



SINGAPORE DENTAL COUNCIL
CONTINUING PROFESSIONAL EDUCATION

**CPE PROVIDERS ACCREDITATION/
RE-ACCREDITATION APPLICATION
FORM**

GENERAL INFORMATION

CPE PROVIDERS ACCREDITATION

With the implementation of compulsory Continuing Professional Education (CPE), the Singapore Dental Council (SDC) recognises the need for providers to offer more comprehensive and quality CPE activities to all Dental Practitioners, Oral Health Therapists (OHT) and other Dental Care Auxiliaries in Singapore.

The accreditation process consists of two parts namely the application and an assessment, where the SDC CPE Committee evaluates and accredits providers through the demonstration of their eligibility to apply and comply with the CPE Providers Requirements.

Interested applicants can apply for accreditation by completing the application form, and submit together with the necessary documentation to SDC via fax no. 6253 3185 or mail to:

Singapore Dental Council
College of Medicine Building
16 College Road #01-01
Singapore 169854

BENEFITS OF CPE PROVIDERS ACCREDITATION

1. All accredited CPE Providers will be listed in the SDC website, www.sdc.gov.sg.
2. Only CPE points, conferred by SDC's accredited providers, will be recognised for renewal of Practising Certificates (PC) for dentists and OHTs.
3. Accredited CPE Providers will be given the benefit of free advertisement of their activities in the CPE Event Calendar listed in the SDC's website.

INSTRUCTIONS FOR APPLICATION

1. **Be sure to obtain the current version of SDC CPE Providers Accreditation Application Form.**
2. **Prior to completion of application:**
 - a. Review the eligibility for accreditation and requirements for an Accredited CPE Provider in the CPE Providers Requisite Handbook to determine if you have met the criteria.
 - b. If you have any queries, please contact SDC Office at 6355 2402.
3. **Complete each section of the application as instructed in this form. Applications can be typed or hand-written.**
4. **Application information and supporting documents must be submitted in the English language.**
5. **Labelling of relevant documentation and data as required in the application.**
 - a. All supporting documentation must be labelled in the upper right hand corner with the relating section(s) and item number(s).
 - b. You may cross reference materials.
6. **Non-refundable application fee of \$100 must accompany the application.**

For fee payment, please make cheque payable to the Singapore Dental Council. Successful applicant will be informed by mail. The process will normally take 2 weeks. A unique User ID and Password will be issued for access to the CPE System Online and the applicant will be listed in the SDC website as an Accredited CPE Provider.
7. **DEADLINES for submission of CPE Providers Accreditation Application: 3 months before the start of a new Qualifying Period (QP)**

* Please note that SDC will only register Oral Health Therapists in 2008 and compulsory CPE will commence 1 October 2008

(1) PROVIDER INFORMATION

Only for first time applicants, please fill in the following required information and note that items with asterisk (*) are mandatory.

*Applicant: _____
Official Organisation and Department Name

*Address: _____

Street (if P.O. Box used, please also provide street address)

Website URL: _____

*Contact number: _____ Fax number: _____

*Email Address: _____

Individual to Whom Future Correspondence regarding this Application should be addressed:

*Application Contact: _____
Name and Title

*Direct Tel number: _____ *Contact Email: _____

Individual to Whom the Login Account will be assigned:

*Name: _____ *NRIC/ FIN number: _____

*Gender: Male Female

*Direct Tel number: _____ Fax number: _____

*Email Address: _____

If necessary, please fill in the information of another individual for an Additional Login Account below.

Name: _____ NRIC/ FIN number: _____

Gender: Male Female

Direct Tel number: _____ Fax number: _____

Email Address: _____

1. Which organisation type best describes your organisation? Please check only one:

- | | |
|---|--|
| <input type="checkbox"/> Ministry/ Statutory | <input type="checkbox"/> Private Hospitals in Singapore |
| <input type="checkbox"/> Professional Body | <input type="checkbox"/> Restructured Hospital/ Specialty Centre |
| <input type="checkbox"/> University | <input type="checkbox"/> Society |
| <input type="checkbox"/> Others (Please specify: _____) | |

2. Please state your business activities in the box provided.

3. Are you a non-profit organisation?

- Yes No

4. Course Type: Check all that apply to your organisation.

- | | |
|---|---|
| <input type="checkbox"/> Grand Ward Round | <input type="checkbox"/> Teaching/ Tutorial Session |
| <input type="checkbox"/> Conference | <input type="checkbox"/> Hands-on Courses/ Series |
| <input type="checkbox"/> Lecture | <input type="checkbox"/> in-collaboration with *DGDS (tick if applicable) |
| <input type="checkbox"/> Seminar | <input type="checkbox"/> Scientific Meeting |
| <input type="checkbox"/> Workshop | <input type="checkbox"/> Symposium |
| <input type="checkbox"/> Others (Please specify: _____) | |

5. CPE Experience: How long has your organisation provided Continuing Education to dentists or OHT?

- | | |
|--|---|
| <input type="checkbox"/> No experience | <input type="checkbox"/> Between 1 to 5 years |
| <input type="checkbox"/> Between 5 to 10 years | <input type="checkbox"/> 10 years and above |

Please read the following requirements which are needed to be fulfilled after becoming an Accredited CPE Provider and sign the declaration.

1. Administration
 - i Accredited providers should assign an administrator to take charge of the necessary administrative responsibilities.
 - ii He/ She will be responsible for the submission of activities and attendances electronically to SDC.
 - iii He/ She will become the point of contact with SDC.

2. Submission of Event
 - i Accredited Providers have to submit their events electronically at least 1 month before the event starts. It is encourage that the events to be submitted as early as possible.
 - ii The event's URL is to be entered into the system for reference as well if available.

3. Attendance Record
 - i Attendance must be taken at the beginning of each session/ activity.

* DGDS is the Division of Graduate Dental Studies under the Faculty of Dentistry of National University of Singapore (NUS)

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- ii A column for DCR number and signature for verification must be included in the attendance list. Providers have to ensure that the DCR number is clearly written by the Dental Practitioner/OHT; otherwise no CPE points will be awarded for the dentist or OHT.
 - iii To ensure that the Dental Practitioners and OHT who have attended the activity will be accredited with the points he deserve, the attendance record must be submitted to SDC through the online system by the following deadlines:
 - a. Category 1A activities: within 1 month after end of every session
 - b. Category 1B activities: within 1 month from the last day of event**Important:** Hardcopies of attendance records are not required to be submitted to SDC. However, providers are required to keep these hardcopies for a minimum of 4 years and must be available when requested by SDC for audit purposes.
4. Import Claims for Category 3B (Applicable for CPE providers offering distance-learning programme)
- i Accredited CPE Providers must import claims on behalf for the dentists who passed their modules in the distance-learning programme that they offer.
 - ii Hardcopies of the programme details and assessment results must be submitted to SDC via fax within 2 weeks from the day of importing the claims.
5. Hours of Activities
- i Providers should conduct at least 15 hours of CPE activities per qualifying period of 2 years and at least 15 hours of CPE activities should be open to all registered dentists without restriction.

Declaration

We agreed to observe and abide with the requirements stated above.

Name and Title of person applying on behalf:

.....
Name and Title

Authorisation by superior:

.....
Authorized signature / Title of CE Provider's Executive Director, President, Dean or other Chief Administrator

.....
Date