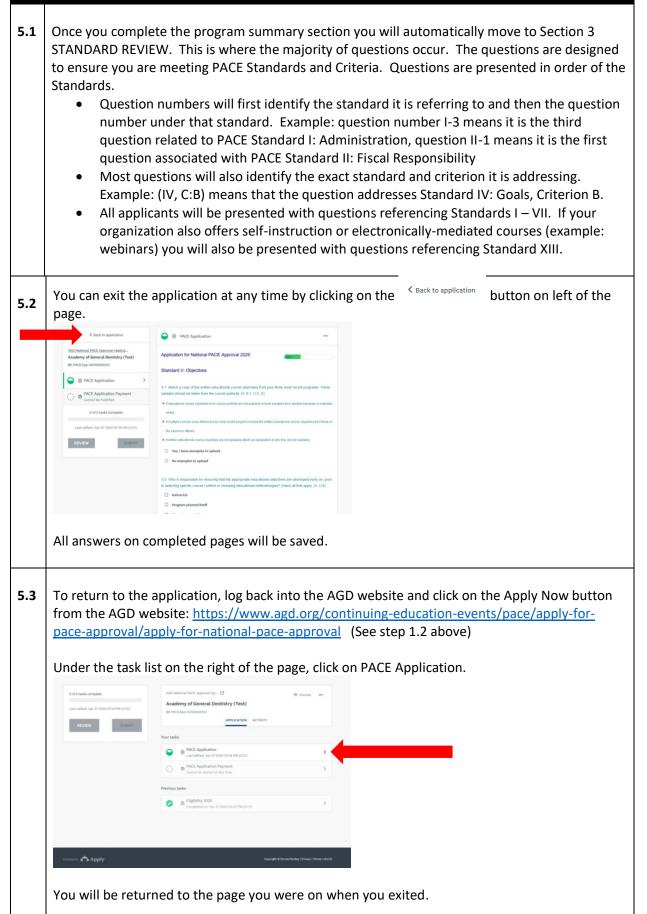
| 2 | ELIGIBILITY | | | | | | | | | | |
|-----|---|---|---|--|--|--|--|--|--|--|--|
| 2.1 | Complete the ELIGIBILITY section of the application to make sure your organization meets the eligibility requirements. Click on the black Start button Start | | | | | | | | | | |
| | | The black of the black of | | | | | | | | | |
| 2.2 | You will be brought to the first page of the Eligibility section of the PACE application for national approval. Please read the information and answer the questions. | | | | | | | | | | |
| | C Back to application | alalino 2020 | | | | | | | | | |
| | ADD National PACE Approval Applica- Go to: | C B Highing 2000 ···· | | | | | | | | | |
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| | Laist edited: Apr 27 2020 04:36 PM (UTC) Applicants ma | is the organization, notifie adocational context, that can be approved. give a major unit or department within an institution. | | | | | | | | | |
| | Contraction of the second s | uestions wit determine if your organization is eligible for AGD PACE approval wing definition of continuing dental education (CCE) | | | | | | | | | |
| 2.3 | At the end of the page you can click on either the Save & Continue Editing button or the Next button. | | | | | | | | | | |
| | When you click on th | he button, your wo | ork will automatically be saved. | | | | | | | | |
| 2.4 | At the end of the Eligibility section click on the green MARK AS COMPLETE button. | | | | | | | | | | |
| | If at any time your answers make you ineligible for approval you will be given direction to contact the AGD at <u>pace@agd.org</u> . If you do not receive any warning messages then you are eligible to apply for national PACE approval. | | | | | | | | | | |
| 2.5 | Once the Eligibility s can look over your a | | will be brought to the REVIEW page so that you | | | | | | | | |
| | Back to application | C Eligibility 2020 | Read only *** | | | | | | | | |
| | AGD National PACE Approval Applica | Completed Apr 27 2020 04:37 PM (UTC) SECTION 1: Eligibility 2020 | | | | | | | | | |
| | Academy of General Dentistry (Test) ID: PACEApp-0000000003 | Continuing education organizations are eligible for AGD PACE approval, not Continuing education organizations with one primary speaker is eligible for | | | | | | | | | |
| | Department D | | | | | | | | | | |
| | | | | | | | | | | | |
| | 0 of 2 tasks complete | Review the following definition of continuing dental education (CDE). CONTINUING DENTAL EDUCATION (CDE): Educational activities designed to revier convey information beyond basic dental education, and to update innoviedge on ad- | | | | | | | | | |
| | Last edited: Apr 27 2020 04:37 PM (UTC) | objective is to improve the knowledge, skills, and ability of the individual to deliver th profession. The basic sciences and behavioral and social sciences should be cen- knowledge in their influence on the professional person and, for this reason, educa | ansidered inseparable from technical | | | | | | | | |
| | REVIEW SUBNIT equally safe part of CDE. CDE programs are usually of short duration and are not structured or sequenced to private acceleration certal toward a certificate | | | | | | | | | | |
| | | or degree. Such courses are not applicable to advanced standing in specially educ in a wide variety of forms using many methods and techniques and are sconsored | | | | | | | | | |
| | | ve a copy of the form to rm and then select Dowr | your computer by clicking on three dots on the nload. | | | | | | | | |
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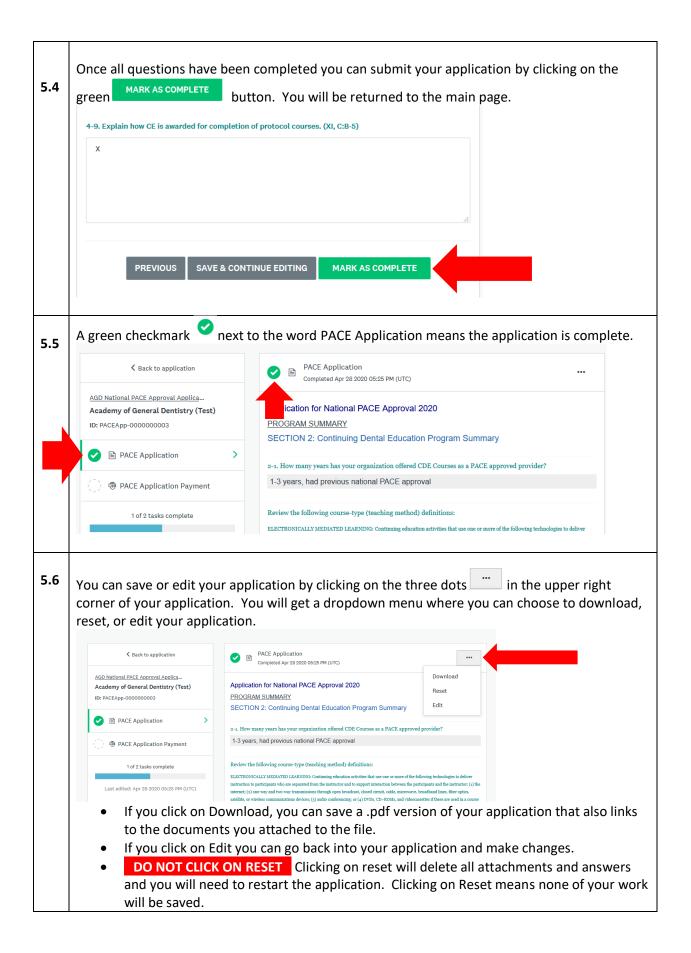


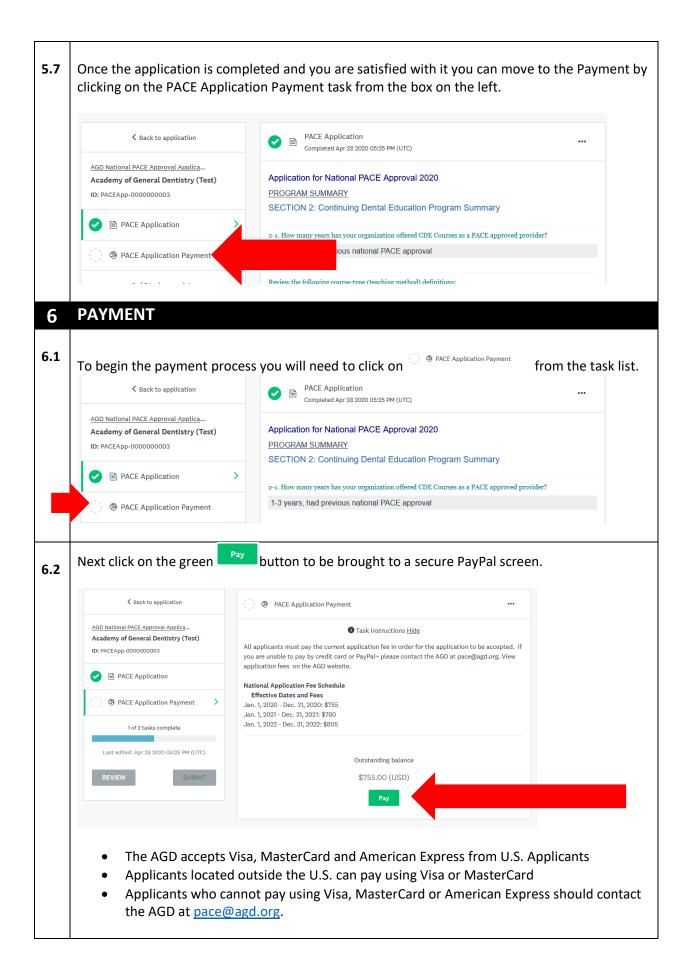
| Э | |
|-----|--|
| 3 | BEGIN THE APPLICATION |
| | |
| 3.1 | |
| 5.1 | To start filling out the PACE Application for national approval click on the 🌕 🗎 PACE Application from |
| | the box on the left. |
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| | C Back tor application Compared and 17 2000 Read only *** |
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| л | Section 2: Continuing Dental Education Program Summary |
| 4 | Section 2. Continuing Dental Education Program Summary |
| | |
| 4.1 | Design conting two of the explication. Dead through all information and ensure each quantier |
| 4.1 | Begin section two of the application. Read through all information and answer each question. |
| | |
| | |
| | C Back for application |
| | Add Statewill McE Averyork Averban - Application for National PACE Approval 2020 International PACE |
| | Nature of the second se |
| | () Bit PACE Application > |
| | P - K Nov many years has your organization allowed CDE Courses as a 73/CE approved provident Port Term State and Provident Port Term APPL/CANET We have not affered any courses yet |
| | Vac ² [®] Careto to modified [®] FIRST TMR APPC CARET: We have off effect or years yet [®] FIRST TMR APPC CARET: We have off effect or years in the park, but (if not have PACE approval. |
| | C Less than 12 months, had previous national RACE approval |
| | Last edited. Apr 27 2000 64:37 PH (UTC) O 3-3 years, had previous national MCE apprend. |
| | Review BusietT o for more pare, had provides indicated RNC approval |
| | |
| | Answering Question 2-2 of the application correctly is VERY IMPORTANT as it will determine |
| 4.2 | the questions presented to you in the application. |
| | |
| | 2-2. Based on the definitions above, select all course types your organization CURRENTLY offers: |
| | If your organizations conducts live webinars and records them so that other may watch the recordings independently to earn CE please check both Self-Instruction and Electronically-mediated. |
| | |
| | If your organization is planning to offer webinars or self-instruction programs in the future but are not available yet, DO NOT |
| | check that you have these types of programs. You should only check the types of programs your organization CURRENTLY |
| | |
| | |
| | Participation/Hands-on: No live patients treated during the course |
| | Participation/Hands-on: Live patients treated by the instructor and/or participants during the course |
| | Protocol |
| | |
| | Self-instruction (all types, including recorded webinars or online programs) |
| | Electronically-mediated (Live or recorded webinars, online programs, etc.) |
| | |
| | |
| | Make sure to read the course type definitions carefully before responding to the |
| | question. |
| | |
| | Click on only course types your organization <u>has offered</u> in the past or are currently |
| | offering. |
| | • Do not click on a course type that you have not offered in the past or not currently |
| | |
| | offering. Example, if you plan to offer a self-instruction course in the next six months, |
| | but it is not currently available DO NOT check self-instruction. |
| | |
| | After making your selections click on the button. |

| Enter information about your most recent courses or .3 NEXT button. You will be asked to identify the courses that you offer | | | | | | | | ffered during the last 12 months, plan to | | | |
|--|--|----------|---------------------------------------|----|----------------------|---------|--------------------------|---|---------------------------------|--------|---|
| | offer in the next 12 months and any self-instruction courses you offer. 1: List of past courses | | | | | | | i courses you offer. | | | |
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| | | | | | | | | | sually re rom lef | • | re users to scroll to the right. Use the scro right. |
| | | se :s | 3. Location (City, State/Prov.) | 4. | 5. # of Attendees | 6. # of | 7. Delivery Method | 8. CE Hours | 9. Prerequisites (Yes/No) | 10. Je | |
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5 Section 3: Standard Review







| 6.3 | - | | ugh PayPal using either a PayPal account or by clicking on as seen below. You will receive an email confirmation |
|-----|--|-------------------|---|
| | with a receipt for you | r records confirn | ning that payment has been processed. |
| | PayPal | `₩ \$705.00 USD | |
| | Pay with P | ayPal | |
| | matthew.schroeder@agd.org | | |
| | Password | | |
| | Stay logged in for faster ch Not recommended on shared d | | |
| | Log In | | |
| | Having trouble lo | gging in? | |
| | Pay with Debit or (| Credit Card | |
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| 7 | SUBMIT YOUR A | ΡΡΙΙζΑΤΙΩΝ | |
| | | | |
| 7.1 | Once payment has be | een completed y | ou must submit your application. |
| 8 | QUESTIONS | | |
| 8.1 | | | <u>e@agd.org</u> or call 1.888.243.3368 ext. 4114 or ext. 4335, gh Friday, central time. |
| | | | ACADEMY of GENERAL DENTISTRY |